

# Health Care Improvement Quality Program Executive Summary

## **Health Care Improvement Quality Program Overview**

The Health Care Improvement Quality Program (“Program”) provides a formal process to measure and improve the Health Plan’s excellent quality ratings across all lines of business systematically and objectively.

The Program’s mission is to lead a dynamic and cross-functional quality program that demonstrates and drives excellence in quality and customer experience. The Program has a specific focus on “improving member and community health.” In addition to its quality focus, the program strives to achieve affordability and growth in all membership populations.

The key elements of the Program are aligned with regulatory requirements from the Centers for Medicare & Medicaid Services (CMS), including the CMS National Quality Strategy, the New York State Department of Health (NYS DOH), and the National Committee for Quality Assurance (NCQA).

The Program’s foundation is driven by an organization-wide improvement strategy, quality improvement program description, annual quality improvement evaluation of performance, and annual action plan. To support improvement efforts, monthly measurement and reporting functions are in place to trend and forecast performance.

Continued review of quality improvement activities requires ongoing:

- Execution of member engagement tactics to close gaps in care and improve experience
- Advancement of clinical data collection through partnerships with health information exchanges
- Continual monitoring of strategic action plans for all lines of business, including expansion of the Dual-Eligible Special Needs Plan, and a focus on Medicare Stars
- Implementation of additional predictive analytics with integration of quality stratification for multiple-gap outreach and outcomes
- Evaluation of potential for additional Medicare value-based payment (VBP) arrangements and/or new incentive programs to improve core quality metrics performance
- Aligned health equity regulations and strategies with Program initiatives and outcome reporting

## **2024 Program Description**

The Program Description is a comprehensive document that describes the Health Plan’s quality governance structure, program scope, goals and objectives, and additional regulatory components, all of which include physical and behavioral health for all lines of business. The connection to external providers and community partnerships and a demonstration of a heightened focus on health equity is described within the Program Description. The Program Description incorporates all lines of business as well as the new Dual-Eligible Special Needs Plan and addresses health outcome inequities by integrating health equity corporate strategy.

In alignment with the Health Care Improvement vision, the Program Description demonstrates the organization-wide efforts in place to achieve and maintain nationally recognized excellence in health care quality for all member populations that drives mission and strategy aligned quality, affordability, and growth. The Program provides a formal process to monitor, improve, and evaluate the quality, efficiency, affordability, safety, and effectiveness of care and service through a cross-functional, integrated, and collaborative approach.

## **2023 Program Evaluation**

The Program Evaluation reflects organizational outcomes from the 2023 Action Plan. As part of the quality program, this document highlights accomplishments, measurement outcomes, barriers, and next steps for each initiative. The information contained in the Program Evaluation is modeled after the Plan, Do, Study, Act methodology to demonstrate the process from strategic planning to tracking milestones, barriers, lessons learned and future planning. All initiatives are regularly monitored with key stakeholders throughout the year

### **2023 Program Evaluation Highlights:**

<b>Domain</b>	<b>NCQA Category</b>	<b>Highlights</b>
Corporate Scorecard Metrics	QOC/QOS	<ul style="list-style-type: none"> <li>Corporate Scorecard Quality Rating Program results were achieved:               <ul style="list-style-type: none"> <li>The CMS Medicare Star quality rating results met board goals. The Health Plan achieved 4 stars in Medicare HMO (Health Management Organization); 4.5 stars in Medicare PPO (Preferred Provider Organization) and 4.5 stars in Medicare PDP (Prescription Drug Plan).</li> <li>Targets were also met for Safety Net Quality Percentage which ranked in the top 50% of NYS plans (6 out of 13) and a Commercial NCQA Rating of 4 stars.</li> </ul> </li> <li>Performance in these programs and other core quality programs generated aligned revenue of \$174 million which exceeded the budgeted \$150 million.</li> </ul>
Quality Program Performance Assessment	QOS/QOC	<ul style="list-style-type: none"> <li>Overall, 75% of Healthcare Effectiveness Data and Information Set (HEDIS) measures either improved or maintained benchmark position when comparing 2022 to 2023.</li> <li>Focused quality measure initiatives show 11% better performance over those measures with no known targeted interventions. Medicare and Essential Plan had the largest differences.</li> <li>Program performance remains steady year over year, up 7% from the first year of reporting in 2019.</li> </ul>
Advancing NCQA Accreditation	QOS	<ul style="list-style-type: none"> <li>In preparing for health equity accreditation, data systems are built to capture health equity data in a way that will be available to our member-facing teams and integrated with our care management strategies.</li> <li>The core team obtained evidence necessary to meet the health plan accreditation survey submission in December 2023 to gain NCQA accreditation in 2024.</li> </ul>
Health Equity	QOS	<ul style="list-style-type: none"> <li>The Health Plan's Health Equity Innovation Awards represented more than \$630,000 in financial support for 27 community programs that address racial and ethnic health disparities across its upstate New York service area.</li> <li>The health equity strategic roadmap is tracking progress for key next steps. Advancing health equity is a critical requirement for demonstrating quality in care and services.</li> </ul>
Duals Special Needs Plan (DSNP) Readiness	QOS	<ul style="list-style-type: none"> <li>2024 Duals Model of Care was submitted in February 2023 to CMS and NYS DOH and received a score of 100%; no corrective action plan required.</li> <li>Integrated benefits for dually eligible enrollees (IB Duals) were approved by NYS.</li> <li>DSNP implementation started with first enrollment in December 2023.</li> </ul>

Domain	NCQA Category	Highlights
Member Experience	CX	<ul style="list-style-type: none"> <li>• Continued collaboration with Health Care Improvement, Customer Care, Marketing and Customer Experience to prioritize and drive organization-wide member engagement campaigns aimed at improving Program performance across all lines of business.</li> <li>• Continued risk engagement strategy (RES) programs for all lines of business, including Essential Plan, Medicaid, and Medicare. Expanded the Medicare RES program to include multiple departments such as Customer Care, High-Value Outreach (HVO), and Qualfon, and used a combination of outbound and inbound call strategies to improve Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) results among PPO members as the result of meaningful, live interactions. Due to this work, our final Medicare PPO star rating improved from 4 stars in 2022 to 4.5 stars in 2023.</li> <li>• Continued additional non-RES CAHPS member engagement programs in 2023, including the Medicare Part D gap outreach program. Expanded member engagement with brand new programs in 2023: Essential “off-cycle” outreach to combine care gap reminders with CAHPS-based talking points, Medicare “off-cycle” outreach to focus on benefits promotion (over the counter) and following up on member issues with scheduling specialist appointments, and the formation of a new closed loop outreach strategy (will continue with Customer Care in 2024).</li> <li>• Expanded member outreach campaigns were made possible by adding four full-time employees to the HVO team, dedicated to ongoing Medicare member calls throughout the year. Highlights of this work included a spring RES program and “off-cycle” campaigns described above.</li> <li>• Completed annual deep dive analyses across all CAHPS lines of business and identified areas of opportunity for CAHPS programming in 2024. Medicare deep dive analysis once again showed that live conversations with Health Plan members (e.g., RES, Part D gap outreach) resulted in more favorable survey results.</li> <li>• Continued VBP/CAHPS collaborative project, including the delivery of 2022 Accountable Cost and Quality Arrangement (ACQA) Member Experience Survey baseline results at the start of the year. Ongoing partnership in 2023 included consulting with VBP leadership and account teams on CAHPS-based measures of focus as part of the quality incentive program, regular meetings, and updates to the VBP Clinical Council, administration of the 2023 ACQA Member Experience Survey, and a mid-year assessment of approximated outcomes. Using a pulse survey to approximate outcomes, ACQA groups focusing on improvements with CAHPS-based measures were more likely to have maintained or improved performance in 2023 compared to non-ACQA groups.</li> </ul>
Provider Experience	CX/QOS	<ul style="list-style-type: none"> <li>• A second year ACQA member experience survey was fielded to assess improvements to increase the percentage of Medicare members with annual/comprehensive wellness visits and equip ACQAs with personalized CAHPS reporting.</li> <li>• Provider satisfaction results reached 78%. The team now has a baseline for non-physician practitioners (credentialed nurse practitioners and behavioral health providers) with a total satisfaction of 77%. The Provider Relations team supported and exceeded community physician educational goals by hosting virtual office manager meetings/fall seminars in the Western New York, Rochester, and Central New York regions.</li> </ul>

Domain	NCQA Category	Highlights
Advanced Dashboard Reporting	QOS	<ul style="list-style-type: none"> <li>Using the Power BI system to support improvement teams allowed for enhanced member-level gap stratification reports, monthly rate analyzer dashboards, and a member compliance behavior profiling dashboard (across a variety of variables such as age, ZIP code, provider group). These enhancements have put improvement teams in a better position to target members for outreach.</li> </ul>
Gap Closure Efforts	Safety/ QOC/QOS	<ul style="list-style-type: none"> <li>Predictive analytics combined with multiple contact options (email, postcard, outbound dialer, outbound live call, inbound options) increased capacity for member contacts for large denominator measures such as cancer, blood pressure, and diabetic screening gaps. The HVO team provided critical support across HEDIS, CAHPS, and Health Outcomes Survey, while also leveraging innovated partnerships with our ACQAs, Customer Care, Risk Adjustment, and Rochester Regional Health to further support Medicare members.</li> <li>HVO touches 59% of the rating component areas, these measures support ~\$91 million of the total program value. Similarly, on the NYS Tiers programs, HVO is covering 60+% of the measures.</li> <li>In collaboration with the Customer Care team, the Gap Tool Program leveraged proactive relevant messaging and education to members during calls to the Health Plan. Utilization of this tool increased from 5.78% in January 2023 to 14.78% as of October 2023. On average, members who are reminded by the gap tool are twice as likely to complete their cancer or diabetic screening.</li> <li>A combination of member education efforts through emails, social media, outbound dialer programs and website content were shared with members.</li> </ul>
Quality Program Enhancements		<ul style="list-style-type: none"> <li>Successfully launched the Quality Program Oversight Committee (QPOC), which replaced two quality committees.</li> <li>Creation of Teams channels for QPOC and Safety Net committees to streamline access to files and ability to co-edit key documents.</li> <li>Moved to a new fully electronic, integrated consent approval process and reached an all-time high of 78% approval in August.</li> <li>New Quality Program course launched to educate new hires and ensure that everyone across the organization has a foundational understanding of our quality program. More than 290 employees completed the course in the first six months.</li> <li>Celebrated World Quality week through educational blog posts and quality education contests.</li> </ul>

**KEY:**

NCQA Category	Full Name	Definition
<b>CX</b>	Customer Experience	How a member views the efforts, tools, and resources of the Health Plan to meet the needs of that member throughout the entire series of interactions.
<b>QOC</b>	Quality of Care	The degree to which health services increase the likelihood of desired health outcomes and are consistent with current professional Knowledge.
<b>QOS</b>	Quality of Service	Activities or interventions in which individuals can participate to reach a specified health goal.
<b>SAFETY</b>	Safety	Interventions that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions.

## **2024 Quality Improvement Action Plan**

The Quality Improvement Action Plan is an organization-wide document to assure ongoing evaluation of quality improvement initiatives across collaborating departments. Regular review with initiative stakeholders assures continued momentum, clarity in shared goals and accountabilities, and that barriers are being addressed as part of the HCI Quality Program, the 2024 Action Plan is focused on goal alignment and coordination across the enterprise. Connections between corporate priorities such as Health Equity, member and provider experience and advanced data strategy are incorporated into the document. The plan is structured based on the Plan-Do-Study-Act improvement framework and includes detailed milestones/deliverables, timing, and related ownership/accountability for each initiative. The goal of each improvement effort is to positively impact quality ratings across all lines of business.

The results of the 2024 Action Plan are assessed and documented in the 2024 program evaluation.