



Neighborhood Health Plan of Rhode Island 2019 Quality Improvement Annual Evaluation

Reviewed by the Clinical Affairs Committee on May 28, 2020

Executive Summary

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Executive Summary

A. Introduction

Neighborhood Health Plan of Rhode Island's (the Plan or Neighborhood) Quality Improvement (QI) Program strives to ensure that its members have access to high quality health care services that are responsive to their needs and result in positive health outcomes. The QI Program extends to all departments within the organization, at all levels, in recognition that teamwork and collaboration are essential for quality improvement.

Neighborhood produces the QI Annual Evaluation to assess the effectiveness of its QI Program. During 2019, the QI Program encompassed 58 initiatives covering the broad performance areas of Clinical Quality Improvement (26 initiatives), Service and Operations Quality Improvement (25 initiatives), and Patient Safety and Coordination of Care Quality Improvement (7 initiatives). For each initiative, this Evaluation summarizes the progress and achievements during the year, including:

- A description of the quality improvement activities undertaken;
- Measurable performance achievements, with trended data when available;
- Identification of issues and barriers preventing achievement of the goals;
- Interventions adopted or identified to overcome those barriers;
- Goals identified for the upcoming year;
- Proposed interventions for goal achievement in the upcoming year; and
- Summary of the overall effectiveness of the program.

Neighborhood monitors and evaluates the care and services provided to its members through collection and analysis of several data sources, including, but not limited to, Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results, provider satisfaction survey results, accessibility and availability standards, and utilization trends. HEDIS and CAHPS data are collected using National Committee for Quality Assurance (NCQA)-certified third party vendors and validated by an NCQA-approved auditor contracted by Neighborhood. Surveys performed by external vendors are validated by the vendor according to contract requirements. Data produced internally are validated by business leads and by the Medicaid & Commercial and INTEGRITY Quality and Operations Committees.

The QI Program Annual Evaluation is reviewed by the Clinical Affairs Committee, which serves as Neighborhood's QI Committee, prior to being submitted for review and acceptance by the Board of Directors. The Clinical Affairs Committee and the Board of Directors also review and approve the QI Program Description and Work Plan for the upcoming year.

Note: This evaluation is not meant to take the place of other detailed program evaluations such as the program evaluations for disease and health management programs. However, it will provide a comprehensive overview of outcomes across Neighborhood.

B. Overview of Work in 2019

Operational/ Quality Recognition and Achievements

- One of fifteen health plans to achieve a rating of 4.5 or 5 out of 5 among America's Medicaid Health Plans in the National Committee for Quality Assurance (NCQA) Health Insurance Plan Ratings 2019-2020. In 2018-2019, Neighborhood was one of thirteen Medicaid plans to achieve a rating of 4.5 or 5 out of 5.

- Maintained the highest accreditation ranking of “Excellent”, held since 2001, based on the Plan’s document submission to NCQA, annual HEDIS rates and CAHPS performance with an overall score of 91.24 out of 100 points. Neighborhood has achieved the “Excellent” status for 19 consecutive years. Neighborhood’s overall score slightly improved compared to 2018 (91.06).
- Maintained “Accredited” status for the Plan’s Marketplace product line. This is the highest status that can be achieved for Marketplace plans.
- Attained \$1.7 million in incentive dollars from the RI Medicaid Performance Goal Program (PGP), representing achievement of either full or partial payments on:
 - 10 of the 20 HEDIS/HIV measures in the area of utilization, access to care, prevention and screening, women’s health and chronic care management.
- Attained \$6.6 million in RI Medicaid Quality Withhold by exceeding performance benchmarks in 100% of the Medicaid Quality Withhold measures.
- Attained 50% of the 2017 Quality Withhold for the INTEGRITY product line, representing an estimated \$1.5 million. (Neighborhood received notification of the final report from CMS in July 2019.)
- In 2019 (MMP Demonstration Year 3), there were 16 measures scored for the Quality Withhold and Neighborhood projects passing at least 12 of the 16 measures which will result in the Plan receiving 75% of the Withhold (about \$8.2 million).
- 100% (520) of primary practices surveyed met the Plan’s accessibility standards for urgent (within 24 hours) care appointments.
- 100% (76) of primary care sites surveyed met the Plan’s after-hours accessibility standards.
- Rating of Health Plan (9+10) remained at the Medicaid Quality Compass 90th percentile benchmark for the 15th consecutive year.
- Achieved an overall Net Promoter Score (NPS) of +62. An NPS above 0 is considered “Good,” a score over 50 is considered “Excellent,” scores above 70 are considered “World Class.”
- Neighborhood’s INTEGRITY Plan was among the top scoring health plans for Medicare-Medicaid Plans nationwide on Overall Rating of Health Plan with a score of 89 out of 100.
- The Plan developed and implemented a Medicaid Quality Improvement Plan focusing on 29 high-priority measures, and established a Medical Quality Committee and three QI work groups.
- Met on-site with several practices to learn and share barriers to achieving HEDIS performance as well as best practices.

Health Management / Preventive Health

- Enhanced the Wellness Rewards Program aimed at several screening and prevention HEDIS measures including, but not limited to, wellness, immunizations, lead screening, and routine diabetes care.
- Continued to provide members and providers education on the Plan’s Disease Management and Case Management Programs through Provider and Member Newsletters.
- Achieved or maintained Medicaid National QC 90th or 95th percentile rating for HEDIS measures for Effectiveness of Care (19), Access and Availability of Care (1) and Utilization of Services (1).
- Achieved or maintained the Exchange (commercial) Quality Rating System 90th or 95th percentile for HEDIS measures for Effectiveness of Care (2) and Access and Availability of Care (1).
- Achieved the Medicare-Medicaid Plan National 90th Percentile for HEDIS measures for Access/Availability of Care (1) and Effectiveness of Care (5).

Patient Safety and Care Coordination

- Conducted site assessments at 81 practices in accordance with the Plan standards for safety, cleanliness, medical record keeping, patient education, access to care and patient satisfaction.
- Credentialed 613 practitioner applications and 13 organizational providers for network entry.
- Recredentialed 1,368 practitioner applications and 108 organizational providers for re-entry into the network.
- Reviewed 239 new cases for quality of care complaints and 96% of the cases were closed within 60 calendar days.
- Reviewed 78 Class I or II drug recalls for potential member impact. 4,320 members were notified of the recalls.
- Conducted 1,067 Comprehensive Medication Reviews on as part of the Medication Therapy Management.
- Completed 170 (49%) of the required initial Comprehensive Functional Needs Assessments (CFNAs) or Health Risk Assessments (HRAs) within 90 days of enrollment.
- Completed 4,683 (83%) of the required Comprehensive Functional Needs Assessments (CFNAs) or Health Risk Assessments (HRAs) reassessments.
- Used REMEDIA to automate the development of individualized Care Plan for members who were not assessed due to the Plan being unable to reach them.
- Completed an average of 68.8% of care plans per quarter for INTEGRITY members.

C. Challenges and Barriers to Quality Improvement

Neighborhood identifies the challenges and barriers to improvement encountered within each specific quality improvement activity undertaken; these are reflected in the text for each activity/ area of focus described in the Annual Evaluation. Recommended activities and interventions for the upcoming year consider these challenges and barriers in working towards success and achievement of Neighborhood's goals. Some of the challenges encountered across multiple quality improvement activities undertaken throughout 2019 that were, but were not limited to, the following:

- The Plan continued to restructure several areas of the organization to accommodate for current and potential growth and to better align selected business areas.
- Reallocation of resources in support of the work in response to the Centers for Medicare and Medicaid Services audit of the MMP Care Coordination and Quality Improvement Program Effectiveness.
- Significant reliance on HEDIS for outcome measurement and performance improvement activities, which is disadvantageous for rapid improvement cycles (e.g., Plan, Do, Study, Act). The Plan continues to assess alternative ways to measure and respond to outcome measures.
- Despite ongoing education and efforts undertaken by the Plan to impart the importance of an established relationship between members and their primary care practitioners, members often miss important preventive care milestones and frequently seek routine care at hospital emergency rooms.
- Member contact information continues to be limited thus making targeted outreach, education and case/ disease management difficult or impossible for some members.
- Information on members' race and ethnicity continues to be incomplete, making it difficult to measure and address inequities in health outcomes and health services.

D. Overall Program Effectiveness

Neighborhood's QI improvement efforts strive to impact the quality of care and service provided to its members and practitioners. Annually, the Plan assesses the overall effectiveness of its QI Program through the production of the QI Annual Evaluation to ensure that there is adequacy of resources, assessing the QI

committee structure, practitioner participation and leadership involvement, and makes changes to its QI program as necessary for the upcoming year. In 2019, the Plan continued to be focused and committed to its QI structure for organization-wide quality improvement activities. Participating network practitioners, the Plan's QI staff, the Chief Medical Officer's staff and staff throughout the organization are members of the QI committees and sub-committees contributing to the QI Program. As part of its focus on continuous quality improvement, the Neighborhood continues to look for opportunities to improve how it resources QI activities, inclusive of physician participation, and makes adjustments when indicated. In 2019, the Plan demonstrated improvements in selected HEDIS measures and maintained performance in selected CAHPS measures contributing to Neighborhood being rated 4.5 out of 5 among America's Medicaid Health Plans in the national ranking performed by the NCQA Health Insurance Plan Ratings 2019-2020, its NCQA "Excellent" Accreditation status for its Medicaid product, and the NPS score of +62 for Medicaid adults.

Review of the Plan's quality improvement activities as described herein demonstrates that Neighborhood was successfully able to achieve the following:

- Maintained the Plan's focus on the importance of preventive care, health management, and accessing appropriate care in our initiatives to educate and connect with members, work with providers, and enhance our internal operations.
- Continued expansion and creation of a deeper integration of the medical and behavioral health case management and disease management programs available to members.
- Continued to promote the awareness and concepts of inter-departmental organizational quality improvement to create greater operational efficiency and capacity.
- Initiated a Medicaid Quality Improvement Committee and focused QI Work Groups with the goal of improving performance on the high-priority measures identified in the Medicaid Quality Improvement Plan.
- Conducted four focused QIPs for the Medicaid product in the areas of: Developmental Screening in Children, Lead Screening in Children, Follow Up Care for Children Prescribed ADHD Medication, and Child and Adolescent Access to Primary Care Practitioners.
- Conducted two focused QIPs for the INTEGRITY product in the area of transitioning members from nursing home facilities to the community and improving Care for the Older Adult HEDIS measure.
- Conducted a Chronic Care Improvement Project for the INTEGRITY product in the area of systematizing blood pressure and tobacco screening among Health@Home patients.