



INLAND EMPIRE HEALTH PLAN

2018

Quality Management Annual Evaluation

Executive Summary

August 2019

MISSION AND VISION

The purpose of the 2018 Annual Evaluation is to assess IEHP's Quality Program. This assessment reviews the quality and effectiveness of all studies performed and implemented by various IEHP departments in 2018. The Quality Management Department leads IEHP's Annual Evaluation assessment in a collective and collaborative process utilizing data and reports from committees, departments, content experts, data analysts, and work plans to analyze and evaluate the effectiveness of the Quality Programs. Overall effectiveness of the programs is assessed by analyzing the goals and actions of the study, reviewing qualitative and quantitative results, and defining barriers and next steps. IEHP's mission is to improve the delivery of quality, accessible and wellness-based healthcare services. The organization prides itself in the following five (5) core goals:

- Member Experience: Ensure Members receive the high-quality care and services they need.
- Network: Provide a network that delivers high-quality and timely care.
- Team Member: Make IEHP a great place to work, learn, and grow.
- Operational Excellence: Optimize core processes to deliver compliant, high-quality, and efficient services.
- Technology: Deliver innovative & valuable technology solutions.
- Financial Stewardship: Ensure financial stability of IEHP in support of enterprise goals.

QUALITY MANAGEMENT PROGRAM DESCRIPTION

IEHP supports an active, ongoing and comprehensive Quality Management (QM) Program with the primary goal of monitoring and improving the quality of care, access to care, patient safety, and quality of services delivered to Members. The Quality Management Program provides a formal process to monitor and objectively evaluate and track the health plan's quality, efficiency, and effectiveness. The following key areas are included in the QM Program scope:

1. Defining the Program structure;
2. Assessing and monitoring the delivery and safety of care;
3. Assessing and monitoring, population health management provided to Members, including behavioral health and care management services;
4. Supporting Practitioners and Providers to improve the safety of their practices;
5. Overseeing IEHP's QM functions through the QM Committee;
6. Involving designated physician(s) and staff in the QM Program;
7. Involving a behavioral healthcare Practitioner in the behavioral aspects of the Program;
8. Involving Long -Term Services and Supports (LTSS) Providers in the QM Program;
9. Reviewing the effectiveness of LTSS programs and services;
10. Ensuring that LTSS needs of Members are identified and addressed leveraging available assessment information;
11. Identifying opportunities for QI initiatives, including the identification of health disparities among Members;
12. Implementing and tracking QI initiatives that will have the greatest impact on Members;

13. Measuring the effectiveness of interventions and using the results for future QI activity planning;
14. Establishing specific role, structure and function of the QMC and other committees, including meeting frequency;
15. Reviewing resources devoted to the QM Program;
16. Assessing and monitoring delivery and safety of care for the IEHP population with complex health needs and Seniors and Persons with Disabilities (SPD); and
17. Assessing and monitoring processes to ensure the Member's cultural and linguistic (C&L) needs are being met.

AUTHORITY AND RESPONSIBILITY

The QM Program includes tiered levels of authority and responsibility related to quality of care and services provided to Members. The line of authority originates from the Governing Board and extends to Practitioners through a number of different subcommittees.

IEHP Governing Board: IEHP was created as a public entity as a result of a Joint Powers Agency (JPA) agreement between Riverside and San Bernardino Counties. Two (2) Members from each County Board of Supervisors sit on the Governing Board as well as three (3) public Members from each county. The Governing Board provides direction for the QM Program, evaluates QM Program effectiveness, and evaluates and approves the annual QM Program Description.

Quality Management Committee: The QM Committee reports to the Governing Board and retains oversight of the QM Program with direction from the Chief Medical Officer. The QM Committee disseminates the quality improvement process to participating groups, Physicians, Subcommittees, and internal IEHP departments. The following are functions of the QM Committee: meet at least quarterly to report findings, report actions and recommendations to the IEHP Governing Board, seek methods to increase the quality of health care for Members, recommends policy decisions, evaluate QI activity results, and provide oversight for Subcommittees.

QM SUBCOMMITTEES: The following Subcommittees, chaired by the IEHP Chief Medical Officer or designee, report findings and recommendations to the QM Committee:

1. **Quality Improvement Subcommittee** - reviews all Quality studies and Quality projects in accordance with the Subcommittee work plan. Provides oversight of all quality activities related to NCQA, DMHC, DHCS, and CMS.
2. **Peer Review Subcommittee** – reviews all Provider, Member, or Practitioner grievances and/or appeals, Practitioner related quality issues, and other peer review matters such as quality of care and utilization audits and medical-legal issues.
3. **Credentialing Subcommittee** – performs credentialing functions for Practitioners who directly contract with IEHP or for those submitted for approval of participation into the IEHP network by IPAs.
4. **Pharmacy and Therapeutics** – reviews IEHP's medication formulary, monitors medication prescribing practices by IEHP Practitioners, under- and over-utilization of

medications, provides updates to pharmacy related programs, and reviews patient safety reports related to medication.

5. **Utilization Management** – reviews UM criteria, new technologies, and new applications of existing technologies for consideration as IEHP benefits. Also perform review of clinical practice guidelines, review and update of UM criteria, preventive care and clinical practice guidelines (that are not primarily medication related). The UMSC directs the continuous monitoring of all aspects of UM, Care Management (CM), Disease Management (DM) and Behavioral Health (BH) administered to Members.
6. **Behavioral Health Advisory Committee** – The BH Advisory Subcommittee directs the continuous monitoring of all aspects of BH services administered to Members. The BH Advisory Subcommittee reviews and approves the Behavioral Health Program annually. The subcommittee monitors for over-utilization and under-utilization; ensures that BH decisions are based only on appropriateness of care and service; and reviews and updates preventive care and clinical practice guidelines.

DELEGATION OVERSIGHT

IEHP delegates certain Utilization Management, Care Management, Credentialing/Re-credentialing, and compliance activities to contracted Delegates that meet IEHP delegation requirements and comply with the most current National Committee for Quality Assurance (NCQA), Department of Health Care Services (DHCS), and Centers for Medicare and Medicaid Services (CMS) standards. Joint Operations Meetings (JOM) meetings are conducted by IEHP as a means of discussing performance measures and findings, as needed. The JOM includes representation from both the delegate and the IEHP Departments. In 2018, IEHP hosted JOMs with each Medi-Cal IPA. This served as a collaborative approach to discussing IPA performance regarding delegated responsibilities, data, Member Satisfaction results, grievance trends, Global Quality Pay for Performance (GQP4P) and any other findings as needed.

IEHP's Delegation Oversight Committee (DOC) monitors and evaluates the operational activities of contracted Delegates to ensure adherence to contractual obligations, regulatory requirements and policy performance. Elements of delegation are monitored on a monthly, quarterly and annual basis for trending and compliance. Delegates who fail to meet the requirements of delegated functions are placed on a corrective action plan (CAP) to ensure that deficiencies are clearly identified, analyzed for root cause analysis and that effective remediation plans are put into place.

The 2018 Annual Delegation Oversight Audit (DOA) was conducted using audit tools that are based on NCQA, DMHC, DHCS and CMS standards. Delegation oversight audits are performed by IEHP Medical Services departments, the Quality Management department, the Provider Services department and Compliance Staff. In 2018, IEHP performed the DOA for all twelve Medi-Cal IPAs, with four (4) of fourteen delegates requiring a CAP. When comparing the 2017-2018 delegation oversight audit results to the 2016-2017 audit, there is an overall increase in scores in the areas of Approval File Review, Denial File Review, CM Policy and File Review, Credentialing Policies and Procedures, Re-Credentialing File Review and HDO File Review for all focus areas of the audit. IEHP will continue to stringently monitor each of the areas within the Delegation Oversight audit tool and provide on-going training as we see necessary and/or as requested by our IPA partners.

QUALITY IMPROVEMENT INITIATIVES

HEDIS Measures: The Healthcare Effectiveness Data and Information Set, HEDIS®, is one component of the NCQA accreditation process. HEDIS® is used by more than 90 percent of health plans in the United States to measure performance on important dimensions of care and service. IEHP uses HEDIS® results as a tool to help focus its quality improvement efforts and as a way of monitoring the effectiveness of services. Each year, IEHP gathers data and performs analyses on clinical and service performance measures as delineated by NCQA. The following HEDIS® 2018 data was collected with multiple measures falling in the categories listed below:

- The **“Effectiveness of Care: Prevention and Screening”** measures that did not meet the 90th percentile goal are: Adult BMI Assessment (ABA) and Breast Cancer Screening (BCS) for the Medi-cal and Medicare lines of business, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), Childhood Immunization Status (CIS), Immunization for Adolescents (IMA), Cervical Cancer Screening (CCS), and Chlamydia Screening (CHL) for the Medi-cal line on business. Colorectal Cancer Screening (COL) and Care for Older Adults (COA) for the Medicare line on business.
- The **“Effectiveness of Care: Respiratory Conditions”** measures that did not meet the 90th percentile goal are: Appropriate Testing for Children with Pharyngitis (CWP), Asthma Medication Ratio (AMR), and Medication Management for People with Asthma (MMA) for the Medi-cal line of business. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) and Pharmacotherapy Management of COPD Exacerbation (PCE) for the Medi-cal and Medicare line of business did not meet the 90th percentile goal.
- The **“Effectiveness of Care: Respiratory Conditions”** measures that did not meet the 90th percentile goal are: Appropriate Testing for Children with Pharyngitis (CWP), Asthma Medication Ratio (AMR), and Medication Management for People with Asthma (MMA) for Medi-cal. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) and Pharmacotherapy Management of COPD Exacerbation (PCE) for the Medi-cal and Medicare lines of business.
- The **“Effectiveness of Care: Cardiovascular Conditions”** measures that did not meet the 90th percentile goal are: Controlling High Blood Pressure (CBP), Persistence of Beta-Blocker Treatment after a Heart Attack (PBH) and Statin Therapy for Patients with Cardiovascular Disease (SPC) for the Medi-cal and Medicare lines of business.
- The **“Effectiveness of Care: Diabetes”** measures that did not meet the 90th percentile goal are: Comprehensive Diabetes Care (CDC) and Statin Therapy for Patients with Diabetes (SPD) for the Medi-cal and Medicare lines of business.
- The **“Effectiveness of Care: Musculoskeletal Conditions”** measures that did not meet the 90th percentile goal are: Disease-Modifying Anti-Rheumatic Drug Therapy for

Rheumatoid Arthritis (ART) for the Medi-cal and Medicare lines of business. Osteoporosis Management in Women Who Had a Fracture (OMW) for the Medicare line of business.

- The “**Effectiveness of Care: Behavioral Health**” measures that did not meet the 90th percentile goal for the Medi-cal line of business are: Follow-Up Care for Children Prescribed ADHD Medication (ADD),Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD),Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD),Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA),Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). The Antidepressant Medication Management (AMM) measure did not meet the goal for Medicare.
- The “**Medication Management**” measures that did not meet the goal of the 90th percentile are: Annual Monitoring for Patients on Persistent Medications (MPM) for the Medi-cal and Medication Reconciliation Post-Discharge (MRP) for the Medi-cal and Medicare lines of business. Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) for the Medicare line of business did not meet the goal.
- The “**Effectiveness of Care: Overuse/Appropriateness**” measures that did not meet the 90th percentile goal are: Appropriate Treatment for Children with Upper Respiratory Infection (URI), Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB), Use of Imaging Studies for Low Back Pain (LBP) and Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) for the Medi-cal line of business. Non-Recommended PSA-Based Screening in Older Men (PSA) and Use of High-Risk Medications in the Elderly (DAE) did not meet the goal for the Medicare line of business.
- The “**Access/Availability of Care**” measures that did not meet the 90th percentile goal are: Children’s Access to Primary Care Practitioners (CAP), Timeliness of Prenatal Care (PPC) and Postpartum Care (PPC) for the Medi-cal line of business. Adults’ Access to Preventive/Ambulatory Health Services (AAP) and Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) did not meet the goal for the Medicare line of business.
- The “**Utilization**” measures that did not meet the 90th percentile goal for the Medi-cal line of business are: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34), Well Child Visits in the First 15 Months of Life (W15), Adolescent Well Care Visits (AWC) and All-Cause Readmissions (ACR). Plan All-Cause Readmissions (PCR) did not meet the goal for the Medicare line of business.

Quality Improvement Studies: IEHP implements Performance Improvement Projects (PIPs) and HEDIS® PDSA QIPs that are required by regulatory agencies such as DHCS. PIPs focus on testing interventions on a small scale utilizing the PDSA cycle. The PIP process is structured into four (4) phases and includes a total of five modules. HEDIS® PDSA QIPs are conducted for each HEDIS® External Accountability Set (EAS) measure with a rate that does not meet the Minimum Performance Level (MPL) or is given an audit result of “Not Reportable”.

- **Asthma Medication Ratio (AMR):** In 2017, DHCS required Medi-Cal Managed Care Plans to conduct a PIP focusing on a measure that the plan performed below the Minimum Performance Level (MPL) or with a rate that has been declining for consecutive years. IEHP identified the Asthma Medication Ratio (AMR) measure since asthma continues to be ranked one of the most common diagnoses among IEHP Members. The analyses demonstrate an opportunity to improve care for IEHP Members with asthma by developing an intervention to address the needs of this population.

IEHP began by identifying ten Providers with the lowest performance in the AMR measure. In 2018, IEHP partnered with an external vendor to provide education, academic detailing, and tools to Providers on appropriate care to Members with asthma. By developing action plans with the Member and tailored coaching to Providers, IEHP intends to improve Member's compliance to controller medication and an improvement in the AMR measure from 23.47% to 33.47%. IEHP will conduct monthly data pulls for the targeted Providers during the 18-month PIP cycle to identify any changes in the rates. The intervention testing will conclude on June 30, 2019 and IEHP will prepare the final submissions findings.

- **Childhood Immunization Status-Combo 10:** In 2017, DHCS required Medi-Cal managed care plans to conduct a PIP that targets a health care disparity. Immunizations for children was identified as an opportunity to improve the quality of services. IEHP rates demonstrated a slight decline over the past three HEDIS® measurement years. During calendar year 2016, IEHP's Childhood Immunization Status (CIS) Combo 10 HEDIS® rate was 28.01%, placing the health plan in the HEDIS® measurement's 25th percentile. IEHP identified this area as an opportunity for improvement and conducted a drill-down analysis of the CIS-Combo 10 Member population to determine any areas that would benefit from interventions. During the measurement period January 1, 2017- August 31, 2017, Members who identified as White demonstrated the highest compliance rate of 14.09% followed by Hispanic at 13.09% compliance. Members who identified their ethnicity as Black received the lowest compliance rate of 8.07%. To address this health care gap, IEHP's Health Navigators outreached to a target population within the Riverside region to conduct home visits. During these visits, the Health Navigator educated the parent or caregiver on immunizations, maintaining their immunization records, and addressing questions and concerns. IEHP will conduct monthly data pulls of Members turning two years of age by June 30, 2019 who reside in the Riverside region during the 18-month cycle and compare compliance rates between ethnicities. The intervention testing will conclude on June 30, 2019 and IEHP will prepare the final submission findings.
- **All-Cause Readmission (ACR):** The All-Cause Readmissions study evaluates IEHP's Utilization Management Transition of Care (TOC) team and two contracted vendors to reduce IEHP's all-cause readmissions rate. IEHP's TOC Team and two contracted vendors provide intervention efforts (e.g., coordination of medication reconciliation with the discharging facility, home visits when indicated, Member and caregiver engagement in the TOC process, and education to the Member and caregiver) to decrease the risk of hospital readmission within 30 days of discharge.

The study period was January 1– November 30, 2017. Closing the study period on November 30 accounts for any 30 day readmits that may occur in the month of December. The measure includes all readmissions within 30 days regardless of the Member’s original diagnosis at discharge. A total of 38,253 Members with an Index Discharge were identified. The calendar year 2017 ACR rate was 15.54%, demonstrating a 0.33 percentage point decrease from the 2016 calendar year rate. Although the decrease was not statistically significant, IEHP’s ACR rate continues to trend downwards when compared to the baseline rate of 17.89% established in 2014. IEHP intends to continue evaluating the effectiveness of these interventions on improving the all-cause readmissions rate by preparing annual studies.

Encounter Data Validation: IEHP conducts a review of Encounter Data Completeness and Encounter Data Accuracy using a random sample of IEHP medical records. The purpose of this study is to assess data completeness and accuracy by examining medical records for accurate procedure codes, diagnosis codes, and elements such as Provider name and Member name in the medical record. The results of the Encounter Data Validation study reveal Medical Record Accuracy and Completeness overall score of 78.3%. This shows a decrease in overall rate compliance from last year.

The Encounter Data Validation Study results reveal inaccurate and incomplete encounter data. IEHP will continue to work closely with PCPs and IPA to help with meeting encounter data standards. Activities in place for 2019 will support to improve encounter data accuracy and completeness. Example of some activities include Provider education, IPA encounter data audits, and health plan data quality initiatives.

ACCESS TO CARE

With the rapid growth in IEHP’s membership, access to care is a major initiative for the plan to which IEHP has dedicated a significant amount of resources to measuring and improving. IEHP maintains access standards applicable to all Providers and facilities contracted with IEHP. All PCPs, BH Providers, and Specialists must meet the access standards in order to participate in the IEHP network. IEHP monitors practitioner access to care through access studies, review of grievances and collaboration of interventions. The access studies performed for 2018 include the following:

- **Availability of Providers by Language:** IEHP monitors network availability based on threshold languages. In order to ensure adequate access to PCPs, IEHP has established quantifiable standards for geographic distribution of PCPs for its threshold languages, which are English and Spanish. These two (2) languages cover over 98% of IEHP’s membership. This annual study assessed the availability of Spanish speaking staff at the Providers office. The results were grouped into PCPs, OB/Gyn. Providers, and Vision Providers. All Provider offices met the compliance goal of at least 85%. The 2018 results are as follows: PCPs are 90.2% compliant, OB/Gyn. offices are 85.1% compliant and Vision offices are 85.6% compliant.

- Availability of Network Practitioners:** IEHP assesses the network availability for Provider to Member ratio and Time/distance standards for PCP, Specialists and Behavioral Health Practitioners. The results are compared against established ratio standards and time/distance standards (geographic distribution). For the Primary Care Provider time/distance results, over 99% of Members are within the standard. The results for the Specialty Provider, including high volume/high impact, Core Specialties, and Mental Health Specialties, reveal that over 98% of Members are within the standard. Furthermore, results for the Facilities reveal that 98% of Members are within the standard, except for CBAS facilities. The CBAS facilities fall within the IEHP “monitoring” range, since these facilities are close to a 90% compliance. The results for the Provider to Member ratio met the standards for all PCPs, Specialists, and Behavioral Health Specialties.
- Appointment Access:** IEHP monitors appointment access for PCPs, Specialists, and Behavioral Health Providers and assesses them against timely access standards depending on the type of visit (e.g. Routine Visit or Urgent Visit). Annually, IEHP collects appointment access data from Practitioner offices using a timely access to care survey. Provider responses are then compared to acceptable appointment time frames to determine compliance. In addition to timely appointment availability, IEHP also evaluates grievance and appeals data to identify potential issues related to access. A combination of both activities helps to identify issues and implement opportunities for improvement. For the 2018 Appointment Availability Access study, the goal is for all Providers to reach a 90% compliance rate for an available urgent visit and an available routine visit. The results reveal that 67.1% of PCPs were compliant when surveyed for urgent visit availability and 87.2% were compliant with routine visit availability. For Specialists, 61.1% of Specialists were compliant with an urgent visit appointment, and 72.8% were compliant for routine visit appointments. For non-prescribing BH Providers, (LCSW, MFT, Psychologists) 68.3% and 81.2% of Providers received a compliance score for urgent and routine visits, respectively.
- After-Hours access to Care:** The Provider Access After-Hours study is conducted annually to assess the after-hours accessibility of Providers within the IEHP network. The study assesses the after-hours call handling protocol of contracted Primary Care, Specialists, and Behavioral Health Practitioners. It is used to monitor Provider compliance and to ensure that IEHP Members have appropriate guidance and access if care is needed from their Providers after office hours. Annually, IEHP collects Provider after-hours access data from Provider offices using a standardized survey. Provider responses are then compared to acceptable protocols to determine compliance. PCPs were surveyed as well as the following Specialists types: Cardiology, OB/Gyn, Orthopedic, Oncology/Hematology, Ophthalmology, Endocrinology, and Gastroenterology. BH Providers (Psychologists, Psychiatrists, MFTs, and LCSW) were also surveyed. The goal is to reach a 90% compliance rate for both call types; ability to connect to an on-call Physician, and appropriate protocol for a life-threatening emergency call. The 2018 results revealed the following compliance rates for an On-call Provider Access: PCP 72.33%, BH 46.34 %, and Specialist 73.61%. For a life-threatening emergency call, the compliance rates are as follows: PCP 71.02%, BH 84.08%, and Specialist 83.44%.

- **After-Hours Nurse Advice Line:** The After-Hours Nurse Advice Line study assesses the After-Hours availability for IEHP Members through a contracted after-hours Nurse Advice line (NAL). IEHP ensures the arrangement of a triage or screening service by telephone 24 hours a day, 7 days a week. During triage or screening call, the Member’s health is assessed via telephone by a qualified health professional for the purpose of determining the urgency of the need for care. IEHP must also ensure that triage or screening services are provided in a timely manner. The annual study evaluates the average speed of answer time to a Member’s call and the average call abandonment rate. The results for 2018 are as follows: average speed of answer time is 23.5 seconds and average call abandonment rate is 3.8%. Both annual rates have continuously met the compliance goal.
- **Addressing cultural and linguistic needs of Members:** The Cultural and Linguistics Annual Study is used to identify the linguistic and ethnic diversity of IEHP’s PCP and Member populations. The 2018 Cultural and Linguistic study results show that IEHP met the language distribution for English and Spanish PCPs to Member ratio, exceeding the standard of 1.0 PCPs per 2,000 Members for both English and Spanish languages. For Race/Ethnicity, IEHP continues to fall below the goal of 1.0 PCPs per 2,000 Members. Race and Ethnicity is an optional field on the Bi-annual Provider Directory Verification form and on the IEHP Provider Contracting application. Many Providers do not report their Ethnicity; therefore, this may not provide an accurate depiction of PCP to Member Ratios.

MEMBER AND PROVIDER SATISFACTION

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Survey: IEHP conducts a comprehensive CAHPS® survey and analysis annually to assess Member experience with healthcare services. This standardized survey focuses on key areas like accessing needed care; accessing appointments to PCPs and Specialists (SPCs); satisfaction with IEHP and its Practitioners; and other key areas of the Plan operations. As a part of the annual evaluation, IEHP reviews the CAHPS® results to identify relative strengths and weaknesses in performance, determine where improvement is needed, and to track progress with interventions over time.

Overall IEHP’s performance shows IEHP ranks higher than the National and California MMP Benchmarks in the following: “Getting Needed Care Composite”, “Customer Service Composite”, and “Rating of Health Plan”.

For the Care Coordination Composite, IEHPs percentage rate was lower than the National and California MMP Benchmarks. IEHP has programs in place that target coordination of care such as the Integration of the Care Management, Behavioral Health Teams, and Transition of Care Teams. The development of Population Health Program will strategically manage the engagement and treatment of selected populations. In addition, The Health Risk Assessment process has been transitioned from a vendor and will be conducted by internal Health Plan Staff. This allows for immediate identification of and response to potential Member health risks or needs by IEHP Team Members.

The “How Well Doctors Communicate Composite” revealed significantly higher rates when compared to the prior year in 2 questions. Doctors explaining things in an understandable way and Doctors spending enough time with their patients both showed statistically significant

improvement from the prior year. The “Treated with Courtesy and Respect by Customer Service Staff” question under the Customer Service Composite also revealed a significantly higher rate when compared to the prior year.

Provider Satisfaction: IEHP monitors performance areas affecting Provider satisfaction. The annual Provider Satisfaction study assesses the satisfaction experienced by IEHP’s network of PCPs, Specialists, and Behavioral Health Providers. Information obtained from the survey allows IEHP to measure how well Providers’ expectations and needs are being met. The study examines Provider experience in the following areas: Overall Satisfaction, Finance Issues, Utilization and Quality Management Network, Coordination of Care, Pharmacy, Health Plan Call Center Service Staff, and Provider Relations. The results for 2018 show that IEHP scored at the 99th percentile for overall satisfaction when compared to the SPH Analytics Medicaid Book of Business. (The Book of Business consists of data from 78 plans representing 20,660 respondents in Primary Care, Specialty, and Behavioral Health areas.) Additionally, 97.0% of Providers would recommend IEHP to other Physician Practices. The results for all other composites are as follows: Pharmacy Composite: 98th percentile, UM and QM Composite: 96th percentile, Finance Issues: 95th percentile, Call Center Service Staff Composite: 94th percentile, Network/ Coordination of Care Composite: 92nd percentile, Provider Relations Composite: 88th percentile.

Grievance and Appeals: IEHP monitors performance areas affecting Member experience. The Grievance and Appeal Study is conducted annually and reviews case volume and rates to identify trends and assess areas of opportunity to improve overall Member satisfaction. IEHP has established categories and quantifiable standards to evaluate those grievances (i.e. complaints) which are reported to IEHP by Members. Once received by IEHP, all grievances are categorized into the following categories, including but not limited to: Access, Attitude and Service, Benefits, Billing and Financial, Compliance Enrollment/Disenrollment, Quality of Care, and Quality of Practitioner site. Additionally, all grievances are assigned levels to determine the severity. The levels range from Level Zero (no issues found) to Level 4 (issue was found and resulted in significant harm to the Member) The Grievance and Appeals Department regularly analyzes all grievance and appeal data internally. The purpose of the analysis is to identify trends and develop interventions. In 2018, the grievance category with the highest volume of grievances was the Attitude and Service category with ‘Practitioner Customer Service’ being the top subcategory.

PATIENT SAFETY

Potential Quality Incident: IEHP conducts a review of its Potential Quality Incidents (PQI) which include documentation and resolution of PQIs identified by Members and internal sources. The process includes a review of case documents (e.g. medical records) to determine severity and classify into one of the following levels: Level 1 is no issue found, Level 2 is opportunity for improvement, and Level 3 is Unacceptable care or service which requires a Corrective action plan. In 2018, IEHP received 550 Potential Quality Incident (PQI) cases compared to 371 cases in 2017. Cases increased by 48% in 2018. Of the total cases, 213 were identified as Level 1 and 330 cases were identified as Level 2. There were 0 cases identified as a Level 3 which was a decrease from 2017 which had 1 Level 3 case.

Management of Inpatient Discharge Transitions Study: The Transition of Facility to PCP Effectiveness Study assesses the Plan's effectiveness in managing Members' care transitions from Inpatient Facility to home to Primary Care Provider. Specifically, the study assesses the following three (3) areas: Health Plan Communications with the PCP during hospitalization, completion of a PCP visit within 14 and 30 days of discharge, and effectiveness of identifying admission and discharges at the Plan in a timely manner. The goal is to monitor and improve continuity and coordination of care across the health care network.

For the PCP notification measures, the rates decreased from prior year and did not meet the goal. To address the PCP notification upon discharge, IEHP's UM Inpatient Acute department will continue to work with the contracted facilities on an ongoing basis to standardize their notification processes. For the PCP visit follow up (within 14 and 30 days), the rates increased from the prior year and met the set goals for 14-day follow up only. IEHP's Transition of Care (TOC) Team will continue to support the facilities in making appointments for Member follow ups.

Reducing Hospital Readmission: The purpose of this study is to assess the effectiveness IEHP's efforts in reducing acute hospital readmission rates utilizing both internal and external resources. Resources include: 1) IEHP's Utilization Management Transition of Care (TOC) Team, 2) IEHP's contracted vendor Charter Healthcare Group (CHG) Transition Care Services, and 3) another IEHP contracted vendor Landmark Services.

IEHP's TOC Team, CHG, and Landmark provide intervention efforts to decrease the risk of hospital readmission within 30 days of discharge and to improve overall health of the Member. Examples of intervention efforts include coordination of medication reconciliation with the discharging facility, home visits, Member and caregiver engagement in the TOC process, and Member and caregiver education such as Hospital Emergency department use. Readmission rates are compared among high-risk Members using a modified Healthcare Effectiveness Data and Information Set (HEDIS®) Plan All-Cause Readmissions (PCR) measure methodology, as defined by the Department of Health Care Services.

The study period was January 1– November 30, 2017. Closing the study period on November 30 accounts for any 30 day readmits that may occur in the month of December. The Reducing Hospital Readmissions study provided IEHP the opportunity to evaluate the effectiveness of the IEHP Transition of Care, Charter Healthcare Group, and Landmark Healthcare interventions on the All-Cause Readmission rate. Although the 12% goal was not achieved in calendar year 2017, the All-Cause Readmission rate continues to improve despite the increase in the population. The rate was observed to decrease from 18.12% in 2015 to 15.54% in 2017 which supports the effectiveness of the three interventions. IEHP will continue to monitor the success of each intervention by conducting causal analysis when goals are not met and implementing appropriate action items to address barriers.

COMPLEX CARE MANAGEMENT

Complex Case Management (CCM) Member Satisfaction: The Complex Care Management (CCM) Member Experience Survey is conducted annually to assess experience with IEHP's CCM Program. In addition to the survey, an assessment of CCM-related Member grievances is conducted to evaluate areas of Member dissatisfaction. Survey results are used to help identify opportunities for improvement within the CCM Program and to guide quality improvement

initiatives. The goal is to achieve a 90% satisfaction rate for all satisfaction related questions. The results reveal that all Member experience questions met the 90% goal except for Question 5, “How satisfied are you with the case management Program?” There were 87.9% of Members who responded, “Extremely Satisfied” or “Very Satisfied” when asked about their satisfaction with the case management program. CM will review this question for improved clarity for the Member in future studies and revise if needed.

A total of eight (8) CM related grievances were reported and were related to access to the Member’s Case Manager/Dissatisfaction with the Case Manager. It was identified that there was an undefined process for Member calls to be transferred when their assigned nurse care manager was unavailable. This may have been a contributing factor related to dissatisfaction. CM will revisit the survey methodology and delivery to obtain timely feedback. CM will continue to review and monitor CM processes to identify opportunities for improvement to ensure Member satisfaction is met.

Population Health Management (PHM) Population Assessment: Annually, IEHP assesses the characteristics of the membership to identify Member needs and to review and update its PHM structure, strategy and resources. IEHP assesses areas such as social determinants of health, identification of subpopulations, needs of children/adolescents and individuals with disabilities and with serious and persistent mental illness (SPMI). Based on this assessment, IEHP will review its PHM structure, activities and other resources such as Community programs to ensure that Member needs are met.

The goal is to ensure that IEHP targets the appropriate populations in need of care. The analysis consists of different populations such as Overall Population, Children and Adolescent Population, Individuals with disabilities, and Individuals with serious and persistent mental illness (SMPI). An additional assessment of IEHP’s costliest diagnoses assist the PHM Program to expand on any identified areas and further improve Member care. An analysis of HEDIS disparities was also assessed to determine where efforts may be needed. A comprehensive analysis of findings and barrier considerations were assessed for PHM Program enhancements.

The development of a dedicated Population Health Department laid the foundation for the development of a focused plan for department integration between CM and BH which rolled out in 2018. The goal of integration focused around regional teams continue within the Care Management and Behavioral Health teams. Departmental regional reorganization and growth will include an increase in both Care Management and Behavioral Health Care Managers to ensure Member care needs and goals is met.

CONTINUITY AND COORDINATION OF CARE

Behavioral Health Continuity and Coordination of Care Study: The purpose of this study is to assess the effectiveness of the exchange of information between medical care and behavioral healthcare. The study assesses the following measures to identify gaps in care and improve coordination of care: 1.) Effective exchange of information; 2) Diagnosis, treatment, and referral of Behavioral disorders commonly seen in primary care. 3.) Appropriate use of psychotropic

medication. 4) Management of coexisting medical and BH conditions. 5.) Prevention Programs for Behavioral Healthcare (screening for substance use) 6.) Special needs of Members with SPMI.

The departments collaborated on the quantitative results to conduct a collaborative causal analysis for the measures that failed to meet the goal. The following measures did not meet the goal:

- Exchange of Coordination of Care forms and information with BH Provider;
- Effective utilization of antidepressant medication in the acute phase treatment and Effective utilization of antidepressant medication in continuation phase treatment;
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medication (SSD), Diabetes monitoring for people with diabetes and schizophrenia (SMD), Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC), Adherence to antipsychotic medications for individuals with schizophrenia (SAA).

All the quality measures present an opportunity for increased collaboration with both Primary Care and Behavioral Health Providers. The IEHP BH and CM teams are working to fully integrate in forming multi-disciplinary teams and focus on Member whole health outcomes. Additionally, the Behavioral Health Advisory Board meets quarterly. The committee is comprised of various disciplines in the BH Network and provide expertise and insight into study results. IEHP's goal is to utilize the feedback and craft an effective approach in collaboration with CM and Provider Services. The overall results continue to support the move toward BH and CM integration and increased collaboration with Pharmacy, Health Education, Provider Services and County Mental Health Systems. BH will continue to work with internal departments to ensure performance metrics are monitored

CONCLUSION

Overall, IEHP's QM Program was effective in reviewing data, assessing trends, identifying issues and developing improvement activities within the Health Plan related to access to care, Member and Provider experience and quality of care. IEHP underwent an NCQA Renewal survey in April of 2018 with the onsite file review taking place in June 2018. In July, IEHP was awarded with an Accreditation status of "Accredited". For 2019, IEHP will focus on meeting the Program goals and completing all initiatives as outlined in the 2019 QM Work Plan. In the next couple of years, IEHP will be working on committee restructure in certain areas to ensure compliance with all regulatory agencies.

As part of IEHP's strategic planning efforts, IEHP's Leadership Team identified a critical gap in IEHP's quality performance. IEHP's average quality performance scores were not at the desired level. IEHP's Leadership Team set a goal of reaching a 5-Star Rating by becoming a 5-Star quality healthcare delivery system. A 5-Star Health Plan Rating indicates the highest level in the area of health plan quality and is awarded to health plans who demonstrate strong performance in the areas of clinical quality, Member satisfaction, and Health Plan quality processes. A gap analysis was performed in 2017 which exposed a 20% margin in global quality scoring (HEDIS®, CAHPS® and NCQA Standards) the plan must address in order to reach the 5-Star Rating. To that end, IEHP has designated Six (6) Strategic Focus Areas as a framework for focusing organizational-wide efforts and aligning project and process priorities to realize our goal. In 2018, IEHP was able

to increase its quality rating from 3.0 Stars to 3.5 Stars through capitalizing on improvement opportunities.

LEAN activities were a main source for continuing to improve IEHP's quality performance. There was a 70% participation rate among all Team Members in LEAN events which encompasses various LEAN activities (Value Streams, RIEs, Bronze Training, etc.). The LEAN concepts have been embraced by the frontline Team Members through huddle boards and problem-solving activities. These LEAN activities have created a culture at IEHP that leads to a new way of interacting, thinking, and empowerment. The culture is also one that is relationship oriented and dedicated to IEHP's mission to organize and improve the delivery of quality, accessible, and wellness-based healthcare services. It is with this commitment that IEHP will reach the 5-Star Health Plan Rating.