Less is More: Reduce Duplication Efforts to Maximize Regulatory and Quality Initiatives

Presented By:

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What are the goals for today?

1. Understand the different Quality Improvement (QI) requirements for your organization based on Product Line from multiple perspectives
2. Consider the similarities and differences in the QI requirements to capitalize on the overlap
3. Identify your organizational departments for collaboration
4. Align data sources to utilize for multiple reporting needs

Required QI Programs by Product Line

CMS Medicare Advantage

- Medicare Quality Improvement Program
  - Chronic Care Improvement Program (CCIP)
  - Quality Improvement Projects (QIP)
- Special Needs Plans (SNPs) Quality Improvement Program Requirements
  - While an organization may choose the same basic intervention(s) for its SNP and non-SNP plans, CMS expects the intervention(s) and overall approach to appropriately address the unique characteristics and needs of the targeted populations.

Required QI Programs by Product Line

Medicaid Center for Medicaid and CHIP Services (CMCS) QI Program

- Varies by state programs
- All based off of the Core Set Measures (Adult and Child)
- Areas of Focus:
  - Maternal and Infant Health Initiative
  - Well-Child Care
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Dental and Oral Health Care Initiative
  - Preventive Care

Required QI Programs by Product Line

Exchange Quality Improvement Strategy (QIS)

- An issuer participating in an Exchange for two or more consecutive years must implement and report on a QIS
- Incentivize quality by tying payments to measures of performance when providers meet specific quality indicators or enrollees make certain choices or exhibit behaviors associated with improved health
- Each QIS must focus on one of the following:
  - Activities to improve health outcomes
  - Activities to prevent hospital readmissions
  - Activities to improve patient safety and reduce medical errors
  - Activities for wellness and health promotion

Medicare Advantage CCIP

Chronic Care Improvement Program (CCIP)

- A CCIP is a clinically focused initiative designed to improve the health of a specific group of enrollees with chronic conditions.
- Basis for Selection (not inclusive):
  - Evidence-based Medicine – Include clinical practice guidelines and standards of care
  - Care Coordination Approach – Expected collaboration and communication among a multidisciplinary team
  - Education – Method of education and topics addressed (provider and member facing)
  - Outcome Measures and Interventions

Medicare Advantage QIP

- Focused on one or more clinical and/or non-clinical areas with the aim of improving health outcomes and beneficiary satisfaction.
- Basis for Selection (not inclusive):
  - Rationale: Include impact on member, anticipated outcomes, and rationale for the selection.
  - Program Design: Process to identify the target population, risk stratification, and enrollment method.
  - Prior Focus – What have you done to address this problem before and what were the outcomes
  - Barriers – What are the anticipated barriers and how would that impact the overall success of the QIP.
  - Outcome Measures and Interventions

Exchange: Qualified Health Plans (QHP): QIS

- All eligible QHPs operating in an Exchange for two consecutive years and will continue operating in the Exchange in the third year
  - All QHP members or a subset (e.g. Members with DM)
- More than 500 enrollees within a product type per state as of July 1 of the prior year
- Bronze, Expanded Bronze, Silver, Gold, Platinum, and Catastrophic coverage for: health maintenance organizations (HMOs), preferred provider organizations (PPOs), point of service (POS) plans, and exclusive provider organizations (EPOs)

Exchange: Qualified Health Plans (QHP): QIS

QIS Market-based Incentive Types (choose at least one):

- Provider Market-based incentives:
  - Increased Reimbursement
  - Bonus Payment
  - In-kind incentives (provision of non-financial resources for the purpose of supporting quality improvement)
- Enrollee Market-based Incentives:
  - Premium Credit
  - Co-Payment reduction or waiver
  - Co-insurance reduction
  - Cash or Cash equivalents
  - Other

Health Plan Accreditation QI Requirements

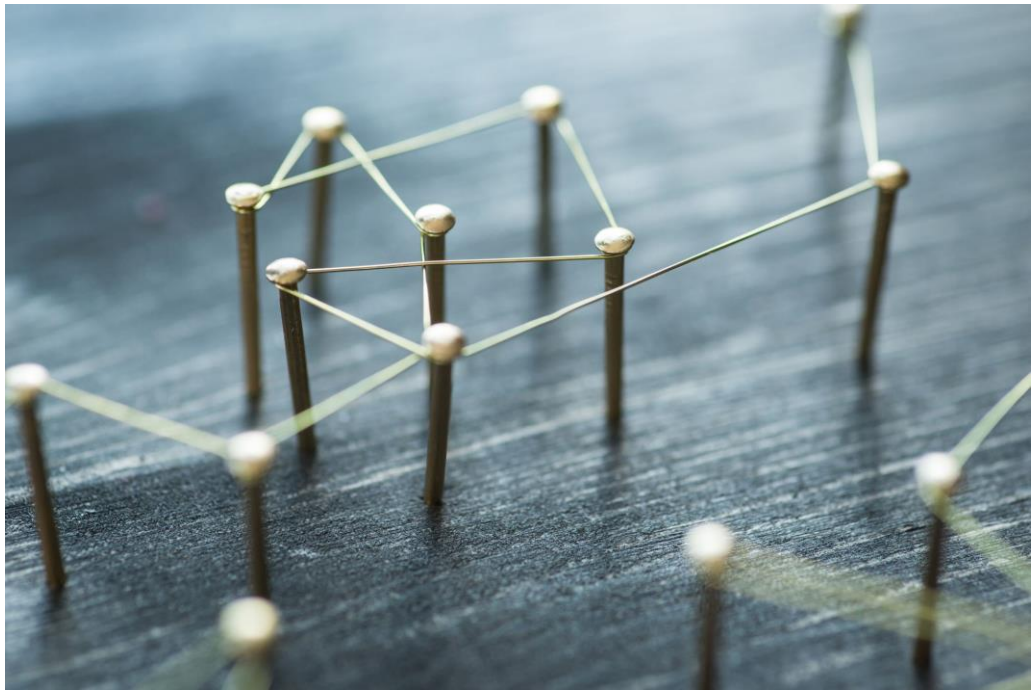
Non-Specific High-level similarities:

- Clinical Quality focus
- Clinical Safety Focus
- Quality of Service
- Provider involvement
- Outcomes
- Monitoring, Reassessment, and Follow-up processes

Data sharing is caring!

- Many considerations based on your IT structure
- Are there expert analysts assigned to departments or is it a pooled system where tickets are assigned in a queue?
- Who is performing the QA on data received from external sources?
- Can your data help another department or are you aware of all data feeds that are available?

Health Plan Department considerations

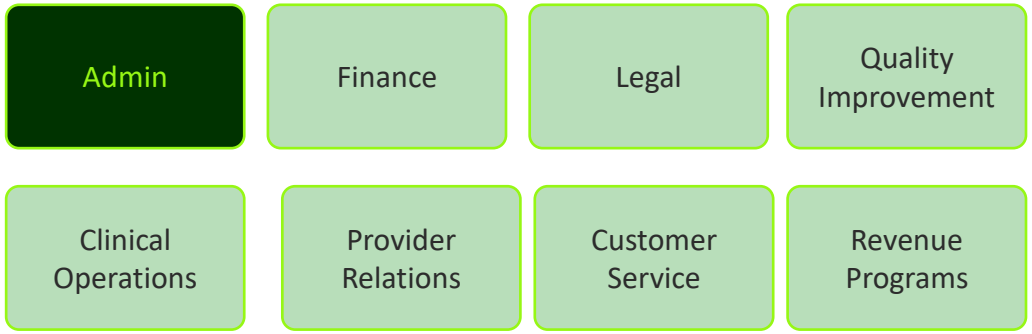


- Do you have an integrated network?
- Do you have multi-state coverage?
- Are you working in “silos”?
- Who should you reach out to?

Health Plan Departments

- Administrative
- Finance
- Legal
- Quality Improvement
- Clinical Operations
- Provider Relations
- Customer Service
- Revenue Programs

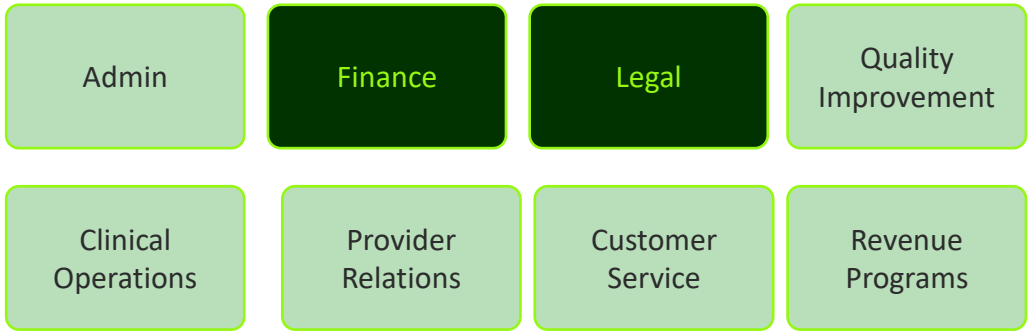
Health Plan Departments



Administration:

- Vary vastly from organization to organization
- Who are the decision makers for each of the verticals?
  - Day-to-day v. project level
- What are the organization's goals?
  - Are you focusing at a department level or an organizational level

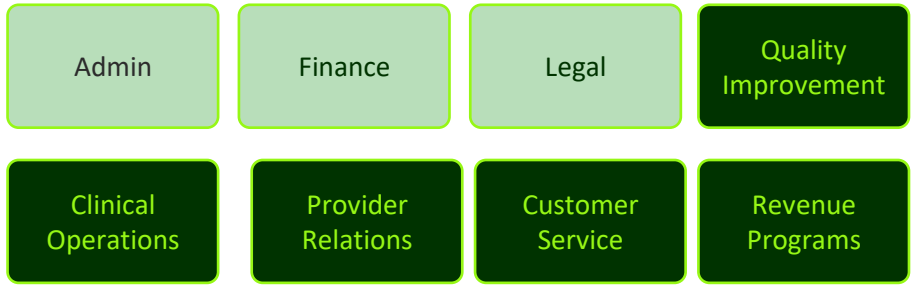
Health Plan Departments



Finance and Legal:

- Plan Bid Schedule for each product line
- Revenue goals and programs
- Marketing limitations and contractual considerations
- Regulatory considerations
  - Limited information based on role
    - How to mitigate meeting refusals or to “manage up”
- Provider Credentialling

Member Focused Overlap



Case Management	Sales	Operational	NCQA Activities	RA Activities	IT & Data Analytics
• Transitions of Care • SNF • Chronic Conditions • Population Health	• AEP Marketing	• Appeals and Grievances • Claims • Enrollment • Customer Svc.	• Gap Closure Efforts • Reporting requirements	• Chart Retrieval • Quality Gap Review?	• Structure • Overlap of data use • HEDIS SMEs?

Collaboration Scenarios

Case Management

The Case Management nurses have a team working on transitions of care for follow up call post-discharge.

Questions to ask:

1. Do they have access to the inpatient and outpatient medications through EMR?
2. Are they able to perform a medication reconciliation?
3. Learn their documentation and collaborate on the documentation.
4. How are they getting this information back to the PCPs or Ongoing Care Providers?

Risk Adjustment

1. Record Retrieval Considerations
   - Are you requesting one year, two? Does it depend on RA submissions?
2. Do abstractors and coders have the ability to share records for review (repository)?
3. Document recapture
   1. Does your Risk Adjustment team work with providers to capture HCC's and improve documentation to capture data elements?

What do you do with this information?

- Determine if any departments change vendors (Pharmacy, Case Management, etc.)?
- Learn what data is collected from Enrollment and where is it captured?
- Learn how your claims are processed and how do they map with reporting requirements?
- Collaborate with department leaders to understand what activities they perform for different Regulatory or Accreditation QI needs.
- Collaborate with Provider Relations on their initiatives and credentialling considerations to ensure you are capturing all measured data.
- Collaborate with your Regulatory departments and those requirements and initiatives (for annual bid submissions, changing goals and requirements, etc.) to focus on joint needs.
- Identify gaps or collaborative work in your organization in your IT department processes.

How will this ready me for HEDIS® Digital Measures?

- Understanding your data and data flows in your organization will support QA processes when data element requirements are changed.
- There are increasing non-submission related reporting requests from clients from vendors to support initiatives.
  - Work with your vendor to ensure their file ingestion formats will support other reporting.
- Collaborating with other QI improvement departments can help support how and what data is captured.
  - This will be necessary to understand the data sources for supplemental and ECDS purposes.

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