



## **AETNA BETTER HEALTH OF PENNSYLVANIA**

### **2018 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT EVALUATION**

#### **INTRODUCTION**

Aetna Better Health and Aetna Better Health Kids maintains a quality management program that provides the foundation and resources to ensure that high quality and cost-effective services are provided to its Medicaid and Children's Health Insurance Program (CHIP) members. The program involves the participation of the board of directors, management, practitioners and multiple departments working together as a team to improve our organization's performance. Aetna Better Health/Aetna Better Health Kids designed the program to meet or exceed state and federal regulatory requirements, Centers for Medicare and Medicaid Services (CMS), National Committee for Quality Assurance (NCQA) and Aetna requirements. The Aetna Better Health/Aetna Better Health Kids quality program provides a formal process to systematically monitor and objectively evaluate the company's quality, efficiency, and effectiveness.

The Quality Assessment Performance Improvement (QAPI) program evaluation is a comprehensive, annual evaluation of completed and ongoing quality improvement activities across the organization, performed under the scope of the QAPI program description and QAPI work plan. The program evaluation includes a description of organizational structure, committee involvement, accomplishments and achievements, provider and practitioner credentialing, member grievances and appeals, Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) and Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) reporting, progress with clinical and service quality initiatives, member education, prevention and wellness activities, and a summary of overall findings. The Quality Management staff, in collaboration with other functional areas, identifies activities annually and throughout the year and present high-level summaries that include results compared to performance goals, trending of measures when appropriate, identification of barriers that may have affected the achievement of goals and objectives and opportunities for improvement. The evaluation includes all aspects of the QAPI program to determine the extent and effectiveness of improvements in the quality of care and services.

Through the QAPI program evaluation, Aetna Better Health/Aetna Better Health Kids is able to identify strengths in the program as well as opportunities for improvement so that modifications to existing programs and development of new interventions will address identified opportunities. Aetna Better Health/Aetna Better Health Kids reviews the annual evaluation and uses the findings to establish quality management and performance improvement goals for the upcoming year. Opportunities for improvement identified in the evaluation or articulated by state regulators or other key stakeholders drive the development of the goals and objectives.

The Quality Management/Utilization Management Committee, Quality Management Oversight Committee and the Board of Directors review and approve the contents of this report.

## EXECUTIVE SUMMARY

The evaluation of the 2018 Quality Assessment Performance Improvement (QAPI) program is an annual comprehensive summary of quality activities that occur across the organization and are performed under the scope of the Quality Management and Utilization Management (QM/UM) Workplan. Our 2018 high level view of accomplishments and challenges will be outlined in the summary and the remainder of the evaluations will provide a more in-depth overview of the QAPI.

During calendar year 2018, Aetna Better Health/Aetna Better Health Kids, a Physical Health-Managed Care Organization (MCO) in the state of Pennsylvania since 2010 and CHIP MCO, provided managed care services to Medicaid and CHIP (Children’s Health Insurance Program) recipients. Below is an overview of the membership and changes over the past three (3) years.

## MEMBERSHIP

### Medicaid

Membership as of December 31, 2016: 207,794 members; 2,432,940 member months

Membership as of December 31, 2017: 222,536 members; 2,659,817 member months

Membership as of December 31, 2018: 218,670 members; 2,660,254 member months

Table 1

Region	2016	2017	2018
SE Region	35.44%	34.88%	34.77%
Lehigh/Capital Region	22.72%	22.90%	23.24%
Southwest	10.55%	11.05%	11.11%
Northwest	8.85%	9.05%	8.94%
Northeast	22.43%	22.12%	21.94%

Table 2

	2016	2017	2018
Female	51.24%	50.84%	50.74%
Male	48.76%	49.16%	49.28%
Under 21 years of age	47.96%	49.41%	47.92%
Ages 21-49	40.85%	39.52%	40.93%
Female 10-49 years of age	33.25%	33.11%	32.89%
Over 50 years of age	11.19%	11.06%	11.15%

Table 3

Membership by Category	2016	2017	2018
MAGI 0-2 months	0.41%	0.36%	0.35%
MAGI 2-12 months	2.63%	2.27%	2.53%
MAGI 1- 18 years	37.17%	35.51%	35.69%
MAGI 19 plus	9.85%	11.59%	11.34%
Medically Needy State – Only GA			
Categorically Needy State – Only GA			
Breast and Cervical Cancer	0.03%	0.02%	0.0%

<b>Membership by Category</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
SSI and Healthy Horizons	12.42%	12.31%	12.59%
SSI			
Newly Eligible Ages 19 and 20	2.71%	2.57%	2.48%
Medically Frail Ages 21 to 34	17.32%	17.53%	17.21%
Medically Frail Ages 35 to 44	6.98%	7.28%	7.42%
Medically Frail Ages 45 to 54	6.17%	6.09%	5.99%
Medically Frail Ages 55 to 64	4.31%	4.51%	4.58

## CHIP

Table 4

<b>Membership by Region</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Total Membership	12,432	17,042	19,177
Southeast Region	69.65%	74.46%	75.54%
Central Region	30.35%	25.54%	24.46%
<b>Membership by Gender/Age</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Female	6,109	8,356	9,403
Male	6,323	8,686	9,774
<1	103	134	151
1-2 years	939	1,282	1,443
3-6 years	2,446	3,369	3,791
7-11 years	3,941	5,493	6,181
12-19 years	5,003	6,764	7,611

## QAPI STRUCTURE AND OPERATIONS

The Aetna Better Health/Aetna Better Health Kids QAPI Program's primary focus is on the member and thereby monitors processes, assesses the effectiveness of its activities, and ensures that providers and members have input in the development of plan policies, procedures, activities, programs and improvement actions.

The Board of Directors has ultimate accountability for the QAPI and all related processes, activities and systems. The chief executive officer, on behalf of the QMOC, submits the QAPI program description and any subsequent revisions to the board of directors for approval. Directing the development and implementation of the QAPI within the plan is the accountability of the chief medical officer under whose direction the Quality Management Department coordinates the QAPI, provides support to plan committees and addresses quality-related requests from members, practitioners, providers, regulatory authorities and other referral sources.

## PROGRAM GOALS AND OBJECTIVES

Our QAPI program's primary goal is to continually improve the quality of care for our members and the quality of the services provided to both members and our practitioner and provider network. The plan's overall objective is to achieve the best outcomes possible for our Medicaid and CHIP members through continued collaborative efforts with members, practitioners and providers.

Additional goals and objectives include:

- Continue effective working partnership with the Department of Human Services and its External Quality Review Organization (EQRO) to comply with all requirements
- Develop and implement initiatives that align with the DHS Quality Plan
- Improve member and provider satisfaction with the health plan
- Continually improve HEDIS® rates in by exceeding the NCQA Table of Minimum Effect Size annually and using the NCQA 90<sup>th</sup> percentile as our benchmark goal
- Address health disparities by conducting a population analysis and addressing identified needs, including Social Determinants of Health (SDoH)
- Promote safety through processes that address the quality of care, provider preventable conditions, provider credentialing and pharmacy needs of members
- Monitor and evaluate the continuity, availability and accessibility of care and/or services provided to members, including Early and Periodic Screening Diagnosis and Testing (EPSDT) and Bright Futures requirements
- Continually improve PA Performance Measure rates
- Increase provision of community based care management services to eligible members
- Maintain NCQA Health Plan accreditation by demonstrating compliance with standards; improve HEDIS/CAHPS rates with the short-term goal of achieving an accreditation rating of “Commendable”, and stretch goal of achieving an accreditation rating of “Excellent” and demonstrating improved star ratings produced by the NCQA and DHS
- Attain NCQA Multicultural Health Care Distinction by 2020
- Provide education to providers and members on plan benefits, services, quality goals and outcomes
- Continue to develop additional community partnerships throughout the Commonwealth to drive improvement of preventive health, and access to care for adults and preventive dental services
- Exceed the 2019 goals of the Commonwealth for Value Based Services (VBS) including Provider Pay-for-Quality (P4Q) and incentive programs with targeted practices
- Implement clinical and service PIPs that are aimed at improved sustained improvement
- Maintain effective partnerships with participating providers and recruit new providers including dentists to meet the needs of the populations we serve

Summary of Changes to the QAPI Program for 2019		
Description	Change	Rationale for Change
<b>Quality Components and Activities</b>		
<i>QAPI Program Description</i>	<i>Updated to ensure it meets all contract quality and NCQA requirements and reflects the plans 2019 quality program</i>	<i>Assessment of contract and NCQA requirements</i>
<i>QMUM Committee</i>	<i>Continued recruiting targeted practitioners for QMUM meetings</i>	<i>Ensure adequate representation of provider specialties</i>
<i>NCQA Multicultural Healthcare Distinction (MHC)</i>	<i>Create and implement workplan to address requirements in order to successfully obtain MHC</i>	<i>Contractually required Need to assess unique populations enrolled in the plan and ensure</i>

Summary of Changes to the QAPI Program for 2019		
Description	Change	Rationale for Change
		<i>access to providers and materials that meet the needs of the membership</i>
<b>Member and Provider Experience</b>		
<i>Member experience</i>	<i>Address CAHPS survey to include additional questions in tune with the NCQA Multicultural Healthcare Distinction standards.</i>	<i>Compliance with state regulatory and NCQA requirements</i>
<i>Develop new initiatives to address areas of CAHPS survey targeted for improvement including Rating of Health Plan</i>	<i>Updated member handbook, developed targeted mailings, developing new member welcome brochure, solicit information from members during HEMAC meetings. Provider satisfaction components to IAP (Improvement Action Plan)</i>	<i>Improve member experience with services and delivery and obtain feedback to drive quality initiatives. Improve provider satisfaction with plan leading to better</i>
<b>Communications</b>		
<i>Provider Manual</i>	<i>Updated multiple sections</i>	<i>Provide clarifications and update the manual with new health plan information to meet state and NCQA requirements</i>
Member communications	Addressing NCQA MHC standards, creating welcome magazine that supports the member handbook	Member education, need for data collection and ensure that development of programs meet CLAS
<b>HEDIS/Performance Measures</b>		
<i>Developed new initiatives to address targeted HEDIS and PA performance measures</i>	Updated HEDIS workplan, added six (6) provider facing staff with expertise in HEDIS, streamlined medical record collection and review processes by obtaining access to EMRs remotely and promoting data mining from EMRs with key providers	HEDIS and performance measures improvement

## MAJOR ACCOMPLISHMENTS

Accomplishments of 2018 include:

- Maintained NCQA Accreditation
- Increased CHIP membership by more than 2,000 members
- Continued to demonstrate significant improvement in the number of value-based contracts for our provider network addressing the need for improved quality outcomes

- Expanded Community Health Worker (CHW) program to 24 CHWs vs. 12 in 2017
- Provider onsite visits and webinars addressed the vast majority of members/enrollees
- Added 5236 providers to our network, 23 new hospitals and 18 FQHCs
- Increased VBS contracts to include more than 71,000 members
- Successful recruitment of dental providers and implementation of new dental vendors
- Member incentives attained by more than 50,000 members
- Community Engagement activities included 94 event with CORA and 382 additional community events
- Exceeded the TSF for member services
- Increased the number of HRQs completed by more than 300%
- 2% decrease in in-patient utilization
- Implemented self-service options for member calls reducing the volume of calls address be member services representatives by 10%
- Improved overall satisfaction with the plan demonstrated by CAHPS survey results

## CHALLENGES

- Achieving the NCQA 50<sup>th</sup> percentile for key performance measures and improving to the 75<sup>th</sup> percentile for at least 25% of all measures
- Continued inaccurate contact information for members preventing outreach and education for improvement in outcomes including prevention and wellness
- Improving provider satisfaction with the health plan
- Increasing member visits to PCP for well care, particularly adolescents
- Retaining CHWs to address members in the communities we serve
- Increasing the number of members who receive preventive dental services

## PRIORITIES FOR CALENDAR YEAR 2019:

Aetna Better Health/Aetna Better Health Kids will implement improvements to the quality management program that will effectively promote and build quality into the organizational structure and processes of the health plan. A summary of recommendations for improvement for 2019 include:

- *As in 2018, continue to monitor and assess member care and services to:*
  - *Ensure that health care and service provided to the health plan members meets accepted and appropriate medical practice standards*
  - *Ensure that plan services meet the needs of health plan members and health care professionals*
  - *Improve member health outcomes – reduce ED utilization, readmissions and preventive services such as dental, care for members with diabetes, immunizations, screenings*
- *Ensure prompt identification and analysis of opportunities for improvement with implementation of actions and follow-up, implementing Rapid Cycle Improvement programs when possible.*
- *Maintain compliance with local, state, and federal regulatory requirements and accreditation standards.*

- *Achieve statistical improvement in HEDIS, CAHPS and PA specific performance measure rates with the goal of reaching and surpassing the NCQA 75th percentile for all measures.*
- *Achieving NCQA Commendable rating and moving toward a rating of Excellent*
- *Address member and provider satisfaction with the plan demonstrated through improvement in CAHPS and provider satisfaction surveys*
- *Continue to value-based quality performance contracts*
- *Continue to actively recruit and retain providers to ensure our network exceeds regulatory standards*
- *Achieve NCQA Multicultural Healthcare Distinction*
- *Establish connection with electronic health records of key providers*

## **OVERALL PLAN EFFECTIVENESS**

Based upon a comprehensive review and evaluation of the QAPI program and activities monitored in the QAPI work plan, we successfully executed the quality management program strategy for calendar year 2018. Aetna Better Health/Aetna Better Health Kids staff from all functional areas collaboratively assessed the effectiveness of the quality program by reviewing:

- How to meet members where they live and increasing/improving access to care and services
- Collecting data and addressing Social Determinants of Health
- Policies, procedures and assessment of program resources ensuring that they met the needs of the membership.
- The plan's achievement of goals and process improvements by review of metrics, monitoring processes and data analysis to determine and address opportunities for improvement
- Reviewing practitioner involvement, committee structure and member/community input to ensure oversight of the quality program and early identification of opportunities for improvement.
- Plan leadership, management and practitioner involvement to ensure active participation in Aetna Better Health/Aetna Better Health Kids activities, communication of the importance of network-wide safe clinical practices and follow-up of quality program improvements.
- Aligning activities to meet the goals of the Commonwealth for Medicaid and CHIP members

Throughout this document we have documented that opportunities exist and outline our plans to address areas for improvement. The Quality Management Oversight Committee (QMOC) chaired by the plan's Chief Executive Officer (CEO) provides oversight of the entire program including ensuring that follow-up and reporting occurs. The additional strong leadership by the plan's Chief Medical Officer (CMO) and Chief Operations Officer (COO) serves to provide expertise in operations, medical and quality management and provides guidance in navigating the vast areas the plan assesses regularly to ensure that processes lead to improvement in member outcomes; and input from our members and practitioners are evident through our robust committee structure and meeting minutes

Aetna Better Health/Aetna Better Health Kids remains committed to continued improvement in its QAPI and is confident changes needed to meet and exceed goals throughout the organization will occur. Our

assessment of the governing committees, leadership involvement and practitioner participation demonstrate that the plan has a robust structure and that no adjustments to those items, with the exception of continued recruitment of participating members, practitioners and providers as committee participant's change, to lend a voice to improvement efforts, are needed. Changes related to the 2019 QAPI workplan are underway to address the needs our Medicaid and CHIP populations and are outlined in the table included earlier in this document.

During the 2018 calendar year we addressed the need to increase member and provider facing staff and operational and clinical staff ensuring that we hired staff with the experience and expertise to address the varied needs of our members and providers. Continual staff training in quality techniques, assessment of outcomes and formation of workgroups to review and address areas for improvement continued in order to ensure that all staff are prepared to address the need to continually improve outcomes and satisfaction for our members and providers.

As in 2017, we continue to utilize the QMOC grid which serves as a repository for all plan metrics, analysis of those metrics and improvement actions as needed when goals are not met, or performance is suboptimal. Our quality committees provide evidence of the tracking and trending of key metrics and Continuous Quality Improvement (CQI) activities which are documented in committee minutes, on the QMOC grid and in reports presented to the Board of Directors.

Our plan leadership is fully engaged with the QAPI program and ensure that the entire health plan is kept abreast of outcomes through review of monthly HEDIS and performance measure rates, provider network changes and additions and community activities that are available for all to participate. Communication to all plan staff is key to staff satisfaction and provides an opportunity to glean information from member and provider facing staff that can be used to develop programs and address areas of concern.

Subsequent pages of this evaluation will provide an assessment of all plan activities and ensure that we recognize and document areas for improvement by documenting priorities, goals and actions to be undertaken during the 2018 calendar year.

## **SUMMARY**

To underscore our commitment to quality in Aetna Better Health/Aetna Better Health Kids, staff are armed with the education, knowledge and tools necessary to perform their assigned duties which lead to meeting the needs of members and addressing provider concerns. Areas for improvement can and are identified through all staff while we continue to educate on key areas such as HEDIS and state performance measures, the Quality Plan and goals of the Commonwealth and addressing member and provider satisfaction. As part of this commitment we ensure that staff is provided an overview of clinical quality outcomes, member and provider satisfaction, process improvements and policy changes during our monthly all-staff Town Hall meetings.

The addition of resources dedicated to the QAPI program effectively managed the activities detailed in the QAPI work plan. In addition to staff within the Quality Management (QM) Department, other internal Aetna Better Health/Aetna Better Health Kids staff, external network participating practitioners, and numerous multidisciplinary committees support the QM program. QM staff continues to work with other functional areas to identify, monitor and evaluate appropriate service and clinical metrics.



Operational and clinical departments throughout the plan are charged with quality assurance and improvement and are recognized for achievements and excellence.

We continue to address identified opportunities for improvement through our QAPI process. Our commitment to the people we serve remains strong as we employ quality techniques, including rapid cycle improvement to evaluate plan processes and outcomes and seek to achieve the NCQA Multicultural Healthcare Distinction through activities in 2019 and submission in 2020. A formal committee structure allows for oversight of the QAPI program and for the flow of information to and from the board of directors.

Our provider network continues to meet standards where providers are available, and partnerships develop with community agencies. Our strong network and increased VBS contracting allows us to address the needs of members and provide continuity of care while rewarding providers who meet and/or exceed quality standards. We will continue to seek opportunities to enhance our network and implement value-based contracts with clear goals aimed at improving the quality of care provided to our members.

During the past year we demonstrate improvement in some areas and clearly outline the opportunities in others. Identifying and addressing opportunities for improvement occurred throughout the year and as goals are set and we continue to determine how we can enhance member outcomes, improve member and provider satisfaction. Our plan policies, procedures and workflows are adjusted at least annually and more frequently as needed to assure we are fluent with the changing landscape of the membership which we are privileged to serve.

Our focus on improving outcomes for the populations, member and provider satisfaction is presented in detail throughout the 2018 evaluation. Our staff is committed to providing excellent service, adhering to the principles of Total Quality Management, implementing Rapid Cycle Improvement techniques, collaborating with partners, being local in the communities we serve and demonstrating improvement in member outcomes.

The following pages of this evaluation further provide an in-depth overview of 2018, an assessment of successes, barriers and identified opportunities and improvement actions for 2019 and are used as the basis for creating the 2019 QAPI Program Description and comprehensive QM/UM and operational workplan. Areas that follow include assessment of network adequacy, studies including medical records reviews, prevention and wellness activities, availability of providers to meet the needs of the membership, collaborating with Behavioral Health MCOs for our Medicaid population and clinical outcomes from a case management, utilization management and pharmacy perspective.