

2021 QUALITY IMPROVEMENT PROGRAM EVALUATION

Each year, the Health Plan evaluates its success in accomplishing identified goals for the prior year, including, but not limited to, its ability to meet regulatory standards specified by the Department of Managed Health Care (DMHC). For 2021, the Plan is pleased to share that it succeeded in achieving multiple identified goals despite the challenges that was faced during the pandemic.

Highlights of Plan Accomplishments for 2021 include:

Continued efforts to improve Access and Availability

- Hiring of Primary Care Providers (Family Medicine) and Specialist, which include Neurosurgery, Orthopedic Surgery, Pediatric Neurology
- Telemedicine continued to be an option for the clinics to address patient's medical needs, and to ensure safety during the COVID-19 pandemic.
- Clinic Managers are required to investigate the access issues for their clinic and report back with their findings on a monthly basis. VCHCP Provider Services Program Administrator monitors their responses.
- VCHCP contracted with Teladoc in November 2019 to provide our members with 24/7 access to a licensed physician. There were 778 visits via Teladoc in 2021 and a total of 1,536 visits since inception.

Effectiveness of Case Management Program:

- The case management (CM) program maintained its acceptance rate above the 20% goal
- 36% inpatient admissions decreased overall for the members enrolled in the program at least 60 days
- 54% reduction in ER visits decreased overall for the members enrolled in the program at least 60 days

Effectiveness of Disease Management Program:

- Successful health coaching calls to members with diabetes and asthma under the Disease Management Program.
- With the successful health coaching and case management resulted in resulted in higher member compliance with A1c testing and decreased risk stratification.

- Continued identification of members in the moderate and high risk with the availability of Diabetes A1c results, allowing health coaching and case management.
- Health Effectiveness Data Information Set (HEDIS) birthday card re-design to include preventive services care gaps and case management referral information.

Efficiency in Utilization Management:

- Collaborated with clinic providers and administration to improve care coordination, specialist access and increasing efficiency. In addition, collaborated with the clinics to ensure timely submission of treatment authorization requests to the Plan's UM.
- Annual evaluation and reduction of services requiring prior authorization resulted in efficiencies in the Utilization Management (UM) Department. This resulted in meeting the program resource needs of the UM program. In addition, the reduction in prior authorization of services in UM reduced unnecessary barriers for members getting timely care.
- Reduced the 45-day denial for lack of medical information due to implementation of process improvement in the Utilization Management (UM) department (Calling/communicating on all pended cases for clinical information & Medical Director's intervention by checking all pends and denials for appropriateness).
- Complied with the 2021 DMHC Routine Medical Survey and 2021 Behavioral Health Investigation filings, including various DMHC and legislative requirements for medical and pharmacy services.

Systems Enhancements:

- Several systems refining processes were implemented such as QNXT UM module upgrade, configuration of Healthx member and provider portal for viewing of authorization and submission of treatment authorization requests, and Quality App update with additional Health Effectiveness Data Information Set (HEDIS) requirements.

Services:

- Member Services Team met all phone and e-mail customer service response time and quality goals

Surveys:

- All surveys were completed timely, which included 2 directory assessments, After-Hours Survey, PAAS, and the Provider Satisfaction survey.

Processes:

- The VCHCP Member Services Department phone and email response time goals were met.
- Achieved 98% to 100% compliance with UM review turnaround time.
- UM physicians and nurses met the passing score of 90% or better on inter-rater testing.

- Continue to meet Clinical rationale 8th grade reading level met 98% to 100% compliance.

Communications:

- Distributed member and provider newsletters twice a year, highlighting services offered by the Plan, as well as education about these services, benefits and guidelines.
- Continued to utilize email/fax-blasts to providers to relay important updates to practitioners on a timely basis; for example, the VCHCP drug formulary update (additions and deletions).
- Mailed postcard reminders to members re: needed mammograms, colorectal screenings and reminder on appropriate use of the Emergency Room.

Collaborations:

- Continued regular Access to Care Task Force meetings to identify and track access to care barriers and collaborate with County partners to identify and implement potential solutions.
- Continued successful collaboration with Optum Behavioral Health which has resulted in robust, productive quarterly meetings to promote continuity and coordination between medical and behavioral healthcare.
- Continued quarterly Joint Operations Committee meetings with each of the Plan's delegates to ensure a venue of robust oversight of delegate activities with resultant quality services offered to Plan members.

While the Plan realized multiple accomplishments throughout 2021, there were Key Challenges for the Plan in 2021 that came to light:

- Identification of barriers and interventions that will improve Health Effectiveness Data Information Set (HEDIS) scores overall, with the emphasis on the following measures:
 - Comprehensive Diabetes Care (CDC)
 - Breast Cancer Screening (BCS)
 - Postpartum Care (PPC)
 - Plan All-Cause Readmission (PCR)
- Consistent timeliness of follow up care:
 - Comprehensive Diabetes Care (CDC)
 - Breast Cancer Screening (BCS)
 - Postpartum Care (PPC)
 - Plan All-Cause Readmission (PCR)
- Timely communication of feedback from behavioral health providers to PCPs through increased collaboration between Optum Behavioral Health and VCHCP.
- Increase rates of member participation in the Case Management program.
- Increased A1c testing compliance, decreased A1c level and decreased risk level of members with successful health coaching and case management.
- Maintain volume of members stratified as moderate and high risk to allow health coaching and case management screening and intervention to more members.