

# Health Care Improvement Quality Program Executive Summary

## Health Care Improvement Program Overview

The Health Care Improvement (HCI) quality program provides a formal process to systematically measure and improve the Health Plan's excellent quality ratings across all lines of business.

The HCI program's mission is to lead a dynamic and cross divisional quality program that demonstrates and drives excellence in quality and customer experience. In strategic alignment with the Enterprise 7 Block Strategy, the HCI quality program has a specific focus on "improving member and community health." In addition to its quality focus, the program strives to achieve affordability and growth in all membership populations.

Key regulatory elements of the HCI quality program include an organization-wide improvement strategy, program description, an annual evaluation of performance, and an annual Quality Improvement Program Action Plan. To support improvement efforts, monthly measurement and reporting also exist to trend and forecast performance

Continued review of quality improvement activities requires ongoing:

- Execution of member engagement tactics to close gaps in care and improve experience
- Alignment of affordability program development and risk adjustment efforts
- Coordination of value-based payment programs to drive quality measure improvement
- Alignment with provider and community engagement activities

## 2023 Quality Improvement Program Description

The Program Description is a comprehensive document that describes the Plan's quality governance structure, program scope, goals and objectives, and additional regulatory components, all which are inclusive of physical and behavioral health for all lines of business. The connection to external providers and community partnerships is described within the program description. The Program Description incorporates all lines of business as well as the new Duals program and improves health outcome inequities by integrating the health equity corporate strategy.

In alignment with the Health Care Improvement vision, the program description demonstrates the organization-wide efforts in place to achieve and maintain nationally recognized excellence in health care quality for all member populations that drives mission and strategy aligned quality, affordability, and growth. The Quality Improvement (QI) Program provides a formal process to monitor, improve, and evaluate the quality, efficiency, affordability, safety, and effectiveness of care and service utilizing a cross-functional, collaborative approach objectively and systematically.

## 2022 Quality Improvement Program Evaluation

The program evaluation reflects organizational outcomes from the 2022 Action Plan. As part of the quality program, the format of this document has been streamlined to highlight accomplishments, measurement outcomes, barriers, and next steps for each initiative. Comprehensive details of the program evaluation are found within the Quality Improvement Program Evaluation document. The information contained in the program evaluation is modeled after the Plan, Do, Study, Act method to demonstrate the process from strategic planning to milestone results, barriers, lessons learned and future planning. All initiatives are continually monitored through the quality committee structure.

2022 Program Evaluation Highlights:

Domain	NCQA Category	Highlights:
Corporate Scorecard Metrics	QOC/QOS	<ul style="list-style-type: none"> <li>• Corporate Scorecard Quality Rating Program results were achieved:               <ul style="list-style-type: none"> <li>• The CMS Medicare Star quality rating results were significant. For the second year in a row, the Health Plan achieved 5 stars in Medicare HMO (Health Management Organization); 4-star rating in Medicare PPO (Preferred Provider Organization) and 5 star in Medicare PDP (Prescription Drug Plan). Our Health Plan has been recognized as having the longest running 5-star PDP plan in the country.</li> <li>• Commercial: 4 stars</li> <li>• Medicaid: Tier 3</li> <li>• Essential Plan ranked #1, Tier #1, outperforming all NYS plans. Awarded \$14M in unplanned revenue.</li> </ul> </li> <li>• Performance in these programs and other core quality programs generated aligned revenue of \$174M, up from \$138M in 2021.</li> </ul>
Quality Program Performance Assessment	QOS/QOC	<ul style="list-style-type: none"> <li>• Of the universe of quality measures across all lines of business, 76% of all measures maintained or improved in benchmark performance.</li> <li>• Improvement Teams have a 12% better improved/maintained rate for measures actively focused on compared to those without improvement team focus.</li> <li>• Improvement teams covered 62 measures out of 90 total that count toward our quality programs.</li> </ul>
Advancing Accreditation	QOS	<ul style="list-style-type: none"> <li>• Preparation for new requirements to include health equity in data and improvement initiatives. Data is prepared for National Committee for Quality Assurance (NCQA) and New York State Department of Health requirements.</li> </ul>
Health Equity	QOS	<ul style="list-style-type: none"> <li>• Planning is starting for a health equity data repository and expanded data acquisition.</li> <li>• This year’s annual quality committee retreat focused on Health Equity.</li> <li>• Partnership continued through community programs and awards including: Rochester Partners in Community Development through Mental Health &amp; Wellness resources to over 50 households, Young Scholars of Utica University Mental Health Equity Program hired third Social Worker and provided 68 1-1 counseling sessions, Western NY Boys and Girls Club provided 64% of members participated in counseling or workshops on mental health resulting in 50% marked improvement in disruptive behaviors, Central NY Early Childhood Alliance met with 71 families for early childhood screenings.</li> <li>• Execution of a dental performance improvement plan/Social Determinants of Health (SDOH) requirements were an area of focus through leveraging several Excellus Health Plan employees that are part of the 7 generations (Native America Group) to perform outreach/education on the dental benefits/providers to CNY Native Americans.</li> <li>• The COVID Vaccine Equity Plan report was filed with New York State.</li> </ul>
Duals Readiness	QOS	<ul style="list-style-type: none"> <li>• The Dual Special Needs Program (DSNP) team began building the foundation to track quality measure performance.</li> <li>• The team worked to assure we have the tools to address measures at the member and provider level, such as additions to the Care Advance assessment.</li> <li>• The Duals Model of Care was submitted and gained 1 year approval from Centers for Medicare and Medicaid Services (CMS).</li> </ul>
Member Experience	CX	<ul style="list-style-type: none"> <li>• Continued collaboration occurred between HCI, Customer Care, and Marketing/Customer Experience to prioritize and drive an organization wide member experience focus to improve quality program performance across all</li> </ul>

		<p>lines of business. New improvement initiatives are beginning in alignment with new member experience strategies focused on increasing Comprehensive Wellness Visits, supporting Provider Access &amp; Availability, and increasing outreach to members at risk.</p> <ul style="list-style-type: none"> <li>• Consumer Assessment of Healthcare Providers and Systems (CAHPS) strategy included risk engagement through proactive gap outreach, closed loop outreach and the Accountable Cost and Quality Arrangement (ACQA) member experience surveys.</li> <li>• Integrated CAHPS patient experience improvements into the Value Based Payment Quality Program.</li> </ul>
Provider Experience	CX/QOS	<ul style="list-style-type: none"> <li>• Continued collaboration occurred with the Accountable and Quality Cost Arrangements (ACQA) and Risk Adjustment teams to support strategies to build on provider relationships and drive improved coding practices which increased exchange of data.</li> <li>• High level of Medical Director Engagement and focus on prior authorization/remittance experience resulted in provider satisfaction scores above 80%.</li> <li>• Provider Relations team supported and exceeded community physician educational goals by hosting three Office Manager meetings/fall seminars.</li> </ul>
Advanced Dashboard Reporting	QOS	<ul style="list-style-type: none"> <li>• Using the Power BI system to support workgroups, team created a member level gap stratification report, monthly rate analyzer dashboards, and a member compliance behavior profiling dashboard (across a variety of variables such as age, zip, provider group, etc.). These will allow workgroups to be in a better position to target members for outreach.</li> </ul>
Gap Closure Efforts	Safety/QOC /QOS	<ul style="list-style-type: none"> <li>• Predictive analytics combined with multi-prong contact options (email, postcard, outbound dialer, outbound live call, inbound options) has increased capacity for member contact for large denominator measures such as cancer, blood pressure, and diabetic screening gaps. This allows High Value Outreach (HVO) to connect to the members most likely to answer the phone, while also being available to assist members inbound that receive any other form of communication.</li> <li>• In collaboration with Customer Care team, the Gap Tool program leveraged proactive relevant messaging and education to members during calls to the Health Plan. Utilization of this tool increased from 2.36% (2,616 gaps) in 2021 to 9.97% (11,992 gaps) in 2022.</li> <li>• Breast Cancer Screening rates increased from 70% to 78% between January and October. A combination of member education efforts through emails, social media, outbound dialer programs and website content were shared with members.</li> </ul>

NCQA Category **	Full Name	Definition
CX	Customer Experience	How a member views the efforts, tools, and resources of the Health Plan to meet the needs of that member throughout the entire series of interactions.
QOC	Quality of Care	The degree to which health services increase the likelihood of desired health outcomes and are consistent with current professional Knowledge.
QOS	Quality of Service	Activities or interventions in which individuals can participate to reach a specified health goal.
SAFETY	Safety	Interventions that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions.

## 2023 Quality Improvement Action Plan

The Quality Improvement Action Plan is an organization-wide document to assure ongoing evaluation of quality improvement initiatives across collaborating departments. Regular review with initiative stakeholders assures continued momentum, clarity in shared goals and accountabilities, addressing barriers, and progress reporting.

The plan is structured based on the Plan-Do-Study-Act improvement framework and includes detailed milestones/deliverables, timing, and related ownership/accountability for each initiative. The goal of each improvement effort is to positively impact quality ratings across all lines of business.

As part of the HCI Quality Program, the 2023 Action Plan is focused on goal alignment and coordination across the enterprise. Connections between corporate priorities such as Health Equity, member and provider experience and advanced data strategy are incorporated into the document. Regular review with initiative stakeholders assures continued momentum, clarity in shared goals and accountabilities, addressing barriers, and monitoring progress reporting.

The results of the 2023 Action Plan are assessed and documented in the 2023 program evaluation.