Quality

CareSource®

2024 IHCP Works
Annual Seminar

AGENDA

Section 1:
CareSource and Quality

Section 2:
Quality of Care

Section 3:
Performance Outcomes

Section 4:
Improvement Strategies

Wrap-up:
Question and Answer

CareSource is a non-profit, member-centric company serving over 2 million members in Ohio, Indiana, Kentucky, Michigan, Arkansas, Georgia, North Carolina and West Virginia under leadership of CEO, Erhardt Preitauer.

Quality Program

Overview	Monitor, evaluate and take action to improve member experience and health outcomes
Quality of Care	Across systems of care, to ensure quality compliance and appropriateness of care
Performance Outcomes	Evaluate effectiveness of clinical care
Improvement Strategies	Measurable initiatives that optimize health plan performance

Program Requirements

- Accredited by National Committee for Quality Assurance (NCQA)
- Annual completion of Healthcare Effectiveness Data and Information Set (HEDIS®)
- Annual completion of Member Satisfaction Survey, Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Compliance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Health Watch
- Annual Provider Project
- Annual Work Plan including identified Quality Improvement Projects
- Participation in External Quality Review

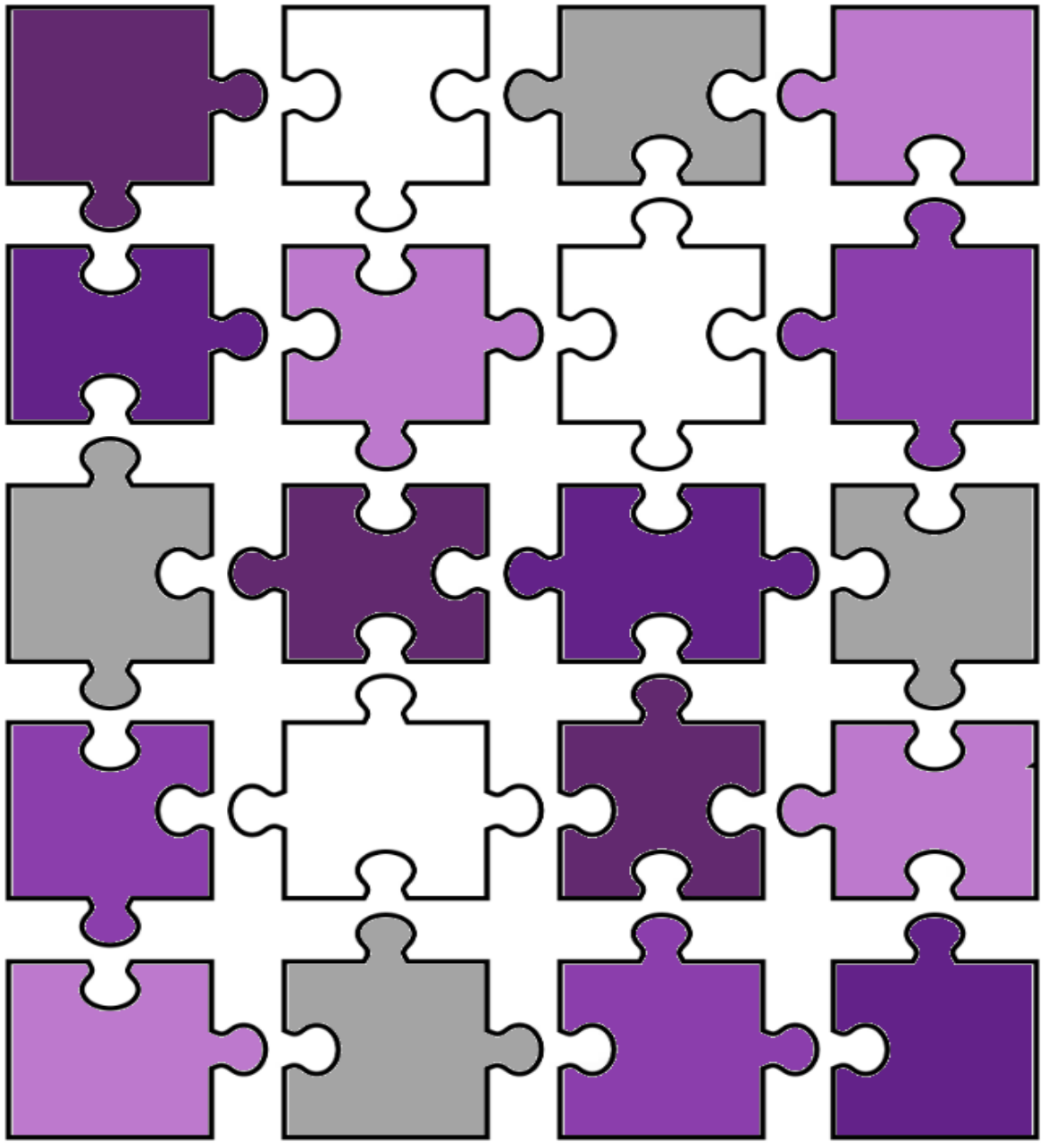
Quality Improvement & Management Program

- Annual updates available to all providers via website or hard copy
- Aligned with state and federal requirements
- Oversight conducted by our Medical Director
- Input from a cross-functional Quality Committee
- Active involvement from Pharmacy Director
- Annual evaluation is conducted to determine overall effectiveness in meeting outlined activities

Quality Structure

Everyone has a place to fit and a part to play.

- Quality Management and Improvement Committee
- Provider Advisory Committee
- Corporate Enterprise Quality Team
- Health Equity
- Indiana Quality Team
- Health Services Utilization Workgroup
- Maternal Child Outcomes Workgroup
- Medicaid/Marketplace Workgroup
- Member Experience Workgroup
- Behavioral Health Workgroup
- Member Facing Teams
- Provider Facing Teams
- Member Advisory Committee



Quality of Care

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Quality of Care

Potential Concerns

- Any issue or event that has the potential to impact the delivery of evidence-based quality care to members
- Inappropriate, inconsistent or delays in care which compromises the member's health/safety or limits their abilities
- Any issue or event that has the potential to impact the delivery of quality services to members
- Failure to provide a service (transportation, handicap access, etc.) which impedes a member's safety

Quality of Care Review Process

QOC identified by grievances or internal processes

Case forwarded to Medical Director for review

Case is assigned a severity level by Medical Director or sent for peer review

For cases deemed level 0 – 1B, no further action recommended.

Providers with 1C cases will be monitored.

Cases deemed ≥ 2 will be brought to the Provider Advisory Committee (PAC) for determination.

Provider input will also be obtained.

Quality of Care

Quality of Care (QOC) Case Leveling System		
Grade	**Standard of Care**	**Outcome**
N/A	Not investigated	Not clinical in nature Not eligible at the time of service
0	Met	No untoward outcome
1	Met	Minor adverse outcome
2a	Met	Moderate adverse outcome, disability or death
2b	Not met	No untoward outcome/ No documentation submitted
3	Not met	Minor injury
4	Not met	Moderate injury
5	Not met	Death or severe impairment
Indeterminate	Insufficient documentation submitted	Cannot be determined or leveled

EPAC Updated 12-13-21

Indiana Provider Advisory Committee

Quarterly meetings to ensure ***input*** and ***involvement*** from our network

Assist with decisions related to:

- **Policy development**
- **Quality of care concerns**
- **Preventive health**
- **Clinical practice guidelines**
- **Clinical performance**
- **Continuity and coordination of care**

Access & Availability

Primary care access standards

- After-hours access 24 hours a day, 7 days a week
- Routine care within 14 calendar days
- Urgent care in 48 hours

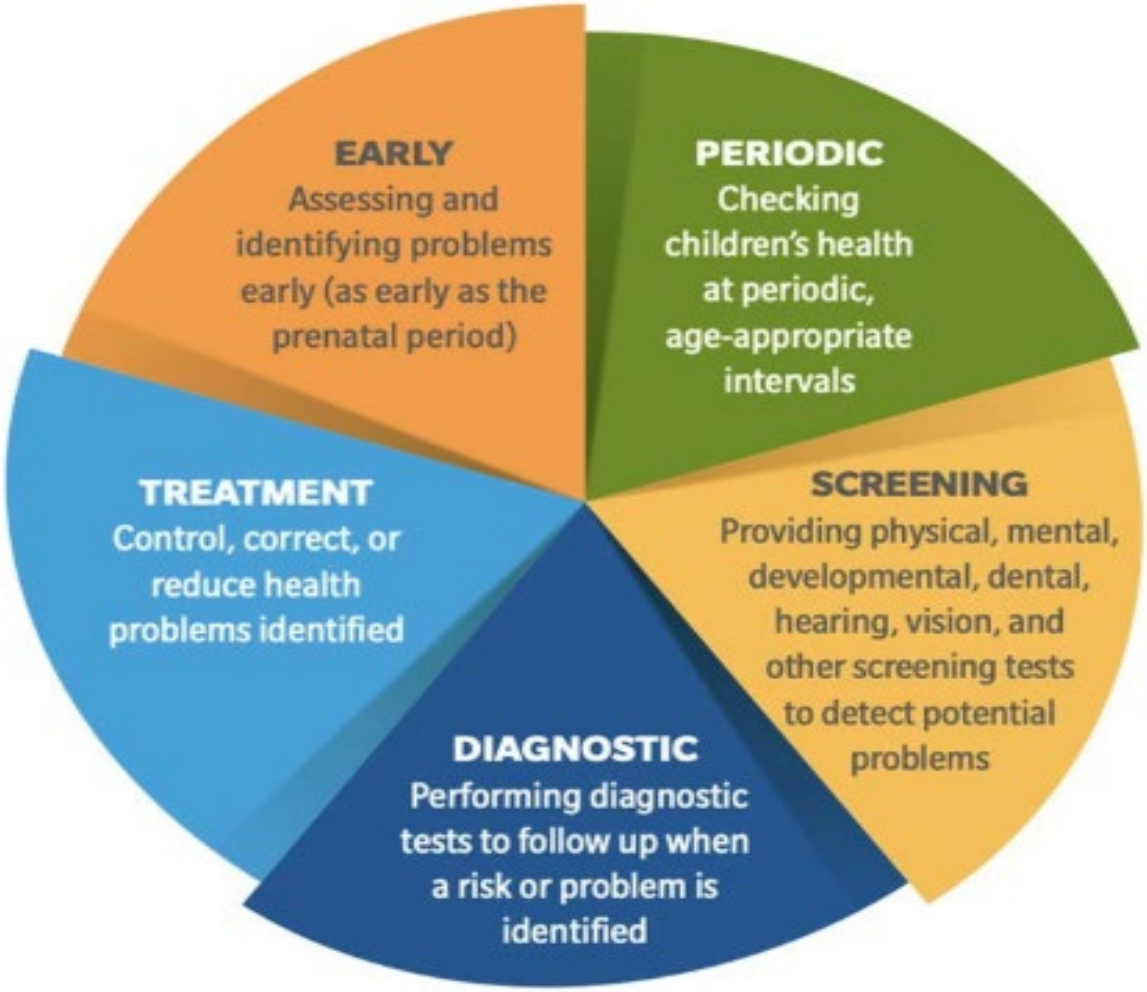
Behavioral Health

- Initial visit/routine care within 10 business days
- Urgent care within 48 hours
- Non-life-threatening emergencies to not exceed 6 hours
- Time between first and follow-up appointment within 30 calendar days

Clinical Priorities

- Access to care
- Asthma
- Behavioral health and physical health care coordination
- Early and Periodic Screening, Diagnosis and Treatment (EPDST) services
- HIV and Hepatitis C
- Inpatient and emergency department follow-up & utilization
- Integrated medical and behavioral health utilization
- Lead testing in children
- Obesity
- Prenatal & postpartum care
- Smoking cessation, especially for pregnant women
- Special needs care coordination and utilization
- Timely follow-up and notification of results from preventive care

Early and Periodic Screening Diagnostic and Treatment



EPSDT – What Services are Covered?

Well Visits/Screenings

- Comprehensive health, developmental and behavioral physical exam should be unclothed
- Immunizations and vaccines according to the Advisory Committee on Immunization Practices (ACIP)
- Lab tests including lead toxicity screening
- Health education on child developmental milestones (physical and mental)

Vision

- A vision screening is provided on a specific schedule according to a member's age

Dental

- A dental check-up is on a specific schedule according to a member's age

Hearing

- A hearing check is provided on a specific schedule according to a member's age

Diagnostic

- Based on results from exams, screenings, or labs, further evaluation may be necessary
- Referrals to specialists may be included to treat a diagnosis as medically necessary

Treatment

- Based on the disease, illness, or condition found by screening and diagnostic, a member must receive the necessary healthcare services available to treat or correct the new discovery

Performance Outcomes

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HEDIS Measures

The Healthcare Effectiveness Data and Information Set (HEDIS®) includes 90+ measures (in its entirety) across the following domains of care:

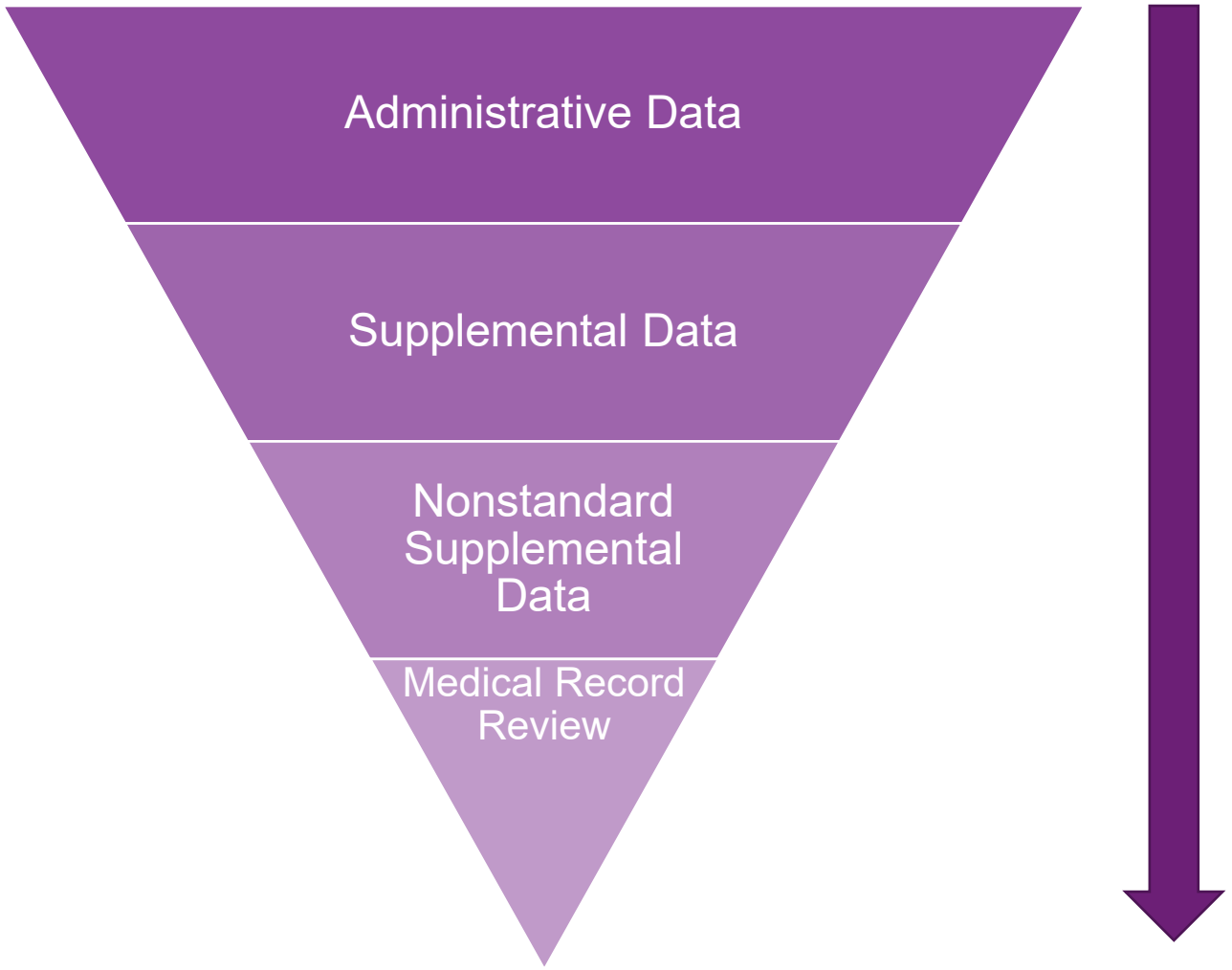
Effectiveness of Care	Access/Availability of Care	Experience of Care
Utilization and Risk Adjusted Utilization	Health Plan Descriptive Information	Collection Using Electronic Clinical Data Systems

CareSource monitors and reports 30+ measures (some with multiple specifications and associated results) for Medicaid. These measures can be described as Administrative or Hybrid dependent upon their allowable collection methods.

- **Administrative** measure results will derive from claims and/or supplemental data ***only***.
- **Hybrid** measures are collected through claims, supplemental data, and ***medical record collection*** and review if not found compliant prior. We will report these measure's administrative rates throughout the year until record collection in the following spring.
- **Sample groups** of 411 members per measure (when available) are chosen randomly for annual submission of rates to NCQA and State of Indiana.

MEASURE INFORMATION FOUND AT https://www.ncqa.org/hedis/measures/

HEDIS Data Collection



HEDIS® Data for measures will pass through and gather in these buckets as it becomes compliant.

If NOT yet compliant at end of year and part of the HEDIS sample the chart will need retrieved for review.

Administrative Data

Administrative Data comes directly from claims information.

Appropriate use of CPT (II) and ICD-10 diagnosis codes is a pivotal portion of ensuring HEDIS® measures are found compliant which stops the need for gathering supplemental data or the medical record for review.

Compliance for HEDIS® specifications of measures through claims data holds additional importance as it allows for appropriate reporting throughout the year of administrative rates.

Supplemental Data

Supplemental Data can come from various locations, including Provider EMR and Indiana Health Information Exchange (IHIE).

This supply of information can be viewed as the last step prior to physical record collection and holds tremendous importance in shaping quality initiatives and annual quality assessments.

The data CareSource has ‘on hand’ throughout the year is reported to the State of Indiana and impacts daily decision making.

This access and supply of this supplemental data is also useful in allowing for collaboration and guidance on any measures that are being missed and could have simple fixes, such as documentation.

Non-Standard Supplemental Data

Non-Standard Supplemental Data will be gathered from annual quality reviews of member files (outside of 'HEDIS® season').

Example: CareSource will be collecting member files related to Childhood Immunization Status (CIS) and Immunizations of Adolescents (IMA) to complete annual quality reviews to ensure ALL information is collected as rates are currently low.

Other annual quality reviews were scheduled in 2023 for select measures where rates were lower than anticipated, but CareSource believes appropriate care and service is being provided and simply not being reflected in claims or other data collection methods.

Information gathered will be condensed and included in HEDIS® submission with hopes of reducing chart collection in season.

Medical Record Review

Information comes directly from the patient's medical record.

This collection and review is completed during "HEDIS® Season" which occurs in February through the first week of May of the following year.

- Example: 2023 measurement year was collected spring of 2024

This step is the last point for which appropriate care and compliance status can be shown for a member (specifically included in our sample group) for NCQA and State submission.

CareSource's goal is to reduce the number of members who require manual review of their medical records.

2024 Medical Record Collection

For measurement year 2023, 10,000+ charts were collection across all Lines of Business (LOB).

Successes:

- Increased successful record collection by over 10%; improving rates for multiple measures.
- Collaborated directly with Provider offices for successful record collection.
- Training provided to offices on measure specifics for appropriate chart information pulling.

Lessons learned:

- Further collaboration needed with Providers to reduce number of chart chases through robust coding of claims and supplemental data collection.
- HEDIS® measure specifications training for Provider office staff pulling records could be extremely beneficial in increasing rates by providing needed information.
- Increased accuracy in provider information and office location needed.

Performance Outcomes - 1

	Hoosier Healthwise	Healthy Indiana Plan
Well child visits six or more for children 0-15 months	X	
Annual well child visit for children 3-21 years	X	
Lead testing in children* • First test between 9 – 12 months • Second test at 24 months • Children 36 and 72 months with no record of a previous blood lead test must also be tested.	X	
Childhood Immunization Status Vaccinations by 2nd birthday (including 2-doses of Influenza)	X	
Immunizations for Adolescents Vaccinations by 13th birthday	X	

*Federal requirement for all children enrolled in Medicaid

Performance Outcomes - 2

	Hoosier Healthwise	Healthy Indiana Plan
Adult preventive care *		X
Health Needs Screening for new members within 90 days of enrollment	X	X
Emergency Department visits for Substance Abuse	X	X
Follow up after hospitalization for mental illness within seven and 30 days of discharge	X	X

*Cervical cancer screenings, breast cancer screenings, colorectal cancer screening, controlling high blood pressure.

Performance Outcomes - 3

	Hoosier Healthwise	Healthy Indiana Plan
Timeliness of prenatal care prior to 14 weeks or within 42 days of enrollment	X	X
Postpartum care between 7-85 days after delivery		X
Glycemic Status Assessment for the Patients with Diabetes	X	X

Additional Priority Measures

Preventative

Documented BMI Percentile for Adult and Pediatric Patients

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – Members 3-17 years of age

Chronic Diseases

- Examples: Eye Exams, Diabetes (EED) and Controlling High Blood Pressure (CBP), Asthma Med Ration (AMR)

Cancer Screenings

- *Breast (BSC-E) – Women 50-74 years of age*
- Colorectal (COL-E) – *All members 45-75 years of age*
- Cervical (CCS) – *Women 21-64 years of age*

This is not an all-encompassing list.

Additional Priority Measures

Patient Safety & Medication Adherence

Adult

- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)
  - Monitoring a significant increase from 2017 to 2018, especially in Urgent Care settings
- Use of Imaging Studies for Low Back Pain (LBP)

Pediatric

- Appropriate Testing for Children With Pharyngitis (CWP)
- Appropriate Treatment for Children With Upper Respiratory Infection (URI)

Various HEDIS® measures address medication adherence and Primary Medical Provider's annual monitoring of those who are prescribed.

- Examples: Asthma, Hypertension, Diabetes, Schizophrenia.

"Among patients with chronic illness, approximately 50% do not take medications as prescribed. (Brown & Bussell, 2011)"

HEDIS & CAHPS

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey measures the health plan member's experience with providers and their plan.

A few of the highlighted ratings and questions are listed below:

- Rating of All Health Care (1 – 10 scale)
- Rating of Personal Doctor (1 – 10 scale)
- Rating of Specialist Seen Most Often (1 – 10 scale)
- Rating of Health Plan (1 – 10 scale)

- Getting Needed Care (Never through Always scale)
- Getting Care Quickly (Never through Always scale)
- How Well Doctors Communicate (Never through Always scale)

- Shared Decision Making (Yes or No)
- Advising Smokers and Tobacco Users to Quit (Yes or No)
- Flu Vaccinations (Received: Yes or No)

Improvement Strategies

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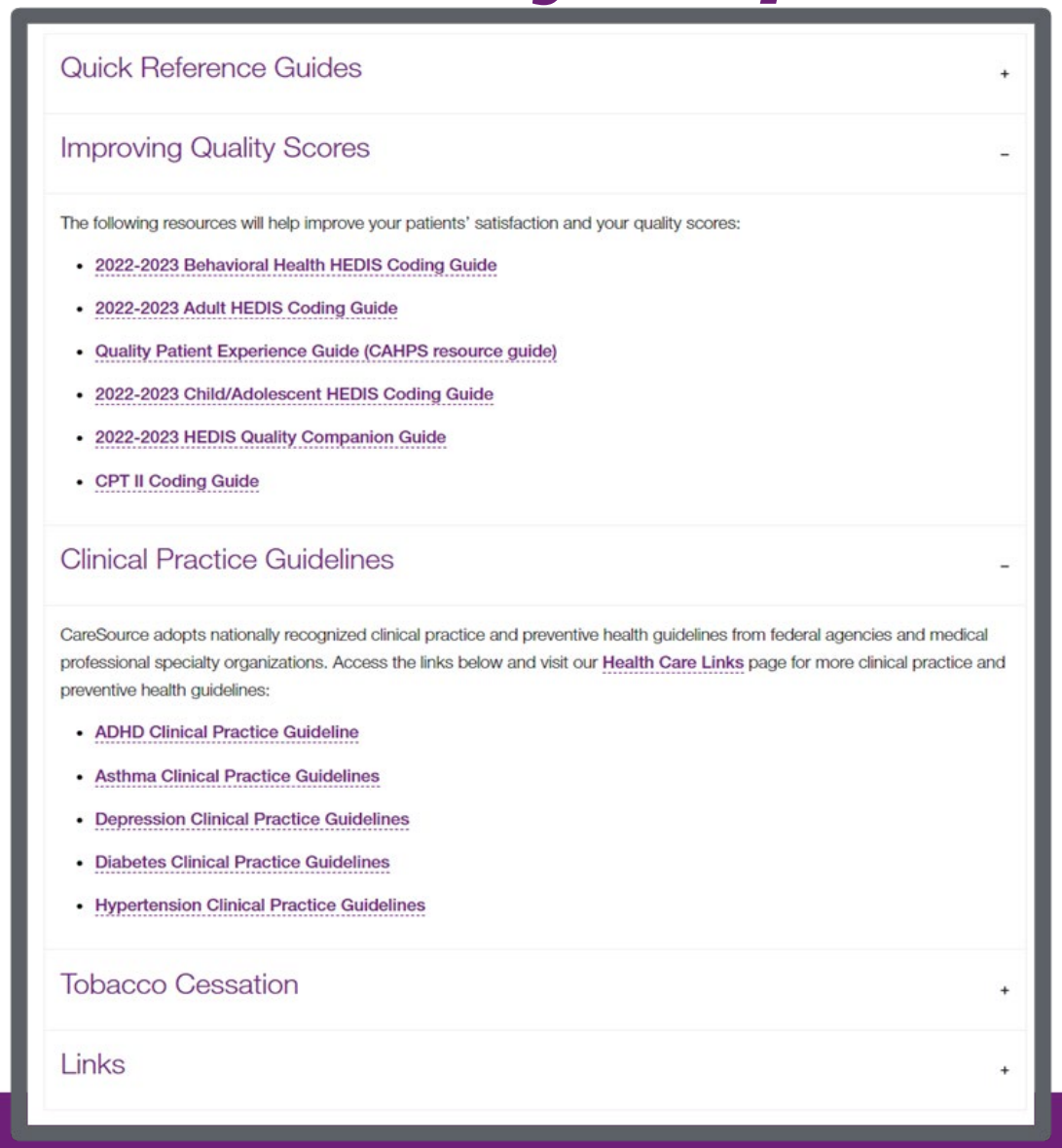
Quality Improvement Resources



Quick Reference Guides +

Improving Quality Scores -

The following resources will help improve your patients' satisfaction and your quality scores:

- 2022-2023 Behavioral Health HEDIS Coding Guide
- 2022-2023 Adult HEDIS Coding Guide
- Quality Patient Experience Guide (CAHPS resource guide)
- 2022-2023 Child/Adolescent HEDIS Coding Guide
- 2022-2023 HEDIS Quality Companion Guide
- CPT II Coding Guide

Clinical Practice Guidelines -

CareSource adopts nationally recognized clinical practice and preventive health guidelines from federal agencies and medical professional specialty organizations. Access the links below and visit our Health Care Links page for more clinical practice and preventive health guidelines:

- ADHD Clinical Practice Guideline
- Asthma Clinical Practice Guidelines
- Depression Clinical Practice Guidelines
- Diabetes Clinical Practice Guidelines
- Hypertension Clinical Practice Guidelines

Tobacco Cessation +

Links +

HEDIS® Coding Guidelines

- Adult
- Pediatric
- Behavioral Health

CAHPS® Improvement Tips

- General
- Pediatric

Clinical Practice Guidelines

Tools & Resources/Quick Reference Materials

Improving Quality Tips

Well-Child/Care Visits

- **W30 –** 6+ visits prior to 15 months old
- **WVC** – 3 -21 years old annual check
  - In the event the member/patient comes into PMP office for a sick visit; use this opportunity to complete a full preventative visit.
- **Make sure to use the correct CPT (including CPT II) and ICD-10 Coding for appropriate reimbursement and HEDIS compliance.**

**If not feasible at the time; make sure to schedule their annual visit at least two full weeks after sick visit.*

Diabetes Care

- **HbA1c Testing (HBD)**
  - Complete labs yearly (in office, if possible). Provide thorough education and keep results in their file.
- **Eye Exam (EED)**
  - Help members make an eye appointment and track referral and results in file.
- **Kidney Health Evaluation (KED)**
  - Ensure members receive yearly Kidney evaluations, include Blood and Urine test.

Women & Children's Health Outcomes (WCHO)

PRIORITY

The Indiana WCHO team of registered nurses utilize clinical expertise in a multifaceted approach to improve health outcomes through a variety of initiatives

WCHO team creates strong collaborations with other maternal child professional stakeholders including providers and community partners to facilitate bi-directional communication, care coordination, and unique program development

FOCUS

Improving health outcomes for women, pregnant women, and children with a concentration on evidence-based practice, education, process improvement, increasing gap closure, advancing health equity, and reducing disparities

WCHO Responsibilities

- Develop initiatives, programs, and tools to improve the maternal child health outcomes and reduce provider burden.
- Priorities include:
  - Maternal Mortality
  - Maternal Mental Health
  - Family Planning/Pregnancy Spacing
  - Contraception
  - Immunizations
  - Care Management Engagement
  - Gaps in Care Closure
  - Notification of Pregnancy
  - Syphilis/Congenital Syphilis
  - HPV
  - Infant Mortality
  - Blood Lead Testing

Contact Maternal & Child Health Outcomes by email:
Indiana-MCH@caresource.com

Community Health Liaisons

PRIORITY

Improve health outcomes by educating and collaborating with provider partners towards improving preventative, safety, and priority measures.

CHL Responsibilities

Develop initiatives, programs, and tools to help support our provider partners improve health outcomes for our shared population.

Identify and create partnerships with individual practices and large healthcare systems.

- Identify assigned members with no prior provider relationship and facilitate outreach
- Analyze data to share HEDIS gaps in care and partner with provider groups to promote preventative care and engagement
- Share internal reporting identifying at risk members and support utilization of Provider Portal database

CHL Responsibilities Continued

- Support deployment of Value-based Reimbursement agreements and performance
- Evaluate performance based on NCQA Benchmarks - peer comparison
- Review process improvement opportunities and share best practices
- Assist in Quality collaboration for HEDIS outreach initiatives
- Provide training on priority measures to successful primary care relationships and improved disease management
- Provide education on CareSource programs available to shared members, as well as available state and local resources

Member Events

Member Events

- Learn important health information from CareSource and community resources
- Food, fun, and free giveaways
- All are welcome, the more the merrier

CareSource Days and CareSource Dental Days

- Collaborate with provider offices to dedicate resources, on a chosen day, to close gaps in care
- Members are rewarded when a gap in care is closed

Rewarding Healthy Choices

Rewards available for Preventative Care:

Babies First
Up to **$240** per pregnancy
**Prenatal & Postpartum visits, well-baby visits, lead screening*

Kids First
Up to **$50** per member per year
**Well-child visits, immunizations, ADHD follow-up, etc.*

MyHealth Rewards
Up to **$50** per member per year
**Well-care visits, screenings, MyHealth Journeys, etc.*

Expanded incentives for Healthy Indiana Plan enrollee participation:

Chronic Disease Management
Up to **$200** per member per year

Tobacco Cessation
Up to **$200** per member per year

Substance Use and Disorder Intensive Outpatient Therapy
Up to **$100** per member per year

Please note the total incentive dollar amount will not exceed **$300 per year for members participating in multiple initiative programs.*

Opportunities

Continuity
and
Coordination of Medical Care

IMPROVE
Primary Medical Provider (PMP) and Specialist responses regarding coordination of care during the patient referral process

INCREASE
Communication between PMP and ophthalmology for diabetic retinal eye exams

IMPROVE
Primary Medical Provider (PMP) and Behavioral Health (BH) Provider Coordination and Continuity of Care

IMPROVE
Communication between hospital Emergency Department (ED) staff and PMP to reduce ED bounce backs

IMPROVE
Communication between hospital discharge planners and PMP offices to increase follow-up visits and reduce 30-day readmissions

CareSource Training and Events

CARESOURCE TRAINING & EVENTS PAGE

We look forward to meeting you in a future event! Check back frequently for upcoming event announcements.

Provider Communications Sign Up Form

Sign-up form:
https://secureforms.caresource.com/ProviderCommunicationSignup

Unsubscribe function:
https://secureforms.caresource.com/ProviderCommunicationSignup/unsubscribe

Updates and Announcements

Visit the **Updates and Announcements** page located on CareSource.com website for frequent network notifications.

Updates may include:

- Medical, pharmacy, and reimbursement policies
- Authorization requirements

Contact Us!

Community Health Liaison Team

CareSource PARTNER with Purpose

CareSource Community Health Liaison Team

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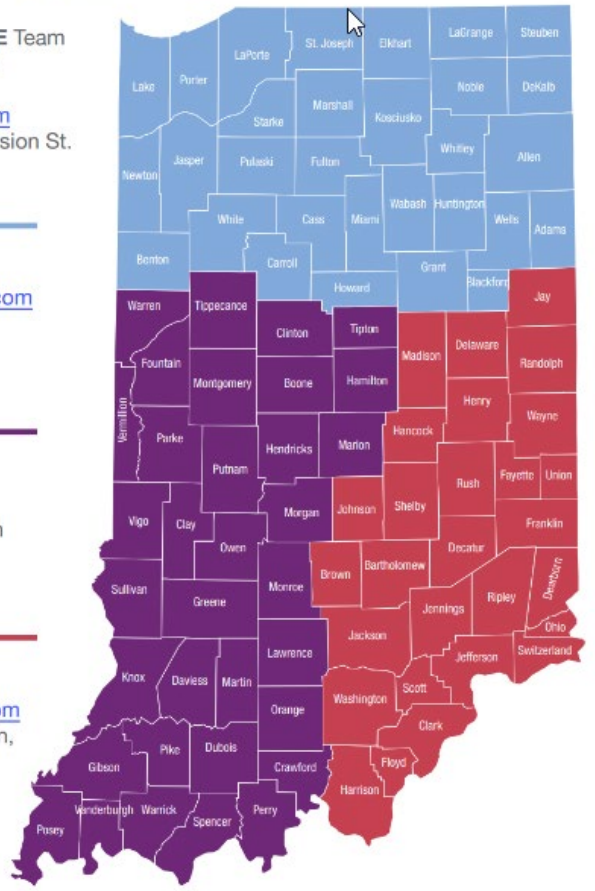

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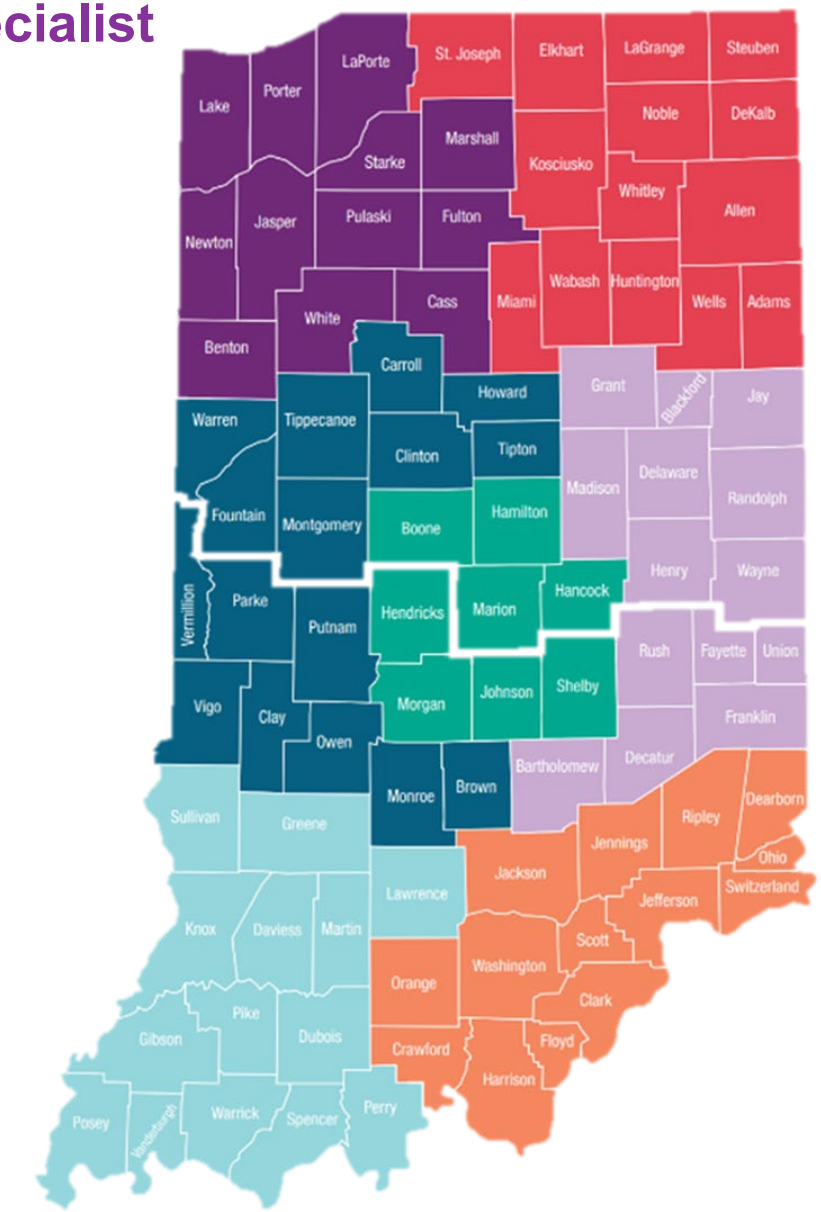

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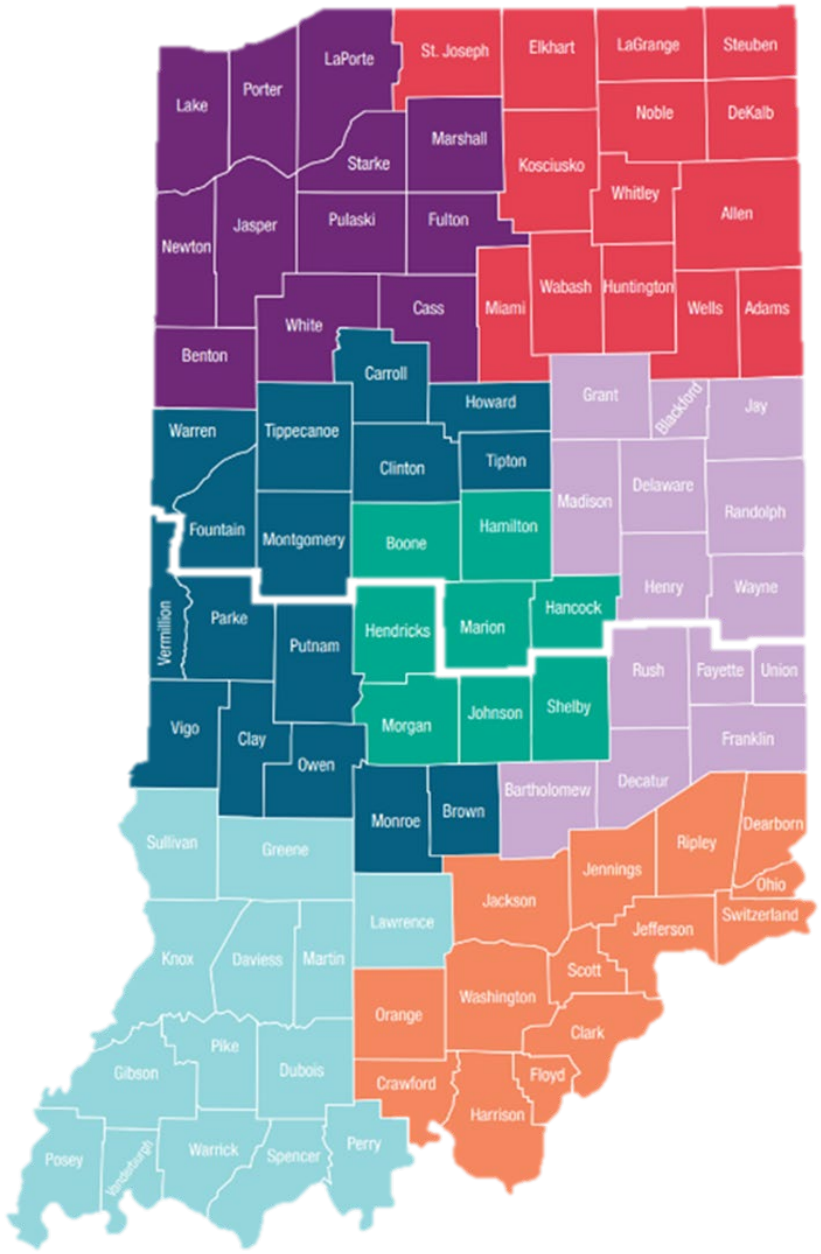

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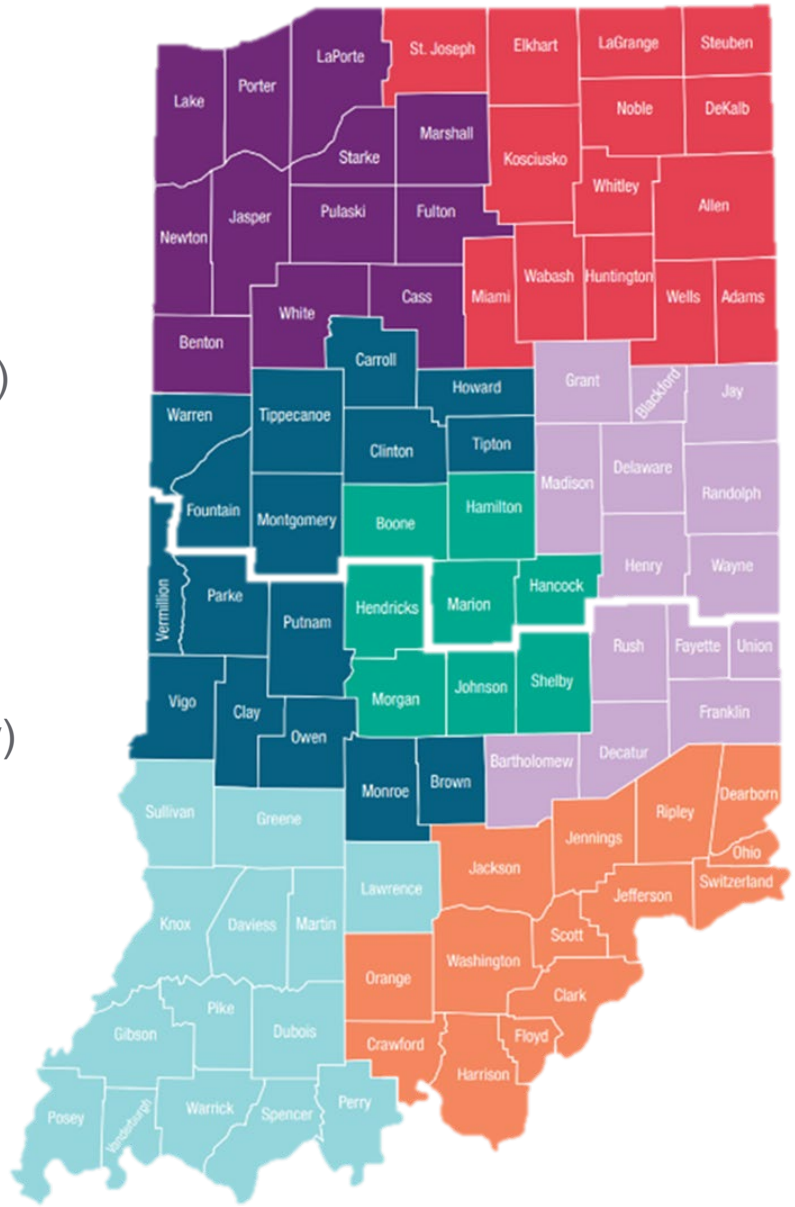

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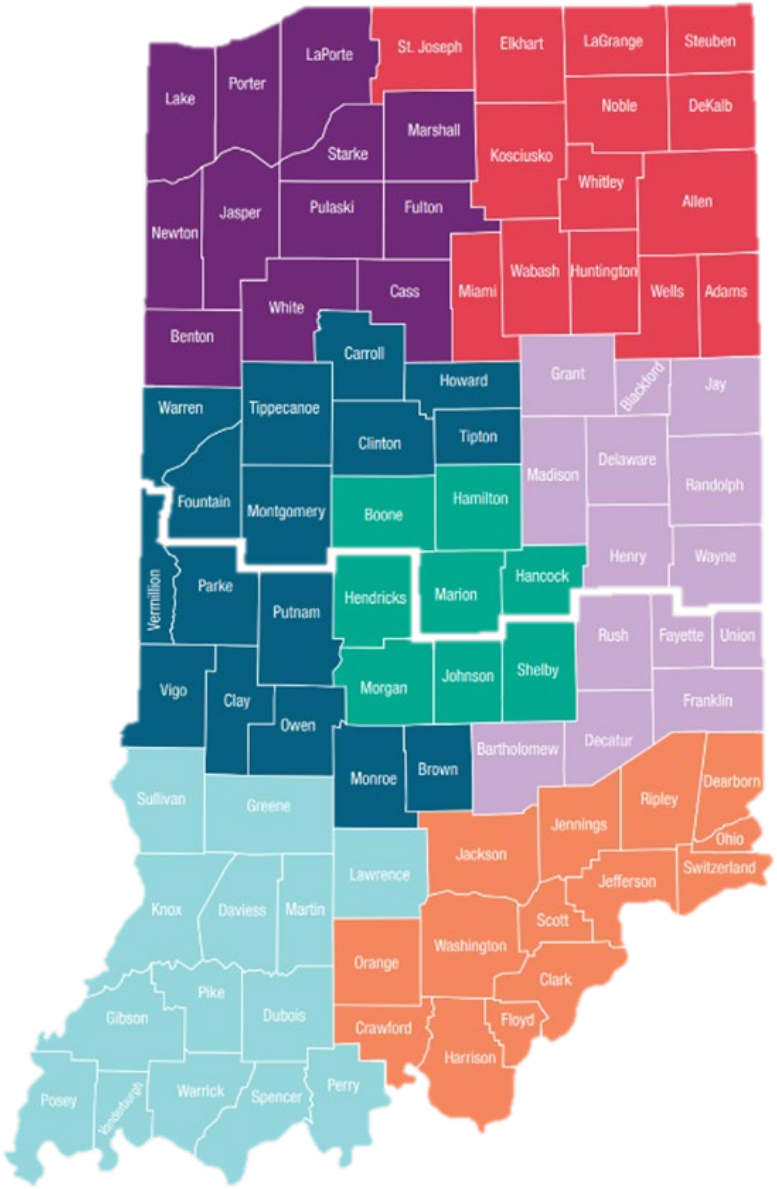
Questions and Answers

CareSource®

Scan to Save Copy of the Health Partner Map to your Phone

SCAN ME



Thank you!

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