

# Quality Improvement Program

EmblemHealth's mission is to create healthier futures for our customers and communities. We do this by valuing and respecting EmblemHealth's customers, partners, and employees; committing to building a culture of inclusion; being nimble and proactively seeking out opportunities to improve and innovate; and developing partnerships and working together.

EmblemHealth has a comprehensive quality improvement program that encompasses all operational areas. It establishes a framework and processes that continuously work to improve the health care and services our members receive. We routinely monitor and review the following areas to ensure that our members have access to the highest quality medical and mental health care and services:

- Quality of care, including continuity and coordination of care.
- Quality of service.
- Patient safety.
- Utilization management program.
- Member and physician satisfaction.
- Accessibility.
- Availability.
- Delegation.
- Member complaints, grievances, and appeals.
- Member decision support tools.
- Cultural diversity.

We use various data sources and software to measure quality improvement processes and outcomes, determine barriers to improvement and identify ways to improve quality and overcome obstacles. Data sources include:

- Appeals data.
- Applicable Care Management programs/initiatives databases.
- Member health data.
- Encounter data (data showing use of provider services by health plan enrollees).
- CAHPS<sup>®1</sup> (Consumer Assessment of Healthcare Providers and Systems).
- Claims data.
- Complaints from doctors and members.
- Enrollment data.
- Health Outcomes Survey (HOS) data.
- HEDIS<sup>®2</sup> (Healthcare Effectiveness Data and Information Set).
- Integrated data collection systems that collect member and provider information.
- Laboratory data.
- Medical records.
- National and regional epidemiological demographic and census data. Epidemiology is the study of the distribution and causes/risk factors of health-related states and events in specified populations.
- Utilization review data.
- Pharmacy data.
- Population-based member information.
- QARR (Quality Assurance Reporting Requirements).
- Quality Compass<sup>®.3</sup>
- Quality improvement projects/studies.
- Telephone response data.
- Utilization review data.
- Various provider and member surveys.

<sup>1</sup>CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>2</sup>HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>3</sup>Quality Compass<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

# Quality Improvement Program

Highlights of the Quality Improvement Program include, but are not limited to, the following:

## Quality of Care

Clinical and health promotion activities are selected and prioritized. Interventions are based on accepted, evidence-based clinical guidelines and member-specific identified needs. Recent Quality of Care activities that focused on optimizing the health and well-being of EmblemHealth's members include:

- Personalized health communications. These aim to make members aware of gaps in preventive or chronic maintenance care and helps them to make educated choices that affect their health and well-being. Quarterly, gaps in care reports are posted to members' portals. Members with an email address on file receive an email notifying them of the updated report. The project reduces paper waste, improves efficiencies, provides monetary savings, and increases member engagement.
- Mailing of preventive health guidelines, member newsletters, and health and wellness information to help members maintain and improve their health status.
- Calls to members to confirm certain diagnoses, such as rheumatoid arthritis or osteoporosis, as well as to encourage them to use appropriate medications and get needed tests completed.
- Medication adherence activities, including contacting providers whose members did not refill medications.
- Maintaining collaborative relationships with the quality teams and leadership of provider groups in our network. Monthly gaps in care reports, provider report cards, and HEDIS measure dashboards are distributed to provider groups highlighting performance and opportunities for improvement.
- Calls to members recently discharged from the hospital to ensure they follow up with appropriate providers.
- Collaboration to promote HEDIS, Quality Assurance Reporting Requirements (QARR), and Stars measures identified by Centers for Medicare & Medicaid Services (CMS) and New York State Department of Health (NYSDOH) within internal departments, including Care Management and Pharmacy.
- Partnerships with vendors who conduct at-home tests, such as bone mineral density testing and diabetic testing.
- Providing accessible colon cancer screening to members starting with an initial targeted "opt-in" offer for a FOBT (fecal occult blood test) kit followed by a FOBT kit direct mailing campaign.
- Providing tailor-made health outreach programs, such as those offered at EmblemHealth Neighborhood Care locations, Care for the Family Caregiver, and the National Diabetes Prevention Program (National DPP).
- Addressing continuity and coordination of care through multiple means, such as data exchange with primary care providers and specialists to alert them to members who have not received certain services and tests, based on claims. Additionally, EmblemHealth addresses continuity and coordination of care through studies such as Comprehensive Diabetes Care: Diabetic Retinal Eye Exams; Reduction of Avoidable 30-day Readmission Rates; Primary Care Practitioners (PCP) 7- to 30-day Visits after an Emergency Department Visit; and Postpartum Care.

## Care Management

EmblemHealth has adopted a Population Health Management model. The model identifies high-risk members who would most benefit from Care Management/Population Health Management interventions. Relevant criteria for each Care Management intervention is reviewed and incorporated into the stratification process to identify the most severe and impactable members.

EmblemHealth's strategy focuses on keeping members healthy through various wellness programs, managing members with emerging risk, assessing social determinants of health, patient safety initiatives, supporting members with multiple complex health conditions, and more. The program recently expanded to include the following:

- Embedded Care Management: Care managers were integrated into AdvantageCare Physicians' (ACPNY) offices to provide high-risk members with a personalized and positive care management experience.
- Field-based Care Management: Care managers work in the community at members' homes, EmblemHealth Neighborhood Care locations, and other community centers to provide high-risk members with a personalized and positive care management experience.

EmblemHealth's Care Management programs were developed to be a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options, services, and resources.

The programs provide interventions based on the assessment of members' needs. They are deployed using a multidisciplinary team made up of nurses, social workers, mental health care specialists, and non-clinical care specialists. Services include, but are not limited to:

- Regularly scheduled contacts to assess health status.
- Care plans that include long-term and short-term goals that address barriers or gaps in care and help members reach health care goals.
- Evaluation of members' medical and psycho-social needs, as well as social determinants of health that may impact their ability to adhere to and/or manage their health.
- Educational mailings sent to promote members' self-management of their conditions.
- Assistance in care coordination and navigation to appropriate resources, durable medical equipment (DME), and home care orders.
- Ensuring post-discharge primary care provider (PCP) and/or specialist appointments are made.
- Comprehensive discharge planning and post-discharge plan of care reinforcement.

## Health and Wellness Programs

Health and Wellness programs are offered to EmblemHealth members with conditions that benefit from monitoring and clinical support. These include:

- The Tobacco-Free Quit-Smoking program offers a telephonic-based behavior modification program to members 18 years and older who smoke. Members who engage in the program receive a comprehensive educational kit and support calls from a smoking cessation specialist. The program contains essential elements recommended by the National Cancer Institute and the Agency for Health Care Policy and Research for the delivery of tobacco cessation to individuals. Program enrollees with EmblemHealth pharmacy coverage have a full year of coverage of nicotine replacement therapy and smoking cessation prescription medications.
- A toll-free health information line is available to members 24 hours a day, seven days a week. It is staffed by registered nurses trained in telephone triage. This line gives eligible members access to immediate clinical support for everyday health issues and questions that may have otherwise led to unnecessary doctor or emergency room visits. It also serves as an early warning system for emerging health conditions before they became expensive, serious medical events that require emergency room visits, or hospitalization. Nurses guide callers in making informed decisions about many health conditions and how best to handle medical concerns.
- The Diabetes Prevention Program was launched by EmblemHealth in July 2013 and received full recognition for its National Diabetes Prevention Program (National DPP) from the Centers for Disease Control and Prevention (CDC) in July 2016. Program sessions are held at EmblemHealth Neighborhood Care locations, AdvantageCare Physicians' offices, and in community locations with high rates of health disparities. The program's goal is to teach members at risk for diabetes the habits and techniques necessary to avoid diabetes and lead healthier lives. A CDC-trained EmblemHealth lifestyle coach leads group sessions and uses a member-centric approach to engage participants.

## Patient Safety

EmblemHealth continues to address patient safety through a variety of activities and initiatives including the following:

- Targeted provider and member communications addressing patient safety topics such as the use of high-risk medications.
- Encouraging members to complete a Personal Health Record (PHR).
- Articles in member and provider newsletters.
- Alerts for providers through EmblemHealth's website. Alerts have been posted on topics including drug recalls, communicable disease outbreaks, and new immunizations.

- Concurrent drug utilization review at the time prescriptions are dispensed that alert the pharmacist to potential safety concerns such as drug-drug interactions, drug-disease interactions, high doses, pregnancy, age and/or gender restrictions, and therapy duplication.
- Credentialing and recredentialing of providers and facilities.
- The Quality Risk department reviews, addresses, tracks, and trends clinical complaints and grievances.

## Patient Safety - Pharmacy Management

EmblemHealth monitors the utilization and appropriate use of prescription drugs. Pharmacy Services addresses opportunities for improvement by encouraging the prescribing of appropriate medications by providers, educating members about medications that may have been prescribed to them, and promoting the safe use of medications –including following the medication schedule. Pharmacy Services monitors members to ensure they take their medication as prescribed and consults with their health care providers to optimize therapeutic outcomes. Pharmacy Services also coordinates with our case and disease management programs to ensure appropriate prescription utilization by targeting members through one-on-one support and intervention. EmblemHealth's Medication Therapy Management (MTM) program targets members with a high prescription drug spend, multiple chronic conditions, and multiple covered medications.

## Monitoring and Evaluation

EmblemHealth collects and analyzes data to continually monitor its performance and identify areas for improvement. EmblemHealth uses HEDIS® scores to determine if members are getting needed preventive screenings and treatments. Continual monitoring of HEDIS scores allows EmblemHealth to identify areas of improvement in members' care and service. Improved scores year over year indicate that EmblemHealth is continuing to reduce gaps in the health care its members receive. EmblemHealth compares the plan's HEDIS scores to relevant industry benchmarks such as National Committee for Quality Assurance (NCQA) Quality Compass, CMS Medicare Star Ratings Program, and New York State averages, to measure its performance compared to other health plans.

EmblemHealth also uses Consumer Assessment of Healthcare Providers and Systems (CAHPS®) to survey its members about the interpersonal aspects of their health care as well as the members' relationship with their doctor and experiences with their health plan. CAHPS® results are publicly reported on various forums and used by consumers to guide their selection of health plans. CAHPS is required by CMS for Medicare and the Qualified Health Plan Enrollee Experience Survey for Qualified Health Plans. They are also required by the New York State Department of Health (NYSDOH), Federal Employee Health Benefits (FEHB), NCQA, and URAC. Additionally, CAHPS results impact the Medicare Stars Quality Bonus Program and the NYSDOH Medicaid Quality Incentive Program, and the potential revenue associated with both programs.

## Quality Improvement Program

### Accreditation

EmblemHealth remains an NCQA-accredited health plan with NCQA for HIP Commercial HMO/POS, HIP Medicare HMO, HIP Exchange HMO, and GHI PPO Commercial lines of business. The NCQA accreditation statuses remain in effect through September 10, 2022. Collection, review, and analysis of documents as part of the ongoing quality oversight and in preparation for the next NCQA submission continues. Submission for the next review is June 2022; file review is scheduled for August 2022.

Current accreditation scores for NCQA are listed below:

HIP Commercial HMO/POS				
Accreditation Point Summary	Total Possible Points	2016	2017	2018
NCQA Standards Points	50	49.36	49.36	49.36
HEDIS Points	37	23.00	24.92	23.17
CAHPS Points	13	4.81	4.16	3.25
<b>Total</b>	<b>100</b>	<b>77.17</b>	<b>78.44</b>	<b>75.78</b>
Accreditation Level		Accredited	Accredited	Accredited

HIP Medicare HMO				
Accreditation Point Summary	Total Possible Points	2016	2017	2018
NCQA Standards Points	50	49.36	49.36	49.36
HEDIS Points	37	28.61	25.61	23.19
CAHPS Points	13	2.97	2.93	3.25
<b>Total</b>	<b>100</b>	<b>80.94</b>	<b>77.90</b>	<b>75.80</b>
Accreditation Level		Commendable	Accredited	Accredited

HIP Exchange HMO				
Accreditation Point Summary	Total Possible Points	2016	2017	2018
NCQA Standards Points	N/A	49.36	49.36	49.36
HEDIS Points	N/A	N/A	N/A	N/A
CAHPS Points	N/A	N/A	N/A	N/A
<b>Total</b>	<b>100</b>	<b>49.36</b>	<b>49.36</b>	<b>49.36</b>
Accreditation Level		Accredited*	Accredited*	Accredited*

\*Marketplace accreditation is capped at Accredited because there is no specification to include HEDIS/CAHPS for the product yet. Standard scores only.

GHI Commercial PPO				
Accreditation Point Summary	Total Possible Points	2016	2017	2018
NCQA Standards Points	50	49.57	49.57	49.57
HEDIS Points	N/A	N/A	N/A	N/A
CAHPS Points	N/A	N/A	N/A	N/A
<b>Total</b>	<b>50</b>	<b>49.57</b>	<b>49.57</b>	<b>49.57</b>
Accreditation Level		Accredited*	Accredited*	Accredited*

\* First initial survey in 2016 for this line of business. Standards scores only.

Additional highlights of EmblemHealth's combined HEDIS, CAHPS, and NCQA accreditation standards scores can be viewed at [NCQA Health Insurance Plan Ratings \(2019-2020\)](#).

## Quality of Service

Translating EmblemHealth's mission and core values into every customer's experience is critical to the delivery of quality services. At every point of contact, EmblemHealth aims to improve the customer experience. We do this by:

- Using simple language and appropriate reading levels to make our communications easy to understand.
- Providing online tools to help members manage their health care.
- Providing information about services available to members, brokers, providers, and administrators.
- Processing claims fast and accurately.
- Answering phone calls promptly, courteously, and effectively.

Service encompasses both operations (claims and enrollment) and customer service. The experience that members, providers, and customers have during these routine interactions influences their perspective and satisfaction with us. The member experience is measured and monitored by CAHPS®, Enrollee Experience Survey (EES), and other internal and external satisfaction survey tools and key performance indicators. We strive to improve our performance through innovative activities identified through root cause analysis.

## Customer Service

EmblemHealth monitors member and provider telephone service standards, including specific service levels. The results are tracked and trended. After-call survey data is reviewed weekly to ensure members' questions are addressed, procedures were followed, accurate information was provided, the response was legally compliant, and there was resolution accountability (e.g., if a member's existing referral is ending, the representative reminded the member to get a new referral from their PCP).

## Claims Operations

EmblemHealth continually monitors claims processing standards to ensure specific service levels are met. Our goal is to have 90% or more of claims processed within 30 days.

## Cultural Diversity

EmblemHealth is committed to clinical (medical) and non-clinical services being available and accessible to members in a culturally competent manner to accommodate members with limited English proficiency, members with limited health literacy, and members with needs based upon gender, health, religion, age, culture, race or ethnicity, sexual orientation, and/or disability.

When they enroll, and any time after that, members can select from a provider network and plan services that meet the member's cultural, ethnic, racial, gender, age, and language needs. Member requests for providers who speak a specific language are directed to Customer Service. Customer Service matches the request based upon need and provider availability. Members can also use our web directories to find providers based on gender and languages spoken.

EmblemHealth identifies, reviews, and analyzes metrics; develops, prioritizes, and implements activities; and evaluates outcomes to address gaps in member receipt of services and member satisfaction based upon cultural, ethnic, racial, language, and gender needs. EmblemHealth determines services are received and needs are met through the following (not a complete list):

- CAHPS® survey analysis.
- Language Translation Line utilization.
- Customer service
- Provider directories. Information collected during the credentialing/recredentialing process such as wheelchair accessibility, languages spoken, gender, practice hours, and locations is included in the directory.
- Provider availability; the number and/or percent of PCPs, obstetricians, and mental health providers by county, gender, language and as available, by race/ethnicity, are assessed to determine network adequacy.
- Member materials, which can be provided in large print, non-English translation, or braille.
- Complaints, grievances, and appeals are tracked to determine the percentage of issues regarding culture, race, ethnicity, age, or gender applicable to receipt of care or service.
- HEDIS® Effectiveness of Care measures are analyzed to determine health care disparities in member use of services.
- Data collection through Health Risk Assessments, regulatory agencies, our disease and case management teams, and surveys.
- Employee and provider training in cultural competency, disparities in health care, health literacy, and other relevant topics.

EmblemHealth Neighborhood Care is a community-based service provided to members. Neighborhood Care centers are located within culturally diverse geographic areas. These community-integrated walk-in centers provide members with access to information and services and are offered by culturally diverse EmblemHealth employees.

The Quality Improvement Committee is dedicated to promoting cultural competency practices within EmblemHealth and establishing platforms across the organization to address health care disparities. As opportunities for improvement are identified, a work group is implemented and charged with the development and implementation of interventions.