



Neighborhood Health Plan of Rhode Island 2023 Quality Improvement Annual Evaluation

Executive Summary

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Executive Summary

A. Introduction

Neighborhood Health Plan of Rhode Island's (the Plan or Neighborhood) Quality Improvement (QI) Program strives to ensure that its members have access to high quality health care services that are responsive to their needs and result in positive health outcomes. The QI Program extends to all departments within the organization, at all levels, in recognition that teamwork and collaboration are essential for quality improvement.

Neighborhood produces the QI Annual Evaluation to assess the effectiveness of its QI Program. During 2023, the QI Program encompassed 60 initiatives covering the broad performance areas of Clinical Quality Improvement (33 initiatives), Service and Operations Quality Improvement (20 initiatives), and Patient Safety and Coordination of Care Quality Improvement (7 initiatives). For each initiative, this Evaluation summarizes the progress and achievements during the year, including:

- A description of the quality improvement activities undertaken;
- Measurable performance achievements, with trended data when available;
- Identification of issues and barriers preventing achievement of the goals;
- Interventions adopted or identified to overcome those barriers;
- Goals identified for the upcoming year;
- Proposed interventions for goal achievement in the upcoming year; and
- Summary of the overall effectiveness of the program.

Neighborhood monitors and evaluates the care and services provided to its members through collection and analysis of several data sources, including, but not limited to, Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Rating System, Qualified Health Plan Enrollee Experience Survey, and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results, provider satisfaction survey results, accessibility and availability standards, and utilization trends. HEDIS and CAHPS data are collected by third-party vendors certified by the National Committee for Quality Assurance (NCQA) and are validated by an NCQA-approved auditor contracted by Neighborhood. Surveys performed by external vendors are validated by the vendor according to contract requirements. Data produced internally are validated by business leads and by the Medicaid & Commercial and INTEGRITY Quality and Operations Committees.

The QI Program Annual Evaluation is reviewed by the Clinical Affairs Committee, which serves as Neighborhood's QI Committee, prior to being submitted for review and acceptance by the Board of Directors. The Clinical Affairs Committee and the Board of Directors also review and approve the QI Program Description and Work Plan for the upcoming year.

Note: This evaluation is not meant to take the place of other detailed program evaluations such as the program evaluations for disease and health management programs. However, it will provide a comprehensive overview of outcomes across Neighborhood.

B. Overview of Work in 2023

Operational/ Quality Recognition and Achievements

- One of thirteen (out of 198) Medicaid Health Plan in the country to achieve a rating of 4.5 out of a maximum possible rating of 5 in the National Committee for Quality Assurance (NCQA) Health Plan Ratings 2023. For the first time, no Health Plan achieved a rating of 5.

- Neighborhood went through a full accreditation survey for its Medicaid and Exchange products and achieved the highest Accreditation status for both products.
- Achieved 5 out of 5 stars in Childhood Immunizations, BMI Percentile Assessment, Prenatal Checkups and Immunizations, Postpartum Care, Breast Cancer Screening, Cervical Cancer Screening and Race and Ethnicity of member in the “Prevention and Equity” Rating category – a testament to Neighborhood’s exceptional network of providers and their strong partnership with Neighborhood to serve Medicaid members.
- Attained 75% of the 2022 Quality Withhold for the INTEGRITY product line (MMP Demonstration Year 6), by achieving quality threshold on 9 out of the 12 measures. This achievement represents about \$9.7 million of the available QW incentive dollars.
- Successfully led several organization-wide Quality Improvement Work Groups with the goal of closing gaps in care for our members.
- Rating of Health Plan (9+10) remained at the Medicaid Quality Compass 90th percentile benchmark for the 19th consecutive year.
- Achieved a +71 Net Promoter Score (NPS), resulting in Neighborhood achieving the 2023 corporate goal of maintaining an overall Medicaid NPS of “Excellent”. (NPS is a metric used in customer experience programs to measure the loyalty of customers to a company.)
- Overall provider satisfaction with Neighborhood remained high at 68.9% in 2023, achieving the 2023 corporate goal.
- Successfully developed and implemented a plan to achieve NCQA Health Equity Accreditation by 2025.
- The Health Equity Committee implemented three sub-groups focused on behavioral health, maternal health, and childhood obesity. All three subgroups presented project proposals to executive leadership in December 2023 for prioritization in 2024 and beyond.
- Updated the Clinical Provider Resource Guide on the Neighborhood website and shared with Accountable Entities. The Guide includes an overview HEDIS and non-HEDIS Quality Measures as well as best practices.

Health Management / Preventive Health

- Distributed “Certificate of Recognition” to 13 network Providers that achieved the highest rates for HEDIS quality measures in the Plan’s network.
- Continued to market the Wellness Rewards Program aimed at several screening and prevention HEDIS measures including, but not limited to, well visits, immunizations, lead screening, and routine diabetes care. The Plan distributed 1,727 member rewards, a nearly 57% increase from the previous year.
- Continued to provide members education on the importance of being immunized for COVID-19 and influenza, as well as the importance of getting preventive screenings and well visits through social media and radio campaigns.
- Continued to provide members with education on the Plan’s Disease Management and Care Management Programs through Member Newsletters.
- Continued to educate providers on trends related to quality measure improvement and provided best practices via provider newsletter articles.
- Achieved or maintained Medicaid National QC 90th or 95th percentile rating for HEDIS measures for Prevention and Screening (21), Access and Availability of Care (3) and Utilization of Services (2).

Patient Safety and Care Coordination

- Credentialed 871 practitioner applications for network entry.
- Re-credentialed 1,616 practitioner applications and 36 organizational providers for re-entry into the network.
- Reviewed 238 new cases for quality of care complaints and closed 100% of the cases within 60 calendar days. Of the 238 cases, 211 were member complaints and 27 were concerns.
- Reviewed 102 Class I or II drug recalls for potential member impact, an increase over 92 reviewed the previous year. A total of 8,476 members were notified of the recalls, all within required timeframes.
- Conducted 2,009 Comprehensive Medication Reviews across all products as part of the Medication Therapy Management, an increase over CY 2022 (1,909).
- For new INTEGRITY enrollees, completed a total of 1,691 Health Risk Assessments (74.2%), 474 Comprehensive Functional Needs Assessments (72.3%) and 22 Wellness Assessments (81.5%) within contractual timeframes.
- For existing INTEGRITY members, completed 4,347 (61.1%) Health Risk Reassessments, 3,435 (76.3%) Comprehensive Functional Needs Reassessments and 927 (98.7%) Wellness Reassessments within contractual timeframes.
- Care plans for INTEGRITY members were completed within 15 days of assessment for 99.7% of the 16,318 members enrolled for 90 days or longer.

C. Challenges and Barriers to Quality Improvement

Neighborhood identifies the challenges and barriers to improvement encountered within each specific quality improvement activity undertaken; these are reflected in the text for each activity/ area of focus described in the Annual Evaluation. Recommended activities and interventions for the upcoming year consider these challenges and barriers in working towards success and achievement of Neighborhood's goals. Some of the challenges encountered across multiple quality improvement activities undertaken throughout 2023 were, but were not limited to, the following:

- The COVID-19 pandemic continues to be a barrier for the organization, the providers' offices as well as Neighborhood members. The providers' offices continue to be impacted by the COVID-19 pandemic in terms of staffing as well as getting their patients in for preventive visits. While some quality measures have rebounded, lasting impacts including vaccination hesitancy has resulted in lower vaccination rates.
- The Plan continued to restructure the clinical areas of the organization to accommodate for current and potential growth and better alignment of selected business areas.
- The corporate project to migrate to a single claims system was delayed and many of the operational efficiencies that were planned for 2023 were pushed to 2024.
- Reliance on HEDIS for outcome measurement and performance improvement activities is disadvantageous for rapid improvement cycles (e.g., Plan, Do, Study, Act). The Plan continues to assess alternative ways to measure and respond to outcome measures including analyzing the HEDIS rates throughout the year.
- Member contact information continues to be limited making targeted outreach, education and case/disease management difficult or impossible for some members.

D. Overall Program Effectiveness

Neighborhood's QI improvement efforts strive to impact the quality of care and service provided to its members and practitioners. Annually, the Plan assesses the overall effectiveness of its QI Program through the production of the QI Annual Evaluation to ensure that there is adequacy of resources, assesses the QI committee structure, practitioner participation and leadership involvement, and makes changes to its QI program as necessary for the upcoming year. In 2023, the Plan continued to be focused and committed to its QI structure for organization-wide quality improvement activities. Participating network practitioners, the Plan's QI staff, the Chief Medical Officer's staff and staff throughout the organization are members of the QI committees and sub-committees contributing to the QI Program. As part of its focus on continuous quality improvement, Neighborhood continues to look for opportunities to improve how it resources QI activities, inclusive of practitioner participation and adjusts when necessary. Neighborhood successfully submitted final audited HEDIS data for all three products (Medicaid, Exchange and Medicare-Medicaid Plan). Neighborhood demonstrated improvement in several prevention and screening as well as behavioral health measures. Neighborhood went through a full accreditation survey for its Medicaid and Exchange products and achieved the highest Accreditation status for both products. The Plan achieved a rating of 4.5 or 5 out of a maximum possible rating of 5 in the National Committee for Quality Assurance (NCQA) Health Plan Ratings 2023 - one of thirteen health plans (out of 198) Medicaid Health Plan in the country to achieve this rating. Additionally, the Plan achieved a +71 Net Promoter Score (NPS), which is classified as "Excellent" resulting in the achievement of its 2023 corporate goal of maintaining "Excellent" NPS (NPS is a metric used in customer experience programs to measure the loyalty of customers to a company.)

Review of the Plan's quality improvement activities as described herein demonstrates that Neighborhood was successfully able to achieve the following:

- Maintained the Plan's focus on the importance of preventive care, health management, and accessing appropriate care in our initiatives to educate and connect with members, work with providers, and enhance our internal operations.
- Continued to promote the awareness and concepts of inter-departmental organizational quality improvement to create greater operational efficiency and capacity.
- Successfully led several organization-wide Quality Improvement Work Groups with the goals of improving gaps in care.
- Conducted four focused QIPs for the Medicaid product in the areas of: Developmental Screening in Children, Lead Screening in Children, Follow Up Care for Children Prescribed ADHD Medication, and Child and Adolescent Well-Care Visits.
- Conducted two focused QIPs for the INTEGRITY product in the area of transitioning members from nursing home facilities to the community and improving The Plan's performance on the Care for Older Adult HEDIS measures.
- Conducted a Chronic Care Improvement Project for the INTEGRITY product focusing on improving selected diabetes screening measures for this population.