



# **Neighborhood Health Plan of Rhode Island 2024 Quality Improvement Annual Evaluation**

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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 2024, the QI Program encompassed 65 initiatives covering the broad performance areas of Clinical Quality Improvement (38 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, Consumer Assessment of Healthcare Providers and Systems (CAHPS®), Health Outcomes Survey (HOS), and 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 2024

### Operational/Quality Recognition and Achievements

- One of fourteen (out of 201) 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 2024. Neighborhood was rated in the top 7 percent of all the Medicaid Health Plans

that were rated by the NCQA – a testament to Neighborhood’s exceptional network of providers and their strong partnership with Neighborhood to serve Medicaid members.

- Achieved 5 out of 5 stars in “Prevention and Equity” Composite of NCQA’s Health Plan Rating for the following measures: Childhood Immunizations, BMI Percentile Assessment, Prenatal Checkups and Immunizations, Postpartum Care, Breast Cancer Screening, Cervical Cancer Screening and Race and Ethnicity of members
- Achieved 5 out of 5 stars in the “Treatment” Composite of NCQA’s Health Plan Rating for the following measures: Steroid after hospitalization for acute COPD, Bronchodilator after hospitalization for acute COPD, Patients with diabetes (blood pressure control 140/90, eye exams, glucose control), Controlling high blood pressure, Adherence to antipsychotic medications for individuals with schizophrenia
- Attained 100% of the 2023 Quality Withhold for the INTEGRITY product line (MMP Demonstration Year 6), by achieving quality threshold on 10 out of the 12 measures, representing about \$15 million of the available QW 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 90<sup>th</sup> percentile benchmark for the 20<sup>th</sup> consecutive year and earned 5 out of 5 Stars in the “Patient Experience” Composite of NCQA’s Health Plan Rating.
- Achieved a +68 Net Promoter Score (NPS), resulting in Neighborhood achieving the 2024 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.)
- Successfully developed and implemented a plan to achieve NCQA Health Equity Accreditation in 2025.
- The Health Equity Advisory Committee was established to provide oversight of the three sub-groups focused on behavioral health, maternal health, and childhood health.

### **Health Management/Preventive Health**

- Distributed “Certificate of Recognition” to 12 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 1,342 member rewards in 2024.
- Continued to provide members education on the importance of being immunized, as well as the importance of getting preventive screenings and well visits through social media, radio campaigns, automated phone calls and mailings.
- 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.

### **Patient Safety and Care Coordination**

- Credentialed 871 practitioner applications for network entry.
- Re-credentialed 2,049 practitioner applications and 36 organizational providers for re-entry into the network.
- Reviewed 187 new cases for quality-of-care complaints and closed 100% of the cases within 60 calendar days. Of the 187 cases, 153 were member complaints and 34 were concerns.

- Reviewed 64 Class I or II drug recalls for potential member impact. A total of 11,381 members were notified of the recalls, all within the required timeframes.
- Conducted 2,153 Comprehensive Medication Reviews across all products as part of the Medication Therapy Management, an increase over CY 2023 (2,009).
- For new INTEGRITY enrollees, completed 78.6% of Health Risk Assessments, 80% of Comprehensive Functional Needs Assessments and 87.8% of Wellness Assessments within contractual timeframes. All completions rates increased over CY 2023.
- For existing INTEGRITY members, completed 69.5% of the Health Risk Reassessments, 74.4% of the Comprehensive Functional Needs Reassessments, 64.6% of the High Risk Assessments and 97.7% of the Wellness Reassessments within contractual timeframes.
- Care plans for INTEGRITY members were completed within 15 days of assessment for 99.8% of the 15,633 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 each area of focus. Recommended activities and interventions for the upcoming year consider these challenges and barriers in working towards success and the achievement of Neighborhood's goals. Some of the challenges encountered across multiple quality improvement activities undertaken throughout 2024 included but were not limited to the following:

- Multiple, interdependent corporate projects impacting "business as usual" operations.
  - Migration to a single claims system was completed in November 2024.
  - Insourcing Behavioral Health Services by Q3 2025 kicked off in July 2023 and seven Work Streams were active throughout 2024.
  - Work to change the clinical management system began in May 2024.
- The Plan continued to restructure the clinical areas of the organization to accommodate for current and potential growth and to achieve better alignment of selected business areas.
- 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.