

CareSource Quality Improvement



The Scope of Quality Improvement Program

The approach incorporates both best and promising practices in quality improvement and evidence-based care and has demonstrated stunning results.

These elements include:

QUALITY AND SAFETY OF CARE

- Accessibility to care
- Availability of services
- Physical and behavioral healthcare
- Outcomes of care delivery

QUALITY OF SERVICES

- Customer services
- Utilization management
- Care management
- Disease management
- Pharmacy programs

MEMBER AND PROVIDER EXPERIENCES WITH CARE AND SERVICES

- Member and provider satisfaction
- Review of accessibility and availability standards
- Utilization trends



QI Program Goals and Objectives

- Improve the clinical outcomes of members
- Improve member and provider experience and satisfaction
- Ensure the safety of members across settings
- Assess and meet members' cultural and linguistic needs
- Ensure access and availability of care
- Ensure care coordination and continuity of care across settings
- Ensure practitioner adherence to clinical practice guidelines
- Maintain collaborative relationships with network providers, practitioners, and regulatory agencies
- Ensure federal and state regulatory compliance and accrediting agency compliance (CMS, KDMS, URAC, and NCQA)
- Identify QI opportunities to develop evidence-based best practices

HEDIS Overview

- Healthcare Effectiveness Data and Information Set
- Tool used by more than 90 percent of America's health plans
- Measure performance on important dimensions of care and service
- HEDIS scores are compiled using claims and medical records



HEDIS Focus Areas

For Medicare and Marketplace plan members, CareSource's HEDIS focus areas are: **Breast cancer screening**

Colorectal cancer screening

Annual flu vaccine

Monitoring physical activity

Adult BMI assessment

Osteoporosis management in women who had a fracture

Diabetes care – eye exam, kidney disease monitoring, blood sugar controlling

Controlling blood pressure

Plan all-cause readmissions



Adult Body Mass Index (BMI)

The percentage of individuals 18-74 years of age who had an outpatient visit and whose body mass index was documented in the medical record

Controlling high blood pressure

Individuals 18 to 85 years of age with a diagnosis of hypertension should have their blood pressure documented in the medical record and their blood pressure is controlled (for HEDIS reporting this measure is defined as greater than 140/90).

Weight assessment and counseling for nutrition and physical activity for children/adolescents

The percentage of members 3 to 17 years of age who had evidence of the following during the measurement year:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Annual dental visit

The percentage of members 2 to 21 years of age who had at least one dental visit during the measurement year.

Lead screening

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Well-child visits in the first 15 months of life

The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life. The well-child visit must have the following components:

- · Health education/anticipatory guidance
- Physical exam
- Health and developmental history (physical and mental)

Well-child visits in the third, fourth, fifth and sixth years of life

The percentage of members 3 to 6 years of age who had one or more well-child visits with a PCP during the measurement year. The well-child visit must have the following components:

- Health education/anticipatory guidance
- Physical exam

Adolescent well-care visits

The percentage of enrolled members 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. The well-care visit must have the following components:

- Health education/anticipatory guidance
- Physical exam
- Health and developmental history (physical and mental)

Children and adolescents' access to primary care practitioners

The percentage of members 12 months to 19 years of age who had a visit with a PCP.

Adults' access to preventive/ambulatory health services

 The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Seven-day follow-up after hospitalization for mental illness

Individuals 6 years of age and older who were hospitalized for treatment of selected mental health
disorders must have a follow-up consultation with a mental health practitioner (e.g., psychiatrist,
psychologist, psychiatric nurse practitioner or clinical nurse specialist, masters prepared social worker,
certified marital and family therapist [MFT] or professional counselor [PCC, PCC-S]) within seven
days of discharge.



Prenatal and Postpartum Care

- The percentage of deliveries of live births between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care
- Timeliness of Prenatal Care The percentage of deliveries that received a prenatal care visit as a member of Humana – CareSource in the first trimester or within 42 days of enrollment in the organization; and
- Postpartum Care The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.



Quality Improvement Projects

Marketplace Quality Improvement Strategy (QIS)

Reward members for diabetes screening activities

Medicare Advantage Quality Improvement Project (QIP)

Diabetes HbA1c control and testing

Medicare Advantage Chronic Care Improvement Project (CCIP)

High blood pressure monitoring and treatment





Care4U

CARE MANAGEMENT AND CARE COORDINATION



Care4U Population Health

Care4U is a dynamic, community-based, member-centric model of service delivery. It was designed as a population health management approach, with care coordination for members. We have multi-disciplinary teams responsible for defined populations and sub-populations in the Commonwealth of Kentucky.

CareSource continues to lead health care in an innovative, new direction.

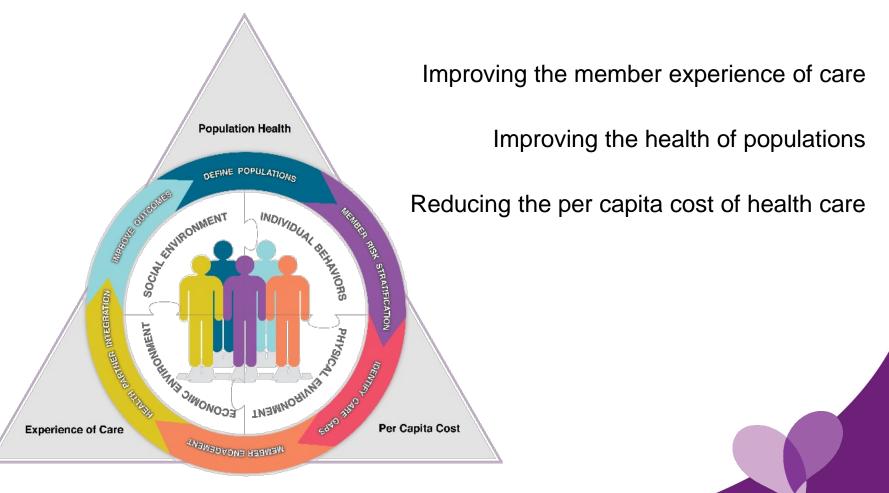


Identifying Members for Case Management/Care Coordination

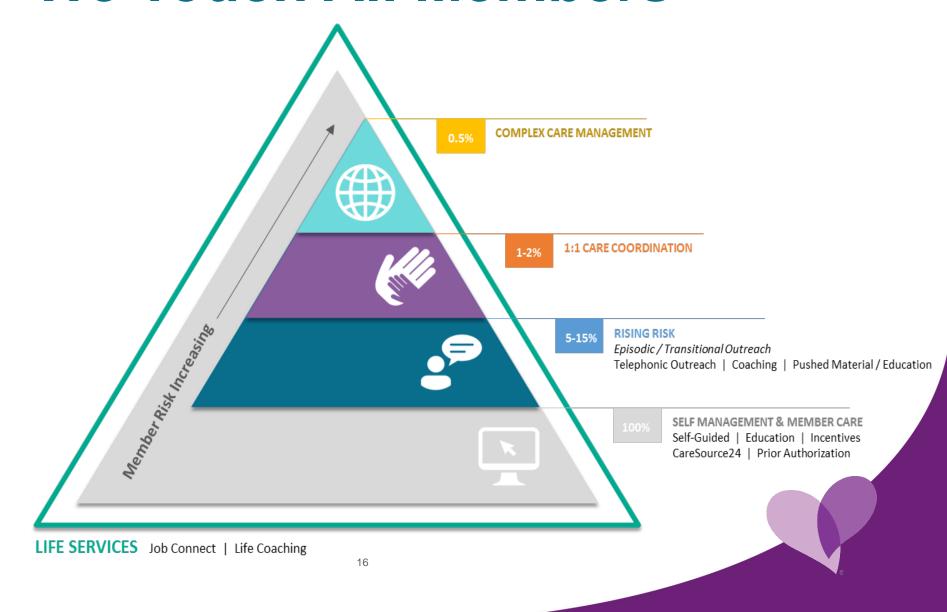
- No "Wrong Door Policy"
- Use advanced analytics to understand and prioritize the care needs of the entire membership within Kentucky
- Analytics are used to gain an understanding of prevalent medical, social and behavioral needs, patterns of care, and barriers to access for the members



Care4U Care Management Goals – TRIPLE AIM



We Touch All Members



Care Management Member Self Management Tools

Health Risk Assessment

Must be completed by the member within 90 days of enrollment

MyHealth

Online tool/assessment that can provide the member health assessments with journeys to assist with education for targeted areas based on their personal assessment.

MyStrength

Online tool/assessment that can provide the member behavioral health assessments with journeys to assist with education for targeted areas based on their personal assessment.



Care4U Case Management & Care Coordination Process

Case Management

- Member Assessment
- Development of Goals
- Care Plan Development
- Member Follow-up

Care Coordination

- Member Assessment
- Care Coordination Assistance
- Social Services Assistance

Our Kentucky Care4U Market Team

Regional staff throughout Kentucky

- RN Care Managers
- SW Care Coordinators
- Community Health Workers



