



Evaluating Quality

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November 18, 2011

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Today's Overview

- Business Planning
- Compliance & Quality
- Regional Monitoring
- Tools

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Managed Care and Quality

- Multi faceted
- Different requirements for different plan types
- Requires management and board support
- Tied to compliance

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Business Strategy

- Quality - fiduciary responsibility
 - Organizational Culture
 - Tied to regulatory compliance
 - Tied to reimbursement
 - Star Ratings and Quality Bonus Payments
 - Risk Adjustment Payments
 - Cost and Utilization Control
 - Pay for performance

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Compliance and Quality

Ten Considerations
for Senior Management
and the
Board of Directors

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Compliance and Quality

1. What are the goals of the organization's quality improvement Program?
 - Metrics/benchmarks used to measure progress
 - Goals linked to management accountability

Taken from "Corporate Responsibility and Health Care Quality: A Resource for Health Care Boards of Directors". USDHHS, OIG, American Health Lawyers Association

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Compliance and Quality

- 2. How does the organization measure and improve the quality of patient care?
 - Key management and clinical leaders responsible for these quality and safety programs

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Compliance and Quality

- 3. Integration of quality assessment and improvement processes into overall corporate policies and operations.
 - Clinical quality standards supported by operational policies
 - Management enforcement of these policies: internal controls

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Compliance and Quality

- 4. Board of Directors
 - External quality and patient safety requirements
 - Formal orientation
 - Continuing education

Does the board include members with expertise in patient safety and quality improvement issues?

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Compliance and Quality

- 5. Essential information for the board.
 - Frequency of reports

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Compliance and Quality

- 6. Are quality assessment and improvement processes coordinated with corporate compliance programs?
 - Are quality of care and patient safety issues addressed in the organization's risk assessment and corrective action plan?

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Compliance and Quality

- 7. Processes to consider
 - Reporting quality concerns
 - Reporting medical errors
 - Reporting patient safety concerns
 - Encouraging reporting to improve processes

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Compliance and Quality

8. Does human and other resources support patient safety and clinical quality?
- Are resource allocations aligned with quality programs and variations in patient acuity?

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Compliance and Quality

9. Focus on clinical quality and patient safety.
- Competency assessment and training
 - Credentialing
 - Peer review processes

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Compliance and Quality

10. Are “adverse patient events” and other medical errors identified, analyzed, reported, and incorporated into the organization’s performance improvement activities?

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Regional Monitoring

- Account Managers:
 - Are expected to know and analyze plan Star Ratings
 - Will be involved in the review of QIP and CCIP Plans
 - Will monitor the progress of the Plan regarding quality initiatives

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Account Manager's Data Sources

- HEDIS
- HOS
- CAHPS
- Part C and D Reporting
- CTM

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Account Manager's Data Sources

- TRRs/MRRs
- Reed and Associate Reports
- Appeals and Grievance data
- Plan Programs
- CMS Web Site

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CMS Expectations

- We expect plans to analyze the Star Ratings
 - Find problem areas
 - Determine the root cause
 - Make corrections
 - Monitor and sustain improvement

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Case Study-Review the Data

- Use C and D Report Card to drill down to high and low areas
- Identify specific high and low star domains and elements
- Compare elements between Plans
- Look for trends

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Case Study-Determine Low Domains

Staying Healthy/Managing Chronic Conditions Domain

- 1 Star ratings
 - Colorectal CA screening
 - Glaucoma Testing
 - Pneumonia Vaccinations
 - Mental Health
 - Osteoporosis Testing
 - COPD Testing
 - Improving Bladder Control

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Case Study-Determine Low Domains

Health Plan Responsiveness Domain

- 1 Star ratings
 - Getting Care without Delays
 - Getting Appointments and Care Quickly
- Member Complaints, Appeals Etc.
- 1 Star ratings
 - Plan Makes Timely Decisions About Appeals

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Case Study

- Determine differences between Plans
- Determine if there is an obvious reason
- Example
 - Some organizations have a range of Star Ratings between their plans
 - Different Plan types
 - Regional differences (urban vs. rural)

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The Future of Quality for Health Plans

- Based on the HHS National Quality Strategy
 - “Focus on Patients, Families, and Communities”
 - “The right thing , in the right place, for the right patient, every time”
 - <http://www.hhs.gov/news/press/2011pres/03/20110321a.html>

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Quality Future for Health Plans

- Based on the national Prevention Strategy
 - “A comprehensive plan that will help increase the number of Americans who are healthy at every stage of life.”
 - <http://www.healthcare.gov/prevention/nphphc/strategy/index.html#NatPrevStrategy>

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Seven components of the QI Program

Applies to all MAOs and SNPs

1. Chronic care improvement program (CCIP)
 - Meets the requirements of 42 CFR §422.152(c)
 - Addresses populations identified by CMS based on a review of current quality performance

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QI Program (cont'd)

2. Conduct quality improvement projects (QIPs)
 - Meet the requirements of 42 CFR §422.152(d)
 - Expected to have a favorable effect on health outcomes and enrollee satisfaction
 - Address areas identified by CMS
3. Develop and maintain a health information system
4. Encourage providers to participate in CMS and HHS QI initiatives

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QI Program (cont'd)

- 5. Contract with an approved Medicare CAHPS vendor to conduct the Medicare CAHPS satisfaction survey of Medicare enrollees
- 6. Include a program review process for formal evaluation of the QI Program that addresses a least the following areas on an annual basis
 - Impact
 - Effectiveness
- 7. Corrects problems for the plan

Prohibited Activities

- Advertising that you are a 5 star plan when only some of your plans or elements are 5 stars.
 - CMS checks for these types of abuses

Prohibited Activities

- Advertising that because you have an approve SNP Model of Care that you have been endorsed by CMS or NCQA.
 - Disclosure requirements located in HPMS Memo Date 8/26/2011

QI Program Enhancements

- Improve the tools and methods for reporting the QIPs and CCIPs
- Improve the MOC elements and factors
- Provide technical assistance early in the process
- Provide ongoing technical assistance

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Sources of Information

- Account Manager
- Manual Chapters
- CMS Quality Website (Coming Soon)
- Quality Improvement Organizations (QIO)
- Call Letter
- HPMS Memos
- CMS.GOV:http://www.cms.gov/PrescriptionDrugCovGenIn/o6_PerformanceData.asp

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Future Focus

- CVD
- Readmissions
- Greater focus on quality
- Plan, Do, Study, Act method

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Questions?

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