

Executive Summary

Quality Program Evaluation (2015)

Virginia Premier Health Plan, Inc. (VPHP) is a non-profit Managed Care Organization. Owned by VCU Health, we were formed to coordinate health care for low-income persons. Headquartered in Richmond, Virginia, we also have offices in Bristol, Wise, Richlands, Winchester, Roanoke, and Tidewater. Our local presence enables us to serve vulnerable populations effectively.

As a locally-owned, non-profit company, we focus our resources on member services. We service about 200,000 members in over 100 counties across Virginia.

We offer the following plans and services to our members:

Virginia Premier Health Plan, a Medicaid Plan

VPHP began operations as a full-service Medicaid health plan in 1996, providing health care services to recipients of the following in Virginia:

- Family Access to Medical Insurance Security (FAMIS)
- Medicaid's Health and Acute Care Program
- Medicaid's Temporary Aid for Needy Families
- Medicaid's Aged, Blind, and Disabled residents

Virginia Premier CompleteCare (Medicare-Medicaid Plan)

As part of the Commonwealth Coordinated Care initiative, our **Virginia Premier CompleteCare** plan is for people who are dually eligible for both Medicaid and Medicare. This plan became available to eligible recipients in 2014.

Patient-Centered Medical Home

Our first Patient-Centered Medical Home, Virginia Premier Medical Home, opened in Roanoke, Virginia in early 2014. This innovative approach to healthcare coordinates primary care and preventative services to improve overall quality of care and patient satisfaction.

Virginia Premier's Commitment

Helping individuals and families find and fund quality healthcare is at the heart of what we do. "We fulfill this objective by delivering easy access to doctors, specialists, hospitals, referrals and emergency aid. In so doing, we act as a strong partner for our members in providing for their health and the health of their families.

Virginia Premier's Mission Statement

Virginia Premier Health Plan, a managed care organization owned by the Virginia Commonwealth University Medical Center, meets the needs of underserved and vulnerable populations in Virginia by delivering quality driven, culturally sensitive and financially viable healthcare.

Accreditation

Virginia Premier is accredited with the National Committee for Quality Assurance (NCQA). NCQA is an independent not for profit organization that ranks health insurance plans throughout the nation. NCQA evaluates how health plans manage all parts of their delivery systems — physicians, hospitals and other providers in order to continuously improve health care for its members. Accreditation surveys include rigorous on-site and off-site evaluation of over 600 standards and selected performance measures.

Accreditation is not a one-time event, but an ongoing journey to support quality services for customers, members and practitioners. Virginia Premier is committed to excellent services to our customers and have an ongoing plan to monitor the progress towards the goal of excellence. Virginia Premier earned a “Commendable” accreditation status from the National Committee on Quality Assurance for the Medicaid Product line on July 11, 2013. This accreditation will expire on July 11, 2016.

Quality Program

The Virginia Premier Health Plan, Inc.’s Quality Program has an ongoing commitment to provide all members with optimal quality care and access from network providers and practitioners. The VPHP conducts an annual evaluation of its Quality Improvement Program to evaluate the quality, appropriateness, efficiency, safety and effectiveness of care and service.

The annual Quality Program Evaluation is an evaluation of the previous years’ quality improvement activities and provides a mechanism for systematically completing an analysis of VPHP performance and to define meaningful and relevant quality activities for our members. Through a structured review of the various clinical, service, administrative and educational initiatives, the program evaluation serves to emphasize the accomplishments and effectiveness of the Quality Program as well as identify barriers and opportunities for improvement within the process.

Key Accomplishments

Overall, most activities planned in the Work Plan were achieved. The activities that were not completed will be considered for continuation in 2016. Key accomplishments during 2015 for the organization are outlined below:

- NCQA “Commendable” Accreditation Status
- Rated as one of “Top 3” Health Plans in Virginia
- HEDIS On-site Compliance Audit scored at 100%
- HEDIS Data Abstraction Season: Successfully completed (Feb-May 2015)
- External Quality Review Organization Performance Measure Validation: Passed
- Performance Improvement Projects (PIP) for Well Child Visits and Follow-up for Mental Health after Admission combined score of 94%
- Cultural competency assessments increased by 29% over previous year
- Completed Pilot Year of Department of Medicaid Services (DMAS) Performance Incentives Award (PIA) with 0.05% Hypothetical Award (No Withhold Penalty)
- Best practices identified during Quality Huddles and spread to other regions
- Implemented collaborative “Ride-Along” with Network Development to enhance HEDIS education and conduct strategy sessions with practices

- Increase in Disease Management Program participation rate-overall program participation was 84.6% (8.9% increase from 2014), asthma 83.4%, (7.6% increase from 2014), diabetes 89.5% (16% increase from 2014)
- Four measures (HbA1c test, HbA1c poor control, HbA1c control <8.0%, HbA1c control <7% for a select population) exceeded the national 50th percentile
- Percent of children receiving 6 or more well-child visits before 15 months of age exceeded the benchmark 75th percentile by 3.08 percentage points.
- Decrease in inpatient admits and ER visits in all of the disease management programs: 15% decrease in asthma admits, 9% decrease in diabetes admits, 16% decrease in COPD admits, and 9% decrease in asthma ER visits
- Established a collaborative Embedded Case Management program with Frontier Health, Inc. that works in partnership with Community Services Board, Planning District 1 to provide a full range of behavioral health services
- Created the Emergency Department(ED) Utilization Program to follow up with members within 24 hours after utilizing the emergency department.
- Member satisfaction with clinical program goals: Disease Management: 95.1%, Case Management: 92.7% and Utilization Management: 90%
- Call abandonment rate for Grievances and Appeals decreased from 12.9% to 2.9%, which exceeds compliance Standard of ≤ 5%
- Quality of Care Assessments were completed on average of 11 days which is below the DMAS requirement of 30 days
- 100% of VPHP employees completed HIPAA workforce training
- 100% of VPHP employees completed Crisis Intervention Training

2015 Quality Program's Core Indicators:

- NCQA Accreditation (includes Clinical and Service Medallion 3.0 HEDIS® Measures)
- Achieve 90% or > on NCQA Internal Audits
- Member and Provider Satisfaction
- Member Grievances and Appeals
- Quality of Care/Service Indicators

In 2015, VPHP accomplished the following Quality HEDIS improvement

Effectiveness of Care	Benchmark	Result	Met/ Exceeded Goal
Appropriate Testing for Children with Pharyngitis	70.0	76.78	Met
Cervical Cancer Screening	63.33	64.96	Met
Childhood Immunization Status (Combo 3)	72.33	72.41	Met
Comprehensive Diabetes Care (overall rate)	57.0	59.47	Met
Antidepressant: Acute Phase	50.0	51.29	Met
Antidepressant: Continuation	34.0	35.89	Met
Follow-up Children Prescribed ADHD Medication: Initiation	47.0	51.41	Exceeded
Follow-up Children Prescribed ADHD Medication: Continuation	64.0	64.5	Exceeded
Prenatal Care & Postpartum Care: Met all Criteria	43.36	57.78	Met
Adult BMI Assessment	78.81	89.62	Met
Adolescent Well Care (AWC 15)	48.51	49.67	Met
Childhood Immunizations (total)	27.59	35.10	Met
Well Child 15 (6+ visits)	62.86	69.32	Met

activities:

HEDIS Measures that fell below the goal:

Eye Exams, Nephropathy, Adolescents Immunization: Combination 1 immunizations, Meningococcal, Counseling for Physical Activity: 3-11, 12-17

Challenge(s)/Opportunity for Improvement:

- Duplication of efforts for accrediting and regulatory bodies as well as internal ----Lean Principles
- Increasing HEDIS scores above the 75th percentile
- Continue to reach across the organization for collaborative opportunities with other departments
- Partnering with more practices/entities for data exchange cutting out “middle man” for data abstraction

2015 Quality Goals:

- Achieve 1st in the State and Top 30 Best Medicaid Plans Nationally Ranking
- Achieve the 50th Percentile or Greater for Targeted HEDIS Measures
- Improve the Member Satisfaction through CAHPS® Survey Education for Membership, Providers and Internal Staff

Quality Activities for 2015

During 2015, VPHP implemented various quality activities through effective and ongoing collaboration with other departments to problem solve and improve work processes across the organization. This strategy was coined “Close the Loop” indicative of the organization identifying and exploring all opportunities to engage the member and ensure satisfactory closure of all member and provider transactions. The following areas were identified to improve VPHP’s quality activities and are addressed in various sections of the Annual Evaluation:

1. Health System collaboration – incorporating VPHP quality activities and work with the Health System by participating in host activities and volunteering at events
2. Interventions to improve HEDIS scores (50th percentile) – collaboration with Network Development via “Ride-Alongs” and other departments such as case management and disease management
3. Member Advisory Committee (MAC) Meetings – collaborate with Member Services and provide non-compliant listing to invite members to the meetings, restructuring the MAC meeting quality portion to be an advisory feedback session
4. Patient/Member Safety Material – adding safety material to Quality Toolkit, the Provider Newsletter and during site visits
5. Physician Incentive Program (P4P) – collaborating with Network Development to monitor contracts for current HEDIS information/measures
6. Network Access – work with Network Development drilling down on questions from site survey on access issues, work with Grievances and Appeals to creating grievance category access to health

Implementation of Lean Principles – more frequent monitoring to consist of data management, working with IT to identify barriers to reporting due to fragmented systems