Aetna Better Health®
Aetna Better Health® Kids

Quality Assessment Performance Improvement

2017 Program Evaluation
INTRODUCTION

Aetna Better Health and Aetna Better Health Kids maintains a quality management program that provides the foundation and resources to ensure that high quality and cost-effective services are provided to its Medicaid and Children’s Health Insurance Program (CHIP) members. The program involves the participation of the board of directors, management, practitioners and multiple departments working together as a team to improve our organization’s performance. Aetna Better Health/Aetna Better Health Kids designed the program to meet or exceed state and federal regulatory requirements, Centers for Medicare and Medicaid Services (CMS), National Committee for Quality Assurance (NCQA) and Aetna requirements. The Aetna Better Health/Aetna Better Health Kids quality program provides a formal process to systematically monitor and objectively evaluate the company’s quality, efficiency, and effectiveness.

The Quality Assessment Performance Improvement (QAPI) program evaluation is a comprehensive, annual evaluation of completed and ongoing quality improvement activities across the organization, performed under the scope of the QAPI program description and QAPI work plan. The program evaluation includes a description of organizational structure, committee involvement, accomplishments and achievements, provider and practitioner credentialing, member grievances and appeals, Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) reporting, progress with clinical and service quality initiatives, member education, prevention and wellness activities, and a summary of overall findings. The Quality Management staff, in collaboration with other functional areas, identifies activities annually and throughout the year and present high-level summaries that include results compared to performance goals, trending of measures when appropriate, identification of barriers that may have affected the achievement of goals and objectives and opportunities for improvement. The evaluation includes all aspects of the QAPI program to determine the extent and effectiveness of improvements in the quality of care and services.

Through the QAPI program evaluation, Aetna Better Health/Aetna Better Health Kids is able to identify strengths in the program as well as opportunities for improvement so that modifications to existing programs and development of new interventions will address identified opportunities. Aetna Better Health/Aetna Better Health Kids reviews the annual evaluation and uses the findings to establish quality management and performance improvement goals for the upcoming year. Opportunities for improvement identified in the evaluation or articulated by state regulators or other key stakeholders drive the development of the goals and objectives.

The Quality Management/Utilization Management Committee, Quality Management Oversight Committee and the Board of Directors review and approve the contents of this report.

EXECUTIVE SUMMARY

During calendar year 2017, Aetna Better Health, a Medicaid Physical Health-Managed Care Organization in the state of Pennsylvania since 2010, provided managed care services to 222,536 Medicaid recipients which is representative of 2,659,817 member months. This is an increase of more than 14,000 members since 2016. Aetna Better Health Kids, a CHIP product, has increased membership from 12,432 in 2016 to 17,042 in 2017. We continued to have many events throughout the year to explain the covered benefits as well as services provided by the plan which coupled with increased numbers of CHIP-eligible children contributed to the significant increase of our CHIP population.
The evaluation of the 2017 Quality Assessment Performance Improvement (QAPI) program is an annual comprehensive summary of quality activities that occur across the organization and are performed under the scope of the Quality Management and Utilization Management (QM/UM) Workplan. Our 2017 high level view of accomplishments and challenges will be outlined in the summary and the remainder of the evaluations will provide a more in-depth overview of the QAPI.

**QAPI STRUCTURE AND OPERATIONS**

The Aetna Better Health/Aetna Better Health Kids QAPI Program’s primary focus is on the member and thereby monitors processes, assesses the effectiveness of its activities, and ensures that providers and members have input in the development of plan policies, procedures, activities, programs and improvement actions.

The Board of Directors has ultimate accountability for the QAPI and all related processes, activities and systems. The chief executive officer, on behalf of the QMOC, submits the QAPI program description and any subsequent revisions to the board of directors for approval. Directing the development and implementation of the QAPI within the plan is the accountability of the chief medical officer under whose direction the Quality Management Department coordinates the QAPI, provides support to plan committees and addresses quality-related requests from members, practitioners, providers, regulatory authorities and other referral sources.

**PROGRAM GOALS AND OBJECTIVES**

Our QAPI program’s primary goal is to continually improve the quality of care for our members and the quality of the services provided to both members and our practitioner and provider network. The plan’s overall objective is to achieve the best outcomes possible for our Medicaid and CHIP members through continued collaborative efforts with members, practitioners and providers.

Additional goals and objectives include:

- Continue effective working partnership with the Department of Human Services and its External Quality Review Organization (EQRO) to comply with all requirements
- Improve member and provider satisfaction with the health plan
- Promote safety through processes that address the quality of care, provider preventable conditions, provider credentialing and pharmacy needs of members
- Monitor and evaluate the continuity, availability and accessibility of care and/or services provided to members
- Continually improve HEDIS® rates in by exceeding the NCQA Table of Minimum Effect Size annually using the NCQA 90th percentile as our benchmark and continue to improve PA Performance Measure rates
- Maintain NCQA Health Plan accreditation by demonstrating compliance with standards; improve HEDIS/CAHPS rates with the short term goal of achieving an accreditation rating of “Commendable”, and stretch goal of achieving an accreditation rating of “Excellent”
- Maintain and develop additional community partnerships in each county we serve to drive improvement of preventive health and dental services for children, and access to care for adults
- Exceed the goals of the Commonwealth for Value Based Services (VBS) including Provider Pay-for-Quality (P4Q) and incentive programs with targeted practices
- Address mandated performance improvement projects (PIPs) that effectively improve outcomes for members while implementing plan-specific PIPS to address opportunities for improvement
Strive to continually exceed the required access standards for the plan’s practitioner and provider networks and ensure these networks are robust and able to accommodate the diverse needs of the Medicaid and CHIP memberships.

### Summary of Changes to the QAPI Program for 2018

<table>
<thead>
<tr>
<th>Description</th>
<th>Change</th>
<th>Rationale for Change</th>
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<tbody>
<tr>
<td><strong>Quality Components and Activities</strong></td>
<td></td>
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<tr>
<td>QAPI Program Description</td>
<td>Updated to ensure it meets all contract quality requirements</td>
<td>Assessment of contract requirements</td>
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<tr>
<td>QMUM Committee</td>
<td>Recruiting an additional PCP and BH practitioner for QMUM meetings</td>
<td>Ensure adequate representation and quorum</td>
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<tr>
<td>Policy &amp; Procedure Committee</td>
<td>Implemented new processes for review of policies</td>
<td>Ensure timeliness of policy review and approval</td>
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<tr>
<td>Pharmacy and Therapeutics (P&amp;T) Committee</td>
<td>Aetna Pharmacy will be conducting oversight of the QI process for pharmacy benefit information. Aetna Pharmacy will provide JOC report to health plans</td>
<td>Bring quality testing in house and improve oversight function. Target implementation 1Q18.</td>
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<td><strong>Member and Provider Experience</strong></td>
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<tr>
<td>Member experience</td>
<td>Updated CAHPS survey to include additional questions.</td>
<td>Compliance with state regulatory and NCQA requirements</td>
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<td>Developed new initiatives to address low performance scores in CAHPS survey</td>
<td>Updated member handbook, developed targeted mailings, developed new member welcome packet, solicit information from members during HEMAC meetings.</td>
<td>Improve member experience with services and delivery and obtain feedback to drive quality initiatives.</td>
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<td><strong>Communications</strong></td>
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<tr>
<td>Provider Manual</td>
<td>Updated multiple sections</td>
<td>Provide clarifications and update the manual with new health plan information to meet state and NCQA requirements</td>
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<td><strong>Delegation</strong></td>
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<td>Representation at national delegation oversight committee meetings</td>
<td>Added representation from health plan</td>
<td>Improve communications and delegation oversight reporting at the local level</td>
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<td><strong>HEDIS</strong></td>
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<td>Developed new initiatives to address targeted HEDIS measures with low scores</td>
<td>Updated HEDIS workplan, evaluating vendors for member outreach, streamlined medical record collection and review processes</td>
<td>Need to address suboptimal HEDIS rates</td>
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MAJOR ACCOMPLISHMENTS

Accomplishments of 2017 include:

- Achieved Commendable rating for our 2017 NCQA Accreditation review
- Increased CHIP and Medicaid membership by more than 18,000 members
- Demonstrated significant improvement in the number of value-based contracts for our provider network
- Rates improved for more than 75% of hybrid HEDIS® measures; overall rates improved in 30 of 42 targeted measures
- Year over year reduction in inpatient utilization trends continues
- Decreased ER utilization
- Readmissions reduced from 2016
- More than 13,000 provider onsite visits, 263 provider conference calls completed with education to more than 20,000 providers
- Added 4,072 providers to our network and two new hospitals
- Close to 10,000 members received incentives for obtaining preventive (including dental), chronic care and maternity services
- Provider webinar training to address HEDIS and EPSDT gaps reached the providers of more than 173,000 members
- Enrolled more than 1,500 members in intensive case management
- Implemented a Community Health Worker program that addressed the needs of close to 5,000 members
- Provided more than 98,000 meals to members with chronic conditions

CHALLENGES

- Achieving the NCQA 50th percentile for key performance measures and improving to the 75th percentile for at least 25% of all measures
- Inaccurate member contact information
- Challenges in Community Development include finding the best ways to meet members where they are located
- Closing the network gap in oral surgeons across the Lehigh/Capital zone and for dermatologists in Berks County
- Improving member and provider satisfaction with the health plan
- Reducing member use of the emergency room for ambulatory conditions
- Increasing member visits to PCP for well care

PRIORITIES FOR CALENDAR YEAR 2018:

Aetna Better Health/Aetna Better Health Kids will implement improvements to the quality management program that will effectively promote and build quality into the organizational structure and processes of the health plan. A summary of recommendations for improvement for 2018 include:
• Provide continual monitoring and assessment of patient care and services to ensure that health care and service provided to the health plan members meets accepted and appropriate medical practice standards and meets the needs of health plan members and health care professionals.
• Ensure prompt identification and analysis of opportunities for improvement with implementation of actions and follow-up.
• Encourage patient safety and maintain compliance with local, state, and federal regulatory requirements and accreditation standards.
• Achieve statistical improvement in HEDIS and CAHPS rates with the goal of reaching and surpassing the NCQA 75th percentile for all measures.
• Maintaining NCQA Commendable rating and moving toward a rating of Excellent
• Improve satisfaction of members, practitioners and providers with health care delivery.
• Increase value-based quality performance contracts
• Recruitment and retention of providers to ensure our network exceeds regulatory standards

OVERALL PLAN EFFECTIVENESS

Based upon a comprehensive review and evaluation of the QAPI program and activities monitored in the QAPI work plan, we successfully executed the quality management program strategy for calendar year 2017. Aetna Better Health/Aetna Better Health Kids staff from all functional areas collaboratively assessed the effectiveness of the quality program by examining:

• Policies, procedures and assessment of program resources ensuring that they met the needs of the membership.
• Established metrics, monitoring processes and data analysis to ensure achievement of goals and process improvements.
• Committee structure and practitioner involvement to ensure oversight of the quality program and early identification of opportunities for improvement.
• Leadership, management and practitioner involvement to ensure active participation in Aetna Better Health/Aetna Better Health Kids activities, communication of the importance of network-wide safe clinical practices and follow-up of quality program improvements.

The evaluation notes throughout this document that opportunities exist and outlines our plans to address areas for improvement. Input from our members and practitioners are evident through our robust committee structure and meeting minutes. The Quality Management Oversight Committee (QMOCC) chaired by the plan’s Chief Executive Officer (CEO) provides oversight of the entire program including ensuring that follow-up and reporting occurs. The additional strong leadership by the plan’s Chief Medical Officer (CMO) and Chief Operations Officer (COO) serves to provide expertise in operations, medical and quality management and provides guidance in navigating the vast areas the plan assesses regularly to ensure that processes lead to improvement in member outcomes.

Aetna Better Health/Aetna Better Health Kids remains committed to continued improvement in its QAPI and is confident changes needed to meet and exceed goals throughout the organization will occur. Our assessment of the governing committees, leadership involvement and practitioner participation demonstrates that the plan has a robust structure and that no adjustments to those items, with the
exception of continued recruitment of participating members, practitioners and providers as committee participant’s change, to lend a voice to improvement efforts, are needed. Changes related to the 2018 QAPI workplan are underway to address the needs our Medicaid and CHIP populations.

During the 2017 calendar year we addressed the need to increase staffing throughout the plan and sought staff with the experience and expertise to address the varied needs of our members and providers. Staff training in Rapid Cycle Techniques occurred in addition to Six-Sigma training through Aetna’s Achieving Business Excellence initiatives occurred so that all staff are prepared to address the continually changing needs of our operations with the goal of improved outcomes and satisfaction for our members and providers.

We continue to utilize the QMOC grid which serves as a repository for all plan metrics, analysis of those metrics and improvement actions as needed when goals are not met or performance is suboptimal. Our quality committees provide evidence of the tracking and trending of key metrics and Continuous Quality Improvement (CQI) activities which are documented in committee minutes, on the QMOC grid and in reports presented to the Board of Directors. Also, Aetna Better Health/Aetna Better Health Kids held monthly companywide Town Hall meetings led by health plan leadership to communicate the most current health plan information and to provide an opportunity for organizational staff to voice their opinions and ask questions.

Subsequent pages of this evaluation will provide an assessment of all plan activities and ensure that we recognize and document areas for improvement by documenting priorities, goals and actions to be undertaken during the 2018 calendar year.

SUMMARY

Quality is everyone’s job here at Aetna Better Health/Aetna Better Health Kids. Everyone in our organization has performance targets that are directly linked to achieving quality results. To underscore this commitment, we continue to provide quality education to all plan staff each quarter, have mandatory HEDIS®, Business Excellence (based on Six Sigma) and soft skills training and include an overview of clinical quality outcomes, member and provider satisfaction, process improvements and policy changes during our monthly all-staff Town Hall meetings.

Resources dedicated to the QAPI program effectively managed the activities detailed in the QAPI work plan. In addition to staff within the Quality Management (QM) Department, other internal Aetna Better Health/Aetna Better Health Kids staff, external network participating practitioners, and numerous multidisciplinary committees support the QM program. QM staff continues to work with other functional areas to identify, monitor and evaluate appropriate service and clinical metrics.

We continue to address identified opportunities for improvement through our QAPI process. Our commitment to the people we serve remains strong as we employ quality techniques, including rapid cycle improvement to evaluate plan processes and outcomes. A formal committee structure allows for oversight of the QAPI program and for the flow of information to and from the board of directors.

Our provider network continues to meet standards where providers are available and partnerships develop with community agencies. Our strong network and increased VBS contracting allows us to address the needs of members and provide continuity of care while rewarding providers who meet and/or exceed quality standards. We will continue to seek opportunities to enhance our network and
implement value-based contracts with clear goals aimed at improving the quality of care provided to our members.

During the past year we demonstrate improvement in some areas and clearly outline the opportunities in others. Identifying and addressing opportunities for improvement occurred throughout the year and as goals are set and we continue to determine how we can enhance member outcomes, improve member and provider satisfaction. Our plan policies, procedures and workflows are adjusted at least annually and more frequently as needed to assure we are fluent with the changing landscape of the membership which we are privileged to serve.

Our focus on improving outcomes for the populations, member and provider satisfaction is presented in detail throughout the 2017 evaluation. Our staff is committed to providing excellent service, adhering to the principles of Total Quality Management, collaborating with partners and demonstrating improvement in member outcomes. The following pages of this evaluation further provide an in-depth overview of 2017, an assessment of successes, barriers and identified opportunities and improvement actions for 2018 and are used as the basis for creating the 2018 QAPI Program Description and comprehensive QM/UM and operational workplan.