Quality Assessment and Performance Improvement/Utilization Management Program Evaluation

January 1 - December 31, 2014
*Data as available by 2/28/15

Introduction

The purpose of this evaluation is to provide a systematic analysis of Sunflower Health Plan's (Sunflower) performance of the Quality Iimprovement (QI) activities and to evaluate the overall effectiveness of the Quality Assessment and Performance Improvement (QAPI) Program. The QI Department has established reporting QI activities as outlined in the QI Work Plan. This evaluation is focused on activities and interventions completed during the period of January 1 - December 31, 2014.

Purpose

The purpose of the Quality Improvement Program is to utilize sound methodologies to objectively and systematically plan, implement and monitor ongoing efforts that demonstrate improvements in member safety, health status, outcomes, and satisfaction. This is accomplished through the implementation of a comprehensive, organization-wide system for ongoing assessments to identify opportunities for improvement.

Sunflower Health Plan is committed to the provision of a well-designed and well-implemented Quality Assessment and Performance Improvement Program (QAPI Program). Sunflower Health Plan's culture, systems and processes are structured around its mission to improve the health of all enrolled members. The QAPI Program utilizes a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation and improvement in the delivery of health care provided to all members, including those with special needs. This systematic approach to quality improvement provides a continuous cycle for assessing the quality of care and services in such areas as preventive health, acute and chronic care, behavioral health, over- and under-utilization, continuity and coordination of care, patient safety, and administrative and network services.

Evaluation Process

Sunflower uses a multifactorial approach to review and evaluate the effectiveness of plan operations. The approach is standardized and is a consolidation of data available by the plan to evaluate the quality of services provided to our members and the outcomes produced by our work processes.   Data are reviewed by department leadership as well as various organizational committees including plan staff, Medical Director, and network physicians for analysis and determination of opportunities for improvement. The consolidated annual program evaluation is reviewed and approved by the senior level QI Committee (QIC) as well as the Board of Directors (BOD) annually.

The scope of the QAPI Program is comprehensive and addresses both the quality and safety of clinical care and quality of services provided to Sunflower Health Plan's members including medical, behavioral health, dental and vision care. Sunflower Health Plan incorporates all demographic groups, lines of business, benefit packages, care settings, and services in its quality improvement activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care, long-term care (depending upon Sunflower Health Plan's products), and ancillary services. Sunflower's review includes the following topic areas, with data from various assessments reported therein to support performance and identify strengths and opportunities for improvement:
- Acute and chronic care management
- Behavioral health care
- Compliance with preventive health guidelines and practice guidelines
- Continuity and coordination of care
- Department performance and service
- Employee and provider cultural competency
- Member Grievance System
- Member satisfaction
- Patient safety
- Pharmacy
- Provider and Plan after-hours telephone accessibility
- Provider appointment availability

- Provider Complaint System
- Provider network adequacy and capacity
- Provider satisfaction
- Selection and retention of providers (credentialing and re-credentialing)
- Utilization Management, including under and over utilization
- Delegated entity oversight

Together review of these components give Sunflower a clearer picture of the quality of services provided and outcomes produced by plan operations.

Review of Findings

Membership Characteristics
When comparing the year-end information Sunflower's total membership increased from 139,886 in 2013 to 144,761 in 2014, a 3.4% increase. As in 2013, Sunflower's largest membership group was Temporary Assistance for Needy Families (TANF), making up 62% of the population. Little movement was seen overall by product in 2014.

Below are the 2013 year-end information and percentage of change from 2013 to 2014.

	CHIP	Foster Care	LTC Dual	LTC Non-Dual	SSI Dual	SSI Non-Dual	TANF	Total
2013	21,115	5,015	8,691	4,179	6,321	10,563	84,002	139,886
2014	19,868	5,330	8,922	3,994	6,400	10,638	89,609	144,761
Percentage of change	-5.91%	6.28%	2.66%	-4.43%	1.25%	0.71%	6.67%	**3.4%**

The following are the percent of the total membership that each product comprised, 2013 compared to 2014.

Percentage of membership	CHIP	Foster Care	LTC Dual	LTC Non-Dual	SSI Dual	SSI Non-Dual	TANF	Total
2013	15.1%	3.6%	6.2%	3.0%	4.5%	7.6%	60.1%	100.0%
2014	13.7%	3.7%	6.2%	2.8%	4.4%	7.3%	61.9%	100.0%

Based on information related to our population, Sunflower determined the case management identification criterion being utilized was adequately identifying the population at risk. The data reviewed in this population assessment does not indicate a need for any fundamental changes in the case management program at this time. Sunflower's protocol for complex case management remained essentially the same in 2014 as no material changes in the membership relative to product line, age/gender, language, race and ethnicity were identified.

Quality Performance Measures and Outcomes
The plan has now executed the outreach for both Performance Improvement Plan (PIPs) and data collection are underway.

In 2014 Sunflower underwent a full NCQA survey and become fully accredited, an aggressive achievement for a new health plan and the first in Kansas among the Medicaid MCOs.

During 2014 Sunflower continued to work on internal process related to HEDIS such as data capture and work with providers to establish a collaborative relationship to review outcomes. Although HEDIS data are not complete for 2014, gains in performance are seen in many measures, some performing at the 75th or 90th percentile, which is unusual for a new MCO. The focus for 2014 on HEDIS has been

predominantly on measures also related to Pay for Performance (P4P). Below show the general performance trends seen in data to date for these measures:
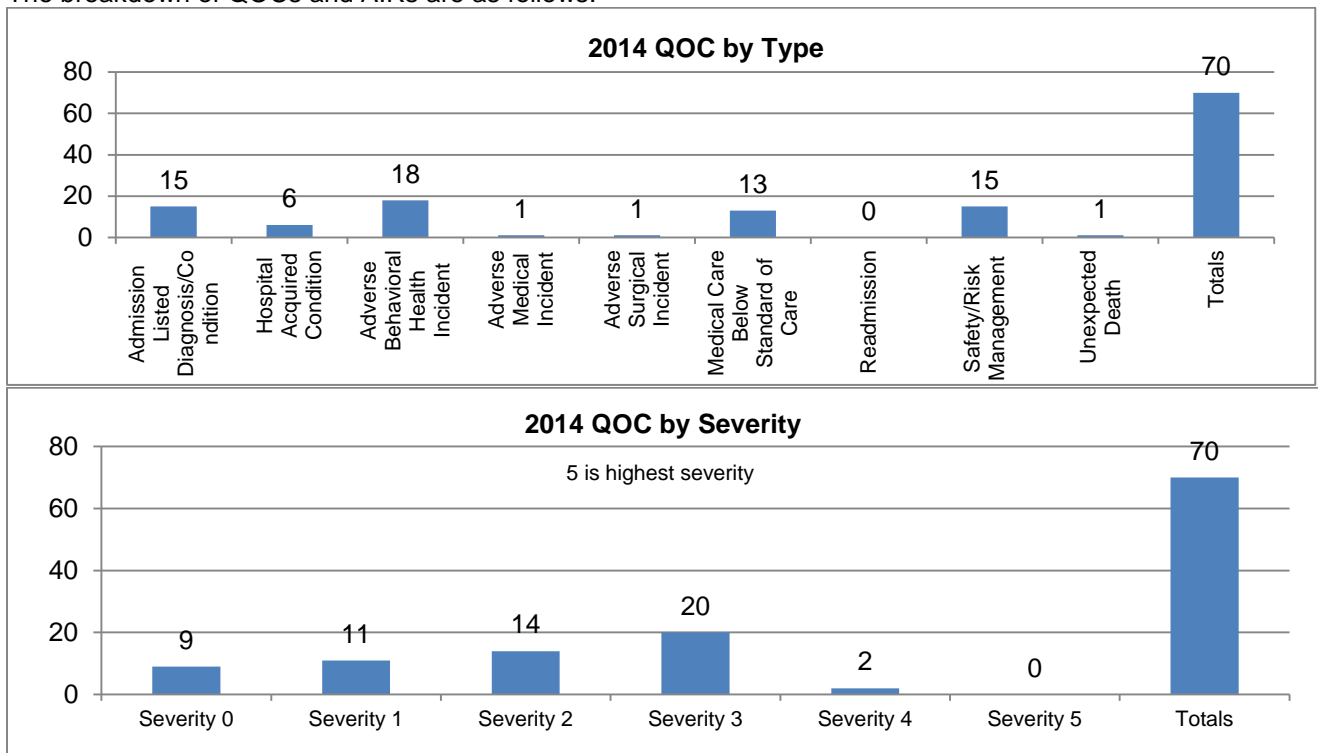
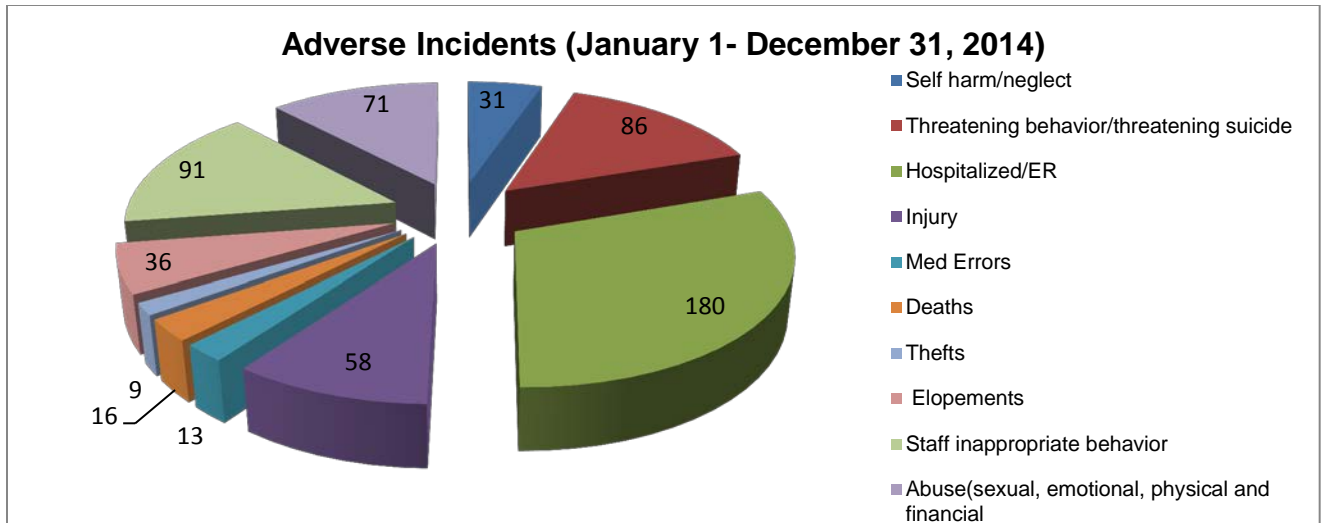| Measure	Rate Change from 2013 as of 1/31/15	Meeting Goal (50th percentile or P4P goal)
Comprehensive Diabetes Care	Improved in 4 of 5 sub-measures	No
Well Child Visits in First 15 Months of Life (four)	Improved	Yes
Annual Monitoring for Patients on Persistent Medications (MPM)	Improved	Yes
Follow-up After Hospitalization for Mental Illness (FUH)	Improved	Yes
Cholesterol Management (CMC)	No data to date-hybrid measure	N/A
Breast Cancer Screening (BCS)	No data, continuous enrollment	N/A
Cervical Cancer Screening (CCS)	Improved	No

All measures were tracked and intervention plans developed and executed to improve patient outcomes in 2014. Sunflower will continue to focus on these areas, with the exclusion of CMD, and addition of others in 2015. Results available at the time of this report show despite progress, goals are not consistently met in all measures. In 2014 additional interventions were added, as well as staff, to focus on improvement in these key measures.

Patient Safety
Sunflower was forwarded 586 individual Adverse Incident Reports (AIRs) (90 unique providers) and 70 Quality of Care (QOCs) (61 unique providers) . A breakdown of those includes the highest category being reports of inpatient hospitalizations of members. Data were reviewed and no provider trends were noted, however individual remedial action were taking as needed with providers following investigation.

The breakdown of QOCs and AIRs are as follows:

Adverse Incidents (January 1- December 31, 2014)

Legend:
- Self harm/neglect
- Threatening behavior/threatening suicide
- Hospitalized/ER
- Injury
- Med Errors
- Deaths
- Thefts
- Elopements
- Staff inappropriate behavior
- Abuse(sexual, emotional, physical and financial

Values shown: 31, 86, 180, 58, 13, 16, 9, 36, 91, 71

Preventative Health Guidelines

Sunflower has adopted evidence-based preventive guidelines. These guidelines represent various aspects of Sunflower membership, and are based on utilization of services, prevalence of disease and the age segments of the overall membership represented. Preventive health guidelines performance is assessed using population-based HEDIS measures. Below are the measures and performance results. Goals for 2014 were the NCQA Quality Compass 50th percentile. Although progress toward goals were achieved, Sunflower did not meet goals and will continue to focus on this area in 2015.

Member Satisfaction

Sunflower analyzed member satisfaction information to identify aspects of performance that do not meet member expectations and initiate actions to improve performance. Sunflower monitors multiple aspects of member satisfaction, including; member grievances, member appeals, member satisfaction survey data. A summary of these data are presented below:

Grievance Category	Jan. 1 - Dec 31, 2014	Per 1000	Jan. 1 - Dec 31, 2013	Per 1000
Total	633	4.43	574	4.25

Sunflower experienced a slight increase in member grievances in 2014, over half of which were transportation related. Sunflower has developed additional plans and monitoring to address concerns identified though the grievance process. The top three categories of complaints in 2014 were Availability, Attitude/Service, and Timeliness. Although greater than 2013, Sunflower continued to meet the goal of less than 5.00 grievances/1000 members.

Member appeals are also trended and categorized as a reflection of service and member satisfaction.

Appeal Category	Jan. 1 - Dec 31, 2014	Per 1000	Jan. 1 - Dec 31, 2013	Per 1000
Total	551	3.85	336	2.49

The appeal category with the highest volume of appeals is Criteria Not Met - Medical Procedure accounting for 17.42% (96/551) of total appeals, these appeals are based denial of medical necessity.

Of the total appeals in 2014, Sunflower upheld 57.7%, and overturned 42.3%. Sunflower has established a goal for total member appeals to remain less than 2.50/1000 members annually. With a rate of 3.85 /1000 members for all appeals, the goal was not met for 2014. The increase in appeals in 2014 is not unexpected as the plan is more heavily enforcing prior authorization and administrative rules now that providers have become familiar with Sunflower processes.

Member Satisfaction
Sunflower's KanCare contract was implemented on January 1, 2013. As a new plan, Sunflower's goal was to meet or exceed the NCQA Quality Compass 50th percentile for both the Adult and Child surveys. Sunflower met the goal for most areas on the 2014 Adult and on the Child surveys, and exceeded them in several others. The areas not meeting Sunflower's goal of meeting the 50th percentile or above are the areas Sunflower is focusing improvement efforts. Sunflower member satisfaction scores overall are a strength for the Plan in 2014, with very high results and improvement in most measures from 2013.

Adult Composite & Question Ratings	2013 Rate	2014 Rate	2013 Quality Compass All Plans	2013 Quality Compass All Plans Percentile
Getting Needed Care	84.2%	86.2%	80.6%	90th
Getting Care Quickly	84.5%	87.0%	81.2%	90th
How Well Doctors Communicate	90.4%	89.4%	89.3%	25th
Customer Service	79.1%	90.1%	86.2%	90th
Shared Decision Making	51.1%	50.9%	NA	Not available
• Health Promotion and Education	67.7%	68.4%	NA	Not available
• Coordination of Care	87.7%	82.1%	78.7%	75th
• Providing Needed Information	60.8%	69.3%	66.6%	50th
• Ease of Filling Out Forms	92.5%	93.7%	94.5%	<25th
Ratings Items				
Rating of Health Care	71.6%	73.8%	70.8%	75th
Rating of Personal Doctor	79.5%	78.9%	78.4%	50th
Rating of Specialist	79.2%	78.5%	79.4%	25th
Rating of Health Plan	67.6%	71.7%	73.5%	25th

Specific domains are key drivers for overall plan ratings, ass seen below those translate into strengths, opportunities or areas to monitor. Analysis was completed by population and action plans developed accordingly to address opportunity areas, those at performance <50th percentile.

Adult Survey	2014 Percentile Ranking	2014 Opportunity Analysis
Key Driver of Health Plan Rating		
Customer Service	89th	Strength
Getting Needed Care	93rd	Strength
Key Driver of Health Care Rating		
Getting Needed Care	93rd	Strength
How Well Doctors Communicate	46th	Opportunity
Getting Care Quickly	99th	Strength
Key Driver of Personal Doctor Rating		
How Well Doctors Communicate	46th	Opportunity
Coordination of Care	76th	Strength

Child Survey(s)	2014 Percentile Ranking (T19/T21)	2014 Opportunity Analysis (T19/T21)
Key Driver of Health Plan Rating		
Customer Service	85th / 94th	Strength
Getting Needed Care	76th / 51st	Strength / Monitor
Key Driver of Health Care Rating		
Getting Needed Care	76th / 51st	Strength / Monitor
How Well Doctors Communicate	55th / 87th	Monitor / Strength
Coordination of Care	75th / 37th	Strength / Opportunity
Key Driver of Personal Doctor Rating		
How Well Doctors Communicate	55th / 87th	Monitor / Strength
Coordination of Care	75th / 37th	Strength / Opportunity

Access & Availability

Access and availability of services is monitored through call center statistics/service goals, accessibility of primary care services, and review of grievances related to accessibility of services. Below are the results of review of each domain. Overall measures are met, future activities will be focused on maintaining results.

Area of Measurement	Standard	2014 Performance
Customer Service Call Statistics	Speed of answer-95% <60s	95%- Goal met
	Abandonment rate <4%	1.09%-Goal met
Accessibility of PCP	Appointment availability- Routine and Urgent	Not yet assessed
	After-hours care- 90% have acceptable coverage for urgent and emergent care	80.08%-Goal not met, action plans in progress
CAHPS Survey	Getting Care Quickly Domain- >50th percentile on each of three survey populations	90th, 75th, and 50th- Goal met
	Q4: Obtaining needed care right away - >50th percentile on each of three survey populations	90th, 50th, and 50th – Goal met
	Q6: Obtaining appointment for care as soon as needed - >50th percentile on each of three survey populations	90th, 75th, and 75th – Goal met
Member Grievances	Grievances <5.0/1000 members	Goal met
PCP Availability	95% of urban members have at least 1 PCP within 20 miles	100%-Goal met
	95% of rural members have at least 1 PCP within 30 miles	100%- Goal met
	At least 1 PCP per 2000 members	1:49- Goal met

Continuity and Coordination of Care between Medical and Behavioral Healthcare

The areas assessed for collaboration between medical and behavioral health care include:

- Exchange of information between behavioral health care and primary care practitioners (PCPs) and other relevant medical delivery system practitioners or providers;
- Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care;
- Appropriate use of psychopharmacological medications;
- Screening and the management of patients with coexisting disorders; and implementation of a primary or secondary behavioral health program.

Area of Measurement	Standard	2014 Performance
Exchange of Information b/w PCP and BH Provider	Communication between behavioral health and PCP-Discharge assessments shared	47%-Goal not met
	Provider survey questions-Q4E: Rate the timeliness of exchange of information/ communication/reports from the behavioral health providers	6.9%- Improvement. Goal not met
	Provider survey questions-Q4F: How often do you receive verbal and/or written communication from behavioral health providers regarding your patients?	33.3%-Improvement. Goal not met
Appropriate Dx, Tx, and Referral & Use of Psychopharm. Meds	AMM-Acute Phase	49.09%- Goal not met
	AMM-Continuous Phase	33.78%- Goal not met
	AMM-Acute Phase	55.63%- Goal met
	AMM-Continuous & Maintenance Phase	64.55%-Goal met
Screening of Coexisting Disorders/Preventative BH Program	Screening survey completed	9.7%- Goal not met
	Prenatal successful outreach	72%- Improvement
	Post-partum successful outreach	50%-Improvement

Although data show an improvement in member response to outreach, action plans continue to improve integration and communication between primary care and behavioral health providers.

Utilization Management

Outcomes of the UM processes as they related to member health outcomes and authorizations have been discussed previously. To ensure consistency of operations, the Sunflower team uses InterQual for all UM decisions and completes annual Inter-Rater Reliability (IRR) testing to ensure all reviewers maintain consistent review standards. In 2014, all Sunflower staff completed IRR testing with passing results.

Sunflower monitors member satisfaction with Utilization Management processes through the annual CAHPS survey. Below are a summary results.

Composite & Question Ratings	Adult 2014 Rate	T19 Child 2014 Rate	T21 Child 2014 Rate	Goal Met?
Getting Needed Care	**86.2% (90th)**	**92.5% (75th)**	**86.0% (50th)**	**Yes**
Q14: Ease of getting care, tests, or treatment needed	87.7% (75th)	88.3% (75th)	93.0% (75th)	Yes
Q25: Obtaining appointment with specialist as soon as needed	84.7% (75th)	84.5% (50th)	78.9% (25th)	No
Getting Care Quickly	**87.0% (90th)**	**92.5% (75th)**	**92.3% (50th)**	**Yes**
Q4: Obtaining needed care right away	89.3% (90th)	93.5% (50th)	92.6% (50th)	Yes
Q6: Obtaining appointment for care as soon as needed	84.7% (90th)	91.5% (75th)	90.0% (75th)	Yes

Sunflower monitors provider satisfaction with Utilization Management processes through the annual Provider survey. Below summarize the 2014 results. It should be noted that Sunflower improved on every area surveyed related to satisfaction with UM and Pharmacy from 2013.

Composite & Key Questions	2014 Summary Rate	2013 Summary Rate	2013 TMG Book of Business Benchmarks Medicaid
Utilization & Quality Management	**17.9%**	**13.7%**	**37.1%**
3A. Access to knowledgeable UM staff.	14.8%	14.5%	35.0%
3B. Procedures for obtaining pre-certification/ referral/ authorization information.	13.8%	10.4%	36.2%
3C. Timeliness of obtaining pre-certification/referral/authorization information.	16.1%	12.0%	37.5%
3D. The health plan's facilitation/support of appropriate clinical care for patients.	17.0%	11.2%	35.9%
3E. Access to Case/Care Managers from this health plan.	15.9%	12.2%	33.5%
3F. Degree to which the plan covers and encourages preventive care and wellness.	29.7%	21.9%	44.5%
3G. Extent to which UM staff share review criteria and reasons for adverse determinations.	15.2%	10.2%	NA
3H. Consistency of review decisions.	12.3%	10.9%	NA
Pharmacy	**10.2%**	**6.8%**	**23.1%**
5A. Consistency of the formulary over time.	8.9%	7.5%	24.3%
5B. Extent to which formulary reflects current standards of care.	9.3%	6.8%	24.8%
5C. Variety of branded drugs on the formulary.	11.4%	9.1%	22.0%
5D. Ease of prescribing your preferred medications within formulary guidelines.	11.7%	5.9%	23.6%
5E. Availability of comparable drugs to substitute those not included in the formulary.	9.6%	4.8%	20.8%

Sunflower monitors member satisfaction with Case Management through a plan administered survey. Survey results from 2014 did not meet performance thresholds of 90%. An action plan is in development that includes the possible re-design of the survey to include interim surveying so that satisfaction is improved through the course of the interaction.

Delegated Vendor Oversight
Sunflower has nine delegated vendors that assist with the care and benefit administration to our membership. Each vendor has annual audits to ensure they are meeting policy, contract, and Plan requirements. 100% of audits were successfully completed in 2014. These audits result in quality improvement plans issued to the vendor with immediate action necessary to mitigate gaps in performance.

Summary
Sunflower has identified strengths and opportunities for improvement which are outlined in more detail with action plans in the full annual evaluation report. Interventions included in the plan for 2014 were reviewed and continued as needed for measures requiring continued improvement.

Strengths:
- Member satisfaction results
- Steady improvement in HEDIS scores
- Access and Accessibility
- Re-design of Case Management
- Revised UM processes, strength of new executive leadership

Opportunities for Improvement:

- Provider satisfaction
- Practice Guideline adoption
- Physical and behavioral health provider integration

As a result of this analysis, it has been identified that processes and operational systems are starting to stabilize, producing early positive results, and in some cases negative findings as the plan matures and enforces guidelines. With two years of complete data, it is difficult to assert that trends have been identified for some processes, but statistically significant change has been found in some areas. The findings did not indicate the need for major revisions to Sunflower's QAPI, operations, or service delivery systems. Sunflower will continue to work to maintain and improve the gains achieved from 2013 to 2014, and improve on the areas noted as priority opportunities for improvement.