

Improve Health Outcomes

A GUIDE FOR PROVIDERS

PROVIDER COMMUNICATIONS

Coverage for
every stage of life[™]



Contents

Health Care Performance Measurement Systems	1
Medicare Star Ratings	
Managed Care Accountability Set	
Marketplace Quality Rating System (QRS)	
Office of the Patient Advocate (OPA) Quality Report Cards	
Performance Measures	4
HEDIS® Measures	
CAHPS® Survey	
Health Outcomes Survey (HOS)	
Pharmacy Measures	
Quality Improvement Activities	6
Incentive Programs	
Provider Portal	
Quality Improvement Resources Online	8
Navigating the Quality Improvement Corner	
Provider Library	
Provider Reports	

You Can Improve Your Patients' Health Outcomes and Quality of Care

Our providers' commitment to provide the highest quality of care to their patients is vital to improving health outcomes. This includes taking actions to meet this goal:

- *Identify and close care gaps for preventive screenings, annual exams and vaccinations.*
- *Complete timely submission of claims or encounters data.*
- *Share health education to impact patient behavior.*
- *Provide care coordination and timely access to care and services.*
- *Meet the cultural and linguistic needs of each person.*
- *Follow recommended clinical, preventive health guidelines and best practices.*

Health Net knows the importance of working with, and helping providers in their efforts to improve their patients' health to meet quality standards. This toolkit provides information about performance measures. It also contains useful tools to support your practice.*



We have the same goal – to help improve your patients' health outcomes and provide the highest quality of care.



Health Care Performance Measurement Systems

Health Net covers patients across multiple health insurance markets to meet the needs of its diverse patient population. We monitor quality of care and patient experience metrics to improve patient health outcomes and satisfaction.

Reporting on care and service performance metrics is required by the:

- Centers for Medicare & Medicaid Services (CMS).
- Department of Health Care Services (DHCS).
- National Committee for Quality Assurance (NCQA).
- State of California's Office of the Patient Advocate (OPA) .





Medicare Star Ratings

CMS uses a five-star quality rating system to measure the overall experience Medicare patients have with their Medicare Advantage (MA) health plans. Health plans are assigned a rating of one to five stars, with five stars being the highest, based on performance.

The quality rating combines medical and pharmacy services when both are provided by the plan and are published on the CMS website at www.medicare.gov. The star rating impacts an MA plan's financial payment from CMS. It is essential to receive a rating of at least four stars.

The quality of plan services rating includes many measures in several categories:

- Staying healthy, including screenings, tests and vaccines.
- Managing chronic conditions.
- Patient satisfaction, including access to care.
- Patient complaints.
- Customer service.
- Patient experience with the drug plan, including safety and accuracy of pricing.

Managed Care Accountability Set

DHCS oversees the Medi-Cal health insurance program. They require Medi-Cal managed care plans (MCPs) to meet minimum performance levels on measures key to the health of this population. DHCS informs health plans of the measures, known as the Managed Care Accountability Set, and requires performance to be reported to DHCS annually.

MCPs must meet minimum performance levels established by DHCS for the Managed Care Accountability Set measures. Health Net works with providers and conducts performance improvement projects (PIPs) to address areas below benchmarks.



Marketplace Quality Rating System (QRS)

CMS requires commercial health plans taking part in the Marketplace to submit a comprehensive set of clinical measures and survey results. Plan performance is rated on a five-star scale. Health Net’s overall rating for preventive and chronic care measures, patient experience, and plan administration is displayed by CMS on their website at www.medicare.gov.



Office of the Patient Advocate (OPA) Quality Report Cards

California’s Office of the Patient Advocate (OPA) publicly reports information on commercial HMO and PPO plans.

The OPA Report Cards are based on a five-star quality rating system.

Poor					
Fair					
Good					
Very Good					
Excellent					

The OPA Health Care Quality Report Card at www.opa.ca.gov, also reports medical group performance on specific measures.

These provider performances help consumers compare quality when making health plan choices. These include:

- Asthma care.
- Diabetes care.
- Heart care.
- Preventive screening.
- Treating children.
- Appropriate use of tests, treatments and procedures.



Making sure these metrics are at least four stars ensures that patients are getting the right care.

Performance Measures

THESE MEASURES ARE USED TO REPORT, COMPARE AND RATE

Patients' experience and quality of care.



Your practice's preventive and chronic care efforts – used to determine incentive programs.



Overall performance of health plans.



Health outcomes to identify best practices or improvements needed.

Regulators use NCQA's standardized Healthcare Effectiveness Data and Information Set (HEDIS®) metrics and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to rate health plans. HEDIS and CAHPS measures also drive improvements in health care performance.

Providers have a direct impact on affiliated health plans and provider organization performance ratings based on patient experience and the care provided.

HEDIS Measures

HEDIS is a set of standardized measures developed by NCQA to measure, report and compare performance across health plans. Visit the NCQA website at www.ncqa.org for more information.

HEDIS results for health plans and provider organizations are publicly reported in the NCQA Quality Compass and state and federal Quality Report Cards. They are used by purchasers and consumers to compare performance between health plans.

CAHPS Survey

The CAHPS survey is conducted annually on a random sample of patients. CAHPS results are used to measure patient experience with:

- ✓ Access to care.
- ✓ Care coordination.
- ✓ Getting the care needed.
- ✓ Interactions with providers.
- ✓ Services delivered by the health plan.

The CAHPS Survey Tip Sheet gives examples of survey questions. It also provides recommendations to improve providers' CAHPS performance. More information about how to improve these measures can be found in the Tips and Guidelines for Access to Care brochure on the Health Net provider portal.

Health Outcomes Survey (HOS)

The HOS is sent to a random sample of Medicare patients between April and July of each year. It evaluates baseline physical and mental health status and other health-related topics. The HOS is then sent to the same patients two years later to determine changes over time.

Provider interactions with patients have a direct impact on the following HOS star metrics:

- Improving or maintaining physical health.
- Improving or maintaining mental health.
- Monitoring physical activity.
- Reducing risk of falling.
- Improving bladder control.

Pharmacy Measures

Pharmacy measures evaluate appropriateness and patient adherence to taking prescribed medications. This can include the percentage of patients appropriately prescribed, monitored or adherent for:

- Antidepressants
- Asthma medications
- Beta blockers
- Bone strengthening
- Cholesterol medications
- Diabetes medications
- Hypertension medications
- Opioids

Patient eligibility and performance on medication measures are based on evidence-based clinical guidelines and prescription claims.

Providers have the greatest impact on:

- Prescribing appropriate treatment.
- Promoting medication adherence.
- Addressing patient barriers, such as knowledge deficits and side effects.



To learn more about survey questions and actions providers can take to improve performance, refer to the HOS Tip Sheet included in the pocket of this toolkit.





Quality Improvement Activities



Health Net conducts patient outreach activities to promote healthy preventive and chronic care practices, including:

- Mailed materials, such as flyers, postcards, health calendars, and newsletters.
- Educational emails.
- Live and programmed calls.
- Health education classes.
- In-home visits.
- Text messaging.



Health Net works with providers to improve health outcomes and data capture of measures by:

- Offering weekend and extended access clinics.
- Providing online patient care gap lists.
- Data sharing, such as pharmacy/lab data and electronic medical records.
- Creating provider and patient tools.



Incentive Programs

Your performance scores are used to measure your practice's quality improvement and preventive care efforts. Performance-based incentive programs reward participating primary care physicians (PCPs), clinics and participating physician groups (PPGs) based on care gap closures and HEDIS performance from claims and encounters data.

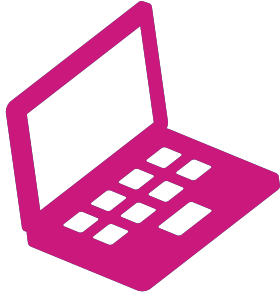
Provider Portal

The Health Net provider portal allows easy access to:

- Patient eligibility.
- Medical policies.
- Prior authorizations.
- Quality improvement resources and tools.
- Claims status.

You must have a website account to access secure information on the provider portal. If you don't have an account, it's easy to register. If you are not able to register on the provider portal or have questions, call technical support.





Quality Improvement Resources Online

Navigating the Quality Improvement Corner

Health Net's Quality Improvement Department posts helpful tools on the Quality Improvement (QI) Corner in the provider portal.

USEFUL INFORMATION ON HEALTH CARE TOPICS INCLUDES

- Access to care.
- Behavioral health.
- Care coordination.
- Disease management.
- Maternity and obstetrics.
- Patient safety.
- HEDIS tip sheets and guides.

Health Net encourages the use of these tools. They can be used to help patients better understand their health care. These tools also help to improve patient recall, their experience and meet quality of care standards.

Provider Library

The online Provider Library allows providers to access relevant items in real time. This includes operations manuals, updates and letters, forms, contacts, Online News, help, and more.

Provider Reports

The provider portal allows PPGs to access provider care gaps and report cards. These reports assist in closing care gaps and improving compliance.



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