



**AETNA BETTER HEALTH® OF PENNSYLVANIA
AETNA BETTER HEALTH® KIDS**

2016

Quality Assessment Performance Improvement Evaluation



EXECUTIVE SUMMARY

Aetna Better Health, a Medicaid Physical Health-Managed Care Organization in the state of Pennsylvania since 2010 provides managed care services to 207,794 Medicaid recipients which is representative of 2,432,940 member months. The increase from 189,330 members in 2015 is largely attributed to the successful retention of members while increasing our enrollment numbers. Aetna Better Health Kids, a CHIP product has realized a more than 3,700 increase in membership for a total of 12,432 members as of December 31, 2016 compared to 8,714 in 2015. The CHIP product allows for active marketing to members and the plan held 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 led to the significant increase.

The evaluation of the 2016 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 2016 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. The 2016 QM/UM evaluation provides the identification of opportunities for existing and planned program activities in 2017 and demonstrates how quality, performance and process improvement exists throughout Aetna Better Health and addresses members, practitioners and providers for the Medicaid and CHIP lines of business.

This analysis of our 2016 performance provides the backdrop for the identification of opportunities for improvement as the plan continuously seeks to evaluate and improve its Quality Management, Utilization Management and Operational programs throughout the organization.

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 Quality Management Oversight Committee 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.

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Additional goals and objectives include:

- Continue effective working partnership with the Department of Human Services and it's 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 NCQ Table of Minimum Effect Size annually using the NCQA 90th percentile as our benchmark and continue 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 long-term 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 including Provider 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

ACCOMPLISHMENTS

Accomplishments of 2016 include:

- Grew Medicaid membership by 18K+ members; CHIP membership by more than 3700 members
- Met all Member Services required service levels
- Continued our "Whole Person" approach across all functional areas, which allowed for the implementation of improvement actions aimed at improving outcomes for members as demonstrated by key HEDIS and state performance measures
- Signification reduction in inpatient and readmission trends
- Continued improvement in dental preventive and HEDIS Rates
- Increased face-to-face visits by case managers
- Member complaints remained consistent to previous year at 0.35/1000 members
- HEDIS rate improvements
- CAHPS rates improvements
- Generic fill rate is currently at 88%

CHALLENGES

Challenges of 2016 include:

- Improving key HEDIS rates to meet/exceed the NCQA 75th percentile
- Increasing the number of children ages 1-5 years who receive preventive dental services

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- Adult and Child CAHPS member satisfaction with health plan less than the NCQA 90th percentile benchmark
- Continuing to improve access to care for members by addressing appointment availability for PCPs, OB-GYNs and Specialists including dentists
- Reducing emergency room for services that can be provided in the PCP setting
- Improving provider assessment of member cultural and linguistic needs and documenting the same in the medical record
- Increasing preventive services for children and adults, including developmental screenings
- Increasing maternity services and meeting requirements for face-to-face interventions during a member's pregnancy

PRIORITIES

Priorities for 2017 include:

- Addressing the need to increase preventive dental services to children
- Improvement in preventive care for both adults and children
- Addressing member and provider satisfaction with the plan
- Maintain/exceed regulatory required thresholds
- Address HEDIS measures that are demonstrating decreases or less than the NCQA Table of Minimum Effect Size growth year/year
- Enhance and increase numbers related to community-based outreach and care management programs
- Improve the quality of the written member and provider communications to address member satisfaction
- Continue to address and improve EPSDT care and related screenings, testing and follow-up for issues
- Develop and implement health disparities programs to address the needs of populations throughout the Commonwealth
- Increase VBS with Pennsylvania providers
- Align with Centers of Excellence to improve care to members
- Improve the provider orientation process and increase on site visitation with provider network to provide education, information and address issues that arise
- Increase number of formulary drugs that are rebate eligible

SUMMARY

Aetna Better Health/Aetna Better Health Kids continues to address opportunities for improvement through its 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. Our focus on improving outcomes for the populations, member and provider satisfaction is presented in detail throughout the 2016 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.

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

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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 provider network continues to meet standards where providers are available and partnerships develop with community agencies. Our strong network allows us to address the needs of members and provide continuity of care. 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.

Our 2016 HEDIS and CAHPS results demonstrate improvement as we achieved 6 of 9 pay-for-performance measures, compared to 3 in the previous year, and 56% of measures are at or above the NCQA 50th percentile compared to 38% last year, an 18% improvement. Having identified opportunities to improve member outcomes and provider and member satisfaction, we have vigorously renewed our commitment to quality throughout the organization.

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. The annual evaluation is reviewed and approved at our Quality Management/Utilization Management Committee with participating providers, the Quality Management Oversight Committee chaired by our CEO and ultimately approved by our board of directors.

The following pages of this evaluation further provide an in-depth overview of 2016, an assessment of successes, barriers and identified opportunities and improvement actions for 2017 and are used as the basis for creating the 2016 QAPI Program Description and comprehensive QM/UM and operational workplan.