# Positive Practice

NEWS AND EDUCATION FOR POSITIVE HEALTHCARE PROVIDERS Issue 22 Winter 2021

## In this Issue



## Star Ratings

The Centers for Medicare & Medicaid (CMS) created the Five-Star Quality Rating System to help compare all health plans 'quality and performance. These ratings are updated annually and are presented in the form of stars. CMS uses information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to plans. The program is a key component in financing health care benefits for PHP and PHC plan enrollees. Five stars is the highest possible score and fewer stars indicate lower quality. CMS provides thefollowing guidance regarding the different star ratings:

| |
|---|
| ★★★★★ 5 Stars - Excellent |
| ★★★★ 4 Stars - Above Average |
| ★★★ 3 Stars - Average |
| ★★ 2 Stars - Below Average |
| ★ 1 Star - Poor |

Each health plan is evaluated on over several items to produce their overall star ratings. These items include:

**PART C**

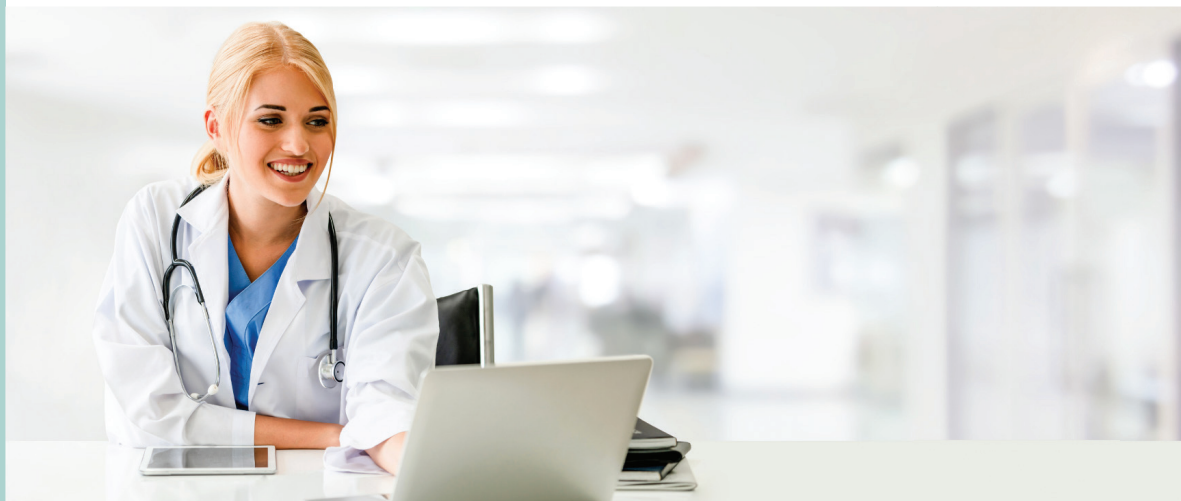
- Domain I: Staying Healthy: Screenings, Tests and Vaccines
- Domain II: Managing Chronic (Long Lasting) Conditions
- Domain III: Rating of Health Plan Responsiveness and Care
- Domain IV: Member Complaints, Appeals and Choosing to Leave the Health Plan
- Domain V: Customer Service

**PART D**

- Domain I: Drug Plan Customer Service
- Domain III: Member Experience with the Health Plan
- Domain IV: Drug Pricing and Patient Safety

| 2022 Star Rating | Overall Score |
|---|---|
| **Part C Ratings** | **Part C Score** |
| AHF PHP Florida | 4.5 |
| AHF PHP California | 3.5 |
| **Part D Ratings** | **Part D Score** |
| AHF PHP Florida | 4.5 |
| AHF PHP California | 4 |
| **Overall 2022 Star Ratings** | **Overall Score** |
| AHF PHP Florida | 4.5 |
| AHF PHP California* | 4 |

**AHF PHP California was affected by small denominators for some measures resulting in non-reported measures and therefore, no ability to get higher score.*




California PHP: www.php-ca.org
P.O. Box 46160, Los Angeles, CA 90046

Florida PHP: PHP FL: www.php-fl.org
700 SE 3rd Ave, 4th flr, Ft. Lauderdale, FL 33316

Georgia PHP: www.php-ga.org
P.O. Box 46160, Los Angeles, CA 90046

PHC California: www.phc-ca.org
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**The measures on which the evaluations are based come from five different rating systems. These include the following:**

- CAHPS (Consumer Assessment of Healthcare Providers and Systems) 19% of the rates
- HEDIS (Healthcare Effectiveness Data and Information Set) which accounts for 26% of the rates
- HOS (Health Outcomes Survey) 10% of the rates
- PDE (Prescription Drug Event) data affected 13% of the rates
- 9% of the Star Ratings are affected by comparing to the prior year's star ratings. If the plan's ratings stay the same, they will receive a 3 in "Quality Improvement"
- The Call Center, CMS Administrative Data, CTM (Complaints tracking module) and Medicare Beneficiary Database Suite of Systems (MBDSS) affect 4% each.
- Independent Review Entity (IRE) will affect 2% in relation to customer service and Part C Plan reporting
- Part D Plan Reporting and MPF Pricing Files each affect 1% of the star ratings.

**Ways to improve your HEDIS, CAHPS and HOS Documentation**

- Submit claims or encounter data timely and coded appropriately
- Ensure medical records are complete, legible, and accurate
- Ensure HEDIS preventive screenings, tests, and vaccines are performed in a timely manner
- Allow access to your electronic medical record (EMR) or provide medical records as requested
- Communicate effectively to patients in a manner they can understand
- Ensure specialists are communicating the status, tests, medications, and outcomes to the primary physician
- Have patient bring back a copy of the consult report
- Submit referrals and obtain authorizations as appropriate
- Follow-up with patient to make sure referral appointment was completed
- Call specialist to make sure PCP is sent copy of consult report
- Limit patient wait times, provide time for urgent appointments, and provide timely appointments
- Listen and ensure patients understand any orders or communications
- Discuss and provide counseling for urinary incontinence, physical activity, fall risk and osteoporosis testing
- Use codes for social determinants of health, palliative care, history of cancer, history of depression, advanced illness and nursing home care

**Patient Perception on Survey Gains More Weight**

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is sent out to our plan members annually. Data for this survey was collected from PHP and PHC members between the months of March and May of 2020 and is solely based on the members' overall satisfaction with their experience at your practice. Patient experience is a critical component of quality improvement activities, public reporting and increasing accountability for improving member's satisfaction with quality of care and services received. It also allows us to better serve our members.

CAHPS is now more important than ever! The significance of CAHPS is that it factors into our STARS scores currently weighted double! The Star Ratings is significant for both health plan and providers. CAHPS now makes up about 32% of a health Plan's STARS composite score from 20%. This puts a greater priority on providing the best patient experience for all health plans!

**These measures had the lowest percentile rankings in comparison to the Plan's 2020 performance.**

- Getting Needed Prescription Drugs 91.1%, which fell 4 points from the previous year
- Getting Needed Care 80.5%, which is below the 4 Star performance threshold
- Customer Service- 90.5%, which is below the 4 Star performance threshold

Since customer service and getting needed care are such a major contributors for the CAHPS outcomes, improving the way we communicate and access to care can produce positive improvements on patient health outcomes.

**Recommendations to improve patient experience:**

- Provide all info needed regarding covered Rx's and costs
- Monitor information for prescription coverage
- Make getting care, tests, and specialty referrals easier
- Facilitate timely appointments, access to care, and accessibility to specialists and health information
- Improve coordination of care and tests between providers
- Improve information delivery and patient-health plan interactions
- Helpful, Courteous, and Respectful Office Staff
- Return calls within 24 hours
- Improve patient wait time in the reception area
- Maintain thoughtful communication with your patients

**Identify gaps prior to CAHPS survey**

- Reach out to patients before appointments
- Understand their needs to help triage patient appointments
- Encourage patients to schedule their follow-up appointment before they leave the office
- Close loop with specialist referrals and results

**Offer patients other ways in getting the needed care.**

- Make greater effort to accommodate urgent care requests (especially during Covid)
- Provide education around urgent care versus visiting the ER
- Offer alternate options for your patients to access care during off hours

**Working together on improving member experience will have a significant benefit to your practice/clinic such as:**

- Increase patient engagement and retention
- Increase compliance with clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Decrease no show rates

**How can you partner to facilitate coordination of care and service as a provider?**

- The partnership is strengthened when the Health Plan, Registered Nurse Care Team Manager (RNCTMs), and providers maintain open lines of communication with regard to patient care, referrals and authorization timelines

# AHF 2021 Model of Care (MOC) Measure Results

**The table below are selected 2021 MOC dashboard measures from 2020 data. results for key measures by plan. Please review these measures to make sure you are meeting HEDIS standards, which will enhance our HEDIS rate for 2021 measurement year.**

In California, measures not meeting benchmark are highlighted in yellow. Interventions being utilized to improve rates are:

Percent of members satisfied with access to urgent care: Referred to Provider Relations – they are adding urgent care contracts and added telehealth.

Percent of diabetic members completing a retinal eye exam: Purchased retinal eye exam cameras and championed diabetic retinal eye exam campaign with an incentive for members and staff.

Percent completing Medication Therapy Management review: Purchased system to help identify current phone number and address of members lost to care.

In Florida, measures not meeting benchmark are highlighted in yellow. Interventions being utilized to improve rates are:

Percent of member with last blood pressure of the year < 139/89: Provider training particularly on taking second blood pressure reading, use of member reported blood pressure, provided digital blood pressure cuffs on over-the-counter benefit if selected, and Care Manager training for member on how to take blood pressure.

Percent of diabetic members completing a retinal eye exam: Purchased retinal eye exam cameras and championed diabetic retinal eye exam campaign with an incentive for members and staff.

Percent completing Medication Therapy Management review: Purchased system to help identify current phone number and address of members lost to care.

## PHP Model of Care Dashboard - 2021 Annual Reports Based on 2020 Data

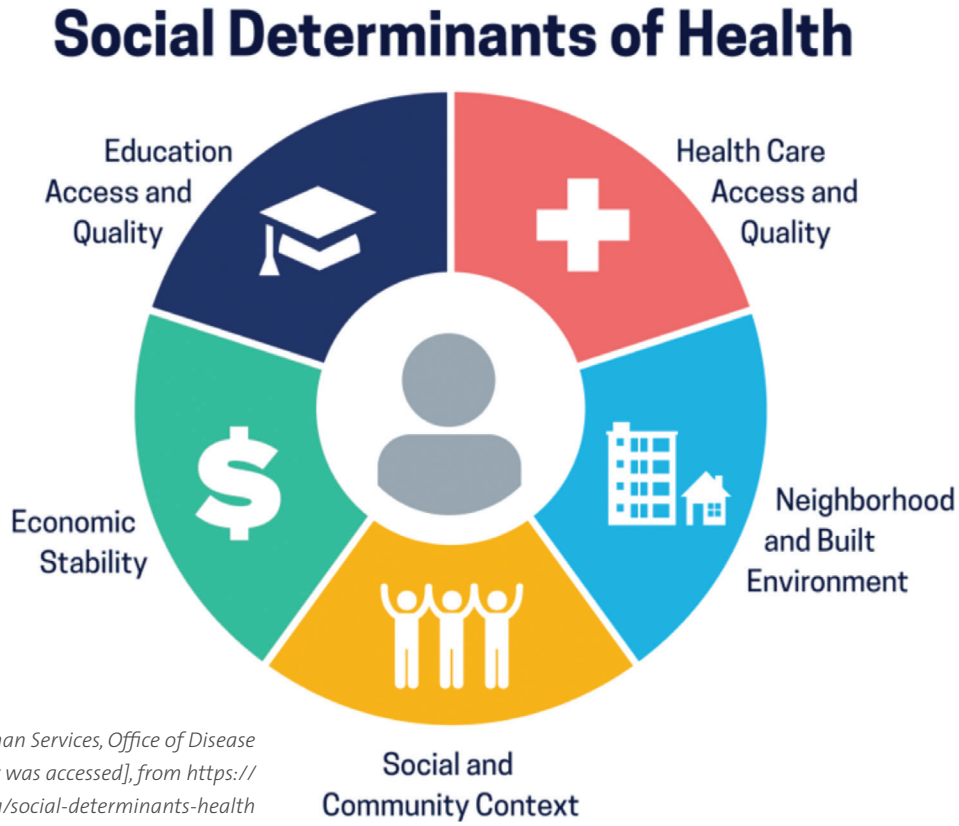
| Measure | Measure Definition | Data Source | Benchmark | 2021 Result 2020 Data | 2021 Result 2020 Data |
|---|---|---|---|---|---|
| **Improving Access to Care:** | | | | **FL** | **CA** |
| % members satisfied with access to routine care | In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? | CAHPS Survey | ≥ 80% | 91% | 83% |
| % members satisfied with access to urgent care | In the last 12 months, when you needed care right away, how often did you get care as soon as you needed? | CAHPS Survey | ≥ 80% | 91% | 78% |
| **Improving Delivery of Service** | | | | | |
| % members said provider had medical records/information during appointment | In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? | CAHPS Survey | ≥ 80% | 96% | 94% |
| % members said provider informed about care from specialist | In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? | CAHPS Survey | ≥ 80% | 88% | 84% |
| % members said received help to manage care from different providers and services | In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? | CAHPS Survey | ≥ 80% | 96% | 84% |
| % said provider discussed all RX meds taken | In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? | CAHPS Survey | ≥ 80% | 93% | 84% |

# PHP Model of Care Dashboard - 2021 Annual Reports Based on 2020 Data *(continued)*

| Measure | Measure Definition | Data Source | Benchmark | 2021 Result 2020 Data | 2021 Result 2020 Data |
|---|---|---|---|---|---|
| **Enhanced Care Transition** | | | | **FL** | **CA** |
| Advance Care Planning | Evidence of advance care planning as documented through either administrative data or medical record review. | HEDIS | ≥ 50% | 90% | 89% |
| Functional Status Assessment | At least one functional status assessment during the measurement year, as documented through either administrative data or medical record review. | Star Ratings/ HEDIS | > 90% | 95% | 97% |
| Medication Review | A review of all a member's medications, including prescription medications, OTC medications and herbal or supplemental therapies. | Star Ratings/ HEDIS | > 90% | 95% | 97% |
| Pain Screening | At least one pain assessment during the measurement year, as documented through either administrative data or medical record review. | Star Ratings/ HEDIS | > 90% | 98% | 98% |
| Medication Reconciliation Post-Discharge (MRP) | The percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days). | HEDIS | > 50% | 72% | 70% |
| Medication Therapy Management | The percent of Medication Therapy Management (MTM) program enrollees who received a Comprehensive Medication Review (CMR) during the reporting period. | Star Ratings/ Part D Reporting | > 80% | 79% | 74% |
| **Preventative Health** | | | | | |
| Breast Cancer Screening (BCS) | The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer. | Star Ratings/ HEDIS | > 70% | 77% | No Data Available |
| Colorectal Cancer Screening (COL) | The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. | Star Ratings/ HEDIS | > 70% | 75% | 73% |
| Controlling High Blood Pressure (CBP) | The percentage of members 18–85 years of age last BP of the year was 139/89 or less. | Star Ratings/ HEDIS | > 70% | 68% | 77% |
| % members reporting flu vaccine received | The percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed. | CAHPS | > 80% | 82% | 85% |
| % members reporting tobacco cessation counseling | The percentage of Medicare members who said they were advise by their provider to stop smoking/tobacco use. | CAHPS | 65% | 87% | 79% |
| % members reporting pneumonia vaccine received | The percentage of Medicare members 65 years of age and older who have ever received a pneumococcal vaccine. | CAHPS | 72% | 81% | 88% |
| **Appropriate Use of Services for Chronic Conditions** | | | | | |
| % members with Viral Load Suppression < 200mg | The percent of members with a viral load suppression < 200 mg. | Data Warehouse | ≥ 80% | 88% | 88% |
| % members with at least 3 visits per year | The percent of members with at least 3 provider visits, 90 days apart or more, annually. | Data Warehouse | ≥ 80% | 92% | 93% |
| Percent of HIV patients not seen in a 6 month period | Percent of HIV patients who did not have a medical visit in the first 6 months of the measurement year. | Data Warehouse | < 10% | 5% | 1% |
| Percent of HIV patients not seen in a 6 month period | Percent of HIV patients who did not have a medical visit in the last 6 months of the measurement year. | Data Warehouse | < 10% | 1% | 5% |
| Comprehensive Diabetes Care (CDC) - HbA1c Testing | The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each a Hemoglobin A1c (HbA1c) test & result. | HEDIS | ≥ 80% | 94% | 96% |
| New Measure -(KED) Kidney Disease Monitoring | The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation. | Star Ratings/ HEDIS | > 90% | 98% | 99% |
| CDC- Retinal Eye Exam | Percentage of members 18-75 years of age with diabetes who had a retinal eye exam & result. | Star Ratings/ HEDIS | > 70% | 57% | 59% |
| CDC - HbA1c Blood Sugar Controlled | The most recent HbA1c level (performed during the measurement year) is <9.0% . | Star Ratings/ HEDIS | > 75% | 77% | 83% |

# Social Determinants of Health (SDOH)

**What are social determinants of health?**
Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
**SDOH can be grouped into 5 domains:**




*Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health*

# Quality Measures & Social Determinants of Health (SDoH)

**Recently, NCQA required some SDOH reporting for HEDIS measures as indicated in the table below and will continue to do expand to more measures.**

| Measures with stratifications for HEDIS MY 2022 | Medicaid | Medicare |
|---|---|---|
| Colorectal Cancer Screening | | x |
| Hemoglobin A1c Control (CDC_HbA1c) | x | x |
| Controlling High Blood Pressure (CBP) | x | x |

**Six other measures NCQA identified for future reporting with SDOH stratifications. The measures include:**

- CDC Eye Exam
- Antidepressant Medication Management (AMM)
- Follow-UP after Emergency Department Visit for people with Multiple High-Rick Chronic Conditions (FMC)
- Well-Child Visits in the First 30 Months of Life (W30)
- Diagnosed mental Health Disorders (DMH)
- Adults' Access to Preventative/Ambulatory Health Services (AAP)

**There are codes for some of the SDOH conditions as illustrated below. Use these on your claims to identify problems and risks for your patients.**

- **Z59 Problems related to housing and economic circumstances**
  - Z59.0 Homelessness
  - Z59.1 Inadequate housing
  - Z59.2 Discord with neighbors, lodgers and landlord
  - Z59.3 Problems related to living in residential institution
  - Z59.4 Lack of adequate food and safe drinking water
  - Z59.5 Extreme poverty
  - Z59.6 Low income
  - Z59.7 Insufficient social insurance and welfare support
  - Z59.8 Other problems related to housing and economic circumstances
  - Z59.9 Problem related to housing and economic circumstances, unspecified

- **Z55 Problems related to education and literacy**
  - Z55.0 Illiteracy and low-level literacy
  - Z55.1 Schooling unavailable and unattainable
  - Z55.2 Failed school examinations
  - Z55.3 Underachievement in school
  - Z55.4 Educational maladjustment and discord with teachers and classmates
  - Z55.5 Less than a high school diploma
  - Z55.8 Other problems related to education and literacy
  - Z55.9 Problems related to education and literacy, unspecified

- **Z56 Problems related to employment and unemployment**
  - Z56.0 Unemployment, unspecified
  - Z56.1 Change of job
  - Z56.2 Threat of job loss
  - Z56.3 Stressful work schedule
  - Z56.4 Discord with boss and workmates
  - Z56.5 Uncongenial work environment
  - Z56.6 Other physical and mental strain related to work
  - Z56.8 Other problems related to employment
    - Z56.81 Sexual harassment on the job
    - Z56.82 Military deployment status
    - Z56.89 Other problems related to employment
    - Z56.9 Unspecified problems related to employment

- **Z65 Problems related to other psychosocial circumstances**
  - Z65.0 Conviction in civil and criminal proceedings without imprisonment
  - Z65.1 Imprisonment and other incarceration
  - Z65.2 Problems related to release from prison
  - Z65.3 Problems related to other legal circumstances
  - Z65.4 Victim of crime and terrorism
  - Z65.5 Exposure to disaster, war and other hostilities
  - Z65.8 Other specified problems related to psychosocial circumstances
  - Z65.9 Problem related to unspecified psychosocial circumstances

# Medical Record Documentation Requirements

Federal, State, and Accreditation standards require Health Plan providers to follow guidelines regarding medical record documentation, authentication, storage, filing, collection, processing, maintenance, retrieval identification, distribution and handling. More information on this can be found in the provider contracts and provider manual. However, the following is an excerpt of AHF PHP Policy and Procedure as a quick reference guide.

**1. Requirements for in each member's medical record:**

a. A unique medical record number. Member identification on each page; personal/biographical data in the record.
b. Demographic information: name, identification number, date of birth, gender, primary language, communication needs (vision, hearing etc.), emergency contact and preferred language (if other than English) prominently noted in the record, as well as the request or refusal of language/interpretation services.
c. Primary care provider
d. Allergies or absence of allergies and untoward reaction to drugs and materials in a prominent location
e. Histories and physicals that are updated at least annually or as needed
f. A problem list, a complete record of immunizations and health maintenance or preventive services rendered.
g. Advance directive information and/or executed.
h. Consent forms where applicable including the human sterilization consent procedures required by Title 22 CCR Sections 51305.1 through 51305.6.
i. Health education behavioral assessment and referrals to health education services.
j. Significant medical advice given to a member by phone, including after-hours telephone information
k. Members involved in any research activity is identified
l. Reports of emergency care provided (directly by the contracted Provider or through an emergency room) and the hospital discharge summaries for all hospital admissions.
m. Consultations, referrals, Specialists', pathology, and laboratory reports. Any abnormal results shall have an explicit notation in the record.
n. Records shall be kept current in detail consistent with good medical and professional practice and shall describe the services provided to each patient.
o. All entries shall be dated and be authenticated with name, professional title and classification of person making the entry.

**2. Requirements for each member encounter where applicable:**

a. Date of the encounter and department
b. Member's chief complaint or purpose of visit
c. Medication reconciliation including over-the-counter products and dietary supplements
d. Physical, mental exams and clinical findings
e. Studies ordered, such as laboratory or diagnostic imaging and the results
f. Referrals/consultation ordered and the results
g. Objective Findings/Diagnosis
h. Plan for Findings/Diagnosis
i. Treatment Plan
j. Care rendered and therapies administered including preventive care provided or refusal of care or therapies
k. Documentation of follow-up instructions and a definite time for return visit or other follow-up care. Time period for return visits or other follow-up care is definitely stated in number of days, weeks, months or PRN (as needed).
l. Previous complaints and unresolved or chronic problems are addressed in subsequent notes until problems are resolved or a diagnosis is made. Each problem need not be addressed at every visit but all problems must be addressed within the calendar year. Documentation must demonstrate that provider follows-up with member about treatment regimens, recommendations and counseling.
m. Care plan or discharge plan including prescriptions, recommendations, education, instructions, necessity of surgery or other procedures etc.
n. Provider signature