

# Annual QI Evaluation 2023

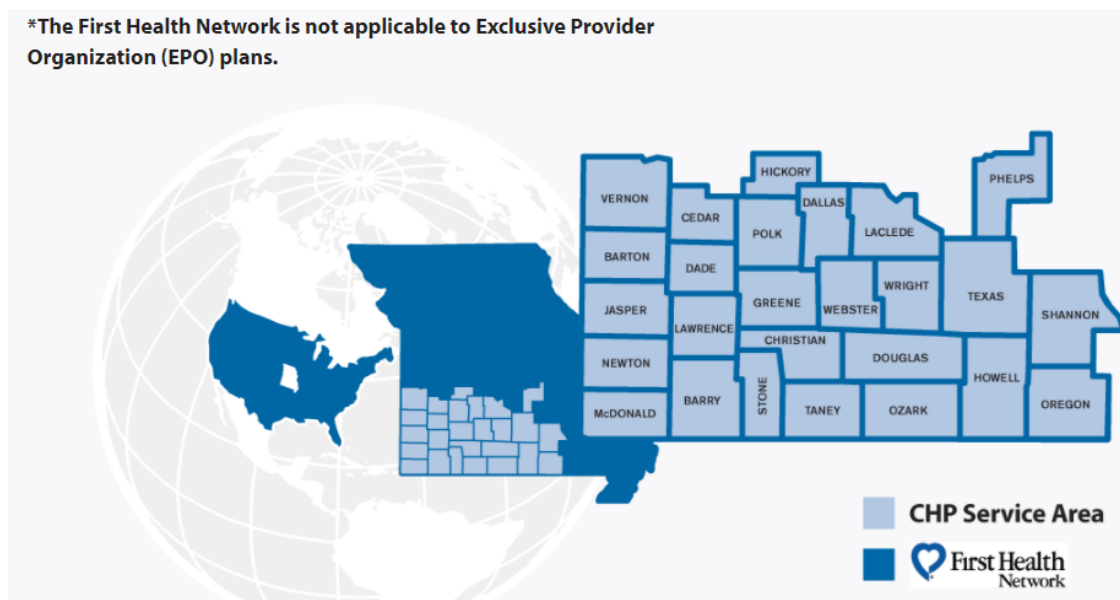
## Introduction

Cox HealthPlans (CHP) is a non-profit business that is owned by CoxHealth that provides insurance solutions for members across Southwest Missouri. Started in 1995, CHP is the only locally based health insurance company in the Ozarks. CHP offers health insurance to small and large commercial groups and individuals through a Preferred Provider Organization (PPO) and an Exclusive Provider Organization (EPO). CHP is also a certified Qualified Health Plan (QHP) that began offering products on the Federal Marketplace (“The Exchange”) on 1/1/2020. CHP has been accredited with the Accreditation Association for Ambulatory Health Care (AAAHC) since 2020.

The Quality Improvement (QI) Program provides a formal process to objectively and systematically monitor and evaluate the quality, appropriateness, efficiency, safety, and effectiveness of care and service for CHP plan members. The program also sets forth a structured approach for conducting delegation oversight and monitoring compliance with State of Missouri and Federal Marketplace requirements. The program focuses on identifying and implementing opportunities for improving operational processes as well as health outcomes and satisfaction of members and practitioners/providers. Some key factors for CHP’s quality program include collaboration with CoxHealth and working with our PBM, Elixir.

CHP’s Quality Improvement Committee (QIC) was established in January 2020. At the same time, the QI Program and the QI Work Plan were adopted, though we had many of the processes for both in action prior to their official inception. The Compliance Committee was established in 2023, at which time the Compliance Program and Compliance Work Plan were adopted.

## Service Area



## Membership

Below is a chart that shows CHP's membership trends by line of business since 2018.

Total Membership					
Line of Business	2018	2019	2020	2021	2022
CoxHealth Self-Funded	13,916	14,411	14,473	14,344	13,793
Large Group	24,721	23,676	24,146	23,053	23,518
Small Group Metal	2,241	1,108	984	887	814
Individual	2,780	2,273	2,145	1,724	1,454
Individual - Metal	3,849	n/a	n/a	n/a	n/a
Short Term	29	403	652	1,359	1,291
Individual - Marketplace	n/a	n/a	846	453	325
Total	47,536	41,781	43,324	41,820	41,195

## Provider Network

CHP uses the CMS guidelines for network adequacy for Marketplace plans. As required, we look at the below specialty areas for our network analysis. The EPO network is sold in 7 counties and the PPO network is sold in 26 counties as shown below.

## Network Adequacy

We require that each of the counties be at a 90% compliance level with the required Network Adequacy standards set by CMS. Below are the CMS Network Adequacy standards and our analysis results for each of the counties. To evaluate network adequacy Cox HealthPlans conducted a geo-access analysis using the PPO and EPO provider network compared to national census data. Both the geo-access report and national census data were provided by a vendor. Cox HealthPlans Marketplace plan provider network met geo-access network adequacy standards for all CMS specialty areas in all service area counties.

### CMS Availability Standards for Individual Marketplace Plans

Specialty Area	Maximum Time and Distance Standards (Minutes/Miles)				
	Large	Metro	Micro	Rural	Counties with Extreme Access Considerations
Allergy and Immunology	30/15	45/30	80/60	90/75	125/110
Cardiology	20/10	30/20	50/35	75/60	95/85
Cardiothoracic Surgery	30/15	60/40	100/75	110/90	145/130
Chiropractor	30/15	45/30	80/60	90/75	125/110
Dermatology	20/10	45/30	60/45	75/60	110/100
Emergency Medicine	20/10	45/30	80/60	75/60	110/100

Endocrinology	30/15	60/40	100/75	110/90	145/130
ENT/Otolaryngology	30/15	45/30	80/60	90/75	125/110
Gastroenterology	20/10	45/30	60/45	75/60	110/100
General Surgery	20/10	30/20	50/35	75/60	95/85
Gynecology, OB/GYN	10/15	15/10	30/20	40/30	70/60
Infectious Diseases	30/15	60/40	100/75	110/90	145/130
Nephrology	30/15	45/30	80/60	90/75	125/110
Neurology	20/10	45/30	60/45	75/60	110/100
Neurosurgery	30/15	60/40	100/75	110/90	145/130
Occupational Therapy	20/10	45/30	80/60	75/60	110/100
Oncology- Medical/Surgical	20/10	45/30	60/45	75/60	110/100
Oncology- Radiation/Radiology	30/15	60/40	100/75	110/90	145/130
Ophthalmology	20/10	30/20	50/35	75/60	95/85
Orthopedic Surgery	20/10	30/20	50/35	75/60	95/85
Outpatient Clinical Behavioral Health (licensed, accredited, or certified professionals)	10/5	15/10	30/20	40/30	70/60
Physical Medicine and Rehabilitation	30/15	45/30	80/60	90/75	125/110
Physical Therapy	20/10	45/30	80/60	75/60	110/100
Plastic Surgery	30/15	60/40	100/75	110/90	145/130
Podiatry	20/10	45/30	60/45	75/60	110/100
Primary Care-Adult	10/5	15/10	30/20	40/30	70/60
Primary Care-Pediatric	10/5	15/10	30/20	40/30	70/60
Psychiatry	20/10	45/30	60/45	75/60	110/100
Pulmonology	20/10	45/30	60/45	75/60	110/100
Rheumatology	30/15	60/40	100/75	110/90	145/130
Speech Therapy	20/10	45/30	80/60	75/60	110/100
Urology	20/10	45/30	60/45	75/60	110/100

CMS Availability Standards for PPO Network Plans

Specialty Area	Maximum Time and Distance Standards (Minutes/Miles)				
	Large	Metro	Micro	Rural	Counties with Extreme Access Considerations
Allergy and Immunology	30/15	45/30	80/60	90/75	125/110
Cardiology	20/10	30/20	50/35	75/60	95/85
Cardiothoracic Surgery	30/15	60/40	100/75	110/90	145/130
Chiropractor	30/15	45/30	80/60	90/75	125/110
Emergency Medicine	20/10	45/30	80/60	75/60	110/100
Endocrinology	30/15	60/40	100/75	110/90	145/130
ENT/Otolaryngology	30/15	45/30	80/60	90/75	125/110

Gastroenterology	20/10	45/30	60/45	75/60	110/100
General Surgery	20/10	30/20	50/35	75/60	95/85
Gynecology, OB/GYN	10/15	15/10	30/20	40/30	70/60
Infectious Diseases	30/15	60/40	100/75	110/90	145/130
Nephrology	30/15	45/30	80/60	90/75	125/110
Neurology	20/10	45/30	60/45	75/60	110/100
Neurosurgery	30/15	60/40	100/75	110/90	145/130
Occupational Therapy	20/10	45/30	80/60	75/60	110/100
Oncology- Medical/Surgical	20/10	45/30	60/45	75/60	110/100
Oncology- Radiation/Radiology	30/15	60/40	100/75	110/90	145/130
Ophthalmology	20/10	30/20	50/35	75/60	95/85
Orthopedic Surgery	20/10	30/20	50/35	75/60	95/85
Physical Medicine and Rehabilitation	30/15	45/30	80/60	90/75	125/110
Physical Therapy	20/10	45/30	80/60	75/60	110/100
Podiatry	20/10	45/30	60/45	75/60	110/100
Primary Care-Adult	10/5	15/10	30/20	40/30	70/60
Primary Care-Pediatric	10/5	15/10	30/20	40/30	70/60
Psychiatry	20/10	45/30	60/45	75/60	110/100
Pulmonology	20/10	45/30	60/45	75/60	110/100
Rheumatology	30/15	60/40	100/75	110/90	145/130
Speech Therapy	20/10	45/30	80/60	75/60	110/100
Urology	20/10	45/30	60/45	75/60	110/100

#### Standards for Marketplace EPO

County	Size Designation	Performance Goal to Time and Distance Standards
Christian	Metro	90%
Barry	Rural	90%
Greene	Metro	90%
Lawrence	Micro	90%
Stone	Micro	90%
Taney	Micro	90%
Webster	Micro	90%

#### Standards for PPO network

County	Size Designation	Performance Goal to Time and Distance Standards
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Christian	Metro	80%
Barry	Rural	80%
Greene	Metro	80%
Lawrence	Micro	80%
Stone	Micro	80%
Taney	Micro	80%
Webster	Micro	80%
Shannon	CEAC	80%
Jasper	Metro	80%
Newton	Micro	80%
Phelps	Micro	80%
Polk	Micro	80%
Barton	Rural	80%
Cedar	Rural	80%
Dade	Rural	80%
Dallas	Rural	80%
Douglas	Rural	80%
Hickory	Rural	80%
Howell	Rural	80%
Laclede	Rural	80%
McDonald	Rural	80%
Oregon	Rural	80%
Ozark	Rural	80%
Texas	Rural	80%
Vernon	Rural	80%
Wright	Rural	80%

(CEAC: county with extreme access considerations)

### Results by County:

[Linked are the results by county.](#)

There were several gaps identified in the Marketplace EPO network:

- Christian County
  - o General surgery (88.3%)
  - o OBGYN (41.2%)
  - o Outpatient behavioral health (83.6%)
  - o Adult PCP (85.2%)
  - o Pediatric PCP (70.9%)
- Greene County
  - o OBGYN (85.1%)
  - o Outpatient behavioral health (89%)
  - o Pediatric PCP (85%)

- Lawrence County
  - o Pediatric PCP (85.5%)
- Stone County
  - o Pediatric PCP (89.4%)
- Webster County
  - o Cardiology (88.8%)
  - o General surgery (87.9%)
  - o Orthopedic surgery (87.9%)

There were several gaps identified in the PPO network:

- Cedar County
  - o Emergency medicine (46.7%)
  - o Occupational therapy (60.6%)
- Christian County
  - o OBGYN (40.8%)
  - o Pediatric PCP (70.9%)
- Douglas County
  - o Pediatric PCP (12.8%)
- Hickory County
  - o Emergency Medicine (76.7%)
  - o OBGYN (74.6%)
  - o Pediatric PCP (76.7%)
- Howell County
  - o Allergy and immunology (49.1%)
  - o Emergency medicine (0%)
  - o Gastroenterology (0%)
  - o Occupational therapy (5.3%)
  - o Physical medicine and rehabilitation (49.1%)
  - o Urology (4.4%)
- Jasper County
  - o Occupational therapy (8.7)
- Laclede County
  - o Speech therapy (75%)
- Oregon County
  - o Allergy and immunology (0%)
  - o Chiropractor (0%)
  - o Emergency medicine (0%)
  - o Endocrinology (1.8%)
  - o Gastroenterology (0%)
  - o OBGYN (20.4%)
  - o Neurosurgery (1.8%)
  - o Occupational therapy (0%)
  - o Physical medicine and rehabilitation (0%)
  - o Urology (0%)
- Ozark County
  - o Pediatric PCP (36.8%)

- Phelps County
  - o Cardiothoracic surgery (9.6%)
  - o Endocrinology (0%)
  - o Gastroenterology (2.9%)
  - o Infectious disease (8.3%)
  - o Neurosurgery (0%)
  - o Occupational therapy (74.6%)
  - o Rheumatology (8.8%)
  - o Speech therapy (0%)
- Shannon County
  - o Gastroenterology (26.3%)
- Texas County
  - o Gastroenterology (7.4%)
- Vernon County
  - o Emergency medicine (77.1%)
  - o Occupational therapy (5.7%)
  - o Speech therapy (76.1%)
- Wright County
  - o Pediatric PCP (72.6%)

To evaluate and address the gaps in the Marketplace EPO network, CHP investigated the gaps in collaboration with CoxHealth Network (CHN), and evaluated independent providers that were not contracted as well. However, due to the rural nature of the counties in the service area, adding those providers would not eliminate the gaps caused by drive time and mileage. CHP filed justification forms for the gaps with CMS for the QHP. CMS has added “telehealth” to the QHP Network Adequacy template though are not currently using telehealth providers to supplement network adequacy. CHP hopes that CMS will use telehealth as a supplement in the near future, just as they do for Medicare Advantage network adequacy, as this would help with drive time/mileage gaps.

To evaluate and address the gaps in the PPO network, CHP first reached out to CoxHealth Network (CHN) to make them aware of the gaps and to look for additional providers to contract with. CHP plans to adjust the network adequacy standards in place for the PPO in order to account for the rural nature of most of the counties in the service area. CHP will look at complaints, out of network claims history, and feedback from the member and provider satisfaction surveys to develop more meaningful standards for evaluating the PPO network going forward.

## **Network Access**

The availability analysis was completed internally by various methods, which included member satisfaction survey results, review of member complaints, and member services reporting. Cox HealthPlans administered a CAHPS-like survey to members mid-year 2022 to evaluate member satisfaction. The CAHPS-like survey was not formal CAHPS, and was not completed through typical CAHPS methodology, but had CAHPS-like questions. Please see the standards and the results below.

Practitioner Type	Goal	Result
Medical Care		
Regular and routine care	<b>CAHPS-like survey Q5 “getting needed care”</b> : 75% of members reported “yes” they get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as they needed it.  Review of Member Complaints	CAHPS-like: 80% of members reported “yes”  0 member complaints
Routine, symptomatic care	<b>CAHPS-like survey Q3 “getting care quickly”</b> : 75% of members reported “yes” they get an appointment for health care at a doctor’s office or clinic as soon as they needed it.  Review of Member Complaints	CAHPS-like: 78% of members reported “yes”  0 member complaints
Urgent care	<b>CAHPS-like survey Q3 “getting care quickly”</b> : 75% of members reported “yes” they get an appointment for health care at a doctor’s office or clinic as soon as they needed it.  Review of Member Complaints	CAHPS-like: 78% of members reported “yes”  0 member complaints
Obstetrical care	Review of member complaints	0 member complaints
After-hours care	90% on after-hours call audit  Review of member complaints	100% through walk-in clinics and through CoxHealth Virtual Visits, No member complaints
Behavioral Health		
Routine care	Review of hours for behavioral health, review of member complaints	0 member complaints
Screening / Triage	Review of member complaints	100% through same day screening at Burrell Access Center, no member complaints
Urgent care	Review of hours for behavioral health and urgent care, review of member complaints	100% through urgent care open 24/7, no member complaints
Non-life-threatening emergency care	Immediate ER Access, review of member complaints	100% though any ED
Life-threatening emergency care	Immediate ER access	Yes, available through any ED

CHP Member Services		
Telephone access to member services	Call answered within 60 seconds; Call abandonment less than 5%	Average calls answered within 65 seconds for Marketplace and 57 seconds for Commercial; Abandonment Rate 3.17%

## Medical/ Utilization Management

Below is a chart of member utilization data. The data has been collected for all lines of business that had membership for these time periods. CHP will continue to monitor utilization in 2023, including the marketplace membership. Utilization data for this report was completed using data from all lines of business, unless otherwise specified.

### Number of Claims per Year

	2017	2018	2019	2020	2021	2022
Primary Care	128,745	129,862	117,374	118,250	121,177	120,631
Emergency Room	16,138	15,630	13,077	11,744	11,617	12,152
Inpatient Admits	1,381	1,368	1,062	1,030	1,127	1,037

### Over and Under Utilization

Cox HealthPlans monitors ED utilization for over-utilization and PCP utilization for under-utilization. The charts below show tracking for these items as well as the actions that have been taken to decrease utilization for ED usage and increase utilization for PCP usage. In addition to the interventions shown in the chart, CHP partners with CoxHealth's Center for Health Improvement to target and provide outreach to members that are identified to over-utilize the ED.

Year	Measure	Numerator (Total # ER claims)	Denominator (Total # members)	Rate
2016	ER Utilization	15,234	48,640	0.31%
2017	ER Utilization	16,138	48,385	0.33%
2018	ER Utilization	15,630	47,623	0.33%
2019	ER Utilization	13,077	41,946	0.31%
2020	ER Utilization	11,744	42,243	0.28%
2021	ER Utilization	11,617	41,843	0.28%
2022	ER Utilization	11,969	40,978	0.29%

Year	Measure	Numerator (Total # PCP claims)	Denominator (Total # members)	Rate	Goal
2016	Primary Care Utilization	124,147	48,640	2.55%	N/A

2017	Primary Care Utilization	128,745	48,385	2.66%	N/A
2018	Primary Care Utilization	129,862	47,623	2.73%	N/A
2019	Primary Care Utilization	117,374	41,946	2.80%	N/A
2020	Primary Care Utilization	118,250	42,243	2.80%	2.94%
2021	Primary Care Utilization	121,177	41,843	2.90%	2.94%
2022	Primary Care Utilization	119,883	40,978	2.93%	2.94%

Date	Intervention	Barrier Addressed
2016	Opened Walmart and Hy-Vee walk-in clinics	<ul style="list-style-type: none"> <li>Remove barriers to accessing services such as: <ul style="list-style-type: none"> <li>Long waits for members to access services.</li> <li>Limited options for members to access services</li> </ul> </li> </ul>
Ongoing	Added new primary care providers	<ul style="list-style-type: none"> <li>Remove barriers to new members finding a primary care provider</li> <li>Remove barriers to long wait times for new patient appointments</li> </ul>
7/2017	Expanded some provider clinics to “super clinics” that offer primary care alongside services ranging from physical therapy to urgent care.	<ul style="list-style-type: none"> <li>Remove barriers to accessing services such as: <ul style="list-style-type: none"> <li>Long waits for members to access services.</li> <li>Limited options for members to access services.</li> </ul> </li> </ul>
7/2017	Implemented 269-INFO line to assist patients in finding a new provider and scheduling an appointment.	<ul style="list-style-type: none"> <li>Remove barriers to finding a provider open to new members</li> <li>Remove barriers to scheduling initial appointment</li> </ul>
2019	Added walk-in times to existing provider clinics.	<ul style="list-style-type: none"> <li>Remove barriers to accessing services such as: <ul style="list-style-type: none"> <li>Long waits for members to access services.</li> <li>Limited options for members to access services.</li> </ul> </li> </ul>
2020	Made telehealth visits more accessible, broader hours and more providers at clinics offering telehealth	<ul style="list-style-type: none"> <li>Remove barriers to accessing services in-person due to COVID-19</li> </ul>
2021	Sent flyer explaining PCP importance to groups/members	<ul style="list-style-type: none"> <li>Provide information about how to get set up quickly and easily with a PCP and why it is important</li> </ul>
2022	Promote virtual visits for care in place of UC/ED	<ul style="list-style-type: none"> <li>Remove barriers to accessing services such as: <ul style="list-style-type: none"> <li>Members unsure where to get appropriate care for needs</li> <li>Timeliness of appointment</li> </ul> </li> </ul>
2023	Following evaluation of 2022 results, QIC voted to retire the PCP Access as a specific CHP QI initiative in favor of considering other areas in need of focus.	<ul style="list-style-type: none"> <li>N/A</li> </ul>

## Clinical Practice Guidelines

Linked below are the 2023 results for our Preventive Health and Clinical Practice Guidelines. HEDIS measures for the Marketplace line of business were used (note: the enrollment was below 500, therefore CHP did not officially report to CMS) as well as annualized prospective HEDIS measures for all other lines of business. CHP determined that member and provider education was needed to boost scores.

### [Preventive Health and Clinical Practice Guideline Results 2023](#)

## Prior authorizations, grievances, appeals, and denials for 2022

Below describes the grievance and appeals CHP received in 2022 for all lines of business. A contractual grievance and appeal would include covered benefits per plan documents, in-network vs out-of-network, benefit levels, etc. The most common medical adversity grievances and appeals are adverse determinations, or denials, for experimental/investigational services and genetic testing. The total number of prior authorizations entered for 2022 was 4,189 which excludes only maternity admissions.

Type	# Upheld or Partially Upheld	# Overturned	Notes
1 <sup>st</sup> Level Member	43	8	% Medical & % Contractual
2 <sup>nd</sup> Level Member	3	2	% Medical & % Contractual
Provider Appeals	320	79	% Contractual & % Medical
Complaints Filed with DCI	10	1	% Medical & % Contractual

## Provider Satisfaction with Medical/Utilization Management

Cox HealthPlans evaluates provider satisfaction with Medical/Utilization Management through its provider survey as indicated below. The satisfaction rate went up compared to the 2021 survey as shown below. To improve satisfaction with these areas, CHP will continue to monitor prior authorization turnaround times to ensure that they remain within the timeframes required by our policy and by applicable state and federal regulations.

Question	2020	2021	2022
Q4 How do you rate Cox HealthPlans' procedures for obtaining prior authorizations and referrals? (Average, Somewhat above average, and Well above average)	67%	74%	80%
Q5 How do you rate Cox HealthPlans' turnaround time for prior authorizations? (Average, Somewhat above average, and Well above average)	67%	76%	85%

## Pharmacy Utilization and External Benchmarking

Cox HealthPlans delegates pharmacy services to Pharmacy Benefit Manager Elixir. Elixir reported the following data for year end 2022 performance reporting. CHP's data is being benchmarked against data from Excelsior 2022 for similar plan.

	CHP	Benchmark
<b>PMPM</b>	\$115.97	\$135.74
<b>Generic Dispense Rate</b>	85.2%	87.2%
<b>Member Cost Share</b>	10.8%	9.5%
<b>Specialty Spend</b>	48.3%	55.0%
<b>Specialty Spend PMPM</b>	\$56.04	\$74.64
<b>Non-Specialty Spend PMPM</b>	\$59.93	\$61.10

## Disease and Case Management and External Benchmarking

CHP collaborates with CoxHealth's Population Health Services Organization (PHSO) to offer disease and care management to members. There are 3 categories of services that members can receive through for care and disease management:

Transition Care: This service helps members safely transition out of the hospital and avoid complications that could cause a readmission. Many members and their families need and want extra support in this time surrounding a hospital stay. Transition Care includes access to a team of health care professionals who help members navigate health decisions and make the next steps on their PATH a little easier.

Complex Care: Many members living with chronic health conditions have difficulty managing the complexity of the health care system and often lack the skills to effectively self-manage their conditions. Complex Care Management is a service that helps members:

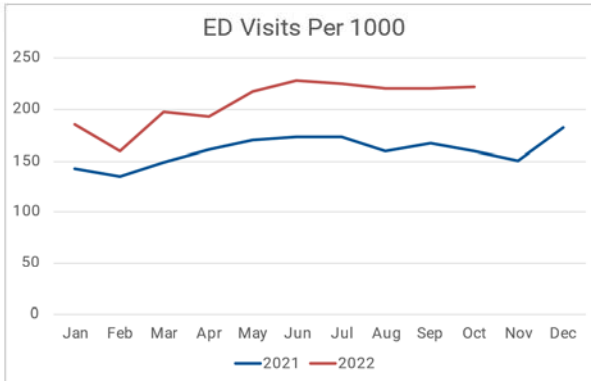
- communicate their current health issues
- address physical, social, and emotional well-being
- discuss personal health goals
- create a care plan with specific actions to help meet those goals

Advanced Illness Care: Living with a serious or advancing illness can be difficult and stressful for members and their loved ones or caregivers. As an extension of care received from their physician, an advanced illness nurse Care Advisor is available to help members make important decisions about their health and future.

Members can work with Care Advisors to learn ways to better manage current symptoms, identify personal goals for care, address emotional and spiritual concerns, reduce unwanted or unnecessary care, and improve quality of life whenever possible.

## Population Health Services Organization Reporting

### 2021-2022 ED Utilization



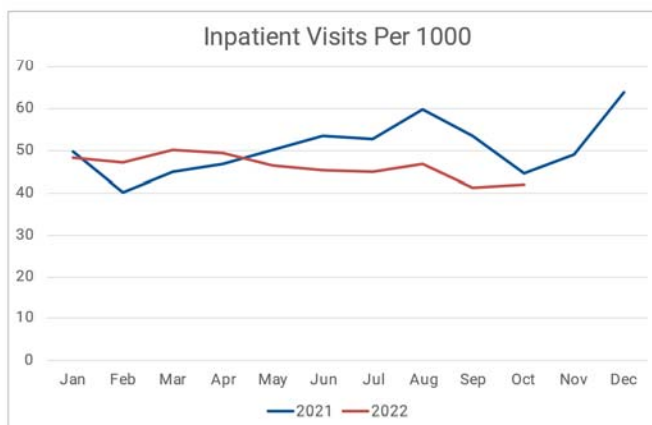
#### 2022 Most Costly ED Diagnoses

Principal Diagnosis	CUA Amount	ED Visit Count
COVID-19	\$ 594,766.72	287
Chest pain, unspecified	\$ 587,945.54	630
Other chest pain	\$ 561,709.95	405
Unspecified acute appendicitis	\$ 381,010.34	49
Sarcoid meningitis	\$ 366,730.74	1
Hydronephrosis with renal and ureteral calculous obstruction	\$ 337,897.70	97
Unspecified abdominal pain	\$ 318,078.17	309
Syncope and collapse	\$ 312,667.92	135
Headache, unspecified	\$ 254,327.98	155
Essential (primary) hypertension	\$ 227,037.21	111



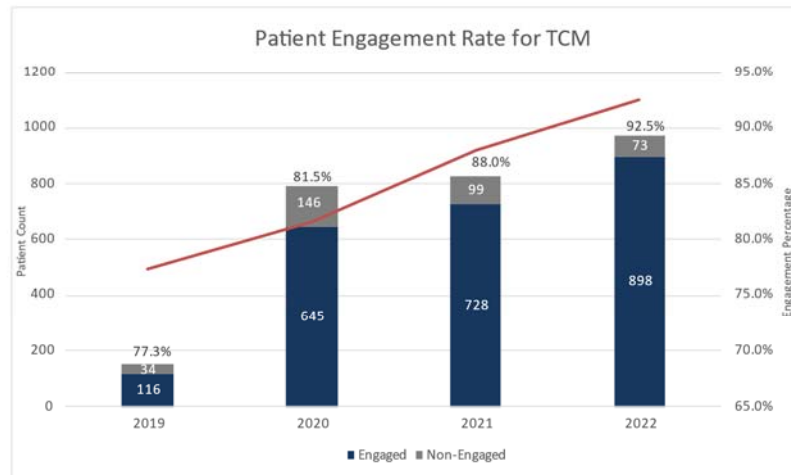
Source: HealthAnalytics Executive Summary, Emergency Department Utilization Discovery 1/10/2022

### 2021-2022 Inpatient Utilization



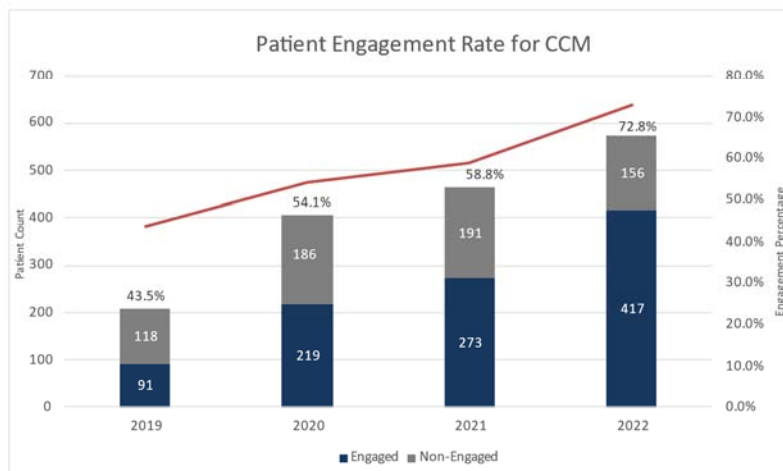
Source: HealthAnalytics Executive Summary, 1/2022/2022

## 2019-2022 Transition Care Management



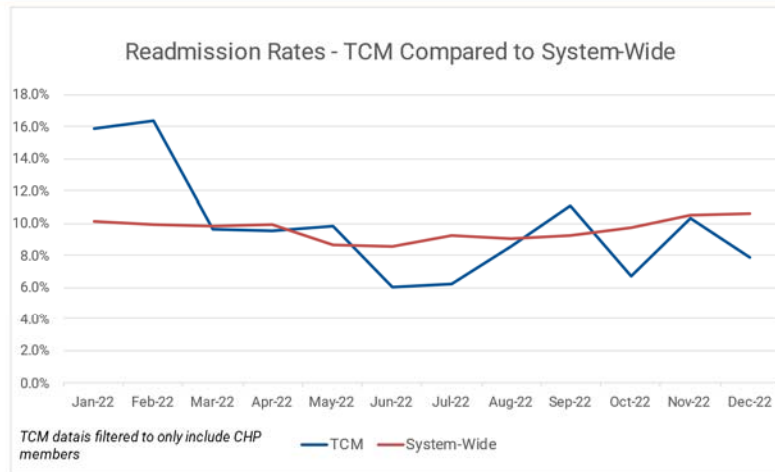
Source: HealtheAnalytics Care Management Monitoring Dashboard, 3/2019/2022

## 2019-2022 Complex Care Management



Source: HealtheAnalytics Care Management Monitoring Dashboard, 3/2019/2022

## 2022 Transition Care Management



Month	TCM	System-Wide
Jan-22	15.9%	10.1%
Feb-22	16.4%	10.0%
Mar-22	9.6%	9.9%
Apr-22	9.6%	10.0%
May-22	9.9%	8.7%
Jun-22	6.0%	8.6%
Jul-22	6.3%	9.3%
Aug-22	8.5%	9.1%
Sep-22	11.1%	9.3%
Oct-22	6.7%	9.8%
Nov-22	10.3%	10.6%
Dec-22	7.9%	10.6%

Source: HealthAnalytics Care Management Monitoring Dashboard 01/2022-12/2022



## Center for Health Improvement Services



### 1:1 Nutrition, Diabetes Management and Community Classes Available

#### Community Classes and Support Groups

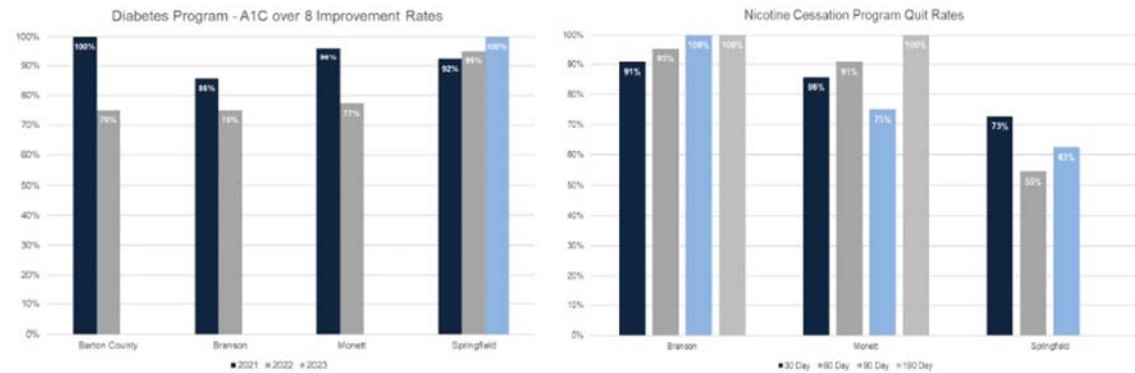
- Diabetes Support Groups and Education Classes
- Feel Better Now: Chronic Disease Self Management
- Living a Healthy Life with Chronic Pain
- Advanced Care Planning Workshop
- Cancer: Curbing the Risk
- Beyond Coping
- Cancer: Thriving and Surviving
- Mindfulness Matters
- Tobacco-Free You and other Nicotine Cessation Class Options

#### Changing Your Course Classes

- From Burnout to Resilience
- Food Freedom: Finding Balance with Intuitive Eating
- Nonalcoholic Fatty Liver Disease
- Eating Smart for a Healthy Heart
- Improving Health through Body Kindness and SelfCare
- Metabolic Syndrome
- Autoimmune
- Sports Nutrition
- Nutrition on a Budget
- Polycystic Ovary Syndrome
- Disease Prevention Starts in the Kitchen: The Basics
- Disease Prevention Starts in the Kitchen: Meal Prep Hacks
- Debunking Fad Diets
- Eating Smart for a Healthy Heart
- Staying Healthy through Menopause
- Food and Mood
- Food that Fight Inflammation
- Nutrition One-on-One



## Center for Health Improvement Program Success Rates



## HEDIS Results and Benchmarking

### Introduction

Cox HealthPlans (CHP) has completed HEDIS for its Marketplace plan for all of 2022 and completed prospective HEDIS results for all other lines of business for the first three quarters of 2022. CHP utilizes NCQA's benchmarks and our HEDIS results to assess the utilization and quality of care for members. Actions are implemented to improve quality of care and close care gaps for those measures coming in lower than the benchmark.

### HEDIS Results

The results of the record review are shown in the [linked spreadsheet](#). To summarize, 40% of the Marketplace measures met their goal, 38% of the Commercial measures, and 51% of the employee plan measures met their goal. It is important to note that the Marketplace line of business did not meet the minimum threshold membership of 500 to officially report HEDIS to CMS, so the data should not be considered reliable. It should also be noted that the Commercial data is prospective and annualized to be more comparable to NCQA's benchmark.

### Opportunities for Improvement

- Providing education and closing care gaps for all measures that came in lower than their benchmark

## Action Taken

- Education through member blogs and provider newsletters for all other measures that were lower than their benchmark
- Continued formal QI Initiatives for Colorectal Cancer Screening and Diabetes Care

## Member Satisfaction Results

Cox HealthPlans (CHP) has completed its annual Member Satisfaction Survey for benefit plan year 2022. The survey link was sent out to Marketplace, Individual, Group, and CoxHealth Employee Plan members through Constant Contact and Survey Monkey email invitations. The survey was available for approximately one month and consisted of standard CAHPS questions, with a few additional questions that touched on behavioral health services and health education, wellness activities, and racial, ethnical, cultural, and spiritual needs. A reminder email was sent to recipients who did not open the email after two weeks. For CHP members, a reminder to take the survey was also made available in the Connect Daily system-wide email newsletter throughout the open survey period.

A total of 14,902 survey invitations were distributed to members whose email addresses are on file with CHP. CHP received a total of 1,711 responses for an 11.5% response rate. This was a considerable increase from the response rate of 2.5% in 2022.

## Review of Findings

Below is a summary of survey results. See the [linked PDF](#) for the full results.

Access to Care	%
Q3. Getting care right away (Yes)	78.17%
Q5. Getting routine appointment when needed (Yes)	80.30%
Q7. Rating of health care (4 or 5)	71.83%
Q9. Getting care, tests or treatment (Yes)	77.42%
Personal Doctor	
Q10. Have a personal doctor (Yes)	89.46%
Q12. Doctor explained things in a way that was easy to understand (Yes)	96.80%
Q14. Doctor listened to concerns (Yes)	94.79%
Q16. Doctor showed respect (Yes)	96.69%
Q18. Doctor spent enough time with you (Yes)	93.67%
Q19. Rating of personal doctor (4 or 5)	83.55%
Specialist Doctor	
Q22. Getting an appointment with specialist when needed (Yes)	70.75%
Q24. Rating of specialist (4 or 5)	78.74%
Health Plan	
Q26. Received information or help needed from plan's customer service (Yes)	66.51%
Q28. Treated with courtesy and respect (Yes)	89.95%

Q31. Health plan forms easy to fill out (Yes)	89.74%
Q33. Rating of health plan (4 or 5)	34.70%

The survey results identified many areas of strengths:

- Rating of personal doctor's communication, respectfulness and time spent with member
- Being treated with courtesy and respect from the health plan
- Health plan forms easy to fill out

The following areas received lower ratings; however, ratings for these areas improved significantly from the previous year:

- Getting appointments to see specialists – rating increased from 64.08% to 70.75%
- Received information or help needed from customer service - rating increased from 61.65% to 66.51%
- Positive rating of health plan – increased from 29.65% to 34.70%

#### **Opportunities for Improvement**

- Increase survey participation
- Improve call wait times for members

#### **Action Taken**

- Created general email address for sending surveys
- Additional staff hired to Member Services to decrease average speed to answer
- Created member satisfaction tracking [grid](#) to monitor for trends

#### **Provider Satisfaction Results**

CHP has completed its annual Provider Satisfaction Survey for 2023. The survey invitation flyer was sent out via mail and email to CoxHealth providers in the EPO network directory, which included physicians and APPs, for a total of 1,180 possible provider responses. The survey was available for approximately one month, from 4/21 to 5/31, and consisted of questions developed around AAAHC accreditation standards and other areas determined by CHP to gain feedback. Respondents had the option to scan a QR code or use the survey link to access the survey. A reminder to take the survey along with the link and QR code was posted in the 2<sup>nd</sup> quarter Provider Newsletter and on the DocXchange app on 5/4. We received a total of 13 responses for a 1.1% response rate.

## Review of Findings

Below is a summary of the survey results. The full survey results are available in the PDF attached [here](#).

Question	%
Q1 How would you rate Cox HealthPlans compared to all other health plans you interact with? (Average, Somewhat above average, and Well above average)	85%
Q2 How do you rate Cox HealthPlans' claim processing turnaround time? (Average, Somewhat above average, and Well above average)	70%
Q3 How do you rate Cox HealthPlans' claim processing accuracy? (Average, Somewhat above average, and Well above average)	91%
Q4 How do you rate Cox HealthPlans' procedures for obtaining prior authorizations and referrals? (Average, Somewhat above average, and Well above average)	100%
Q5 How do you rate Cox HealthPlans' turnaround time for prior authorizations? (Average, Somewhat above average, and Well above average)	100%
Q6 How do you rate CHP's ability to improve the continuity and coordination of care for members (patients)? (Average, Somewhat above average, and Well above average)	100%
Q7 How do you rate Cox HealthPlans' facilitation/support of appropriate clinical care for patients? (Average, Somewhat above average, and Well above average)	100%
Q8 How do you rate the ease of access/ease to refer to health education and wellness programs offered through CoxHealth System's Wellness program and the Center for Health Improvement? (Average, Somewhat above average, and Well above average)	100%
Q9 How do you rate the availability of specialists in Cox HealthPlans' provider network? (Average, Somewhat above average, and Well above average)	69%
Q10 When a Cox HealthPlans patient is referred to a specialist or a mental health provider, would you say the ability to obtain the care needed is: (Average, Somewhat above average, and Well above average)	77%
Q11 How do you rate your confidence that mental health needs are identified and triaged accurately in your area? (Extremely confident, Very confident, Somewhat confident)	67%
Q12 How do you rate Cox HealthPlans' formulary as it pertains to availability of comparable drugs to substitute those not included in the formulary? (Average, Somewhat above average, and Well above average)	75%
Q13 How do you rate Cox Healthplans' Provider Services representative's ability to answer questions and resolve problems via phone call? (Average, Somewhat above average, and Well above average)	100%
Q14 How do you rate Cox Healthplans' Provider Services representative's ability to answer questions and resolve problems via Provider Portal or chat feature? (Average, Somewhat above average, and Well above average)	100%
Q15 Are you aware the CHP website/Provider Portal includes resources such as clinical practice guidelines for select disease states? (Yes)	31%
Q16 Have you utilized Cox HealthPlans' website or provider portal? (Yes)	39%

Key Trends from Q17 “what can Cox HealthPlans do to improve its service to your practice?”, which was open-ended:

- No trends in the typed open responses were identified.

The survey results identified many areas of strength:

- Prior authorization procedures and turnaround times

- Facilitation and support of appropriate patient care
- Communication and problem resolution supplied by Provider Services

Survey results indicate weaknesses in the following areas:

- Low utilization of CHP website and provider portal

### **Opportunities for Improvement**

- Improve provider survey participation rate
- Increase utilization of provider portal

### **Action Items**

- Added link to CHP provider portal in CoxHealth intranet - Resources and Tools page
- Explore options to offer 2024 provider survey at an in-person event for providers

## **Health Education and Wellness**

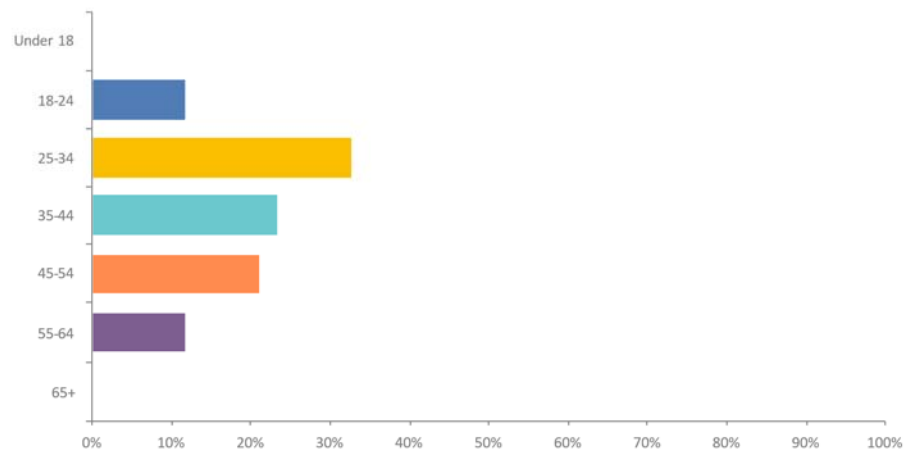
CHP works in collaboration with CoxHealth Population Health Services Organization (PHSO), Wellness team and the Pharmacy Benefit Manager (PBM), Elixir, to make available health education and health promotion services to meet the needs of its population. The program is broad in scope and considers the medical, psychological, social, and cultural needs of plan members. These services are provided in accordance with ethical and professional practices and legal requirements. Health education and wellness promotion services are offered by personnel that have the necessary and appropriate training, education, credentials, skills and continuing education to carry out their responsibilities. To improve program performance, collaborative processes and outcomes are developed, measured and assessed in a timely manner.

### HRA *(Data from all lines of business)*

Starting in 2021, CHP has implemented an online HRA questionnaire (available via Survey Monkey or paper copy upon request) to collect valuable data on the medical, psychological, social, and cultural needs of members. Below are key questions and results from the internal HRA survey. The full results PDF can be found [here](#).

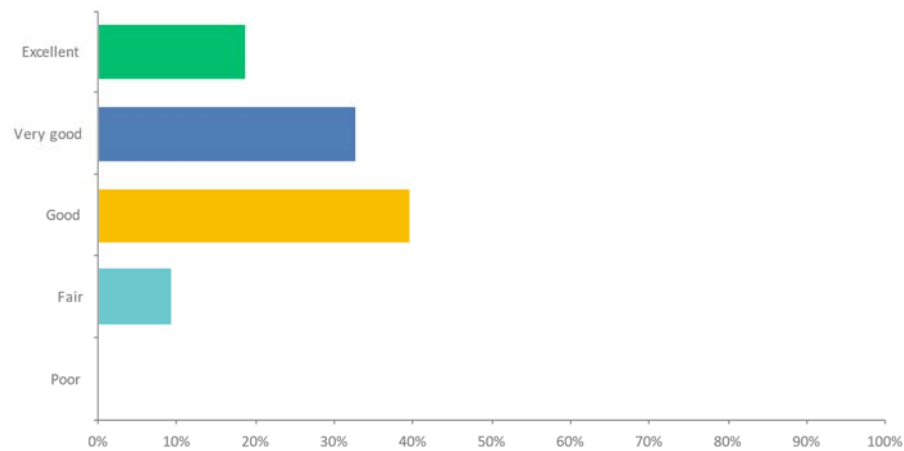
Q6: How old are you?

Answered: 43 Skipped: 0



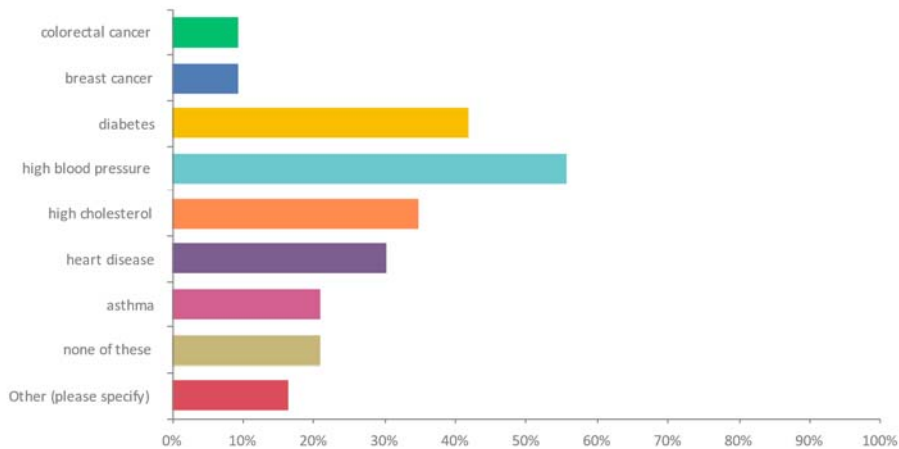
Q8: In general, how would you rate your overall health?

Answered: 43 Skipped: 0



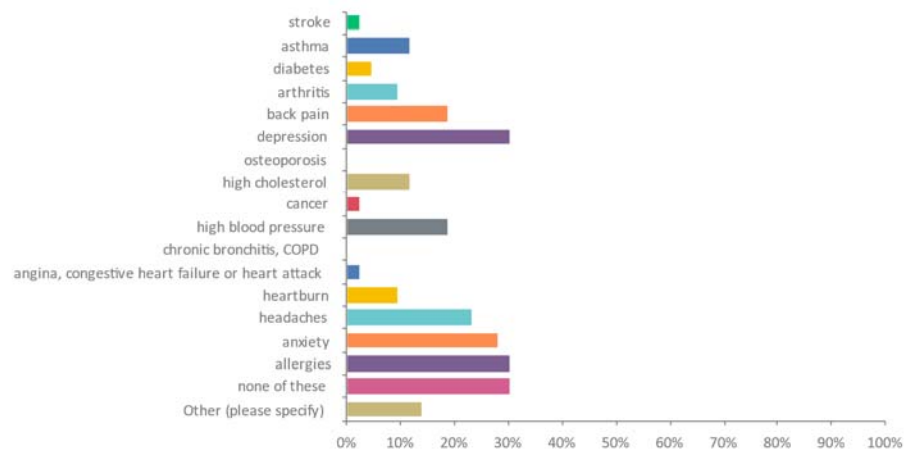
**Q11: Family Health History: Select any of the following health problems found in your family (parents, siblings).**

Answered: 43 Skipped: 0



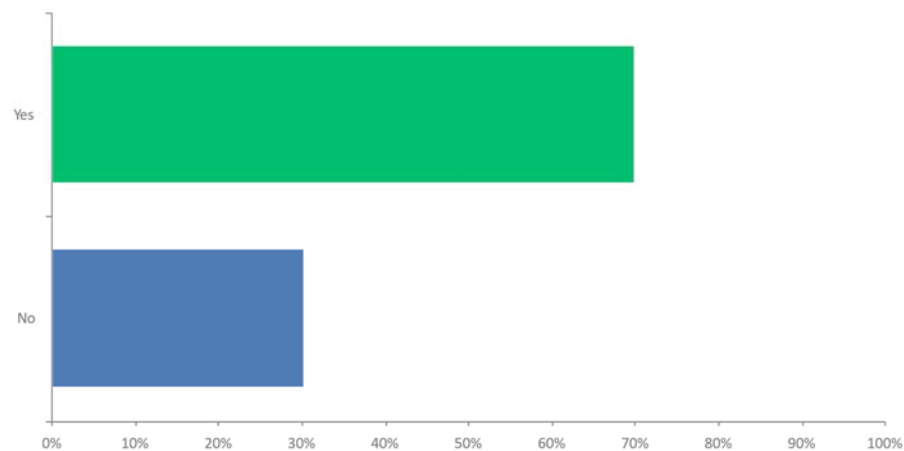
**Q12: Your current health: do you have or have you been told you have any of the following health conditions?**

Answered: 43 Skipped: 0



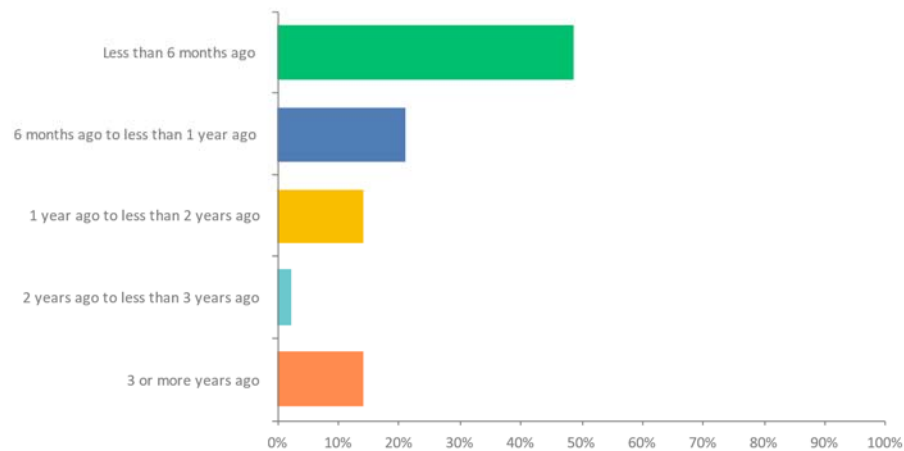
**Q13: Have you had an annual wellness exam or health status check in the past 12 months?**

Answered: 43 Skipped: 0



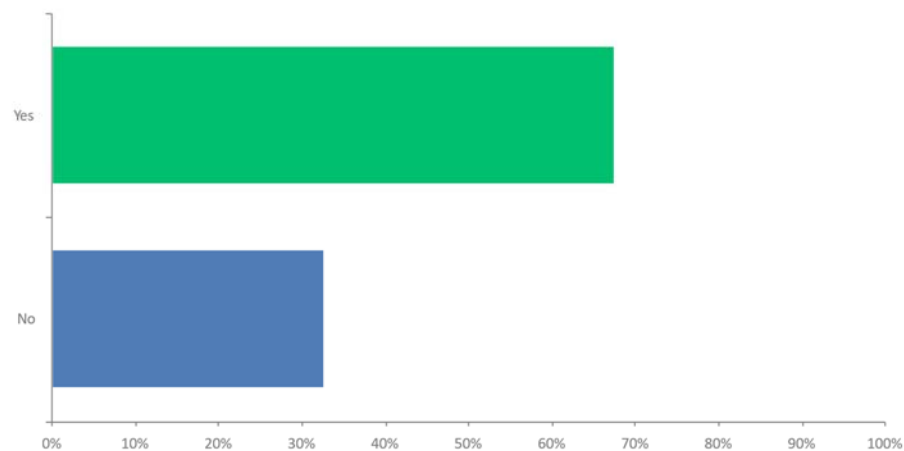
**Q14: When is the last time that you saw a primary care provider?**

Answered: 43 Skipped: 0



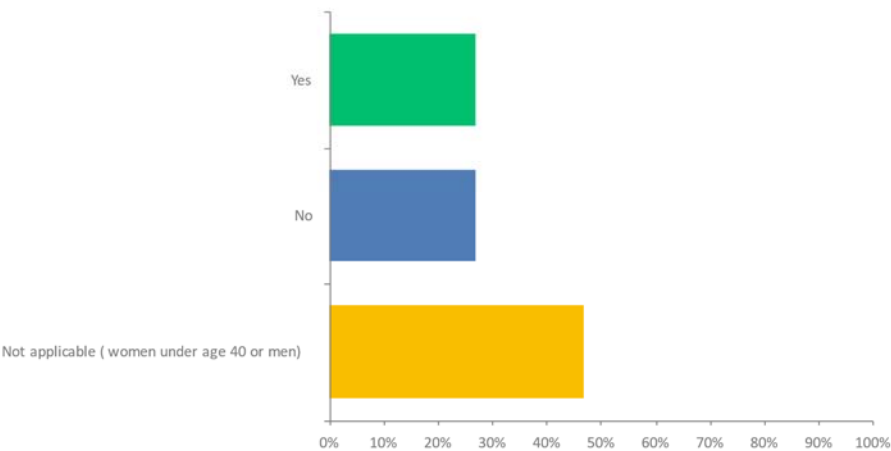
**Q16: Have you had a flu vaccine in the last 12 months?**

Answered: 43 Skipped: 0



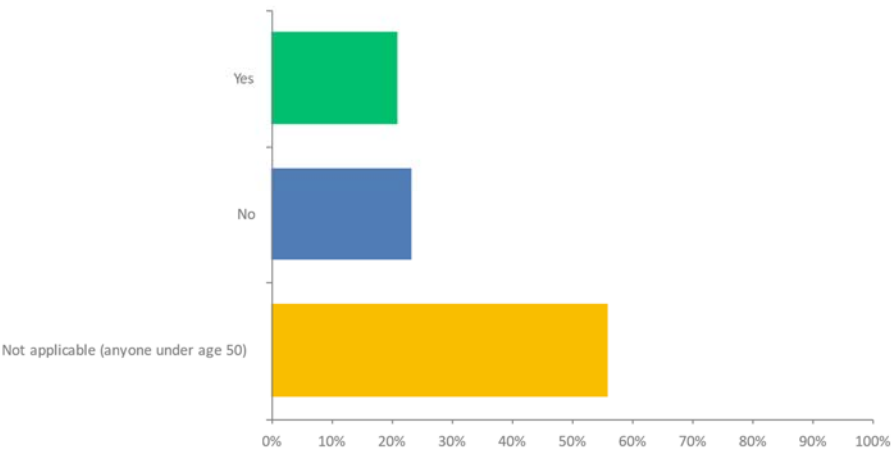
Q18: Have you ever had a mammogram?

Answered: 30 Skipped: 13



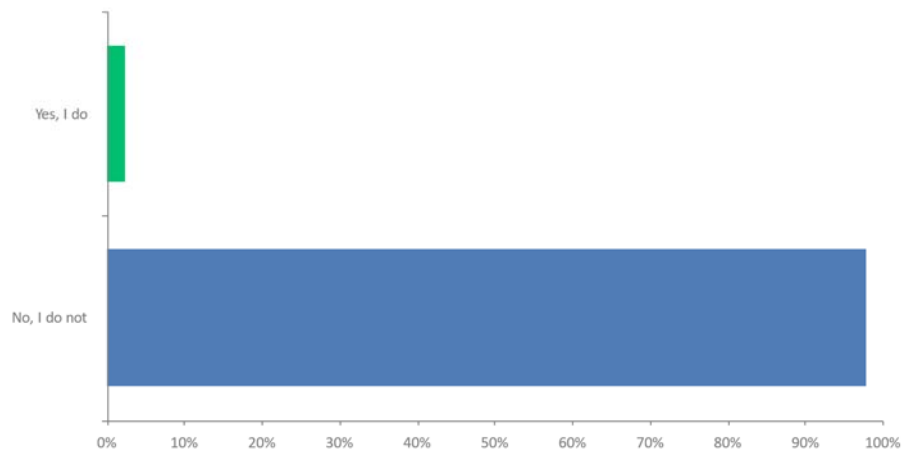
Q21: Have you ever had a colonoscopy or other colon cancer screening?

Answered: 43 Skipped: 0



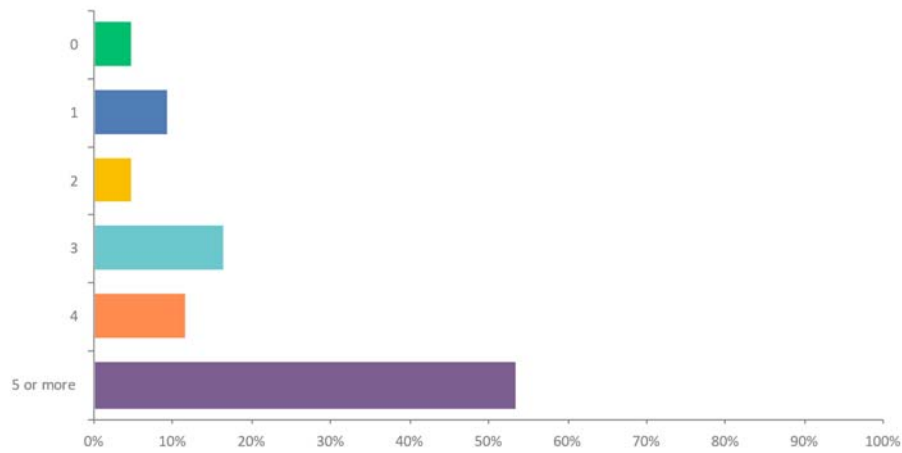
**Q22: Do you currently use tobacco? This includes smoking and smokeless tobacco.**

Answered: 43 Skipped: 0



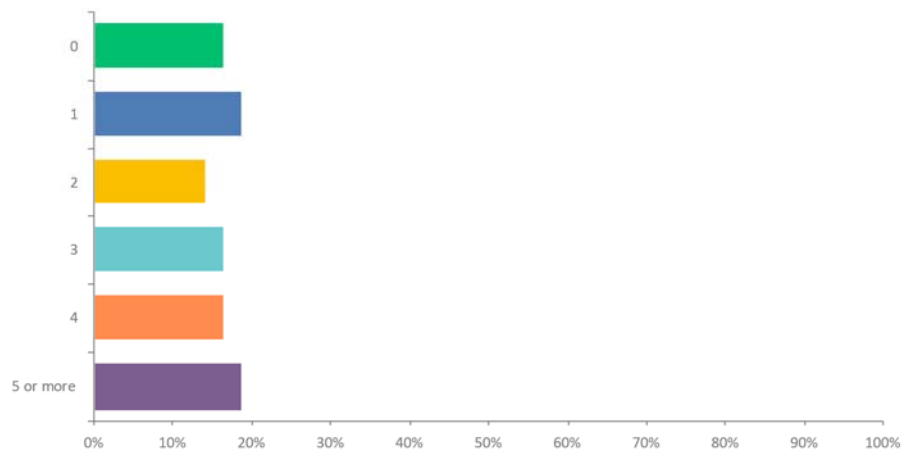
**Q26: About how many times in the average week do you engage in 30 minutes of light activity (i.e. leisurely walking, gardening, cleaning around the house)?**

Answered: 43 Skipped: 0



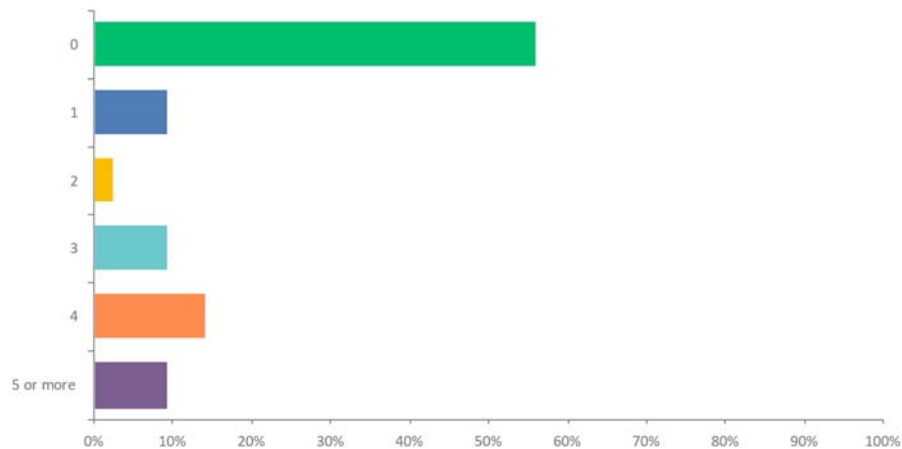
**Q27: About how many times in the average week do you engage in 30 minutes of moderate activity ( i.e. brisk walking, light bicycling)?**

Answered: 43 Skipped: 0



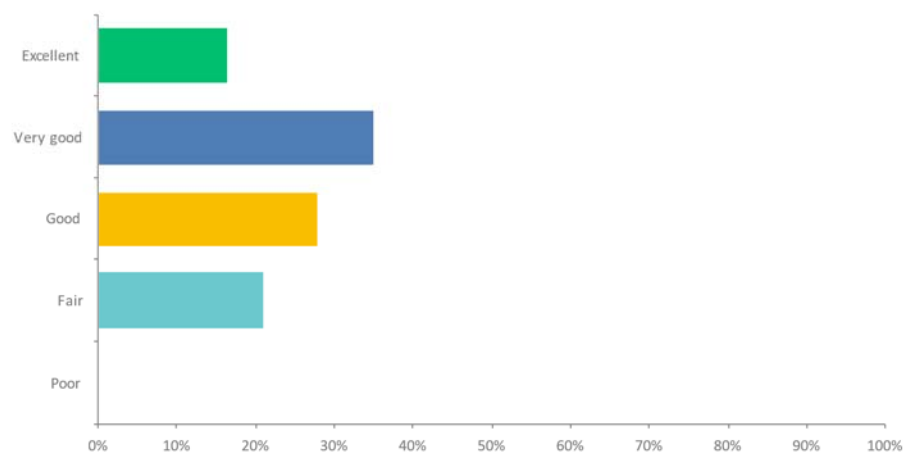
**Q28: About how many times in the average week do you engage in 30 minutes of strenuous activity ( i.e. running or jogging)?**

Answered: 43 Skipped: 0



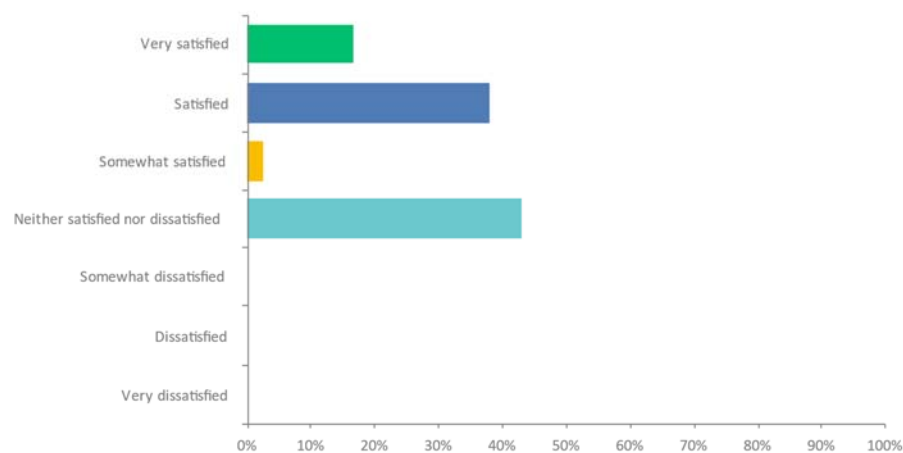
**Q34: In general, how would you rate your overall mental health?**

Answered: 43 Skipped: 0



**Q44: How satisfied are you with Cox HealthPlans' wellness offerings?**

Answered: 42 Skipped: 1



### Satisfaction with Health Education & Wellness

Satisfaction data is collected through both the HRA questionnaire and the CAHPS-like survey member satisfaction survey.

Question	Score
In the last 6 months, how often did you use any of the Health Education and Wellness services offered through Cox HealthPlans and CoxHealth? (Such as HRA, classes, coaching, etc.) (Yes)	40.5%
Thinking of those Health Education and Wellness services, using any number from 0 to 10, where 0 is the worst experience possibly and 10 is the best experience possible, what number would you use to rate those services? (4 or 5)	47.1%

### **Analysis/ Implications**

HRA data is valuable information to take into account when thinking about program design, and is used to help tailor specific education and program referrals for members. The current offerings for health education and wellness programs are meeting the needs of our population; they are offering classes and workshops for those chronic illnesses and diagnoses that will be most meaningful. Because less than 1% of the member population indicates a non-English language preference, specific language needs will be met on an individual basis. Translation of documents, as well as live verbal interpretation electronically, is available upon request. The education level for our population is 90.6% high school graduate or higher, therefore a reading level of materials at a high school grade level will effectively communicate with the most members possible.

Date reported to QIC: 10/17/2023