



For Community Health Options, “high-quality healthcare benefits” is much more than a mission statement catchphrase. It’s a commitment to a continuous, company-wide process to ensure the value of our plan offerings. Here’s a quick glimpse into what that effort entails.

The National Committee for Quality Assurance (NCQA) sets the standards for operating a quality health plan. Health plans must obtain NCQA accreditation before they can offer coverage on the Marketplace. As its first step toward accreditation, Health Options gathers and reviews clinical data to identify areas needing improvement. This leads to the development of a comprehensive Quality Improvement Program (QIP).

The QIP structures how a plan and its partners evaluate and improve their services. It also guides internal health plan operations. Each Health Options department develops its own annual improvement strategy. Those strategies form the basis of the company’s comprehensive Quality Improvement Work Plan (QIWP). The plan’s goal is to improve Members’ experience of care as well as their health, thereby reducing the cost of healthcare without compromising quality.

Health Options conducts annual reviews of ongoing and completed quality improvement activities, analyzes results, and conducts an overall evaluation of the value of the program. This work produces recommendations for the upcoming year, which inform the subsequent QIP description and work plan.

On the strength of its ongoing quality improvement efforts, Health Options received three-year NCQA accreditation in 2018. A summary of the quality strategies and outcomes for 2018 is available below:

Quality and Safety of Clinical Care

- Helped reduce unplanned hospital readmissions within 30 days of discharge by providing needed support to at-risk Members
- Worked with providers to increase cancer screening and reduce excessive antibiotic use
- Ensured proper follow-up by care managers for high risk Members after hospital discharge
- Helped pregnant Members obtain needed services and timely follow-up
- Alerted providers about Members on high-risk drug mixes to improve safe prescribing
- Improved drug safety by alerting providers when Members on high-risk medications were not receiving required laboratory monitoring
- Encouraged Members to obtain age-appropriate cancer screening



Member Satisfaction

- Informed Members about often misunderstood and underutilized health plan benefits to promote their use
- Improved the provider portal to help the practice/providers better manage our Members
- Helped Members better manage their own care by providing timely and accurate information on the Member portal
- Developed educational tools to help Members understand their benefits
- Promoted tools to assist Members with cost saving for prescriptions

Quality of Services

- Improved call center response time to provide better service and meet NCQA standards
- Reviewed Member Services' phone calls to ensure accuracy of information
- Encouraged Members seeking substance-abuse treatment to consider admission to quality, in-network facilities
- Identified areas for improvement by reviewing Member and provider appeals for trends
- Monitored compliance with NCQA standards to prepare for 2021 renewal survey