SNP MODEL OF CARE ANNUAL
EVALUATIONS FOR 2016

INSTITUTIONAL/INSTITUTIONAL EQUIVALENT SPECIAL NEEDS PLANS (I/IESNP)

DUAL SPECIAL NEEDS PLAN (DSNP)

CHRONIC SPECIAL NEEDS PLAN - DIABETES (CSNP)

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OVERVIEW & EXECUTIVE SUMMARY

2016 SNP MODEL OF CARE ANNUAL EVALUATION

Under the Medicare Modernization Act of 2003 (MMA), Congress created a new type of Medicare Advantage coordinated care plan focused on individuals with special needs. Special Needs Plans (SNPs) were allowed to target enrollment to one or more types of special needs individuals identified by Congress as: 1) institutionalized and/or institutionally equivalent; 2) dually eligible; and/or 3) individuals with severe or disabling chronic conditions.

In 2016, Simply Healthcare Plans (SHP) offered four (4) Plans through its contract with the Center for Medicare and Medicaid Services (CMS), serving members in each of the identified population types above. The following provides a list of the plans and a brief description of their differentiating features.

1. The Simply Care and Simply Comfort special needs plans serve institutional and institutional equivalent members, known as the ISNP and IESNP or I/IESNP collectively. The ISNP target population consists of Medicare beneficiaries who are residing, or are expected to reside, 90 days or longer in a long-term care facility (defined as either: skilled nursing facility or inpatient psychiatric facility). The IESNP target population consists of those who meet institutional level of care requirements but reside in the community at home or in a community-based setting such as an assisted living facility.

2. The Simply Complete special needs plan serves dual Medicare and Medicaid beneficiaries and is known as the DSNP. SHP received CMS approval to offer a dual eligible SNP beginning on January 1, 2012. Since SHP contracts with the State of Florida to cover Medicaid services, SHP is managing dual eligible beneficiaries’ Medicare and Medicaid coverage and coordinates with other plans for the Medicaid long-term care benefit as appropriate.

3. Simply Level is a chronic special needs plan serving individuals living with diabetes mellitus, type 1 or type 2, known as the CSNP.

Individuals eligible for any of the above Plans are entitled to receive medical assistance under title XIX, reside in the SHP service area and have Medicare Part A, Part B, and Part D and must not be under treatment for ESRD (end-stage renal disease). SHP is responsible for providing benefits or arranging for benefits to be provided, for all its Plan members and believes that integrated specialized care delivery systems across all domains may result in improved outcomes, lower costs and have a positive impact on the overall health and quality of life for members.

Annual Evaluation Process:
SNP programs each follow an approved Model of Care (MOC) which describes the care and resources to be provided to members from the health plan. As a SNP, SHP is responsible to
conduct an annual evaluation of programs. The MOC Taskforce, comprised of representative members from key SHP departments (i.e., Quality Management, Health Services, Member Services, Medical Economics, Compliance, and Provider Relations, etc.), collects, analyzes, and reports on data that is used to evaluate the effectiveness of each SNP MOC towards goals. In this process, the MOC Taskforce develops key findings and identifies any follow-up actions needed.

SHP utilizes various tools to measure and track the progression of the goals and timely identification of barriers. These include reports, aggregate and detail level run at various time frames (monthly, quarterly, bi-annually and annually). The outcomes of the goals are measured utilizing a variety of tools including, but not limited to: the Health Risk Assessment (HRA); chart audits; ER and hospitalization utilization; satisfaction and health outcomes survey questions; call center statistics; pharmacy/plan benefit review; and interim HEDIS measures. The results are summarized at an organizational level to identify areas of strength and opportunities to improve the MOCs for each of the individual goals measured. To pass at least 70% of indicators must be met for each goal. All six 2016 goals were met.

**Key Findings & Recommendations** (Approved through Quality Improvement Committee Review):

**Goal 1: Improve Access to Affordable Medical, Mental Health, and Social Services**

SHP strives to facilitate an interdisciplinary approach to the provision of, and access to, appropriate timely and cost-effective health care services. When health care needs can be anticipated and identified early in the continuum of care, members can often be assisted with less intense and intrusive services. By working closely with the member/caregiver, primary care physician, and ancillary providers, the care manager can anticipate required services and arrange these to be provided in the most cost-effective setting and provide quality care to meet the member’s health care needs accessing available benefits and community or informal resources.

SHP’s MOC Taskforce has determined that this overall goal has been met 100% for the SNPs (10 of 10 indicators for I/IESNP met and 9 of 9 indicators for both DSNP and CSNP were met). Based on the results achieved, SHP will continue to assess the adequacy of performance indicators towards demonstrating needs are met across the health care continuum.

**Areas of improvement/strength for all SNPs:**

- Member and PCP participation in comprehensive Interdisciplinary Care Team (ICT) meetings continued to improve in 2016 due to efforts targeted at high-risk members.
- Case management chart audit scores demonstrated effective coordination of needs and case manager understanding of requirements/expectations.
- There were no network gaps identified and benefits were stable and relevant to member needs.

There are no follow-up recommendations at this time.
Goal 2: Improved coordination of care through an identified point of contact or gatekeeper

SHP’s MOCs utilize a gatekeeper model where the primary care physician acts as a gatekeeper. The gatekeeper is the Plan member's contact point to refer for testing and specialist referrals or other needs. The Plan’s case manager who is an ARNP or RN, acts as a point of contact or liaison between the member and all care providers and assists in accessing formal and informal benefits/services.

SHP’s MOC Taskforce has determined that this overall goal has been met (100% 1/IESNP 29 of 29 indicators met; 100% DSNP 27 of 27 indicators met; and 93% CSNP 25 of 27 indicators met).

Areas of improvement/strength:

- The Health risk assessment HRA completion rates well-exceeded the 80% goal for both initial and annual assessments across SNPs.
- Provider Medical Record Reviews were used in the MOC Annual Evaluation and yielded impressive results. Many providers were sampled and each found to be above the goal of the 85th percentile, average ranking 90%, in meeting the General Medical Component requirement.
- Case management chart audit scores for collaborative efforts in coordinating care were all met and most demonstrated improvement from 2015.

Opportunities for improvement:

- Although member case management satisfaction survey results were positive overall across programs, the rate of return was lower than anticipated for the I/IESNP and CSNP and certain survey questions continued to create confusion. In the CSNP program, both of the following questions fell below an 85% agreement rate:
  - My case manager “encouraged my primary care physician (PCP) or specialist providers to review and provide feedback”. The agreement rate in 2016 (79.2%) was higher than 2015 (74.2%), but still not meeting goal. Since chart audit results demonstrate the feedback process is occurring regularly, the MOC Taskforce (or Taskforce) recommends revising or replacing this question which may be misleading; appearing more as a measure of member understanding of process then of satisfaction with care.
  - My case manager “did provide me a copy of my initial care plan and always updated me when there were changes”. The agreement rate in 2016 (80.4%) was lower than 2015 (85%) although chart audit results also demonstrate copies of care plans are regularly sent to members. For the same reason stated above, the Taskforce recommends revising or replacing this question.

When the surveys are conducted telephonically, members often request clarification. As a result, these questions will be reworded or replaced on all survey tools. In addition, the Likert scale used to capture responses will be adjusted to remove “somewhat agree” and include “strongly disagree”. Currently, there are three types of “agree” responses (strongly agree, agree, somewhat agree) and only one “disagree” response which appears to be a flaw. The Taskforce accepted all “agree” responses for the 2016 CSNP and I/IESNP surveys which had low response rates. Updates on the progress for these actions will be made and
submitted for approval to the Quality Improvement Committee (QIC) in the 2nd quarter of 2017.

Based on the results achieved, SHP will continue to assess performance indicators to ensure improved coordination of care through a single point of contact or gatekeeper. There are no additional follow-up recommendations at this time or corrective action measures needed.

Goal 3: Improve Transitions of Care Across Settings and Providers

SHP’s MOC Taskforce has determined that this overall goal has been met for all SNPs (8 of 8 indicators for both I/IESNP and CSNP and 7 of 8 indicators for DSNP).

Areas of improvement/strength:
- All-cause 30 day readmission rates decreased in 2016
  - I/IESNP 16% (19.4% in 2015)
  - DSNP 17% (17.2% in 2015)
  - CSNP 17% (19% 2015)

The goal for all-cause readmission rates are based on data that does not include case risk adjustments and other technical specifications used to obtain the STARS readmission rate calculated yearly. As a result, the percentages achieved are higher than the adjusted.

- Emergency room (ER) visits per 1000 also decreased in the I/IESNP from 1052 x1000 in 2015 to 991 x1000 in 2016.
- Emergency room (ER) visits per 1000 increased slightly in the CSNP program from 681 x1000 in 2015 to 717 x1000 in 2016 but still was within the target goal.

Opportunities for improvement:

- DSNP Emergency room (ER) visits per 1000 did not meet the goal and increased significantly from 861 x1000 in 2015 to 1215 x1000 in 2016. The Taskforce recommends the following:
  - Case Management letters will be sent reminding members of the appropriate use of ER and that help with transportation and appointments is available will be sent monthly to high utilizers.
  - Provider Relations will create a subgroup to explore possible provider outreach initiatives.

Based on the results achieved, SHP will continue efforts to improve transitions of care across settings and providers. The results of efforts will be monitored on an ongoing basis and changes implemented as needed. Per Taskforce recommendations in last year’s evaluation, indicators for 2017 have been added using 2016 as a benchmark to track 7, 14, and 30 day post-discharge call processes. These indicators can be viewed in the overall report.
Goal 4: Improve Access to Preventative Health Services

SHP’s MOC Taskforce has determined that this overall goal has been met (92.3% I/IESNP 12 of 13 indicators; 100% DSNP and CSNP 14 of 14 indicators). Interim HEDIS results show multiple improvements over the National Mean and in most cases over 2015 results where comparative data was available. The plan provides abundant access to preventive health services through its network and benefits. Members are encouraged to avail themselves of these services by providers, case managers, and through additional special initiatives.

Areas of improvement/strength across SNPs:

- Interim HEDIS results for measures related to Care for Older Adults well exceeded the National Means.
- Interim HEDIS results for measures related to Comprehensive Diabetes Care surpassed the National Mean and demonstrated improvement from 2015 overall.
- Providers continue to be very satisfied with the quality of the Plan’s health education and wellness promotion services for members as well as, education and coordination of care provided to their patients by case managers.

Opportunities for improvement:

- Colorectal screening rates for DSNP members were less than the national mean of 67.36% (61.3% achieved). The Taskforce recommends ongoing monitoring of this measure and review of additional potential actions to be taken through the Stars workgroup and Quality Management department.

Although the Chronic Care Improvement Program (CCIP) for members with congestive heart failure continues to demonstrate improvement in quality of life scores for members completing the program in both the CSNP and DSNP, indicators will be retired for 2017 as reporting on this program to Centers for Medicaid and Medicare (CMS) are no longer required. However, the program will continue to be provided by the Plan for Medicare members as needed.

Based on the results achieved, SHP will continue planned efforts to improve access to preventative health services and no additional follow-up recommendations were identified.

Goal 5: Assure Appropriate Utilization of Services

SHP’s MOC Taskforce has determined that this overall goal has been met 100% for the I/IESNP and CSNP programs (7 of 7 indicators met) and 85.7 for the DSNP program (6 of 7 indicators).

Areas of improvement/strength:

- Chart audit findings demonstrate that member utilization is being monitored, members are assisted in obtaining needed services, and case managers are properly facilitating needed care in the most cost-effective setting appropriate for care.
- Provider medical record reviews conducted by the Quality Management Department continue to demonstrate no adverse trends in the network for all SNP populations served.
No patterns of overutilization have been identified.

Opportunities for improvement:

- DSNP Emergency room (ER) visits per 1000 were also included as an indicator under this goal and the target was not met. The Taskforce recommends the following:
  - Case Management letters will be sent reminding members of the appropriate use of ER and that help with transportation and appointments is available will be sent monthly to high utilizers.
  - Provider Relations will create a subgroup to explore possible provider outreach initiatives.

Based on the results achieved, SHP will continue planned efforts to assure appropriate utilization of services.

**Goal 6: Improve Member Health Outcomes**

SHP's MOC Taskforce has determined that this overall goal has been met (85.7% or 12 of 14 for the I/IESNP and CSNP programs and 92.9% or 13 of 14 for the DSNP program). Member health outcomes are evident through a variety of measurement sources. A review of conditions and prevalence rates was conducted to determine if there were any significant increases in identification of new diagnoses or onset of new illnesses for members and to determine if any new initiatives are needed. Findings were consistent with expectations and the MOCs. As a result, there are no changes to the target population or current processes.

**Areas of improvement/strength:**

- Health outcomes are often influenced by member self-perception of health and support. Health Outcome Survey (HOS) member results show that members perceive case management services have been favorable to meeting needs and maintaining/improving health with an 85% or greater “strongly agree/agree” finding in both the I/IESNP and CSNP (exception DSNP).
- Significantly more members maintained or improved Health Risk Assessment (HRA) risk scores (low, moderate, high) in 2016 compared to 2015.
- The rate of falls and depression has decreased in 2016 compared to 2015.

Opportunities for improvement:

- The rate of DSNP members reporting health has improved or remained stable decreased compared to 2015 and fell below the 85% target. The Taskforce recommends that case management track referrals to Silver & Fit as well as healthy behavioral goal setting on care plans to promote member engagement in wellness activities.
- HEDIS measure for “Use of High-Risk Medications in the Elderly (one and two prescriptions)” fell below the national mean in both the I/IESNP and CSNP. The Taskforce recommends that the Plan Pharmacy Department review these measures for additional potential actions to be taken and for provision of educational materials to be sent to providers through Provider Administration.
• Satisfaction survey Likert scale and will be revised for 2017 (see Goal 2).

Based on the results achieved, SHP will continue efforts to improve member health outcomes.

Conclusion for 2016 MOC Annual Evaluations:

The Simply Healthcare Plan’s MOC Annual Evaluation Taskforce has concluded that overall goals for each Special Needs Plans have been met. There were no corrective actions but follow-up is expected where opportunities for improvement were noted with recommended actions steps. These actions are to be reported in subsequent Quality Improvement Committee Meetings.