

OVERVIEW & EXECUTIVE
SUMMARY

2019 SNP MODELS OF CARE ANNUAL EVALUATIONS

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 2019, Simply Healthcare Plans (SHP) offered three SNP 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 and Advantage 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 SHP LTC services as well as 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, Pharmacy, 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 80% of indicators must be met for each of the six SNP MOC outcome goals. Indicator goals and targets per indicator may vary by type of SNP. All six 2019 outcome goals were met per SNP as follows:

Outcome Goals	I/IESNP (Simply Care & Comfort)				DSNP (Simply Complete & Advantage)				CSNP (Simply Level)			
	# Indicators Met	# Indicators Not Met	Percent Met	# Corrective Action Needed	# Indicators Met	# Indicators Not Met	Percent Met	# Corrective Action Needed	# Indicators Met	# Indicators Not Met	Percent Met	# Corrective Action Needed
Improve Access to Affordable Medical, Mental Health, and Social Services	11	12	91.70%	1	10	11	90.90%	0	9	11	81.80%	0
Improved coordination of care through an identified point of contact or gatekeeper	14	16	87.50%	0	12	15	80%	0	13	15	86.70%	0
Improve Transitions of Care across Settings and Providers	8	8	100%	0	10	10	100%	0	9	9	100%	0
Improve Access to Preventative Health Services	9	11	81.10%	0	11	13	84.60%	0	11	13	84.60%	0
Assure Appropriate Utilization of Services	8	8	100%	0	8	8	100%	0	7	8	87%	0
Improve Member Health Outcomes	12	15	80%	2	13	16	81.25	2	16	16	100%	0

Indicators that were not met and did not require a corrective action to remediate have either already been remediated by the first quarter of 2020 or have other mitigating factors addressed below.

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

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

Areas of improvement/strengths:

- All SNPs showed improvement in percentage of member participation in comprehensive Interdisciplinary Care Team (ICT) meetings in 2019 due to efforts targeted at high-risk members.
- The average standard turnaround time with notification for processing of outpatient authorizations decreased in the fourth quarter to less than 5 days. The CMS goal is ≤ 14 days.

Opportunities for improvement or changes identified:

- In 2019, the chart audit tools used to audit case manager (CM) documentation in member records changed as the audit processes transitioned to the corporate Anthem PIE Audit team on April 1, 2019. Baselines were maintained for those questions that had a compatible previous version and the targets were set at 95% compliance. These changes were in conjunction with system integration activities that impacted certain measures as CMs adapted to the new systems and processes. Measures/indicators below target:

- All SNPS - CM completion of all required assessments and documentation per NCQA requirements based on risk level fell below the target (57.2% I/IESNP, 90% DSNP, and 91.7% CSNP). As of the first quarter in 2020, the DSNP and CSNP teams were meeting target or above and did not require corrective action. The I/IESNP team is still below the target at 85.7% requiring a corrective action plan to retrain on this unmet indicator during the second quarter.
- CSNP - CM demonstrating gaps in care were assessed, documented and tracked for follow up result was 92%. No corrective action needed as the team is meeting at or above target at this time.

Outcome 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.

Areas of improvement/strength

- All SNPs - The Health risk assessment HRA initial and annual completion rates for all plans were high at over 89% for initials and over 85% for annuals. These rates demonstrated stability across SNPs but continue to fall below CMS target of 100% for the DSNP and CSNP. The taskforce has considered that a corrective action is only needed if rates fall below 85% in order to take into consideration member refusals or members who we are not able to contact.
- All SNPs - Provider Medical Record Reviews continue to yield good results. All providers were above the goal of the 85th percentile, average ranking 90%, in meeting the General Medical Component requirement.
- All SNPs - In 2019, Member Satisfaction Surveys for the Case Management program was conducted on Anthem's behalf by The Dieringer Research Group, an independent market research supplier. There were six indicators relating to this outcome with an initial target of 85% satisfaction. Medicare members gave high ratings in all measures, at or above target, but especially the following:
 - Members expressed their CM "treated me with respect" (97.9% I/IESNP, 96% DSNP, and 98% CSNP).
 - I/IESNP members demonstrated high satisfaction for "CM helped me understand my treatment plan" (97.9%).
 - DSNP members were most satisfied with "Cm provided me with support" (97%).

Opportunities for improvement or changes identified

- Case management chart audit scores for measures relating to outcome for improved coordination of care fell below 95% target as follows:
 - I/IESNP (81.5%) and DSNP (91.1%) - To maintain/improve CM compliance with process to ensure PCP or specialist providers review &/or provide care plan feedback. Both teams demonstrated they are currently meeting the target and no corrective action is required.

- I/IESNP (93.2%) - To maintain/improve CM compliance with updating or completing Goals/Interventions on the care plan to reflect status updates AND any modifications made as needed. Team is currently meeting the target, no corrective action needed.

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.

Outcome Goal 3: Improve Transitions of Care across Settings and Providers

All indicators were met at 100% across SNPs. New concurrent review quarterly measures were added and maintained within target.

Areas of improvement/strength:

- ER visit per 1000 members decreased
 - I/IESNP - 895 in 2018 to 786.7 in 2019
 - DSNP - 921 in 2018 to 735.9 in 2019
 - CSNP – 855 in 2018 to 570.6 in 2019
- All-cause 30 day readmission rates remain better than target
 - I/IESNP and DSNP -14.60%
 - CSNP – 18.4% reduced from 20% in 2018

Opportunities for improvement or changes identified

- Some of the chart audit indicators were introduced late in the year and did not have sufficient sample size to measure (condition not noted in files audited).
- Additionally, the Plan was unable to obtain results related to previous measures for post discharge follow up metrics (7, 14, and 30 day calls) due to changes in system reporting and post-discharge process now falling under chart audit measure. As a result, these metrics were removed allowing for the added concurrent review metrics to be introduced.

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.

Outcome Goal 4: Improve Access to Preventative Health Services

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. Indicator goals for interim HEDIS calendar year 2019 results were impacted due to COVID-19 impact on record collection. Per CMS guidance, 2018 results can be utilized where needed against the revised national mean per measure.

Areas of improvement/strength across SNPs:

- Interim HEDIS results for measures related to Care for Older Adults continue to demonstrate strong results above national mean.

- Interim HEDIS results for measures related to Comprehensive Diabetes Care surpassed the National Mean and demonstrated improvement from 2018 overall.

Opportunities for improvement or changes identified

- In 2019, Anthem, Inc. contracted with DSS Research to conduct the 2019 Provider Satisfaction Survey for its affiliate health plan, Simply, in the state of Florida. Overall outcomes remain positive. Providers feel the Disease and Case Management programs have had a positive impact on the quality of life and health of patients enrolled in such programs. In addition, providers are satisfied with various aspects of the communication of information for coordinating medical and behavioral health care. However, for two of the survey questions reported, the results fell below the target goal:
 - How does the Plan's continuity and coordination of care compare to other Medicare Advantage Plans?
 - How satisfied were you with the following: Provider orientation and training process and Information you received in the provider manual?

After further reviewing these results with the plan quality department and MOC Taskforce, it was determined that no corrective action would be required at this time for the two metrics. In 2019, the vendor for the provider satisfaction survey changed the methodology for the universe pull and did not consider or include the trending data from previous vendor. In addition, the sample size was smaller than the pool of participants from 2018. Since this vendor will change again in 2020, the new results will be used as baseline for the 2020 MOC Annual Evaluation.

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.

Outcome Goal 5: Assure Appropriate Utilization of Services

Indicators related to utilization goals encompass chart audit, member satisfaction survey, admissions and ER rates, pharmacy generic dispensing rates and behavior health outpatient visits and penetration rates (new). The I/IESNP and DSNP plans met all indicators while the CSNP fell below target in one.

Areas of improvement/strength:

- Admission per 1000 member decreased in 2019
 - I/IESNP – From 618 in 2018 to 421.3 in 2019
 - DSNP – From 315 in 2018 to 280 in 2019
 - CSNP – From 453 in 2018 to 373.6 in 2019
- The Generic Dispensing Rate (GDR) goal increased significantly in I/IESNP to 93.9% in 2019 from 86.5% in 2018.

Opportunities for improvement:

- CSNP Member satisfaction with "CM helped make the best use of plan benefits" was 84% (target 85%). The Taskforce determined a corrective action is not needed at this time as this is a new measure and baseline finding but the CM team will continue efforts to improve.

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

Outcome Goal 6: Improve Member Health Outcomes

Member health outcomes are evident through a variety of measurement sources including but not limited to: member satisfaction metrics; health risk assessment (HRA) year over year comparisons; and newly added or continuing HEDIS measure for control of medical or chronic conditions, senior access and medication usage. A review of member health conditions and prevalence rates was also conducted to determine if there were any significant population changes due to increases in the 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:

- Satisfaction survey had positive results overall. Medicare members gave high ratings to CM helping obtain needed care, confidence in ability to take medications and overall program satisfaction, with about nine in ten satisfied in each area.
- Members showed good improvement in self-perception of health for I/IESNP and CSNP.
- Member Satisfaction Survey Results for 2019 showed that members are very confident in the ability to take their own medication.
- I/IESNP members showed a significant decrease in reported falls from 13.3% in 2018 to 3.29% in 2019.

Opportunities for improvement:

- I/IESNP results showed an increased percentage of members reporting assistance needed to bathe from 1.5% in 2018 to 4.69% 2019. This was attributed to increasing frailty of the population served as a correlation between adverse events such as falls or admission could not established. As a result, a corrective action will not be required at this time.
- DSNP members demonstrated an increase in negative self-prognosis of health (foresee health as getting worse in next six months) from .27% in 2018 to .39% in 2019. The change slight and still lower than baseline. No corrective action was requested although CM team was advised to continue monitoring for behavioral health needs.
- HEDIS measure for “Use of High-Risk Medications in the Elderly (one and two prescriptions)” fell below the target for I/IESNP and DSNP. This is a trend for these measure and a corrective action has been requested by the MOC Taskforce. The Pharmacy and Stars Departments will work together to propose action plan to Quality Management Committee.

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

Conclusion for 2019 MOC Annual Evaluations:

The Simply Healthcare Plan’s MOC Annual Evaluation Taskforce has concluded that overall outcome goals for each Special Needs Plans have been met with significant improvement noted in certain measures. Areas where corrective actions plans are needed will continue to be tracked within Quality Management or Compliance Committee meetings.