



OVERVIEW & EXECUTIVE SUMMARY

2021 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 2021, 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** special needs plan serves dual Medicare and Medicaid beneficiaries and is known as the **DSNP**. 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 Group 4 chronic special needs plan (**CSNP**) serving individuals living with diabetes mellitus, chronic heart failure, and/or cardiovascular disorders.

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. 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 (e.g., Quality Management, Health Services, Pharmacy, Member Services, 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 (e.g., 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 survey questions; call center statistics; behavioral health metrics, pharmacy 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 or the taskforce must approve as passing based on information available. If the overall goal is not approved as met, a corrective action plan for the goal is initiated. All six 2021 outcome goals were approved as met. Individual indicators contributing to the outcome goal may vary by type of SNP and can be addressed through targeted corrective actions as approved or determined necessary by the Taskforce if unmet.

2021 Results:

Outcomes Goals	I/IESNP (Simply Care & Comfort)					DSNP (Simply Complete)					CSNP (Simply Level)				
	# Indicators Met	# Indicators Not Met	Pecent Indicators Met	# Corrective Action Needed (Indicators)	Overall Outcome Goal Status	# Indicators Met	# Indicators Not Met	Pecent Indicators Met	# Corrective Action Needed (Indicators)	Overall Outcome Goal Status	# Indicators Met	# Indicators Not Met	Pecent Indicators Met	# Corrective Action Needed (Indicators)	Overall Outcome Goal Status
Improved access to affordable medical, mental health and social services	13	0	100.00%	0	MET	12	0	100.00%	0	MET	12	0	100.00%	0	MET
Improved coordination of care through an identified point of contact or gatekeeper.	13	1	92.86%	0	MET	12	2	85.71%	0	MET	12	2	85.71%	0	MET
Improve transitions of care across settings and providers	13	1	92.86%	1	MET	13	1	92.86%	1	MET	14	1	93.33%	1	MET
Improved access to preventive health services	8	0	100.00%	0	MET	12	0	100.00%	0	MET	12	0	100.00%	0	MET
Assure appropriate utilization of services	8	0	100.00%	0	MET	7	1	87.50%	0	MET	8	0	100.00%	0	MET
Improved member health outcomes	10	1	90.91%	0	MET	11	1	91.67%	0	MET	10	1	90.91%	0	MET
Overall	65	3	95.59%	1	MET	67	5	93.06%	1	MET	68	4	94.44%	1	MET

Key Findings & Recommendations:

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

Areas of improvement/strengths:

- All SNPs showed improvement in the percentage of members participating in case management who are assessed for cognitive and mental health needs in 2021 as evidenced through chart audit results above corporate target of 95%.
- The percentage of Medicare standard outpatient authorization processed ≤ 14 days showed strength throughout 2021 with steady improvement above the 95% target after the first quarter. The goal is ≥ 95% authorizations are processed within 14 days. This is a shared metric for all SNPs.

Opportunities for improvement or changes identified:

- In 2021, this goal was met overall for all three SNP plans with 100% of metrics met across the board. Opportunity for change was identified for one indicator, the percentage of Medicare outpatient average standard turnaround time with notification, for the target to be reevaluated next year for possible adjustment.

Outcome Goal 2: Improved coordination of care through an identified point of contact or gatekeeper

SHP’s MOCs utilizes 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 APRN 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 demonstrated improved Health Risk Assessment (HRA) initial and annual completion rates at over 90% for initials and over 85% for annuals with improvements from the previous year. These rates demonstrated stability across SNPs but continue to fall below the CMS required target of 100% (exception I/IESNP Initials at 100%). Although these two metrics show as unmet, the results are high for SNPs overall and corrective actions are not needed. 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 cannot be reached.
- All SNPs demonstrate compliance with process to ensure PCP or specialist providers review and/or provide care plan feedback with results above the goal of the 95%.
- All SNPs had Member Satisfaction Surveys conducted by Anthem's behalf by The Dieringer Research Group, an independent market research supplier and/or Simply's Outreach Team utilizing tools from the Dieringer Research Group. The survey assessed member satisfaction with Case Management. There were six satisfaction indicators related to this goal included in the evaluation, with a target goal of 90% satisfaction or above for each. IIESNP, DSNP and CSNP plan members gave high ratings in all measures, at or above target, but especially the following:
 - Members expressed their CM "treated me with respect" (100% I/IESNP, 96% DSNP and 97% for CSNP).
 - Members demonstrated high satisfaction with "CM took action for my health problems" (100% IIESNP, 95% DSNP and 97% for CSNP).

Opportunities for improvement or changes identified:

- All SNPs: The taskforce approved to remove metric related to Case Manager compliance with licensing for 2022 as this is a job requirements that is monitored on a yearly basis.

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.

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

Most indicators were met across SNPs. Two new concurrent review quarterly measures were added to replaced previous indicator. Both measures were successfully met within target.

Areas of improvement/strength:

- The 30-day readmission rate average improved for all SNPs:
 - I/IESNP – 20.2% in 2020 to 19.2% in 2021
 - DSNP – 14.70% in 2020 to 13.20% in 2021
 - CSNP – 19.8% in 2020 to 17.7% in 2021

Opportunities for improvement or changes identified

- National Call Center (NCC) indicator related to "Answering call in timely manner" was not met for year 2021 with a result of 79.2% below the target goal (80%). The taskforce determined that a corrective action plan (CAP) is needed for this indicator because the result also represents a decline compared to 2020 (93.2%). The NCC corrective action is to enhance oversight and monitoring of inbound calls by reviewing at least 10 calls weekly



for timeliness and accuracy and reporting metrics and any additional actions to QMC quarterly. Responsible department: National Call Center

- All SNPs – The Taskforce determined need to remove two denial metrics for 2022 and replace with appeals and/or overturn metrics which are more relevant to measuring guidelines adherence. New measures to be proposed in subsequent Quality Management Committee QMCs (Quarter 2).

Based on the results achieved, SHP will continue efforts to improve transitions of care across settings and providers. SHP will continue monitoring compliance with follow-up recommendations and corrective actions proposed. 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. New questions from the 2021 Provier Satisfaction Survey were added to replaced 2018 questions. All indicators met targets for this outcome goal.

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.
- DSNP and CSNP Interim HEDIS results for measures related to Comprehensive Diabetes Care surpassed the National Mean and demonstrated improvement from 2020 overall.

Opportunities for improvement or changes identified

- In 2021, this goal was met overall for all three SNP plans with 100% of metrics met.

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 CSNP plans met all indicators while the DSNP fell below the target for one indicator.

Areas of improvement/strength:

- All SNPs met or exceeded targets for inpatient admissions and ER visits per 1000, demonstrating improvements in population health and use of appropriate care settings.
- All SNPs demonstrated compliance with case management review and documentation of member inpatient and ER utilization and needs and exceeded goals for addressing benefits and community resources with members (95% target).
- I/IESNP and CSNP Member satisfaction with “CM helped make the best use of plan benefits” was at 100% and 98% respectively (target 90%).



Opportunities for improvement:

DSNP Member satisfaction with “CM helped make the best use of plan benefits” was not met. In total, 89% of respondents had favorable view, below target of 90%. The taskforce determined that a corrective action plan is not needed at this time for this indicator taking into consideration staffing shortages in 2021, increased staff paid time off due to illness and Covid impacts, and others factors affecting follow-up with members. Staff has been already retrained on benefits in current year 2022.

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 measures 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 them to obtain needed care, and overall program satisfaction.
- Members showed good improvement in self-perception of health for I/IESNP, DSNP and CSNP.
- Member Satisfaction Survey Results for 2021 showed that members from I/IESNP, DSNP and CSNP are very confident in the ability to take their own medication.
- All SNPs demonstrated membership maintained or decreased member risk levels, fall rate and depressive symptoms compared to baseline.
- In 2021, I/IESNP results showed a positive increase in the percentage of Medication Reconciliation Post-Discharge compared to the previous year.

Opportunities for improvement:

- I/IESNP results showed an increased percentage of members reporting assistance needed to bathe in 2021. The Taskforce recommended no corrective action as this population average age is approximately 77 with progressive conditions and expected functional decline. In addition, the I/IESNP plan is intended to target this population and assist members through the continuum. The Taskforce agreed to remove this metric for I/IESNP in 2022.
- DSNP and CSNP results also showed an increased percentage of members reporting assistance needed to bathe in 2021. The Taskforce agreed that no corrective action is needed at this time due to Covid impacts but recommended to increase utilization of benefits and community resources for additional supports. CM to promote utilization of appropriate services and community resources in collaboration with PCP. This measure will remain for these populations who may need transitions to higher levels of care.

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

Conclusion for 2021 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 many areas. This is especially noteworthy during a



pandemic year. Areas where corrective actions plans are needed will continue to be tracked within Quality Management or Compliance Committee meetings.