

2020 Dual Special Needs Plan Model of Care Evaluation Summary of Findings

What is a Dual Special Needs Plan (D-SNP) Model of Care (MOC)?

A D-SNP Model of Care describes how we give healthcare services to our D-SNP members. We want to give you the best care that is reliable and easy to access. Every year we check the quality of the care and service we give you. We set goals and take steps and actions if we do not meet these goals.

Here are some ways we check the quality of our services:

- Member satisfaction survey
- How close doctors are to your home
- Complaints about getting care
- Care coordination
- Hospital and emergency room (ER)
- Transitions of care
- Information on the care you get from your doctors to keep you healthy
- Provider and staff training

What happens if we do not meet our goals?

We make new plans to find the best ways to meet our goals. We do this until we meet our goals.

How did we do in 2020?

1. **Member satisfaction survey** – Our goal is to make sure you are happy as a member of our health plan.

Every year we send out a survey that asks you about your experience with your doctors and the health plan. This makes sure you are happy with the care you are getting. We also want to make sure you get the best service from the health plan.

We met goals on Rating of Health Plan, Rating of Health Care, Rating of Personal Doctor and Rating of Drug Plan. We also met goals for Care Coordination, Getting Needed Prescription Drugs, and Annual Flu Vaccine.

We did not meet our goals for Rating of Specialist. We also did not meet goals for Getting Needed Care, Getting Care Quickly, Customer Service, and How Well Doctors Communicate.

We know these services are important to you. We will work to improve. We want to give you a great experience. As such, we listen to what you tell us on surveys. This is a vital way of making helpful changes for you. The team is working to keep making your member experience better and to be your trusted health plan.

2. **How close doctors are to your home** - Our goal is to make sure you have access to all types of doctors near your home.

We met our goal of making sure we had enough PCPs in the area to give you care. We met our goal of making sure we had enough specialty care doctors in the area to give you care. Please contact us if a doctor is not available in your area.

We also work with vendors to help you get transportation, or have a car take you to and from your provider appointments. We met our goals of transportation requests being fulfilled.

3. Complaints about getting care - Our goal is to reduce the number of complaints related to getting care. We also check if there are the same complaints about getting care.

The Customer Care department met both goals in 2020 of making sure that 98% of transport requests are fulfilled by the transportation vendor and that less than 1% of complaints are related to transportation services.

Despite a 32.7% decrease in complaints per 1000 members between 2019 and 2020, the Access to Care goal was not met.

The team will continue to review our systems and find areas where we can improve.

4. Care coordination - Our goal is to improve your health through care coordination.

We ask all members to complete a Health Risk Assessment (HRA). An HRA is a list of questions about your health needs. Members are also contacted for an Individualized Care Plan (ICP). The ICP is a plan of action on how to meet your health needs. Lastly, we invite members to join a meeting with their care team to discuss ways to improve their health.

We did not meet HRA, ICP, and care team goals, but we did meet the goal for ICP shared with members. We will make operational changes to fix this problem. We plan to create a process where our Care Management team will ask members who did not complete an HRA to complete one. Our goal is to contact 100% of members for an HRA, ICP, and care team meeting. We will also create an ICP and hold a care team meeting for every member. This will occur even if the member chooses not to be involved.

5. Hospital and emergency room (ER) - Our goal is to help members get access to emergency care when needed. Our standards require that a Primary Care Physician (PCP) or covering physician is available to members 24 hours a day, seven days a week.

We met our goal for routine care and urgent care for PCPs. We also met our goal for routine care for specialty services.

We did not meet our goals for specialty services for urgent care, PCP after hours availability, and ER access instructions. We will talk with those medical groups about not meeting these goals. We will discuss why they did not meet them and how to improve scores going forward.

6. Transitions of care - Our goal is to improve your health through easy transitions of care from one healthcare setting to another.

We work with hospitals and skilled nursing facilities (SNFs) to make sure we provide timely care to all members. We look at these measures:

- Your PCP is told within 5 business days of all transition of care episodes
- Your PCP is told of inpatient admission within 3 business days of admission

We did not meet goals for these measures. To correct the problem, the team is proposing new goals for 2021. We will work to make changes to improve compliance rates for PCP notification.

7. Information on the care you get from your doctors to keep you healthy - Our goal is to improve your health by making sure you get preventive health services.

Health plans use information to see how well they are doing with care for members.

The goals to make sure members get the following were not met:

- Colorectal cancer screenings
- Breast cancer screenings
- A medication review once a year
- Medication records reviewed and updated after a hospital stay
- Eye exams to check for damage from diabetes
- Blood sugar checked due to diabetes
- Those who need an anti-depressant start and stay on the medication

We will talk to your doctors about getting you the services you need to prevent chronic health problems. We want to help you be healthy all year long.

8. Provider and staff training - Our goal is to make sure all providers and staff members are trained initially and annually on the MOC.

All new providers are advised of the training process and their duty to complete the training upon acceptance to the network and then once a year after that. New staff members must complete the training within 90 days of onboarding. There are two modes used to contact or remind providers and/or staff members of the training. These are fax and email with instructions on how to access the web-based training module.

For provider training, we did not meet our performance goal of 80% for initial training (78%) and annual training (70%). We will make changes to address the low compliance rates.

For staff training, we met our performance goal of 100% for initial and annual training. The team will keep using its system of reminders to ensure compliance.

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