What is a SNP Model of Care (MOC)?

A SNP Model of Care (MOC) describes how we give health care services to our senior members who have special needs. Our purpose is to give you the best care that is reliable, convenient and accessible. Annually, we check the quality of our service we give our members. We set goals and follow some steps and actions if these goals are not met. This is called a Corrective Action Plan (CAP).

Here are some checkpoints we used to evaluate the quality of our services:

- Member Satisfaction Survey
- Accessibility to appointments and doctors
- Availability and location of primary care doctors and specialists near your residence
- Complaints and grievances
- Coordination and Transition of Care
- Complex Case Management and Disease Management
- HEDIS (doctor or healthcare visits to keep you healthy)

What if we do not meet our goals after a Corrective Action Plan (CAP)?

We continue to find the best possible means to meet our goals.
1. Member Satisfaction Survey – our goal is to make sure you are satisfied with our services. The satisfaction rating improved, from last year for: Annual Flu Vaccine, Rating of Health Plan, Rating of Drug Plan and Getting Needed Prescriptions. We know these services are important to you.

We did not meet our satisfaction goals for Getting Needed Care, Getting Care Quickly, and Rating of Health Care, How Well Doctors Communicate. We will improve this by creating a committee, a group of people, who will focus on ways to improve services and make your experience a positive one. We want to be your trusted health plan and listen to what you tell us on surveys. This is an important way of making positive changes for our members.

2. Access to Care Studies – our goal is to be sure you have easy and timely access to your doctors, timely approvals of referrals, as well as timely access to urgent and routine appointments.

We did not meet our goals. Our corrective action plan is to increase awareness for our members and the doctor’s office staff about access to care standards. These standards include times for referrals, and urgent and routine appointments with the primary care and specialty care doctors, behavioral health doctors and other types of medical care. We will continue to review timely access to your medical care by completing additional surveys to see if we are improving.

3. Geographical (GEO) Access Mapping – our goal is to have 95% of our membership have access to primary care and specialty care doctors, in keeping with Medicare access standards

We met our goal for internal medicine, family and general practice doctors. We did not meet our goal for specialists in Orange and San Diego counties. To correct this, we are contracting additional doctors in hard to reach areas. If a specialist is not available in a certain area, we offer free transportation to cover long distances for our members.

4. Grievances Related to Access to Care – our goal is to identify if there are patterns of complaints related to access and availability of providers.

We met our goal and reduced total complaints from previous year. We did not find any important pattern of complaints related to access to care and/or availability of physicians. We continue to watch for patterns and work to improve our ways of identifying all types of complaints so that we can quickly correct them.

5. Complex Case Management and Transition Care Programs – our goal is to improve coordination of care through an identified point of contact. Our goal is to improve seamless transition of care across all healthcare settings. Our results:

Complex Case Management (CCM) Program
- Admissions among those in the CCM Program met the 20% reduction goal. No CAP required.
- Bed Days among those in the CCM Program met the 20% reduction goal. No CAP required.
- Readmissions for members in the CCM Program did not meet goal. CAP required.
- Overall Member Satisfaction with the CCM program did not meet goal at 66% rate. CAP required.

We will improve in Readmissions and Member Satisfaction by:
- Add new staff that will receive specialized training
- Offer members self management tools to help you focus on areas you want to see improvement

Transition of Care Program
Our goal is to improve transition of members care across healthcare settings. We work with hospitals and skilled nursing facilities (SNF) to make sure our health plan provides timely and efficient care to all members.

We met our 2017 goals and our studies showed:
- the hospitals and skilled nursing facilities (SNF) were notified of admission and discharge of members within 1 day by 100%
- the Primary Care Doctors were notified of admission of members to hospitals and SNFs within 3 days by 100%.
- the Primary Care Doctors were notified of discharge of members from the hospital and SNF within 3 days by 100%

6. Improve member health outcomes with case management and disease management programs – our goal is to decrease hospital admissions by 20%.

Disease Management Programs
- Asthma Program – This program showed a decrease to 68%. No CAP required.
- Congestive Heart Failure – The program showed a decrease in admission among those in the program to 61%. No CAP required.

7. Overall Satisfaction with the Disease management Programs – our goal is to achieve 90% member satisfaction with the program. Our goal was not met. We will improve by adding new staff that will receive specialized training and offer members self management tools, to help you focus on areas you want to see improvement.

8. HEDIS – our goal is to improve access to preventive health services

HEDIS (HEDIS are measures used by health plans to see how well they are doing with their care for members).
- Care for Older Adults – This measure looks at four specific areas. Advanced Care Planning, Medication Review, Pain Assessment, and Functional Needs. Goals were met for most of these measures.
- Colorectal Cancer Screening – Goals were met.
- Controlling High Blood Pressure did not meet all goals.

We did not meet our goals. Ways we will improve - We will work with our medical groups to get electronic medical records faster. We will work with our doctors to get you the help and services you need, to prevent chronic health problems. We want to make sure you stay healthy all year long.