2022 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 follow 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
- Care Coordination
- 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 find the best possible way to meet our goals. We come up with new plans until we get to our goal.

How did we do in 2022?

1. **Member Satisfaction Survey –** Our goal is to make sure you are satisfied 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. We want to make 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 did not meet our goals for Care Coordination, Health Plan Customer Service, Rating of Health Plan, Rating of Health Care, Getting Care Quickly, and Getting Needed Care.

   We know these services are important to you. We will focus on ways to improve. We want to make your experience a positive one.

   We want to be your trusted health plan. We listen to what you tell us on surveys. This is an important way of making helpful changes for you. The team is working to continue improving your member experience with the 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 goals of making sure we had enough primary doctors in the area to provide care to you. We met our goals of making sure we had enough specialty care doctors in the area to provide care to you. Please contact us if a doctor is not available in your area.

   We also work with vendors to assist you in getting transportation to and from your provider appointments. We met our goals of transportation requests being fulfilled.

3. **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. Finally, 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. We will make operational changes to fix this problem. Our goal is to contact 100% of members for an HRA, ICP, and care team meeting. We will create an ICP and hold a care team meeting for every member (whether the member chooses to be involved or not).

   Help us improve your health by calling Care Management to complete your HRA and attend a care team meeting to create a care plan for you.

4. **Transitions of care -** Our goal is to improve your health through clear transitions of care between healthcare settings.

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

   - Your care manager updates your ICP within 30 days of transition of care episodes.
   - Your ICP is shared with you and your primary care doctor within 5 business days of the update.
   - Your care manager contacts you within 2 business days of discharge to home to help with your transitional care needs.

   We did not meet goals for these measures. To correct the problem, we have a new system that reduces manual work. This new system will help us better meet timelines.

5. **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 for the following topics were met:

   - Making sure members who need an anti-depressant start and stay on the medication.
   - Making sure members have their medications reviewed and updated after a hospital stay.
   - Making sure members get an eye exam to check for damage from diabetes.

   The goals for the following topics were not met:

   - Making sure members get a breast cancer screening.
   - Making sure members get a colorectal cancer screening.
   - Making sure members have their medications reviewed at least once a year.
   - Making sure members get their blood sugar checked due to diabetes.

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

   Help us keep you healthy by scheduling your screenings early next year.

6. **Provider and staff training** – Our goal is to ensure all providers and staff members are trained initially and annually on the Model of Care.

   All new providers are notified of the training process and their obligation to complete the training upon acceptance to the network and then annually thereafter. New staff members are required to complete the training within 90 days of onboarding. Modes used to contact or remind providers and/or staff members of the training consist of blast fax and e-mail 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 (45%) and annual training (48%). We will make operational changes to address the low compliance rates.

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

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