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# Annual Quality Program Evaluation

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## SilverSummit Healthplan – 2019

### AMBETTER

- ❖ Introduction ..... 1
- ❖ Program Overview ..... 1
  - Quality Program ..... 1
  - Quality Program Integration..... 2
  - Organizational Report / Changes in Organization in evaluation year ..... 5
  - Scope of the Quality Program ..... 5
  - Compliance Program Description ..... 5
  - Cultural Competency ..... 6
  - Delegation..... 10
- ❖ Quality and Utilization Program Effectiveness ..... 11
- ❖ Population Characteristics ..... 12
- ❖ Quality Performance Measures and Outcomes..... 15
  - Quality Improvement Activities (PIPs)..... 15
  - QRS Indicators ..... 17
  - Patient Safety ..... 18
  - Access and Availability ..... 20

---

- Call Statistics (Member and Provider Calls) ..... 20
- Network Adequacy..... 21
- 24 Hour Access/Availability ..... 25
- Member Satisfaction ..... 29
- Disease Management Programs ..... 32
- Clinical Practice Guidelines ..... 33
- Continuity and Coordination of Care ..... 37
- Appeals ..... 45
- ❖ Credentialing and Recredentialing ..... 47
  - Structure and Resources ..... 47
  - Statistics..... 47
- ❖ Member Rights and Responsibilities ..... 48
- ❖ Preventive Health Outcome ..... 48
  - Preventive Health Guideline ..... 48
  - Statistics..... 48
- ❖ Medical Record Evaluation ..... 49
- ❖ Delegation Oversight..... 51
  - Behavioral Health ..... 51
  - Vision ..... 52
  - Pharmacy..... 52
  - National Imaging Associates (NIA) ..... 53
- ❖ Review and Approval ..... 54
  - Approval..... 55

# Health Plan Quality Program Evaluation - 2019

## ❖ Introduction

Ambetter from SilverSummit Healthplan's 2019 Quality Program Evaluation provides an overview and analysis of the quality improvement activities completed in 2019. Ambetter from SilverSummit Healthplan, herein referred to as "SSHP" is committed to providing a well-designed and well implemented Quality Program that evaluates the quality of care and services available to our members. The program evaluation presented reflects the combined efforts of the various departments contributing to the Ambetter from SilverSummit Healthplan's Quality Improvement Program.

SSHP's Quality Program utilizes a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation and improvement in the delivery of health care provided to all members, including those with special needs, such as Children with Special Health Care needs. This systematic approach to Quality Improvement provides a continuous cycle for assessing the quality of care and service among SSHP's initiatives including preventive health, acute and chronic care, overutilization and underutilization, continuity and coordination of care, patient safety and administrative and network services. SilverSummit Healthplan is committed to the provision of a well-designed and well implemented Quality Program.

## ❖ Program Overview

### ➤ Quality Program

Quality is integrated throughout Ambetter from SilverSummit Healthplan, and represents the strong commitment to the quality of care and services for members. The Board of Directors is the governing body designated for oversight of the Quality Program and has delegated the authority and responsibility for the development and implementation of the Quality Program to the QIC.

### **QI Department Structure & Resources**

The Quality Improvement Department Resources met the needs of the program for the year of 2019. The staff included:

- Chief Executive Officer (1)
  - Chief Medical Director (1)
  - Medical Director (1)
  - Behavioral Health Medical Director (1)
  - Vice President of Quality (1)
  - Quality Improvement Coordinator (2)
-

- HEDIS Coordinator (2)
- Grievance and Appeals Manager and (2) Grievance and Appeals Coordinator
- NCQA Coordinator (1)

In addition, Quality activities were supported by external practitioners including family practice, internal medicine, pediatrician and a psychiatrist.

### **Quality Improvement (QI) Work Plan**

The Quality Improvement Work Plan defines the activities, the person(s) responsible for the activity, the date of expected task completion and the monitoring techniques that will be used to ensure completion within the established timeframe. The QI work plan also includes the details of monitoring previously identified issues. The QI Work Plan was presented to the Quality Improvement Committee (QIC) during the 1<sup>st</sup> quarter, 2019 QIC meeting and was approved and work plan updates were presented during QIC meeting during 2<sup>nd</sup> and 3<sup>rd</sup> quarter 2019.

### ➤ **Quality Program Integration**

The Quality Department maintains strong inter/intradepartmental working relationships, with support integrated throughout the health plan to address the goals and objectives of the Quality Program and assess effectiveness of the program. Collaborative activities include development of department objectives and plans, coordination of activities to achieve department goals, and participation on quality committees as needed to support the Quality Program. Partnerships include, but are not limited to, the health plan departments/functional areas identified below:

- Medical Management Operations
- Pharmacy
- Provider Engagement/Provider Relations
- Network/Contracting
- Member Services
- Compliance

The 2019 Quality Improvement Program was effective with adequate resources to assess quality of care and safety of clinical care provided by our providers, committees to address program activities and recommend activities for improvement. In May, 2019, SSHP CMO resigned and SSHP has received support for all CMO activities through Centene's medical directors, including two physicians with Nevada State Licenses, as well as, our onsite Behavioral Health Medical Director.

In addition, the resources were adequate to ensure safe and quality clinical care for our members, external network providers specializing in family practice, internal medicine, pediatrics and psychiatry along with our Chief Executive

Officer and Chief Medical Director thus ensuring adequate staff, resources and participation to have an effective program.

In 2019, activities were conducted to achieve effective and positive outcomes for our members including the following

- conducting provider and staff cultural competency training to aid in member receiving quality healthcare
- implemented provider access and availability surveys to ensure access to PCP and specialists
- tracking and trending of member grievances to address any clinical or safety issues with our members
- a focus on Quality Rating System (QRS) and member satisfaction to ensure members are receiving quality healthcare
- Medical Record Reviews to assess coordination of care between members PCP and specialist

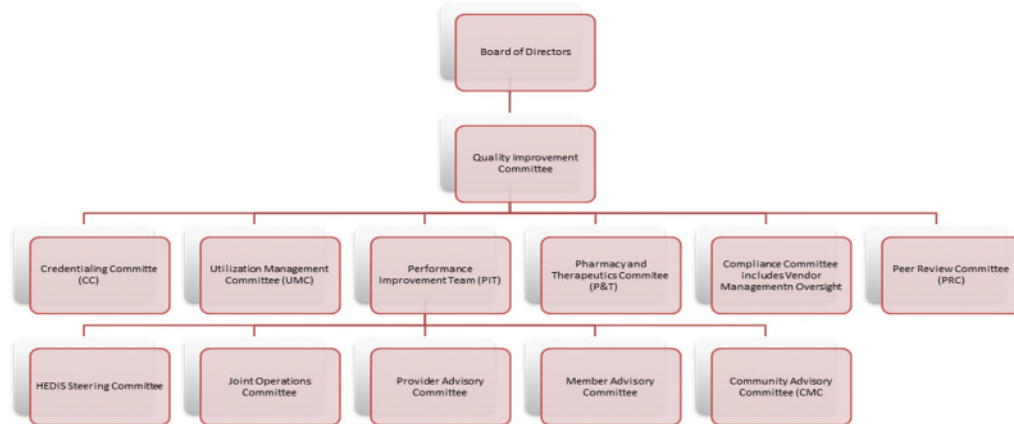
The QIC is the senior management lead committee reporting to the Board of Directors. Ambetter from SilverSummit Healthplan has established subcommittees and work groups based on Ambetter from SilverSummit Healthplan needs as well as regulatory and accreditation requirements. Additional committees may also be included per health plan need, including regional level committees as needed based on distribution of membership. These committees assist with monitoring and supporting the Quality Program. The Ambetter from SilverSummit Healthplan committee structure is outlined below. The QIC was chaired by the Chief Medical Director in 2019. The QIC met four (5) times in 2019.

The below table displays all applicable committees that supported QIC efforts, along with the completed number of meetings held during the calendar year of 2019.

Committee Name	Number of Completed Meetings
Performance Improvement Team (PIT)	10
Credentialing Committee (CC)	12
Medical Management Committee (MMC)	4
Joint Operations Committee (JOC) with each vendor	4 per vendor
Pharmacy and Therapeutics Committee (P&T)	4
Compliance Committee * includes Vendor Oversight	4
Member Advisory Committee	4
Community Advisory Committee	4

SSHP's Committee structure was adequate and met all charter requirements/objectives and supported the quality program successfully during 2019. In 2020, no changes have been proposed or planned to the committee structure for 2019, however, plans are being made to increase the membership of committee members to include two of each provider type presently represented on the committee. There was adequate practitioner participation, quorums and

engagement on the QIC, P&T Committee, Medical Management Committee and the Credentialing Committee.



All of SSHP’s departments are continuously collaborating toward achieving effective and positive outcomes with its quality initiatives and health care delivery for our members. SSHP facilitates organizational improvements through education, assessments, communication and continued process evaluation that lead to timely identification of barriers and resolutions.

Monthly meetings were held with Care Management staff to discuss gaps in care identified for members enrolled in Case Management to work together to inform the member of needed care gap to be closed and assist the member with receiving the service, such as transportation needs, scheduling an appointment and providing education on the importance of the care need identified.

HEDIS Coordinators also met monthly with SSHP’s pharmacy staff to discuss initiatives to ensure compliance with medications related to QRS measures. Such initiatives included members for Pharmacotherapy Management of COPD Exacerbation and Systemic Corticosteroids and Bronchodilators. The pharmacy department initiated a Drug Utilization Review letter to the prescriber physician(s) of gaps of members who are not receiving one of these two medications and have had diagnosis of COPD Exacerbation. In addition, HEDIS Coordinators provided case management staff with gap list of members not getting refills or not receiving one of the two medications when member had diagnosis of COPD Exacerbation to provide education and importance of prescription fills and refills.

In addition to SSHP’s local staff and resources, Centene Corporate plays an integral role in supporting Quality processes and functions and providing oversight and direction to ensure the Quality Program is successful. During 2019, SSHP was provided oversight by the Sr. Manager of Accreditation for Centene for NCQA Accreditation, HEDIS Program Manager for Centene assisted in the HEDIS audit conducted by HSAG during 2019 providing details regarding corporate support for HEDIS reporting, supplemental data, and oversight of corporate vendor contracts.

➤ **Organizational Report / Changes in Organization in evaluation year**

In December, 2019, SSHP received NCQA Accreditation with a score of 49.79 out of a possible 50 points. This accreditation included not only documentation related to the NCQA standards, but also file reviews for Appeals and Grievance, Utilization Management, Case Management and Credentialing.

➤ **Scope of the Quality Program**

SSHP systematically monitors and evaluates the Quality Program throughout the year by analyzing and reporting on key indicators of clinical and non-clinical outcomes. These indicators include:

- QRS
- Call Statistics
- Access/Availability of Network and Staff
- Utilization
- Clinical Practice Guideline adherence
- Member and Provider Satisfaction
- Coordination of Care
- Compliance Program Description

➤ **Compliance Program Description**

The Compliance Department is responsible for SSHPs Compliance Program which includes working in collaboration with the Special Investigations Unit of Centene Corporation to monitor and investigate potential fraud, waste and abuse by providers, members and employees. The Compliance Department consists of the Vice President of Compliance, a Compliance Specialists, and Reporting Specialists, a Compliance Analyst and a Compliance Coordinator. Each member of the team works to ensure that the Compliance Program is executed, that Protected Health Information is secured and that instances of potential fraud, waste and abuse are detected and reported to the proper authorities within Centene Corporation, the Division of Insurance (DOI), and the Nevada Attorney General's Office. The Compliance Department also works to ensure that Centene/SilverSummit Health Plan's Business Ethics and Conduct Policy is upheld and that employees are fully aware of company policies and procedures and state and federal laws and regulations that govern SSHP's business activities.

The Compliance Department works in conjunction with SSHP Vice Presidents and Directors and their staff and the Corporate Compliance Reporting team to compile data for state performance reporting requirements. The Compliance Department ensures that DOI's templates are implemented and maintains a schedule of reports that are annually. The Compliance Department acts as SSHPs liaison to DOI for contractual reporting requirements and investigations. SSHP submitted all required reports to DOI within required timeframes during 2019.

The Compliance Department functions as lead for the Compliance Committee. The Compliance Committee membership includes a cross-section of SSHP employees. The Compliance Committee meets quarterly and includes oversight of all vendors. During calendar year 2019, the Compliance Committee met four times.

During 2019, SSHP's Special Investigative Unit (SIU) opened seventy-cases with the following actions taken:

- Two cases, the providers were recommended for termination. Both are still pending permission from DHCFP
- Nine cases were referred to the Attorney General's office for Nevada

At the end of 2019, the SIU had fifty-nine cases opened and under review.

➤ **Cultural Competency**

Ambetter from SilverSummit Healthplan is committed to establishing multicultural principles and practices throughout its organizational systems of service and programs as it works towards the critical goal of developing a culturally competent service system. It is the goal of SSHP to reduce healthcare disparities and increase access to care by providing quality, culturally competent healthcare through strong doctor-patient relationships. SSHP believes all members deserve quality healthcare regardless of their background, and we are committed to ensuring that members receive needed services in a manner that recognizes, values, affirms, and respects the worth of each individual by adhering to the National Standards on Cultural and Linguistically Appropriate Services (CLAS standards). SSHP works to minimize all barriers to care and to preserve the dignity of our members by utilizing the fifteen CLAS standards, developed by the U.S. Department of Health and Human Services' Office of Minority Health.

These standards fall in three areas:

- Governance, Leadership and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability

Implementing CLAS standards provides SSHP with clear direction to ensure that we will provide culturally competent services to its members. During calendar year 2019, the CLAS Program Description, Provider Network Assessment and interventions to improve the cultural competency of the providers serving members were approved by the QIC.

Further, SSHP defines cultural competency as the willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population. It is the use of a systems perspective which values differences and is responsive to diversity at all levels of an organization, i.e., policy,



governance, administrative, workforce, provider, and consumer/client. Cultural Competence is developmental, community focused, and family oriented. In particular, it is the promotion of quality services to underserved, racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods, and throughout the system to support the delivery of culturally relevant and competent care. It is also the development and continued promotion of skills and practices important in clinical practice, cross-cultural interactions, and systems practices among providers and staff to ensure that services are delivered in a culturally competent manner. SSHP provided services to members of all cultures, races, and ethnic backgrounds in a manner that recognized individual values and respected the worth of the individual members. SSHP has a Cultural Competency Plan in place, based on the Cultural and Linguistically Appropriate Services (CLAS) standard guidelines. SSHP can provide complimentary in-person interpretation to our members if it is scheduled in advance of their appointment, or a free telephonic interpretation service that can be used on-demand. SSHP has two separate language vendors, in case one vendor is temporarily out of service. We also monitor these services to assure that members are getting access to the language interpretation they need. In addition to spoken interpretation services, we also provide members with written material translated into any language upon request, including large print and braille.

### **Practitioner Language Ability**

In 2019, SSHP examined available data about network practitioner's ability to meet member's ethnic, racial, cultural or linguistic needs. SSHP evaluated data on practitioner's who speak languages other than English to see if member's language needs are being met. SSHP utilized practitioner language data that is provided to SSHP during the credentialing process and housed in Portico and Find a Provider Systems. The number and type of practitioners who reported speaking languages other than English are listed below.

Language	# of PCPs	# of Specialists	# of BH Practitioners	Total #
American Sign Language	2	2	3	7
Benjali	1	1	1	3
Hungarian	0	0	3	3
Mandarin Chinese	1	4	0	5
Taiwanese	0	5	0	5
Telugu	2	3	0	5
Marathi	0	2	1	3
Nepali	0	3	0	3
Romanian	1	2	0	2
Serbian	0	3	0	3
Thai	0	1	2	3
Bangla	0	0	2	2
Bosnian	0	2	0	2
Bulgarian	0	1	1	2
Dutch	0	2	0	2
Philippine	1	0	1	2
Samoan	1	0	1	2
Swahili	0	1	1	2
Tamil	0	2	0	2
Turkish	1	1	0	2
Afrikaans	0	0	1	1
Albanian	0	0	1	1
Assyrian	0	1	0	1
Burmese	0	1	0	1
Faroese	0	0	1	1
Igbo	0	1	0	1
Kannada	0	1	0	1
Kikuyu	0	1	0	1
Laotian	0	1	0	1
Lithuanian	0	1	0	1
Native American	0	1	0	1
Other	0	0	1	1
Pakistani	0	1	0	1
Pashto	0	1	0	1
Somali	0	0	1	1
Yoruba	0	1	0	1
Yiddish	0	1	0	1
Serbo-Croatian	0	1	0	1
Swedish	0	0	0	0
Visayan	1	0	0	1
Zulu	0	0	1	1
Sindhi	0	1	0	1
Total	336	677	545	1558

### Analysis

Of the practitioners/practitioners offices who speak languages other than English, 41% spoke Spanish and approximately 7.6% Tagalog. This data demonstrated that the current Spanish and Tagalog speaking capabilities among practitioners meets the cultural and linguistic needs of SSHP members. SSHP investigates member grievances/complaints related to the culturally and linguistically appropriate services (CLAS).

SSHP assesses member grievances that relate to the practitioner availability to identify and address any gaps related to the practitioner network not meeting the members cultural, ethnic, and linguistic needs. SSHP defines a grievance (complaint) as any expression of dissatisfaction, received verbally or in writing, about any matter other than an action/adverse determination. For 2019, no grievances were received related to cultural and/or linguistic issues. SilverSummit Healthplan's grievance goal is less than two grievances per 1000 members for CLAS grievances/complaints, which was met for 2019. For quality assurance purposes, SSHP will continue to track and trend grievances and zero (0) is the baseline data evaluation result for CLAS related grievances. All grievances are identified at the time of intake by trained Grievance and Appeals staff. All grievances are investigated thoroughly by the Quality Improvement (QI) Department and reviewed to ensure all systemic issues are identified and addressed. In addition, no grievances were received from members related to linguistic needs such as the inability to get translation services, member call center staff unable to speak bi-lingual, inability to access written information in primary language. SSHP has five bi-lingual call center representatives in addition to the availability of the translation line if a call center representative is not available that can speak the members language.

In 2019, 1199 telephonic interpretation request were received as follows:

Language	# of Request received
Albanian	5
Amharic	38
Arabic	10
Brazilian Portuguese	7
Burmese	2
Cambodian	1
Cantonese	26
Chin (Hakha)	1
Dari (Afghanistan)	2
Ethiopian	10
Farsi	17
Filipino	23
German	1
Haitian Creole	4
Italian	4
Japanese	9
Korean	6
Mandarin	235
Persian	12
Polish	2
Punjabi	3
Russian	27
Serbian	1
Spanish	609
Tagalog	10
Telugu	1
Thai	4
Tigrigna (Eritrea)	2
Turkish	1
Uzbek	1

## Analysis

The most requested interpretation was Spanish with Mandarin second. In comparison to 2018, SSHP showed a significant increase in request for interpretation but also Mandarin was most requested interpretation in 2018, as compared to Spanish in 2019. Based on these request and the number of providers speaking these two languages, SSHP network access is adequate for these two languages with 758 for Spanish and 31 for Mandarin.

## Opportunities and Actions for improvement in 2020

- SSHP will continue its review of services provided by the SSHP to identify any service gaps that require resolution.
- SSHP will continue to examine data regarding the racial composition of the membership and the health plan and network providers' ability to meet members' cultural and linguistic needs.
- The Quality Department will continue working with SSHP marketing staff and corporate communications staff to ensure that member education material is translated in prevalent languages and that large font documents are available, if requested.

### ➤ Delegation

SSHP delegates to contracted vendor and sister companies' for service as noted below.

2019 SilverSummit Healthplan Vendor Delegation			
Vendor/ Sister Company		Vendor Description	Annual Audit Responsibilities
Envolv PeopleCare - Sister Company	Legacy Cenpatico Behavioral Health	Manages specialty behavioral health services, including disease management, utilization management	Corporate Compliance
	Legacy NurseWise	Provides 24-hour Nurse Advice line services	Corporate Compliance
	Legacy Nurtur	Provides Disease Management services. Conditions include Asthma, COPD, Diabetes, Heart Failure, and Web portal wellness assessment	Corporate Compliance
National Imaging Associates (NIA)		Radiology benefit manager	Corporate Compliance
Envolv Vision- Sister Company	Legacy OptiCare	Vision benefit manager	Corporate Compliance
Envolv Pharmacy Solutions- Sister Company	Legacy US Script	Pharmacy benefit manager.	Corporate Compliance

SSHP exercises proper oversight of sister companies, contractors, consultants, and vendors performing delegated functions or services for or on behalf of SSHP.

Individuals and entities performing delegated functions are required to comply with all relevant requirements. All delegated vendors participate, at a minimum, in quarterly joint operational committee (JOC) meetings in which the vendor shares critical compliance information such as call center statistics, utilization management metrics, and other performance indicators. We also discuss member and provider experiences with these vendors by monitoring and discussing member grievances and provider complaints. Representatives from all involved departments convene for cross-departmental and cross-organizational communication.

## ❖ **Quality and Utilization Program Effectiveness**

During 2019, the Quality Program continued its collaboration with all organizational departments to facilitate continuous improvement in performance by empowering all stakeholders through education, communication, and evaluation. SSHP has continued to improve the quality of care and services provided to the membership through continuous assessment of patterns and trends and identification of barriers to quality outcomes. The following illustrates the strengths and accomplishments in 2019, as well as identified opportunities for improvement in 2020:

### **Strengths and Accomplishments**

- 1<sup>st</sup> Year Survey NCQA Accreditation received with a score of 49.79 points out of a possible score of 50
- Provider Satisfaction Survey score of 69%
- QHP survey implemented for the first time
- Met or exceeded provider accessibility for appointment standards and after hour access
- Maintain A&G goals under target for 2019
- SSHP had less than 50 Quality of Care Issues in 2019

### **Opportunities and Actions for improvement in 2020**

- Increase member awareness of the member portal to obtain information, complete PCP change forms, make a copy of member ID card, view the member handbook and utilize “find the provider” tool
- Increase provider awareness of the provider portal to obtain information, verify eligibility, view provider manual, check status of claim(s), submit claims, verify member benefits
- Continue to evaluate the effectiveness of the member chat capability in which the member may communicate through chat option as opposed to a phone call
- Bring provider access and availability survey in-house and conduct quarterly instead of monthly
- Increase response rate for QHP

- Increase QHP health plan rating
- Increase provider education on required medical necessity documentation when requesting advance imaging studies
- Initiate the Pay for Performance Program (P4P)
- Increase enrollment in Disease Management Program
- Increase outreach to members with diseases ranked 1 and 2 for occurrences
- Increase outreach and frequency of calls to providers/practitioners ensuring that all groups of providers have outreach within at least one quarter over the annual survey
- Increase practitioner’s understanding of the accessibility standards that are required to be adhered to for being an in-network provider
- Increase member awareness of available care

**❖ Population Characteristics**

SSHP reviews the net change in membership month over month to understand reasons members discontinue their Ambetter membership in order to identify improvement opportunities.

During 2019, SSHP began with 31,280 members but by December 31, 2019, membership had decreased to 28,318.

Ambetter Product Line	2019 ending Enrollment
Total Membership	28,318

The tables below breaks down membership by age, sex, and Region

Region	Product	Age Group	Sex	Members
Southern Region	Ambetter	0-12 Months	F	59
			M	64
		5-Jan	F	366
			M	388
		14-Jun	F	607
			M	644
		15-20	F	501
			M	533
		21-34	F	2,033
			M	1,533
		35-44	F	1,702
			M	1,317
		>45	F	5,161
			M	4,163
Northern Region		0-12 months	F	20
			M	31
		1-5 years	F	171
			M	195
		14-Jun	F	349
			M	341
		15-20	F	267
			M	282
		21-34	F	814
			M	602
		35-44	F	619
			M	486
		>45	F	2,850
			M	2,116

### Analysis

During 2019, SSHP a loss of 2,962 members secondary to not paying their premiums for Ambetter from SilverSummit Healthplan or patient was deceased. Analysis indicated no trend of particular month or time of the year members would stop paying their premium.

SSHP also tracks race/ethnicity of our members to ensure members have access to culturally relevant providers. The table below displays the race/ethnicity of the total population. SSHP uses state provided eligibility data for the most accurate and specific data available specifically related to the total population:

<b>Ambetter Population</b>	<b>Member Count</b>	<b>% of Total Population</b>
Unknown	26,113	92.21%
White (Non-Hispanic)	1,324	4.68%
Other Asian	403	1.42%
Filipino	115	.41%
Vietnamese	95	.34%
Chinese	76	.27%
Black	59	.21%
Hispanic	35	.12%
Asian Indian	20	.07%
Japanese	18	.06%
Other	15	.05%
Caucasian	10	.04%
Korean	7	.02%
Asian	5	.02%
Native Hawaiian	4	.01%
Samoan	4	.01%
Subcontinent Asian American	2	.01%
Other Pacific Islander	1	.00%

### **Analysis**

SSHP receives member demographics from the Affordable Care Act government enrollment website which has been shown to not always be accurate. With 92.21% of the membership race being unknown, it is difficult to determine membership trends related to provider network, cultural competency and barriers to obtaining and accessing healthcare. The 2010 Nevada Census indicates 66.2% of people who completed the census reported their race as white. The second highest rate reported was Hispanic or Latino descent. Based on the demographics received, SSHP is unable to determine the comparison of SSHP member's demographics with the 2010 Census data.

### **Opportunities and Actions for improvement in 2020**

- In 2020, the State of Nevada is transitioning from the federal exchange database for enrollment to a State based platform and SSHP has been working with the Silver State Exchange, the State Based Exchange entity, to improve member demographic information received. SSHP will analysis this in 2020



when all files received to determine areas of opportunity to improve and obtain member demographics as applicable.

SSHP tracks and trends top diagnoses affecting our membership to evaluate for areas of opportunity, innovation and quality issues pertain to our members. The table below illustrates top diagnoses related to our membership

Ranking	Diagnosis	Penetration Rate/1000	Previous Year Ranking
1	Sepsis Unspecified Organism	8.3	1
2	Spinal Stenosis Lumbar Region	4.5	Not ranked
3	Encounter Screening Malignant neoplasm of colon	3.2	3
4	End Stage Renal Disease	2.5	2
5	Single Live Infant Delivery Vaginally	1.5	Not ranked

## ANALYSIS

Of the top five diagnosis, Sepsis Unspecified Organism was number one, which was ranked number 1 in 2018 also. Two of the top five for 2019 were not ranked in 2018.

## Opportunities and Actions for improvement in 2020

- Work with Case Management Department to risk stratify these members and conduct outreach to attempt to get member to engage in case management
- Analysis members with this diagnosis code other medical and pharmacy claims to detect any trend related to members receiving this diagnosis

## ❖ Quality Performance Measures and Outcomes

### ➤ Quality Improvement Activities (PIPs)

PIP #1-Increase Health Risk Screenings for New Enrollees, Male Age 35+ SSHP's Case Management department helps identify members that have the greatest need for, and can most benefit from, care coordination and care management, including complex care management to provide guidelines for member specific plans of care that focus on organizing, securing, integrating, and modifying the resources necessary to maximize and support the wellness and autonomy of the member. Men are at greater risk for chronic disease due to preventable lifestyle risk factors, therefore, SSHP decided to target the male membership for SSHP. In addition, SSHP also experiences challenges with enrollment into case management due to low engagement, incorrect or no contact information for outreach.

SSHP decided a process to promote care management and early intervention services by completing a health risk screening to new male members' ages 35+ within 90 days of enrollment. The goals of the assessment are to identify the recipient's existing and/or potential health care needs and assess the recipient's need of CM services. The comprehensive assessment evaluates the recipient's physical health, behavioral health, co-morbid conditions, and psycho-social, environmental, and community support needs.

The initial data obtained was for newly enrolled members with SSHP who completed a health risk screening within 90 days of enrollment for men ages 35+ during July 1, 2018 through July 30, 2019. During this measurement period, men ages 35+ was 29% of SSHP population and on average men ages 35+ completed a health risk screening 3% of the time. SSHP set a Smart Aim goal to increase the health risk screenings for males ages 35+ from 4% to 6% by July, 2021.

Key drivers included lack of staffing, member engagement in completing the screening and homeless. Interventions include POM campaign-use of auto-dialer to make weekly outreach calls as attempts to complete health risk screening, health risk screening incentive-member to receive \$25 incentive for completing health risk screening, complete health risk screenings at outreach events such as the monthly Homeless Pop-up event.

As of February, 2020, this PIP is currently in the testing stage for interventions and is not finalized.

PIP #2 –Increase the number of members receiving their post-partum visits

SilverSummit Health Plan's mission to improve the health of the community one member at a time drives our goals to engage members in care throughout the life cycle. From newborn care, child & wellness visits, adolescent physical and mental health services, reproductive care, prenatal care and postpartum care. SilverSummit Health Plan promotes preventative and wellness care and engages in activities to increase participation of our members achieving the life cycle health care goals. To this end, SilverSummit Health Plan seeks to increase postpartum visits for all mothers whose pregnancy has resulted in a live birth. SSHP did not have a rate for 2018 as it was first year of business. For 2019, the administrative rate as of December 31, 2019 was a numerator was 98 with a denominator of 272 resulting in a rate of 36.03%. SSHP goal is to increase the rate by 5% in 2020. The key drivers identified for the PIP are as follows:

- Transportation availability
- Member knowledge and engagement in timeliness of postpartum appointments
- Lack of prenatal care and no OB, so member does not know who to have a follow up appointment

Possible Interventions include the following:

- Uber rides-new ride share program possible pilot
- Bus passes to members needing transportation

- Gas cards for those with reliable vehicles
- Outreach calls by referral specialists to members identified to have a pregnancy that resulted in a live birth 14 days post-delivery.
- Schedule appointments as needed for postpartum visit between 14-56 days postpartum
- Reminder calls 4-7 days prior to scheduled appointment

As of December 31, 2019, this PIP is currently in the failure mode affect stage and scheduled for completion in June, 2021.

### ➤ **QRS Indicators**

SilverSummit Healthplan underwent their first year for QRS in 2019. In 2018, a HEDIS Steering Committee was implemented and continues and is delegated to oversee initiatives and implementation of interventions related to QRS benchmarks. SSHP tracked thirty-seven measures in 2019. For these thirty-seven measures, seven had zero denominator. The remaining measures are serving as baseline data for SSHP and so no goal was established. SSHP will monitored throughout the year for initiatives to improve. The measures noted needing significant improvement include the following:

- Adult BMI Assessment rate= 32.18
- Antibiotic Utilization rate = 45.41%
- Metabolic Monitoring for Children and Adolescents on Antipsychotics rate combined = 22.22%
- Adolescent Well Care Visits rate =28.05%
- Comprehensive Diabetes Care-Eye Exam rate= 28.03%
- Chlamydia Screening Total rate= 39.65%
- CIS Combo 10 rate= 31.91%
- Colorectal screening rate= 23.00%
- Immunization for Adolescents HPV rate =20.87%
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Met All Total rate =6.42%

### **Opportunities and Actions for improvement in 2020**

- Expand the pay for performance (P4P) program to additional providers to assist in improving these rates
- Monthly and quarterly meetings with providers on the P4P program to discuss their progress in closing these gaps, discuss interventions on member outreach to close these gaps
- Planning a SSHP member event only at one or two of the P4P provider's offices where members can participate in fun events but also get their immunizations and have a wellness visit while at the event.
- Incentivizing members for these measures

- Access electronic medical records, as available, to retrieve any Hybrid HEDIS measures results to upload to Centene’s supplemental database and also to avoid member abrasion if member has already received but is not captured through claims

➤ **Patient Safety**

**Quality Investigations**

SSHP’s Quality Investigation process addresses both quality concerns and adverse occurrences. Quality investigations can be requested from any department within the health plan, from a member, members authorized representative, or provider. Potential, quality of care and service issues are classified according to a defined risk severity level that is outlined in the QI policy.

Data included in the assessment of patient safety, and quality of care issues identified by any department, are reported to the Quality department for investigation. Member safety is monitored by tracking and trending adverse occurrence reviews that are identified during the daily Utilization Management processes. Adverse occurrence screening is the mechanism utilized to monitor all medical management activity for consistency and compliance with medically accepted standards of practice. Tracking and trending of these occurrences additionally identifies provider issues that are related to potential quality performance. A quality risk assessment is assigned to each occurrence investigated. Information was compiled on a quarterly basis and reported through the QIC.

**POTENTIAL QUALITY OF CARE SUMMARY LOG 2019**

<i>Type Summary</i>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD
<i>Adverse Medical</i>	0	0	0	0	0	0	0	0	1	0	1	0	2
<i>Adverse Surgical</i>	0	0	0	0	0	0	1	1	0	0	0	0	2
<i>Allergic Reaction</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Death</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Dissatisfied w/ Care</i>	1	1	2	0	2	0	0	0	1	0	0	0	7
<i>Access and attitude</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Miscellaneous (lost medical records, wrong file, safety issues)</i>	0	0	0	2	0	0	0	0	0	0	0	0	2
<b>Totals</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>13</b>

Severity Levels are as follows:

Severity Level	Definition
<b>Level 0 - None</b>	Investigation indicates acceptable Quality of Care has been rendered.
<b>Level 1 - Low</b>	Investigation indicates that a particular case was <i>without significant potential</i> for serious adverse effects, but could become a problem if a pattern developed.
<b>Level II - Medium</b>	Investigation indicates that a particular case demonstrated a <i>moderate potential</i> for serious adverse effects.
<b>Level III -High</b>	Investigation indicates that a particular case has demonstrated a <i>significant potential</i> for serious adverse effects.
<b>Level IV - Critical</b>	Investigation indicates that a particular case demonstrated a <i>serious, significant adverse outcome</i> .

<i>Severity Summary</i>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
<i>Severity Level 0</i>	1	1	2	2	2	0	1	1	2	0	1	0	13
<i>Severity Level 1</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Severity Level 2</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Severity Level 3</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Severity Level 4</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Pending Severity</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>13</b>

In 2019, the quality investigation cases included various cases with the majority falling in the category of dissatisfied with care. SSHP Appeals and Grievance (A&G) Manager tracked this category to determine a pattern of care by a particular provider or group. Six of the seven of the quality of care regarding treatment were received related to different providers and were prominently related member felt the provider(s) did not provide adequate treatment for their condition.

For 2019, SSHP had a goal of less than 50 Quality of Care Issues per year. In 2019, this goal was met.

#### **Opportunities and Actions for improvement in 2020**

- continue to monitor, track and trend in 2020 for possible areas of provider education,
- SSHP staff education on quality of care reporting and improvement opportunities.

➤ **Access and Availability**

➤ **Call Statistics (Member and Provider Calls)**

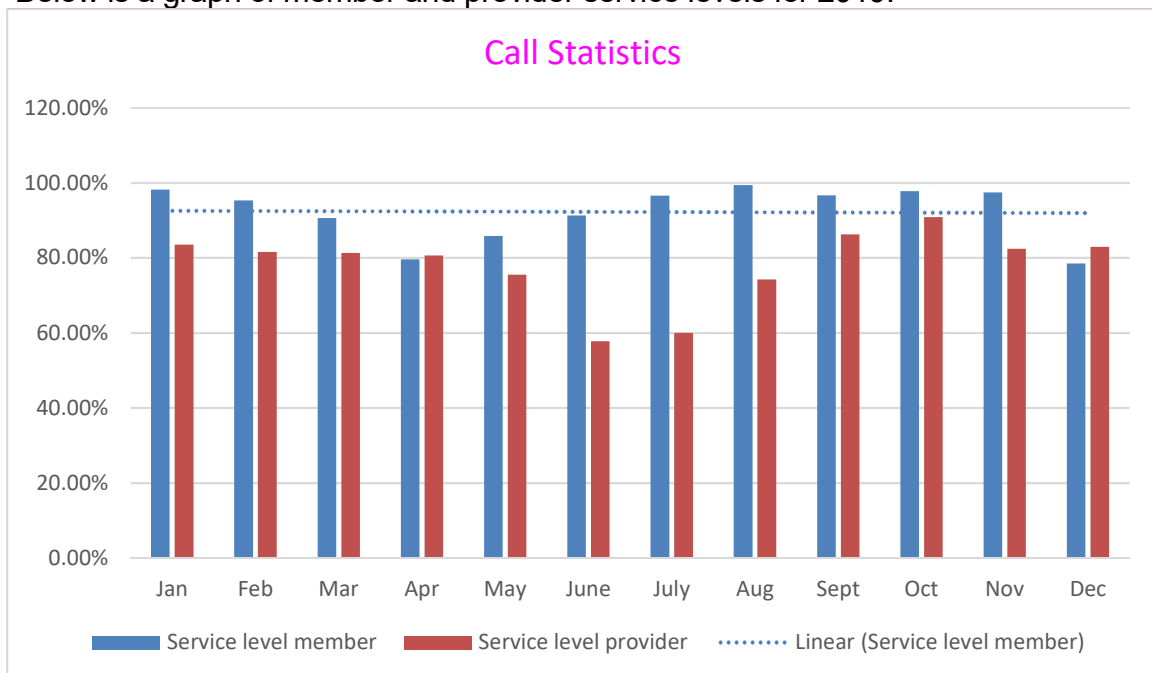
SSHP is committed to providing appropriate information to members and treating members in a manner that respects their rights. A list of member's rights and responsibilities are given to the members upon enrollment with SSHP as part of the Member Handbook. It is the policy of SSHP to advise their members of their rights and responsibilities and how they will be protected in accordance with the Centers for Medicare & Medicaid Services (CMS) regulations, Nevada regulations and NCQA guidelines.

Call volumes for the Member Call Center tapered off in 2019, as compared to 2018 with a majority of calls being related to seeking assistance in finding a provider, getting a member card and asking for assistance in using the website. Service level goal of 80% was met every month but April at 79.6% and December at 78.5%.

Provider Call Center has had a consistent call volumes throughout 2019 with largest volume related to inquiries regarding claims. Provider Call Center service levels did not meet the goal of 80% for May, June, July and August of 2019 due to high turnover of staff that was unexpected. The abandonment rate for provider calls ended in 2019 at 3.8% with a goal of less than 5% which was met.

During 2019, SSHP deployed the chat capability for the member to communicate through the chat option as opposed to phone call. Not enough usage was noted in 2019 to evaluate the effectiveness on member call center metrics

Below is a graph of member and provider service levels for 2019.



Barriers identified to meeting the service level goals for both member and provider calls was related to staff turnover during the summer months, as well as, for the provider calls the amount of time per call to research and answer providers' questions related to claims.

### **Opportunities and Actions for improvement in 2020**

- Hire additional staff for member and provider call center, but also to have a list of trained ad hoc staff to utilize in the event of high staff turnover.
- Direct members to the member portal to obtain information, complete PCP change forms, make a copy of member ID card, view the member handbook and utilize "find the provider" tool
- Direct providers to the provider portal to obtain information, verify eligibility, view provider manual, check status of claim(s), submit claims, verify member benefits
- Continue to evaluate the effectiveness of the member chat capability in which the member may communicate through chat option as opposed to a phone call

### ➤ **Network Adequacy**

The Network department is responsible for the development and maintenance of SSHPs' system of providers. Consisting of Network and Provider Contract (PC), the department works closely with providers to ensure members have access to providers as mandated by DOI. Contracting is responsible for the initial build of the provider network and maintenance of existing providers once networks are established. Provider Contract Representatives assist with any issues of contracted providers. PC and Network work closely to achieve good working relationships with practitioners and facilities for the betterment of members.

SSHP network standards are to have one (1) full time equivalent (FTE) primary care provider, internist, pediatrician and oncologist within 25 minutes of the member's home or at least 1 full time primary care provider, internist, pediatrician and oncologist per 1,500 members. In addition, at least one Ob/Gyn provider within 60 miles of the members home or 1 per 1500 members.

However, if the PCP practices in conjunction with a health care professional the ratio is increased to one (1) FTE PCP for every one thousand eight hundred (1,000) members per service area. Below is details of SSHP's geographic and member to practitioner ratio network adequacy for 2019 for PCPs and Specialists results

Practitioner Type	Results	Goal Met? Yes or No
PCP's: Family Practitioners/General Practitioners	99% of members had at least one within 25 miles of home  185 PCPs per 1,500 members	Yes
PCPs: Internal Medicine	99%  28 Internist per 1,500 members	Yes
PCPs: Pediatrics	96%  15 Pediatricians per 1,500 members	Yes
Obstetrics/Gynecology	99%  11 Ob/Gyn per 1,500 members	Yes
Oncology Urban	97%  5 oncologists per 1,500 members	Yes
Oncology Rural	90.5%  1:1500	Yes

For behavioral health, SSHP is required to have one prescribing psychiatrists within 30 miles of the members home or at least 2 psychiatrists per 1,000 members, at least 1 non-prescriber such as a clinical psychologists within 30 miles of the members home or at least 2 clinical psychologists per 1,000 members and at least one licensed mental health professional, such as clinical social worker, within 30 miles of the members home or at least five licensed mental health professions per 1,000 members



Below is SSHP’s geographic and member to practitioner ratio network adequacy for 2019 for behavioral health.

<b>Practitioner Type</b>	<b>Results</b>
Prescribers: Psychiatrists	8 psychiatrists per 1,000 members
Non-Prescribers: Clinical Psychologists	7 psychologists per 1,000 members
Non-Prescribers: Licensed Mental Health professionals	97 licensed mental health professionals per 1,500 members

SSHP monitors data about member perception of physical health network adequacy using results from member complaints and appeals about access to care. Upon receipt of a formal verbal or written grievance, each one is assigned a category code based upon the main issue in the grievance, including access category, as well as assigning a sub-category to drill down and understand the nature of the grievance. SSHP goal is to have less than 2 grievances per 1,000 members. All members’ grievances are reviewed and analyzed; no sampling is used. SSHP also identifies the highest appeals received for lack of access to care, including a sub-category to drill down and understand the bases of the appeal. The table below represents the grievances received related to access.

Complaints related to Access	Grievance Total	Grievances per 1,000 members (28,318)	Goal Met? <2 per 1,000 members
<b>Provider Network Availability</b>			
DME-Network Availability	1	0.03	Yes
<b>Total</b>	<b>1</b>	<b>0.03</b>	<b>Yes</b>
<b>Provider Appointment Availability</b>			
Availability of appointment with PCP	2	0.07	Yes
Referral process (e.g., delayed process, refusal to refer)	1	0.03	Yes
Pharmacy Issues (e.g., prescription delay, therapeutic substitution, tier exception request)	1	0.03	Yes
<b>TOTAL</b>	<b>4</b>	<b>0.14</b>	<b>Yes</b>

Appeals Related to Access	Appeals Total	Appeal per 1,000 members ( )	Goal Met? <2 per 1,000 members
<b>Provider Network Availability</b>			
Distance of provider	0	0	Yes
Provider Incorrectly advised they were In or Out of Network	0	0	Yes
Provider Panel Disruption (e.g., provider leaving network)	0	0	Yes
Lack of a Provider that speaks the member desired language or racial/ethnic disparities	0	0	Yes
<b>Total</b>	0	0	Yes
<b>Provider Appointment Availability</b>			
Delay in receipt of services or equipment (e.g., DME, Transportation, PT, Home Care)	0	0	Yes
Referral process (e.g., delayed process, refusal to refer)	0	0	Yes
Authorization of services denied (e.g., not medically necessary services available in network)	0	0	Yes
Lack of a Provider that speaks the member desired language or racial/ethnic disparities	0	0	Yes
<b>TOTAL</b>	0	0	Yes

### Analysis

Based on these results, SSHP met the requirements for PCPs, specialists and behavioral health providers. However, SSHP is looking to increase the number of clinical psychologists available, especially child psychologists and will be actively recruiting for the network in 2020. Based on the results of grievances and appeals related to provider network adequacy, SSHP met their goal for both grievances and appeals.

## Opportunities and Actions for improvement in 2020

- Continue to track and trend grievances and appeals received related to the access and appointment availability.

### ➤ 24 Hour Access/Availability

SSHP monitors PCP appointment accessibility and after-hours access to ensure practitioners demonstrate compliance with established standards and to ensure members have access to medical care 24 hours a day 7 days a week. During 2019, SSHP contracted with a third party vendor to conduct a practitioner-level analysis of appointment availability on contracted PCP's, high-volume and high-impact specialists and high-volume behavioral health practitioners via a telephone survey method. During these surveys, 1,280 practitioners were contacted for the survey. The table below details the results of these surveys for PCPs.

Appointment Type	Performance Standard	Performance Goal	Results	Goal Met (Yes or No)
Regular and Routine Care Appointments	Within 30 Calendar Days	90% Compliance	94%	Yes
Urgent Care Appointment	Within 24 hours	90% Compliance	97%	Yes
After-hours access	Appropriate after-hour mechanism in place that allows for live or recorded directions to members for contacting a practitioner and/or directions for life threatening emergencies	100% have an acceptable process in place for adequate after-hours care.	100%	Yes

### Analysis

Based on the survey results, SSHP met all performance goals for routine and urgent care by greater than the 90% performance goal. A valuable benefit of managed care is the ability of the member to maintain contact with the PCP, which enables proper utilization and continuity of care, while decreasing the inappropriate use of emergency room visits. To evaluate for after-hour access, practitioner's offices were contacted after normal business hours to ascertain the type and level of available after-hours

care. Responses were allowed to be given by voice message or an answering service. Practitioners were given a pass or fail, based on the response of the answering service or the information included on the voice mail message. Based on the survey results, SSHP met the performance goal for after-hour access.

During 2019, evaluation of the third party vendor was conducted and it was determined by SSHP that it would better suit the health plan to bring these services in house. In addition, SSHP evaluated any barriers that might impact these surveys and based on these evaluation, opportunities and actions for improvement are noted below.

**Opportunities and Actions for improvement in 2020**

- Increase outreach and frequency of calls to providers/practitioners ensuring that all groups of providers have outreach within at least one quarter over the annual survey
- Increase practitioner’s understanding of the accessibility standards that are required to be adhered to for being an in-network provider
- Increase member awareness of available care

For the Behavioral Health survey, SSHP contracted with the same third party vendor to conduct practitioner-level analysis of appointment availability annually on high-volume behavioral health practitioners. SSHP monitors behavioral health appointment access to determine whether members can receive timely appointments based on severity of illness. The sample size include 580 behavioral health practitioners to both prescribing (psychiatrists) and non-prescribing (psychologist, clinical psychologist and clinical social workers). The table below demonstrates results of the survey.

**Behavioral Health**

Appointment Type	Performance Standard	Performance Goal	Results	Goa met (Yes or No)
BH prescriber initial routine visit	Within 10 business days	90% Compliance	93%	Yes
BH prescriber non-life threatening emergency visit	Within 6 hours	90% Compliance	100%	Yes
BH prescriber urgent care visits	Within 48 hours	90% Compliance	90%	Yes
BH prescriber follow-up routine visit	Within 7 calendar days	90% Compliance	100%	Yes
BH prescriber follow-up after	Within 7 calendar days	90% Compliance	100%	Yes

inpatient mental health stay				
BH prescriber follow-up after inpatient mental health stay	Within 30 days	90% Compliance	100%	Yes
BH Non-Prescriber initial routine visit	Within 10 days	90% Compliance	93%	Yes
BH Non-Prescriber life-threatening emergency visit	Within 6 hours	90% Compliance	100%	Yes
After Hours Access	Provider is accessible or directions are provided on how to obtain care 24 hours per day, 7 days per week	90% Compliance	99%	Yes

## Analysis

SSHP measures behavioral health appointments access through the telephone survey of practitioner offices and solo practitioners. Of the sample, there was a completion rate of outreach, and all access standards were met. SSHP met internally to review and assess the survey process, as well as identify opportunities for improvement and success with performance against the standards to ensure that a sufficient volume of outreach is being done to guarantee that any potential access issues are being identified and addressed accordingly. Participants in the group included representation from Medical Management, Provider Relations and Quality. The analysis was to identify a process to bring the survey process in house given a new relationship with Summit Behavioral Health.

## Opportunities and Actions for improvement in 2020

- Develop a process that allows consistent communication and education regarding access standards to providers
- Increase outreach and frequency of calls to providers/practitioners ensuring that all groups of providers have outreach within at least one quarter over the annual survey
- Increase member awareness of available care

SSHP also analyzes data to determine if access to appointments with high-volume and high-impact specialists is sufficient for its members. The table below are results for high-volume (OB/GYN) and high-impact (Oncology) practitioners.

## Oncology

Appointment Type	Performance Standard	Performance Goal	Results	Goal Met (Yes or No)
Urgent Care (listed as emergency response in the provider manual)	Within 24 hours of referral	90% Compliance	100%	Yes
Routine	Within 30 calendar days of referral	90% Compliance	100%	Yes

## OB/GYN

Appointment Type	Performance Standard	Performance Goal	Results	Goal Met (Yes or No)
Routine Pregnancy Care	Well 1 <sup>st</sup> and 2 <sup>nd</sup> trimester seen within 7 calendar days of first request. Third trimester or high risk seen within 3 calendar days of first request or identification	90% Compliance	100%	Yes
Regular and Routine Care Appointments	Within 30 calendar days	90% Compliance	100%	Yes
Urgent Care Appointment	Within 24 hours	90% Compliance	100%	Yes
After Hours Access	Provider is accessible or directions are provided on how to obtain care 24 hours per day, 7 days per week	90% Compliance	100%	Yes

## **Analysis**

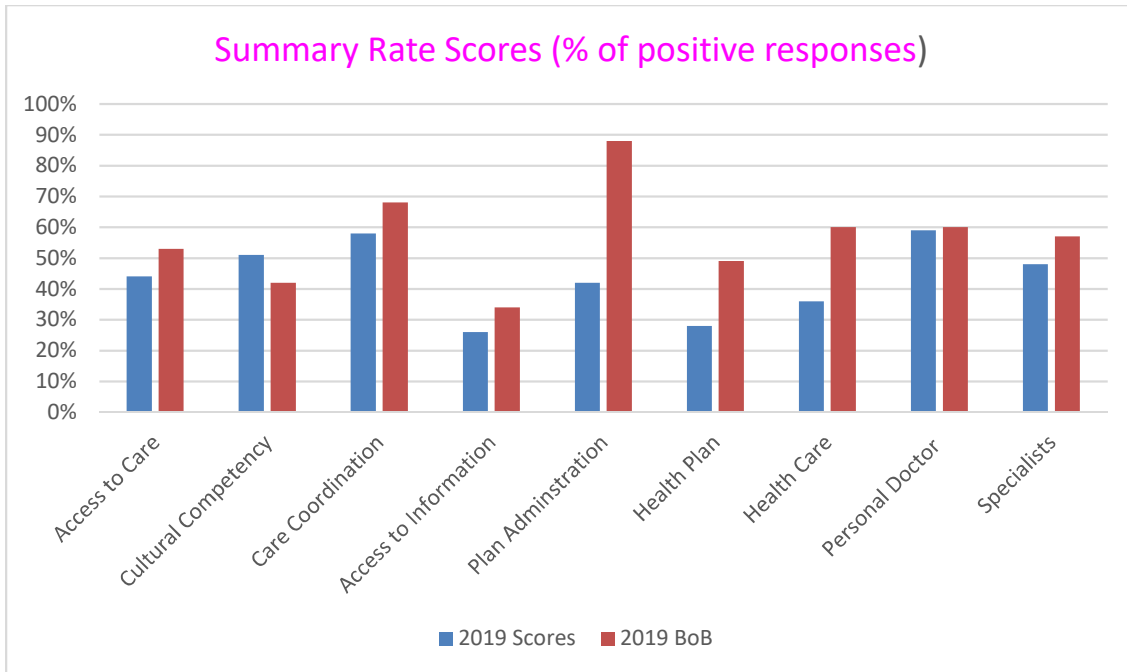
Both high-volume and high-impact standards were met by exceeding the 90% compliance threshold. SSHP met internally to review and assess the survey process, as well as identify opportunities for improvement and success with performance against the standards to ensure that a sufficient volume of outreach is being done to guarantee that any potential access issues are being identified and addressed accordingly and to identify any potential barriers and opportunities for improvement. Participants in the group included representation from Medical Management, Provider Relations and Quality.

## **Opportunities and Actions for improvement in 2020**

- Develop a process that allows consistent communication and education regarding access standards to providers
- Increase outreach and frequency of calls to providers/practitioners ensuring that all groups of providers have outreach within at least one quarter over the annual survey
- Increase member awareness of available care

## ➤ **Member Satisfaction**

SSHP conducted the Qualified Health Plan (QHP) survey through a third party vendor in 2019, which was the first year for SSHP to participate SSHP's goal was to meet the Quality Compass percentile at 50<sup>th</sup> percentile or above. Below are the results of the survey including sample size and response rate, key driver questions, comparison to Vendors Book of Business:



### Comparison to BoB

Survey Question	2019	BoB	Goal Met? Yes or No
Access to Care	44%	53%	Yes
Cultural Competency	51%	42%	No
Care Coordination	58%	68%	Yes
Access to Information	26%	34%	No
Plan Administration	42%	88%	Yes
Health Plan	28%	49%	No
Health Care	36%	60%	Yes
Personal Doctor	59%	60%	Yes
Specialists	48%	57%	Yes

### Analysis

For the QHP, the sample size was 1690 members with a total of 294 completed which equals a response rate of 23%. Based on this survey, the SSHP Member Satisfaction Committee developed a work plan for each area that scored below the Book of Business for the Vendor and our 2019 goal and further divided each question into



department groups that could best address the key drivers and develop action plans to improve not only the scores but increase the percentage of participation.

**Opportunities and Actions for improvement in 2020 examples are noted below:**

- Access to Care- Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse on-Call phone numbers and names of participating Urgent Care centers are very effective in this population. Encourage PCP offices to implement open access scheduling, identify for members PCP, pediatric and Ob/Gyn practices that offer evening and weekend hours. Develop referral guidelines to identify which clinical conditions that PCPs should manage themselves and which should be referred to specialist. Review grievance information to assess if issues are with the process of getting referrals or is it wait time. Provider Relations to discuss with PCP offices which types of specialist they have the most problems scheduling appointments for their patients.
- Cultural Competency-Provide information to members and providers how to quickly access interpreter services for provider offices. Assure that forms needed by the health plan are available in all languages needed by members. Include in the provider directory information concerning a provider's care for specific minority populations. Customer Service to validate the member's preferred language for telephonic and written communication during each call.
- Care Coordination-Offer to work with larger/high volume PCP groups to facilitate Electronic Medical Record (EMR) connectivity with high volume specialty groups. Encourage PCPs to set up HIPAA Compliant patient portals where members can easily access their lab and x-ray results. Encourage PCP offices to assist members with appointments with scheduling with specialist. Ensure providers are aware of Care Coordination available with the health plan and how plan can assist PCP in coordination of care with specialist.
- Access to Information- Evaluate the content of the member handbook annually, assess that all information is included and handbook is written at reading level appropriate for membership. Educate members on availability of cost estimator on the health plan's website. Ensure Customer Service representatives have access to tools necessary to assist members with calls related to prescribed drugs.
- Plan Administration-Analysis call center reports for reasons of incoming calls and identify the primary drivers of calls and design interventions to decrease call volume and/or improve member satisfaction with the health plan. Monitor telephone wait times and assure adequate staffing to meet standards for wait times. Analysis the current IVR short survey that is used to survey members experience with the customer service to explore and assess any deficits and areas of opportunity.

## ➤ **Disease Management Programs**

Disease Management is a multidisciplinary, continuum-based approach to healthcare delivery that proactively identifies populations with, or at risk, for chronic medical conditions. Disease Management is a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant. SSHP's disease management programs are offered telephonically and through mailings. Telephonic interaction is with trained nursing professionals and require an extended series of interactions, including a strong educational element. SSHP's disease management programs emphasize prevention and members are expected to play an active role in managing their disease(s). SSHP delegates the management of specific disease to an external vendor-Engolve People Care.

SSHP's disease management programs are disease-specific and evaluated for relevance to SSHP's membership demographics and utilization patterns. SSHP's disease management programs for 2019 included:

- Asthma
- COPD
- Diabetes
- Heart Disease
- Web Portal with Wellness Assessment

For each disease management program consist of the following:

- Identification of members with specified diagnosis
- Stratification of these members according to the severity of their disease, the appropriateness of treatment, and the risk for complications and high resource utilization
- Provision of proven interventions that will improve the clinical status of the member and reduce the risk for complications and long-term problems
- Involvement of member, family and physician to promote appropriate use of resources
- Education of patient and family to promote better understanding of disease and better self-management
- Ongoing measurement of the process and its outcomes in order to document successes and/or identify necessary revisions to the program

Members enrolled in any of these disease management programs all receive some level of intervention, which may include, but not limited to: identification, assessment, disease specific education, reminders about preventive/monitoring services, assistance with making needed appointments and transportation arrangements, referral to specialists as needed, authorization of services and/or medication

equipment, coordination of benefits, and coordination with community-based resources.

Education is a crucial component of the disease management program and is presented to members and their treatment practitioner and may be provided through mailings or telephone calls.

Engage People Care provides reporting to SSHP monthly, quarterly and annually to include count of all activities provided broken out by disease process, number of members active, inactive and pending per disease, listing of all members who completed their disease management program, outcomes detail, medications prescribed per member per disease, and quality outcomes such as quality of life, symptoms and health care utilization. SSHP goal is to have at least 2% of membership with these diagnosis codes involved in disease management. There were a total of 168 members involved in Disease Management throughout 2019, therefore SSHP did not reach the goal.

In 2019, EPC had total participation for each disease as follows:

- Asthma-19 active health coaching participants
- Back Pain-16 active health coaching participants
- Diabetes- 61 active health coaching participants
- Heart Disease- 14 active health coaching participants
- Hypertension-55 active health coaching participants

### **Analysis**

For these disease processes, SSHP did not meet the goal of 2% engagement. The most active members were in Ambetter's Silver plan, which is the plan with the lowest premium and out of pocket expenses. The lowest participation was in Ambetter's Gold plan, which is the highest cost premium and out of pocket expenses.

### **Opportunities and Actions for improvement**

- Partnership with the Disease Management Vendor on ways to promote the Disease Management Program, the value of the program, and the no charge for the program.
- Quarterly meetings will be held with Medical Management Manager of Case Management and the vendor to track monthly statistics and discuss any interventions undertaken to promote disease management program.

### ➤ **Clinical Practice Guidelines**

Preventive and clinical practice guidelines are based on the health needs and opportunities for improvement identified as part of SSHP's Quality Assurance Improvement Program. SSHP adopts preventive and clinical practice guidelines that are published by nationally recognized organizations or government institutions as well as state-wide collaborative and/or a consensus of healthcare professionals. The

clinical practice guidelines are reviewed annually and approved by SSHP's Quality Improvement Committee and is disseminated to providers SSHP's newsletter, targeted mailings and is available under provider resources on SSHP's website.

Current adopted guidelines are noted below:

- Adult Preventive Care-American Cancer Society Guidelines for the Early Detection of Cancer; Morbidity and Mortality Weekly Report from CDC; and U.S. Preventive Services Task Force Recommendations
- Asthma-Asthma Care Quick Reference Diagnosing and managing Asthma; Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma; Global Strategy for Asthma Management and Prevention
- Back Pain-Adult Acute Low Back Pain; Diagnosis and treatment of low back pain; Low back pain: clinical practice guidelines linked to the International Classification of Functioning Disability, and Health from the Orthopedic Section of the American Physical Therapy Association
- Chlamydia Screening-Final recommendation Statement Gonorrhea and Chlamydia Screening U.S. Preventive Services Task Force
- COPD-Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease-Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents; ACC/AHA Prevention Guideline: 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk; AHA Scientific Statement: Exercise and Physical Activity in the Prevention and Treatment of Atherosclerotic Cardiovascular Disease; AHA Scientific Statement: Secondary Prevention of Atherosclerotic Cardiovascular Disease in Older Adults. AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease, 2011 Update; The Primary and Secondary Prevention of Coronary Artery Disease: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines
- Diabetes-AAACE/ACE Guidelines: American Association of Clinical Endocrinologists and American College of Endocrinology- Clinical Practice Guidelines for Developing a Diabetes Mellitus Comprehensive Care Plan (Endocrine Practice 2015; Clinical Practice Recommendations – 2015. Standards of Medical Care in Diabetes (Diabetes Care 2016; Title: Standards of Medical Care in Diabetes
- Heart Failure- ACCF/AHA Practice Guideline 2013 ACCF/AHA Guideline for the Management of Heart Failure; AHA Scientific Statement: Exercise and Heart Failure; HFSA 2010 Comprehensive Heart Failure Practice Guideline; Updated Clinical Practice Guidelines on Heart Failure: An International Alignment
- Hyperlipidemia- ACC/AHA Prevention Guideline: 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults; Management of Blood Cholesterol in Adults: Systematic Evidence Review from the Cholesterol Expert Panel; Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults
- Hypertension- 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee; Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure
- Immunizations-Adult Immunization Schedule; Birth-18 Years & "Catch-up" Immunization Schedules; Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)
- Lead Screening-Lead Toxicity How should patients exposed to lead be evaluated?; Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention Report of the Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention; Recommendations for Blood Lead Screening of Medicaid-Eligible Children Aged 1-5 Years: an Updated Approach to Targeting a Group at High Risk

- Pediatric Preventive Care-Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents; Periodicity Schedule: Recommendations for Preventive Pediatric Health Care (2015)
- Recognized Source: American Academy of Pediatrics (AAP)
- Perinatal Care-AFP by Topic: Prenatal (2016); Guidelines for Perinatal Care, Seventh Edition
- Respiratory Illness- Centers for Disease Control and Prevention (CDC); Upper Respiratory Tract Infections; Diagnosis and Treatment of Respiratory Illness in Children and Adults
- Sickle Cell-Evidence-Based Management of Sickle Cell Disease. Expert Panel Report; Sickle Cell Disease, Recommendations; The Management of Sickle Cell Disease
- Weight Management-Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity.; Adult Weight Management (AWM) Guideline; Managing Overweight and Obesity in Adults: Systematic Evidence Review from the Obesity Expert Panel; Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report; The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults
- ADHD-Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-deficit/Hyperactivity Disorder in Children and Adolescents; Practice Guideline: Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder; Practice Parameter for the assessment and treatment of children and adolescents with attention-deficit/hyperactivity disorder
- Anxiety Disorder-Practice parameter for the assessment and treatment of children and adolescents with anxiety disorders
- Bipolar Disorder-Practice Guideline for the Treatment of Patients with Bipolar Disorder. Second Edition. (April 2002) and Guideline Watch; parameter for the assessment and treatment of children and adolescents with bipolar disorder
- Major Depressive Disorder-Practice Guideline for the Treatment of Patients With Major Depressive Disorder; Practice parameter for the assessment and treatment of children and adolescents with depressive disorders
- Oppositional Defiant Disorder-Practice parameter for the assessment and treatment of children and adolescents with oppositional defiant disorder
- Panic Disorder-Practice Guideline for the Treatment of Patients with Panic Disorder
- Pediatric Medical and Psychiatric Management-Practice parameter for the psychiatric assessment and management of physically ill children and adolescents.
- Schizophrenia-The Practice Guideline for the Treatment of Patients with Schizophrenia. Second Edition.(April 2004) and Guideline Watch(
- Stress Disorder-The Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder;
- Substance Use Disorder- Practice parameter for the use of psychotropic medication in children and adolescents; Practice Guideline for the Treatment of Patients With Substance Use Disorders(May 2006) and Guideline Watch
- Tobacco Cessation-Smoking Cessation During Pregnancy; Treating Tobacco Use and Dependence
- Use of Psychotropic Medications-Practice parameter for the use of psychotropic medication in children and adolescents

In 2019, SSHP monitored QRS rates related to the Clinical Practice Guidelines and conducted provider education for many of the measures and the clinical practice guidelines with our Pay for Performance providers and our behavioral health providers. In addition, HEDIS Coordinators collaborated with the pharmacy department and case management department to target providers with gaps associated with the HEDIS measures and provide education to the providers on the clinical practice guidelines for

these measures. Below are two examples of collaboration and education provided for two of the measures and the associated clinical practice guideline:

- **HbA1C Testing**-SSHP did not have a rate for 2018 RY secondary to unable to meet required denominator, however, for 2019 RY, SSHP rate was 87.36%. As this was baseline year, no goal was established. SSHP conducted the following interventions throughout 2019 related to this measure to sustain the rate and or further improve the rate:
  - Collaboration with SSHP case managers for members in case management for member education. HEDIS Coordinators provided case managers with gap list for their members enrolled in case management to encourage member to get HbA1c testing
  - HEDIS Coordinators had access to gaps for members where we also had access to EMR systems and where able to obtain HbA1c results from medical records where provider may not have billed the claim.

#### **Opportunities and Actions for improvement in 2020**

SSHP will continue these interventions in 2020 to sustain the performance or further improve the rate by:

- Continue to collaborate with case management to encourage members to obtain test
  - Initiate IVR calls to members with gaps encouraging them to get their test done
  - Continue to obtain records from EMR's when provider has not billed a claim
- 
- **Diabetes Screening for People for Schizophrenia or Bipolar Disorder Using Antipsychotic Med (SSD)**- SSHP did not have a rate for 2018 RY secondary to unable to meet required denominator, however, for 2019 RY, SSHP rate was 67.26%. As this was baseline year, no goal was established. SSHP conducted the following interventions throughout 2019 related to this measure to sustain the rate and or further improve the rate:
    - Collaboration with pharmacy department to implement gap letters to prescriber of Antipsychotic medication that member needs a HbA1c
    - Provided provider education on the clinical based guidelines for diabetes screening in patients with diagnosis of schizophrenia or bipolar disorder and taking anti-psychotic medication educational material for members and provided to practitioners
    - Outreach to PCP for member gaps needing HbA1c to ensure they know member is on an antipsychotic and importance of testing

#### **Opportunities and Actions for improvement in 2020**

SSHP will continue these interventions in 2020 to sustain the performance or further improve the rate by:

- Follow up phone calls by SSHP pharmacy director to prescribers of members Antipsychotic medication that member needs a HbA1c
- Include resource materials related to antipsychotic medication treatment and importance of monitoring HbA1c on SSHP public portal website and ensure it is easily accessible for the members

➤ **Continuity and Coordination of Care**

Continuity and coordination of care between medical care and behavioral health care is an important aspect of care requiring focused and proactive assessment. Members with medical or surgical condition may have a behavioral health complication or comorbidity. Likewise, a patient with a behavioral health disorder may have a medical comorbidity or there may be medical implications. The goals of the monitoring and evaluation process are to promote seamless, continuous and appropriate care to our members.

During 2019, SSHP assessed six specific areas measuring different aspects of continuity and coordination of care. These six areas included:

- The exchange of information
- The appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care
- The appropriate use of psychotropic medications
- The management of treatment access and follow up care for members with co-existing medical and behavioral health disorders
- Primary or secondary preventive behavioral health program implementation
- Special needs of members with severe or persistent mental illness

The table below lists each area monitored, assessment activity and frequency

Area	Description	Frequency
Exchange of Information	Provider Satisfaction Survey-Rate of practitioner satisfaction with behavioral health communication frequency and timeliness as reported through the annual provider satisfaction survey	Annually
The appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care	HEDIS: Antidepressant medication management (AMM) The percentage of members 18 years of age and older who were treated with antidepressant medication. The effective Acute Phase Treatment and Effective Continuation Phase Treatment	Annually
The appropriate use of psychotropic medications	HEDIS: Follow-up care for children with ADHD Medication (ADD)	Annually
The Management of treatment access and follow-up for members	HEDIS: Diabetes Screening for People with Schizophrenia or Bipolar Disorder	Annually

with co-existing medical and behavioral health disorders	who are using antipsychotic medications The percentage of members 18-64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year	
Primary or Secondary preventive behavioral program implementation	Start Smart for Your Baby Postpartum Screening and Referrals	Annually
Special needs of members with severe and persistent mental illness	HEDIS: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	Annually

### 1) Exchange of Information

A portion of the annual provider satisfaction survey includes evaluation of satisfaction with communication between behavioral health practitioners and primary care practitioners. SSHP utilizes a NCQA-certified survey vendor to conduct this survey. For 2019, survey was administered via two wave mail and internet with phone follow-up survey. A total of 233 surveys were completed (61 mail, 24 Internet and 148 phone) which was an increase from 214 in 2018.

Results for exchange of information is pulled from two specific questions to measure timeliness and frequency of communication between primary care practitioners and behavioral health clinicians.

Key questions	2019 Results	2018 Results
The timeliness of feedback/reports from Behavioral Health clinicians for members in your care	30.0%	24.1%
The frequency of feedback/reports from Behavioral Health clinicians for members in your care	31.9%	22.9%

### Analysis

SSHP's goal for 2019 was to exceed the 2018 results by 2%. Both of these met the goal and exceeded it by 6% and 9% respectively. SSHP engaged Summit Behavioral Health in April, 2018 to provide more oversight of the behavioral health network. This relationship will enforce the behavioral health provider's responsibility to provide timely feedback to the primary care practitioner.



**Opportunities and Actions for improvement in 2020**

- Continue to monitor timeliness and frequency of feedback/reports by behavioral health clinicians to ensure exchange of information continues. In addition, SSHP will increase the goal for 2020 to improve the 2019 results by 4% in 2020.

**2) The appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care**

SSHP’s clinical guidelines emphasize the importance of effective clinical management in increasing member’s medication compliance, monitoring treatment effectiveness and identifying and managing side effects. The Antidepressant Medical Management (AMM) HEDIS measure is collaborative by nature as practitioners from both primary care and behavioral health treat members with depressive disorders and prescribe antidepressant medications. SSHP collects, analyzes appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care through this HEDIS measure. SSHP utilizes this HEDIS measure in evaluating practitioners’ compliance with the behavioral health clinical practice guideline-*Practice Guideline for Treatment of Patients with Major Depressive Disorder* (Third Edition, 2011 American Psychiatric Association). For 2018 RY, SSHP did not submit Medicaid HEDIS rates for AMM secondary to denominator did not meet the criteria for reporting, so no comparison of 2018 reporting year (RY) to 2019 reporting year.

**RESULTS**

AMM Indicator Final 2019 HEDIS (MY 2018) Rate	Denominator	Numerator	Final 2019 HEDIS Rate	Goal HMO 75 <sup>th</sup> percentile Met?
Effective Acute Phase Treatment Goal 75 <sup>th</sup> percentile: 56.41	103	81	78.64%	Yes
Effective Continuation Phase Treatment Goal 75 <sup>th</sup> percentile: 40.95%	103	64	62.14%	Yes

**Analysis**

SSHP met the goal of the 75<sup>th</sup> percentile for acute and continuation phase. For 2019, a Pharmacy Workgroup was formed and met once a month to develop different topics of outreach toward members and providers in order to identify barriers to care and improve member adherence to medications. The following items were found to be barriers to member adherence:

- Side effects of antidepressants often lead to member discontinuation of medication
- Immediate symptom relief is not part of the antidepressant therapy profile, therefore, a member must remain on the medication 4-6 weeks before

symptom improvement, this may also lead to premature discontinuation by the member

- PCP's may not have the expertise required to treat Major Depression and follow-up visits are occurring quarterly rather than monthly.
- With this analysis, SSHP's Pharmacy Coordinators pulled data and member information from the drug utilization report to identify members who have been treated with antidepressant medications. Based on this list, outreach letters were sent out to members regarding the medication and importance of compliance and follow up care monthly with prescribing provider. In addition, Pharmacy Coordinators also developed outreach materials for prescribing providers to ensure they are appropriately educated on the effects of antidepressant medications and best practices on educating the member on the side effects of the medication. . For 2020, SSHP will not change their goal of meeting 75<sup>th</sup> percentile but will continue to monitor monthly rates and identify any additional areas of opportunity.

### **Opportunities and Actions for improvement in 2020**

- continue outreach to members and providers through mailings
- will offer training to providers through SSHP's behavioral health trainer to behavioral health providers and PCPs on the importance of follow-up visits monthly
- best practices for prescribing antidepressants and importance of collaboration between the behavioral health provider and members PCP

### **3) The appropriate use of psychotropic medications**

Follow-up care for children prescribed ADHD Medication (ADD). SSHP's case managers work to ensure members prescribed ADHD medications followed by either a behavioral health professional or a primary care practitioner, and to provide both member and provider education on ADHD management. The goal of this are to educate the member/caregiver on accessing services for treatment of ADHD and the need for continued follow-up with the prescribing practitioner, and to educate the member's practitioner regarding accessing services for treatment of ADHD and the need for continued follow-up for treatment access. SSHP believes this effort assist members with the continuity and coordination of their medical and behavioral health care.

For this measure two rates are reported

1. Initiation Phase-The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase.
2. Continuation and Maintenance Phase- The percentage of members 6-12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication at least 210 days and who, in addition to the visit

in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

SSHP compared the final audited 2019 HEDIS rates for measurement year 2018 and compared to the HEDIS 2019 Quality Compass National Benchmark 75% percentile for HMOs.

## RESULTS

ADD Indicator Final 2019 HEDIS (MY 2018) Rate	Denominator	Numerator	Final 2019 HEDIS rate	Goal HMO 75 <sup>th</sup> percentile met?
Initiation Phase Treatment Goal 75 <sup>th</sup> percentile: 49.86%	0	0	0.0%	N/A
Continuation and Maintenance Phase Treatment Goal 75 <sup>th</sup> percentile: 62.69%	0	0	0.0%	No

### Analysis

The 2019 Reporting Year (RY) rates had no members related to this medication for either Initiation or Continuation Phase Treatment. SSHP identified that the eligible population for both sub measures was non-existent and secondary to very low membership for Ambetter for children.

### Opportunities and Actions for improvement in 2020

- Continue to monitor for any members placed on this medication in 2020.

#### 4) The Management of treatment access and follow-up for members with co-existing medical and behavioral health disorders

The HEDIS measure Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotics medications (SDD) measure assess the percentage of members 18-64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetic screening test during the measurement year. Use of this measure as a monitor for coordination of care is key to ensuring members with high acuity special healthcare needs and coexisting disorders are receiving the proper monitoring and service coordination for both their behavioral health and physical health conditions.

The final 2019 audited HEDIS SDD rates for measurement year 2018 were compared to the HEDIS 2019 Quality Compass National Benchmarks 75% percentile for HMOs.

SSHP did not report SSD rates in reporting year 2019 secondary to not meeting denominator criteria for reporting.

**RESULTS**

SSD Indicator Final 2019 HEDIS (MY 2018) Rate	Denominator	Numerator	Final 2019 HEDIS Rate	Goal HMO 75 <sup>th</sup> percentile met?
Goal 75 <sup>th</sup> percentile: 84.27%	96	72	75.00%	No

**ANALYSIS**

SSHP did not meet the 75<sup>th</sup> percentile goal for 2019 (measurement year 2018) although were in reach of meeting the 75<sup>th</sup> percentile. Analysis of this measure indicated several barriers preventing medical and behavioral health practitioners from monitoring diabetes in this sub-population who are at risk for developing a chronic condition, such as diabetes related to taking an antipsychotic. Many times primary care practitioners do not prescribe the medication and are not aware if the prescribing provider ordered the test. In similar terms, behavioral health practitioners may assume the primary care provider is monitoring for diabetes and defers the testing.

During 2019, SSHP’s medical management team implemented a pilot program to improve overall diabetic monitoring and adherence to medications and case management collaboration with quality department to outreach to members who are non-compliant for diabetic testing. In addition, the Pharmacy Department also developed outreach letters to providers including the prescribing provider and the servicing provider to educate them on members who have not had diabetic screening completed but are on an antipsychotic.

**Opportunities and Actions for improvement in 2020**

SSHP identified several areas for possible opportunities to improve the rates including the following:

- Member’s education related to the possible health risk including diabetes when taking an antipsychotic.
- Educate members and assist members in scheduling appointment for diabetic screening
- Increase awareness of providers and staff on guidelines for diabetic screening
- PCP and behavioral health practitioners education regarding the increased risk of diabetes for members taking an antipsychotic
- PCP and behavioral health practitioner education on importance of collaboration on care including diabetic testing and sharing of results of diabetic testing so appropriate treatment plan can be developed for the member

### 5) Primary or Secondary preventive behavioral program implementation

SSHP has a preventive program for pregnant members that is targeting prenatal depression screening. Identifying and engaging members who are pregnant who may have or have developed depression is essential to helping members and their providers coordinate care and ensure their primary and secondary diagnosis are positively measured.

SSHP's Start Smart for Your Baby (SSFB) is a care management program available to women who are pregnant or who have just delivered. SSHP identifies pregnant members through the notification of pregnancy (NOP) assessment, claims data and state eligibility date. SSHP incorporates specific care management, care coordination, and disease management in an effort to improve the health of pregnant member's outcomes and possible postpartum depression. All members enrolled in SSFB program receive education and tools to empower them to take positive action regarding their own health and are incentivized for attending their postpartum visit. In addition, all members in the SSFB program are screened for depression during their postpartum assessment.

Measurement	2019
Members enrolled in SSFB Case Management Program	Numerator: 11
Members with positive depression screening during postpartum assessment	Denominator: 0
Percentage	0%

### ANALYSIS

SSHP had a total of 11 members enrolled into its Start Smart for Baby (SSFB) program in 2019. Of those who delivered in 2019, 0 members were found to have a positive depression screening during their postpartum assessment.

SSHP identified that a prenatal depression screening was as equally important and identification early in pregnancy may decrease or prevent incidences of postpartum depression. However, SSHP identified that a low number of NOPs are received and less than 3% of NOP's were completed by the members OB provider. It was determined that by increasing the number of NOP's received from the provider, SSHP may be able to engage member into case management during their 1<sup>st</sup> and 2<sup>nd</sup> trimester and better pregnancy outcomes would be accomplished with SSFB engagement and completion of depression screenings during the perinatal period.

### Opportunities and Actions for improvement in 2020

- implement a financial incentive program for SSHP's top OB provider for completion and submission of NOP's during the member's first visit with the OB provider
- monitor and track NOP's received, evaluate how many received a prenatal depression screening after submission of the NOP, how many are enrolled in

SSFB and how many are referred to a behavioral health case manager licensed clinical social worker for additional outreach and assessment and if member received a prenatal depression screening, compare it to the postpartum depression screening, if obtained to determine if earlier interaction with member decreased the incidence of postpartum depression.

**6) Special needs of members with severe and persistent mental illness**

SSHP collects and analyzes the appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care through the HEDIS Measurement Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). Members who are on antipsychotic medication have an increased risk of developing other health complications or conditions. Metabolic monitoring to detect cardiovascular and endocrine side effects and prevent adverse events such as weight gain, hyperglycemia, hyperlipidemia and heart arrhythmias. By monitoring these rates, SSHP is able to determine if member care is being managed and whether or not there is appropriate continuity and coordination of care between behavioral health provider and PCP.

SSHP calculated the rates for member ages 1-17 who had two or more antipsychotic prescriptions and had metabolic testing (blood glucose level, cholesterol level or both). The final audited 2019 HEDIS rates for measurement year 2018 are compared to the 2019 Quality Compass National Benchmark 75% percentile for HMOs. There are three age stratifications and a total rate for this measure

**RESULTS**

APM Indicator	Final 2019 HEDIS (MY 2018) Rate	Denominator	Numerator	Final 2019 (RY) HEDIS Rate	Goal HMO 75 <sup>th</sup> percentile met?
Age 1-5	Goal 75 <sup>th</sup> percentile: 23.55%	0	0	n/a	n/a
Age 6-11	Goal 75 <sup>th</sup> percentile: 36.96%	1	0	0.0%	No
Age 12-17	Goal 75 <sup>th</sup> percentile: 44.50%	9	1	11.11%	No
Total	Goal 75 <sup>th</sup> percentile: 40.90%	10	1	10.00%	No

**ANALYSIS**

SSHP did not reach the goal of 75<sup>th</sup> percentile for this measure for any age category or the total category. In order to try and improve the rates for 2019 and 2020, SSHP created a monthly workgroup between quality and pharmacy to review potential

barriers from meeting the established goals. In Q2, 2019, Quality abstracted a gap list to review members and prescribing physicians to determine if there is a trend in physicians that are not meeting compliance. Pharmacy indicated a concern that physicians are not sending children and adolescents for metabolic testing and if physicians are not obtaining these tests because the member is not displaying any prediabetes symptoms or they are unaware the member is taking an antipsychotic.

### **Opportunities and Actions for improvement in 2020**

SSHP will conducted the following in 2020

- Provider education centered on the importance of metabolic testing in children and adolescents receiving two or more anti-psychotics
- Improve coordination of member metabolic testing with prescribing physicians and PCPs
- Pharmacy Department will utilize the Drug Utilization Report (DUR) to abstract specific prescribing providers for educational materials to be sent to the provider
- Provider Relations to conduct provider education on the importance of metabolic testing
- Collaborate with case managers to review individual members to ensure these members are actually being prescribed two or more antipsychotics medications and not just having prescriptions overlap

### ➤ **Appeals**

#### **2019 Member Appeal Results:**

- **Access-total=166**

Member appeals for 2019 were sub-categorized as follows:

- **Pharmacy Denial Appeals=15**
- **Behavioral Health Appeals=2**
  - Inpatient admission=0
  - Inpatient concurrent review=0
  - Outpatient=0
  - Other behavioral health services=2
  - Community Based Services=0
  - Inpatient continued hospital stay=0
- **Physical Health Appeals=22**
  - Inpatient-Surgery=1
  - Genetic testing=1
  - Injections-Epidural=2
  - Injections-Botox for Migraines=1
  - Special Services-Pain Management=5
  - Hospital Other=2
  - Outpatient-Procedure=1
  - DME-Other=2
  - DME Pneumatic Compressor/appliance=1

- DME Orthotic=2
- DME Oxygen Supplies=1
- DME Oxygen Resp Device=1
- Diagnostic-Endoscopy=1
- Diagnostic Sleep Study=1

▪ **Advanced Imaging Appeals-Total=127**

- Billing and Financial Issues = 0
- Quality of Care =0
- Attitude and Service = 0
- Quality of Practitioner Office Site=0

**Analysis**

SSHP tracks appeals received to evaluate for areas of opportunity to improve member and provider experience. For 2019, SSHP had a goal of less than 3 per 1000 member appeals. In 2019, SSHP received 166 appeals, which represented a 5.86 per 1000 member appeals, therefore the goal was not met. The majority of the appeals received were for advanced imaging and accounted for 77% of the appeals received. SSHP conducted meetings with the vendor and did research into the reasons for the appeals based on the medical review. The majority of the appeals were based on the provider not submitting required documentation to support the medical necessity for the requested procedure. During 2019, the vendor and SSHP conducted provider training on expected documentation to indicate the medical necessity for the requested procedure, in addition, to education on how to access NIA’s website and obtain the criteria necessary for specific procedures.

In 2019, SSHP evaluated the interventions implemented after the 2018 program evaluation to increase efficiency in the UM/Appeals processes and determined that a 100% audit of all denial letters needed to occur to ensure language was at a 8<sup>th</sup> grade reading level and contain the necessary appeal language. After three months of 100% auditing of letters, it was determined that staff understood and was writing denial reasons at a 8<sup>th</sup> grade reading level or below and that all appeal language was included in the letters.

All grievance and appeals turnaround times were within required times for a 100% compliance. In addition, in 2019, no requests were received for fair hearing with DOI, however, three appeals were independently sent to OSHA for appeal and all three were related to advanced imaging and all 3 were overturned on appeal directly to OSHA.

**Opportunities and Actions for improvement in 2020**

- G&A Manager will conduct audits of NIA denials monthly to evaluate turnaround time for authorizations, review submitted documentation for request and evaluate against NIA criteria for the requested procedure to assess



- opportunities for targeted provider groups for education related to NIA process and required documentation
- Track providers requesting appeals without authorization of release form from member to provider education to providers that have an increase number of appeal request that are never completed because member did not submit an authorization of release form

**❖ Credentialing and Recredentialing**

➤ **Structure and Resources**

The credentialing process is managed collaboratively between Centene Corporate and SSHP. The committee chair is the Chief Medical Director. The committee members include SSHPs Medical Director, SSHP Credentialing designee, and Centene physicians including family practitioners, OB/GYN, psychiatry, and internist.

The following represents the number credentialed providers brought before the Credentialing Committee 2019 and the total number of practitioners and providers who were credentialed and re-credentialed by SSHP in 2019. SSHP established a goal of less than 2% denials of credentialing or recredentialing in 2019. SSHP met the goal of less than 2% of practitioners credentialing or re-credentialing being denied. SSHP will continue to monitor and evaluate goal for re-credentialing in 2020, the year most providers will undergo re-credentialing to determine if it needs to be adjusted.

➤ **Statistics**

<b>SilverSummit Health Plan January –December 2018</b>	
Number of PCPs	106
Number of Specialists	569
<b>Initial Credentialing</b>	
Number of practitioners credentialed	675
<b>Re-credentialing</b>	
Number of practitioners re-credentialed	35
Number of PCPs re-credentialed	12
Number of Specialists re-credentialed	23
<b>Terminated/Rejected/Suspended/Denied</b>	
Terminated with cause (OIG sanction)	1
Number denied	5

## ❖ Member Rights and Responsibilities

SSHP is committed to providing appropriate information to members and treating members in a manner that respects their rights. A list of member's rights and responsibilities are given to the members upon enrollment with SSHP as part of the Member Handbook. It is the policy of SSHP to advise their members of their rights and responsibilities and how they will be protected in accordance with the Centers for Medicare & Medicaid Services (CMS) regulations, Nevada regulations and NCQA guidelines.

During 2019, SSHP had three member rights and responsibilities updates for the Member handbook. These were distributed to the member in a post card mailing that detailed all three of the updates and how it related to their rights and responsibilities. In addition, during the Member Advisory Committees held throughout the year, these post cards were provided to members attending the meetings.

For Ambetter from SilverSummit Healthplan, there is no requirement for member to pick or notify SSHP of their PCP, therefore, it is challenging to try and track members PCP and any request for changes.

### Opportunities and Actions for improvement in 2020

- Implement a Pay for Performance Program and Value Based Contracting for providers with Ambetter members
- Develop innovative ideas to identify members PCP and have them documented in SSHPs clinical database system.

## ❖ Preventive Health Outcome

### ➤ Preventive Health Guideline

Childhood Immunization is a focus for SSHP with a goal to increase the rates for all childhood immunization throughout the State of Nevada. For the 2019 Administrative rates for Childhood Immunization Status as of December, 2019, SSHP had the following results:

### ➤ Statistics

Immunization	Denominator	Numerator	Rate
DTap	94	67	71.28%
IPV	94	70	74.47%
MMR	94	79	84.04%
HIB	94	72	76.60%
Hep B	94	69	73.40%
Chicken Pox	94	78	82.98%

PCV	94	62	65.96%
Hep A	94	76	80.95%
Rotavirus	94	62	65.96%
Influenza	94	39	41.49%
Combo 2	94	64	68.09%
Combo 3	94	59	62.77%
Combo 4	94	59	62.77%
Combo 5	94	55	58.51%
Combo 6	94	33	35.11%
Combo 7	94	55	58.51%
Combo 8	94	33	35.11%
Combo 9	94	30	31.91%
Combo 10	94	30	31.91%

### Analysis

SSHP’s goal for 2019 was to meet the 50<sup>th</sup> percentile on all the CIS measures. SSHP did not meet this goal. Measures scoring below 50% was a particular concern for SSHP and based on the population size of only ninety-four members in the age groups for these immunizations and that some immunizations were gotten and others not was analyzed without any reason or trend noted to why immunization was not received by the member. In addition, during 2019, Nevada encountered a significant public display from anti-vaccination groups with specific target on the “Immunize Nevada” advocacy group. SSHP and Immunize Nevada suspect this may have some effect on immunization rates.

### Opportunities and Actions for improvement in 2020

- Continue partnership with “Immunize Nevada” including two scheduled events in Reno and Las Vegas to occur this summer to promote immunizations
- Increase member education on the importance of immunizations, including possible member outreach, information on member portal, and providing information in provider’s offices for member to view
- Co-branding post card from one large clinic to be sent to members with gaps in immunizations

## ❖ Medical Record Evaluation

SSHP assesses high-volume Primary Care Physicians with 25 or more linked members including individual offices and large group facilities every quarter. SSHP has written policies and procedures for ensuring provider compliance and annually will provide DHFCP with a written summary of results of medical record audits.

Physicians/practitioners sampled must meet 80% of the requirements for medical record keeping or be subject to corrective action plan (CAP). The SSHP’s auditing process details are as follows:

- Conducts medical record audits quarterly
- The audit tool used encompasses all criteria as required by DHFCP

- Medical record audits are conducted on site and/or by records received by fax, mail or email
- Report developed inclusive of selected Primary Care Physicians (PCP) based upon claims filed in the previous quarter
- Providers achieving less than 80% are contacted after results are reviewed to discuss
- Each PCP is sent a letter informing them of the upcoming audit with documentation guidelines and a list of patients whose records have been chosen for review
- The data is reviewed quarterly for analysis and trending
- All provider results are trended for education and quality improvement opportunities
- Re-audits are conducted according to the individual practice scores within 180 days of the original MRR for providers not meeting the 80% rate

Medical record review results are trended by the Quality Improvement department to determine plan-wide areas in need of improvement. Issues may be addressed network-wide and/or by provider-specific education to improve elements of medical record documentation

During 2019, SSHP Quality Department conducted medical record reviews in each quarter. For 2019, forty-six reviews were conducted with the following scores with twenty-two not completed as provider did not supply the record or would not allow us to do an onsite audit and one provider moved out of state:

- 100%-13 providers
- 99-90%-9 providers
- 89%-80%-0 providers
- Under 80%-0 providers

None of the providers scored below 80. Additionally, in 2019, a focused medical record review audit was conducted to assess the coordination of care between specialists and PCPs. The audit focused on documentation in the PCP record of referral to a specialist, note from specialists after members visit, and follow up with member after seeing the specialists and any treatment plan updates based on specialist's recommendation. For the specialists, the audit focused on documentation of referral from PCP and reason for referral and referral note back to the PCP of members visit and recommendation.

Results of this audit, indicated a need for education of documentation requirements related to referrals for both PCP and specialist. A quick reference guide was developed to provider to both PCPs and specialist on recommended documentation in both providers medical records related to referrals.

### **Opportunities and Actions for improvement in 2020**

- Continue quarterly and will expand to include providers with greater than 100 claims per quarter

- Continue to audit specialist and PCP records related to referral documentation to include the providers audited in 2019 and additional providers throughout 2020.

## ❖ **Delegation Oversight**

SSHP evaluates vendors/ sister companies on a quarterly basis, based on criteria including compliance with state metrics, quality of services provided, report submission, and administrative services. Scores are reported internally through the Vendor Oversight Committee. It is in this manner we can fairly and uniformly assess the performance of our vendors despite their widely differing functions and provide a snapshot of each vendor's performance.

For 2019, JOCs were held with each of our vendors in all four quarters. During 2019, each vendor's standard metrics were evaluated quarterly and on an annual basis to determine compliance with contractual requirements.

### ➤ **Behavioral Health**

Envolve People Care is SSHP's vendor for Behavioral Health and provide utilization management and care management for SSHP's members. During 2019, Envolve People Care Behavioral Health received a total of 539 after hour calls related to crisis for both SSHP lines of business, Medicaid and Ambetter, with an average answer within seconds of 12 seconds and abandonment rate of .19% with overall service level of 96%. SSHP goal for 2019 was service level of 85% or greater, therefore, the goal was met. For the months of May and June no calls received with largest amount of calls received in August with 123 received that month.

During 2019, members receiving behavioral health services details is listed in the table below

➤ **Vision**

Envolve Vision is SSHP’s vendor for vision excluding vision related to medical services. During 2019, SSHP conducted four JOC’s with Envolve Vision to discuss standard metrics as related to contractual requirements, any barriers to members receiving vision services, and areas of opportunity to improve vision services for

Services	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Members receiving BH Services	511	520	597	629	624	639	625	637	600	658	576	416	7,032
Admissions (Inpt/RTC)	8	5	14	13	11	10	17	8	12	19	8	5	130
Admissions/1000	2.9	1.8	5.2	4.9	4.3	4.0	6.8	3.3	5.0	7.9	3.4	2.6	4.3
ALOS	36	20	56	61	66	48	81	35	81	88	45	23	640
Readmission within 30 days	1	1	1	1	0	1	2	2	0	5	1	0	15
Readmission within 90 days	1	2	3	1	1	2	4	2	1	0	0	0	17
PHP	0	1	1	2	0	7	3	1	1	1	6	1	24
IOP	14	18	21	0	30	57	54	19	7	20	49	30	319
OP	2268	3006	29	0	25	49	2605	2466	41	84	10	16	10,599
Timeliness of UM Decision- Preservice Concurrent	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	100%	100%	100%	100%	100%	100%	99.1%	100%	100%	95.6%	100%	95.0%	99.1%

members. During 2019, Envolve Vision data shows the following:

- No complaints received
- Credentialed 18 providers and re-credentialed six providers
- Total 192 providers
- Received 313 calls with zero abandoned, with average speed of answer of six seconds and total of 68 denied claims with a 20.7% denial rate with highest number of denials were for provider non-contracted and adult vision rider not purchased

In 2019, Envolve Vision meet all metrics as established by the contract. Envolve Vision’s network meets 99.8% service level requirement and had no denials, appeals or grievances related to network adequacy during 2019. SSHP will continue to hold quarterly JOC’s and track and trend the network, grievances, and appeals to evaluate for any areas of opportunity to improve vision services for SSHP’s members.

➤ **Pharmacy**

Envolve Pharmacy Services is SSHP’s vendor for pharmacy services. During 2019, SSHP conducted four JOC’s with Envolve Pharmacy Services to discuss standard metrics as related to contractual requirements, barriers to members receiving pharmacy services and areas of opportunity to improve pharmacy services for members.

During 2019, Envolve Pharmacy Services metrics as follows:

- answered calls within 30 seconds at 98.66%
- Average # of hours for PA resolution was 16.89 hours
- % of PAs within threshold for expedited was 99.95%
- % of PAs within threshold for standard was 100%
- Seven member complaints received and resolved within 3 days

Envolve Pharmacy Services did not meet the metric of % of PAs within threshold of 100% within 24 hours for expedited. Envolve Pharmacy had one member who the request for PA was overlooked by an employee, therefore, 100% was not achieved. Due to it only being one incident, SSHP took no corrective action.

Envolve Pharmacy Services notification letters to members and providers appears to indicate that the requested medication was being denied in some cases, when actually additional documentation was being requested in order to approve the medication. SSHP A&G Manager meet with SSHP's Pharmacy Director to discuss the notification letter being sent by Envolve Pharmacy Services to recommend changes to the letter to clearly indicate that additional documentation is needed for reconsideration as opposed to the medication being denied.

Afterwards, SSHP A&G Manager and Pharmacy Director meet with the account manager for Envolve Pharmacy Services to have the notification letter updated to provide clarification to providers and members on what is being requested, that it is for reconsideration, not a denial, and to clarify appeal language. This form was implemented in the summer of 2019 with a substantial decrease in appeals received for Envolve Pharmacy Services.

In 2020, SSHP will continue to monitor standard metrics, evaluate denials and appeal ratios, and evaluate for areas of opportunity related to HEDIS measures involving pharmacy.

➤ **National Imaging Associates (NIA)**

National Imaging Associates is SSHP's vendor for advanced imaging services. During 2019, SSHP conducted four JOC's with NIA to discuss standard metrics as related to contractual requirements, barriers to members receiving advanced imaging services and areas of opportunity to improve advanced imaging services for members. During the JOCs and through tracking denials and appeals, it was determined that NIA, accounted for 77% of the appeals received.

SSHP conducted meetings with the vendor and did research into the reasons for the appeals based on the medical review. The majority of the appeals were based on the provider not submitting required documentation to support the medical necessity for the requested procedure.

During 2019, the vendor and SSHP conducted provider training on expected documentation to indicate the medical necessity for the requested procedure, in addition, to education on how to access NIA's website and obtain the criteria necessary for specific procedures.

During 2019, NIA did not meet the following threshold:

- Authorization Turn-around Time for standard authorization 100% within 14 calendar days from request was not achieved in six of the 12 months with an overall timeliness score of 99.69%

NIA provided documentation to the reason for not meeting threshold for Turn-around-time for 2019. Throughout 2019, NIA had significant difficulty maintaining proper employee ratio to handle the request received for services.

Since the overall timeliness was over 99%, SSHP did not implement a corrective action plan, however, turn-around-time will be closely monitored in 2020 and a corrective action plan will be implemented if more than one month does not meet the threshold of 100%.

In 2020, G&A Manager will conduct audits of NIA denials monthly to evaluate turnaround time for authorizations, review submitted documentation for request and evaluate against NIA criteria for the requested procedure to assess opportunities for targeted provider groups for education related to NIA process and required documentation and continue to track any denials received to ensure they were not request for reconsideration, track providers submitting as appeal when should be reconsideration and provide provider education as indicated.

#### **Opportunities and Actions for improvement in 2020:**

- To improve oversight, SSHP will be hiring a Vendor Oversight Manager who will provide oversight of the vendor's performance, including accuracy of reporting, metrics, member and provider grievances and/or appeals trends and will assist department leads with any SLA's not met, address member/provider grievances and/or appeals, etc.
- Review corporate annual audit results and address any corrective action plans for any vendors in PIT committee and in QIC
- Monitor corrective action plans for both vendors in first quarter of 2020 and if metrics not met, will implement penalties according to the contractual requirements

## **❖ Review and Approval**

The Quality Improvement Evaluation is reviewed by an internal team, Centene Sr. Manager of Accreditation, the CEO of SSHP. Once approved by these parties, it is submitted to the Quality Improvement Committee (QIC) for approval. Once approved by the QIC, it is presented annually to the Board of Directors for final approval.



➤ **Approval**

The Quality and Utilization Program Evaluation for 2019 has been reviewed and approved as follows:

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

CEO: \_\_\_\_\_ Date: \_\_\_\_\_

QIC Chair Approval: \_\_\_\_\_ Date of QIC: \_\_\_\_\_

MM Committee Chair Approval: \_\_\_\_\_ Date of UM: \_\_\_\_\_

Board Chair Approval: \_\_\_\_\_ Date: \_\_\_\_\_