Annual Quality Program Evaluation

SilverSummit Healthplan – 2019 Medicaid

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Health Plan Quality Program Evaluation - 2019

❖ Introduction

SilverSummit Healthplan's Medicaid product line 2019 Quality Program Evaluation provides an overview and analysis of the quality improvement activities completed in 2019. 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 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 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 where 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 1st quarter, and was approved. The work plan updates were presented during the QIC meeting during 2nd and 3rd quarter, and it was approved.

➢ **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

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.

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:

- Continuing the pay for performance program for key providers to incentivize for member engagement for preventative visits and screenings
- Conducting provider and staff cultural competency training to aid in member receiving quality healthcare
- Expansion of the ED Diversion program to ensure members get the right care at the right time at the right place and to help members obtain a PCP for ongoing 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 HEDIS and member satisfaction to ensure members are receiving quality healthcare
- Medical Record Reviews to assess coordination of care between members PCP and specialist

➢ **QI Committee Structure**

The QIC is the senior management lead committee reporting to the Board of Directors. SilverSummit Healthplan has established subcommittees and work groups based on 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 SilverSummit Healthplan committee structure is outlined below. The QIC was chaired by the Chief Medical Director in 2019. The QIC met five 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
Quality Improvement Committee	5
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 HEDIS measures. Such initiatives included identifying children who were receiving two or more antipsychotics. Once children were identified, the pharmacy department initiated a Drug Utilization Review letter to the prescriber physician(s) notifying them of children that were receiving two or more anti-psychotics. Along with this initiative, SSHP worked with Summit Behavioral Health to have medication reconciliation completed with all children to ensure they were not on two anti-psychotics and to work with the prescribing physician to be aware and adjust prescribing habits as applicable. Through this collaboration with pharmacy, the group suggested other activities to assist members and providers regarding prescribing and taking anti-psychotics in children. This included ensuring resource materials are available for both providers and members on SSHP website and easily accessible. This activity is currently being developed for 2020.

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 Corporate for NCQA Accreditation. The HEDIS Program Manager from Centene Corporate 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:
- HEDIS
- Call Statistics
- Access/Availability of Network and Staff
- Utilization
- Clinical Practice Guideline adherence
- Member and Provider Satisfaction
- Coordination of Care
- Compliance Program Description

- Quality and safety of clinical care

➢ 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 Health Care Financing and Policy (DHCFP), 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 DHCFP's templates are implemented and maintains a schedule of reports that are due weekly, monthly, quarterly and annually. The Compliance Department acts as SSHPs liaison to DHCFP for contractual reporting requirements and investigations. SSHP submitted all required reports to DHCFP within required timeframes during 2019.

The Compliance Department functions as lead for the Compliance Committee, whose 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 Medicaid Fraud Control Unit

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

➢ Cultural Competency

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 member for CLAS grievances/complaints, which was meet 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, thirty-seven requests were received for face to face interpretation services In 2019, thirty-seven requests were received for face to face interpretation services including the following:
American Sign Language-38
Spanish-4
Cantonese-1

In addition, telephonic interpretation request were received as follows:
Mandarin-2

Spanish-51
Vietnamese-2

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**
Envolve 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
Envolve Vision- Sister Company	Legacy OptiCare	Vision benefit manager	Corporate Compliance
Envolve 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
- 1st Year Survey NCQA Accreditation received with a score of 49.79 points out of a possible score of 50
- Membership increase from approximately 48,013 to 52,000
- Continued the Pay for Performance Program (P4P) for twelve (12) key providers with incentivizing our providers $2 PMPM for care coordination of the members assigned to their panel. A bonus payment of $2 PMPM for five (5) key measures, which was an increase from four (4) measures in 2018. A payout of bonus payments of greater than $450,000.00 has been paid out to the twelve (12) providers, with a final reconciliation and payout due in April 2020
- Provider Satisfaction Survey score of 69%which was the highest of the three MCOs
- CAHPS survey implemented for the first time
- Partnership with Summit Behavioral Health to continue to provide mobile assessments for members in emergency room setting but also provide appointment schedule, same day if needed, wrap around services and a SilverSummit dedicated resource center in Las Vegas and access to resource center in Reno
- Met or exceeded provider accessibility for appointment standards and after hour access
- Maintain A&G goals under target for 2019
- Implemented a pilot program for diabetic members which gave them a cellular enabled device, alerts to case managers if blood glucose readings to how or low
- For the HEDIS measure-The Antidepressant Medical Management (AMM), SSHP met the 75th percentile for both the Effective Acute Phase Treatment and Effective Continuation Phase Treatment

- 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
- Improve EPSDT Participation Rate
- Meet 100% target of five HEDIS pay for performance measures for DHCFP
- Analysis to see the impact on number of NICU admissions and length of stay in NICU, especially those mothers that are able to continue their pregnancy longer
- Bring provider access and availability survey in-house and conduct quarterly instead of monthly
- Obtain 95% Confidence Level on DHCFP assigned PIPs
- Increase response rate for CAHPS
- Increase CAHPS health plan rating
- Increase utilization of disease management programs and the On.Demand™
- Increase provider education on required medical necessity documentation when requesting advance imaging studies
- In-depth analysis on member change request that is related to quality of care but member does not file a grievance

❖ Population Characteristics

SSHP reviews the net change in membership month over month to understand reasons members may opt out of SSHP or lost due to no longer eligible for Medicaid in order to identify improvement opportunities. Members in Nevada may elect to change MCO within 90 days of enrollment without cause. Following that period, members must show cause to select an alternate MCO.

During 2019, SSHP had a slight increase in membership but continued to see loss of members due to non-redetermination or loss of members to the other two MCOs. Below is table describing SSHP membership as of December 31, 2019.

Medicaid Product Line	2019 Enrollment
TANF	23,688
CHIP	2,373
Medicaid Expansion	26,899
Total Membership	52,960

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

Region	Product	Age Group	Sex	Members
Northern Region	CHIP	0-12 Months	F	17
			M	12
		1-5	F	220
			M	244
		6-14	F	652
			M	673
		15-20	F	284
			M	272
	Medicaid Expansion	1-5	M	1
		6-14	F	370
			M	378
		15-20	F	838
			M	754
		21-34	F	5257
			M	5288
		35-44	F	2515
			M	2794
		>45	F	4140
			M	4563
	TANF	0-12 Months	F	914
			M	1073
		1-5	F	3244
			M	3385
		6-14	F	3724
			M	3793
		15-20	F	1602
			M	1417
		21-34	F	2386
			M	421
		35-44	F	988
			M	249
		>45	F	363
			M	179

Region	Product	Members
Southern Region	CHIP	1982
Northern Region		391
Southern Region	Medicaid Expansion	23,619
Northern Region		3280
Southern Region	TANF	20,844
Northern Region		2844

During 2019, SSHP showed 3,635 members transferring to one of the other MCOs, with the majority transferring during annual open enrollment. In addition, SSHP experienced a loss of 31,869 members during 2019 related to non-redetermination. Secondary to the loss of members for non-redetermination, SSHP implemented a pilot program in February 2019 to conduct member outreach calls to members scheduled for re-determination in the next 30 days to provide the member a reminder that their Medicaid enrollment is schedule to end and necessary steps the member needs to take for re-determination.

Analysis

From February to December 2019, SSHP saw 2-4% retention of members that received an outreach call. In September 2019, SSHP expanded this pilot project to include SSHP making home visits to members to provide the reminder and education in person. From September to December 2019, SSHP saw another 3% retention of members who received an in person visit. SSHP continues to extend the project and expand the project to include outreach to more members either by phone or in person visit and will continue to track in 2020 to see the effects of the re-determination/retention program.

SSHP also tracks race/ethnicity of our members to ensure members have access to culturally relevant providers. Data indicates that 4.6% of SSHP's population is described as homeless. 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:

	Member Count	% of Total Population
American Indian or Alaskan Native	292	.55%
Hispanic	13,203	24.93%
Asian or Pacific Islander	1396	2.64%
Black	13,286	25.09%

White (Non-Hispanic)	10,043	18.96%
Black (Non-Hispanic)	57	.11%
Unknown	14,613	27.59%
Pacific Islander	70	.13%
Grand Total	52,960	100%

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	Single Live born infant delivered by C-section	6.50	1
2	Sepsis	5.90	6
3	Encounter Routine Child Health Exam	5.0	3
4	Major depression, anxiety disorder and PTSD	4.55	2
5	Acute Kidney Failure	3.25	5

Of the top five diagnosis, Single Live Born Infant delivered by C-Section was number one, the diagnoses related to childbirth was within the top ten as well as different diagnoses related to mental health.

Along with the diagnosis of childbirth, SSHP month over month in 2019 had a NICU admission rate of an average of 25 NICU admissions per month. Secondary to this occurrence and concern over the quality health care SSHP members are receiving from our OB/GYN providers for our high risk mothers, SSHP entered into a capitated arrangement with a perinatologist in November 2019, to help manage our high risk mothers and extended the pregnancy as long as possible to a full term delivery. SSHP will be tracking and trending our NICU admissions, as well as, length of stay to evaluate the effectiveness of ensuring high risk mothers are seen timely and throughout their pregnancy with a perinatologist.

In April 2019, SSHP entered into a partnership with a local mental health group to provide mobile assessments for SSHP members presenting to the emergency room with a mental health diagnosis to evaluate and advise emergency room physicians on the best level of care for the member, to provide appointment scheduling, including same day appointments and appointments for within seven and thirty days of an emergency room visit and/or hospital discharge with a mental health diagnosis, to provide members with wrap around services, including access to a full dedicated resource center for SSHP members. Since April 2019, SSHP has seen a decrease in

mental health admissions and emergency room visits for members and an increase in outpatient services, such as therapy, medication management, etc.

Opportunities and Actions for improvement in 2020
- SSHP will continue to track the effectiveness of this partnership to ensure our members are receiving the right care, at the right time, at the right place
- Continue the capitated arrangement with a perinatologist to see all SSHP's high risk pregnant members to try to extend pregnancy but also decrease NICU stay if possible and conduct analysis to see the impact on number of NICU admissions and length of stay in NICU, especially those mothers that are able to continue their pregnancy longer.

❖ **Quality Performance Measures and Outcomes**
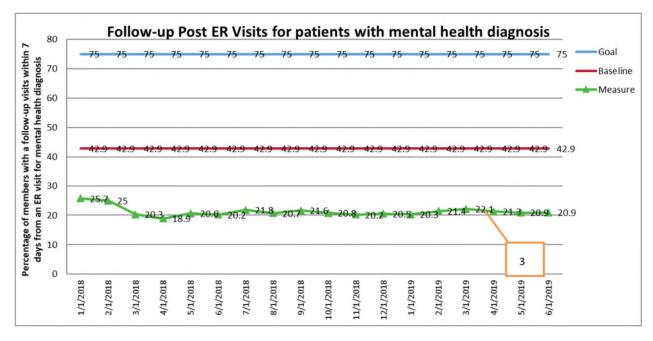
➢ **Quality Improvement Activities (PIPs)**

State Mandated Performance Improvement Projects
SSHP is committed to the continuous monitoring of its performance related to standards of care and service for enrollees. Through this monitoring process, areas for potential improvement are identified and individual departmental projects are initiated to focus on improving the overall care, service and healthcare outcomes of its members. In 2017, the State issued two performance improvement projects (PIPs):
- Follow-up within 7 days following emergency room visit for mental health
- Well-Child Visits ages 3, 4, 5 & 6 year olds
-

During 2018, Modules 1-3 were completed and submitted to the State and approved. In 2019, testing phases of modules were implemented and finalized by July 2019. Both PIPS were approved by the State, however, did not receive 95% confidence level secondary to not meeting the SMART Aim goal established for either PIP.
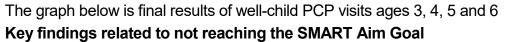
The graph below is final results of the follow-up visits for patients with mental health diagnosis:
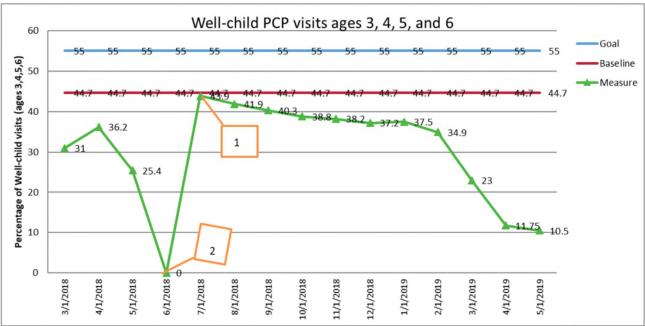
Follow-up Post ER Visits for patients with mental health diagnosis

Y-axis: Percentage of members with a follow-up visits within 7 days from an ER visit for mental health diagnosis

Goal: 75 (constant across all months)
Baseline: 42.9 (constant across all months)
Measure: 25.7, 25, 20.3, 18.9, 20.6, 20.2, 21.8, 20.7, 21.6, 20.8, 20.2, 20.5, 20.3, 21.4, 22.1, 21.3, 20.9, 20.9

X-axis dates: 1/1/2018, 2/1/2018, 3/1/2018, 4/1/2018, 5/1/2018, 6/1/2018, 7/1/2018, 8/1/2018, 9/1/2018, 10/1/2018, 11/1/2018, 12/1/2018, 1/1/2019, 2/1/2019, 3/1/2019, 4/1/2019, 5/1/2019, 6/1/2019

Callout box: 3

Key findings related to not reaching the SMART Aim Goal:

MCO did not achieve the SMART Aim goal due to issues such as Sunrise and Mountain View Hospital emergency room physicians not notifying Nevada Hospitalist Group of member admission to ER; therefore, Nevada Hospitalist Group was unable to arrange an appointment for the member within seven days of discharge. When SSHP was notified of admission, the lack of accurate member contact information or no contact information made it challenging for SSHP to reach out to members; therefore, scheduling a follow-up appointment within 7 days following ER discharge was not often attained.

The only success from our interventions was the contract that was implemented April 1, 2019 with Nevada Behavioral Health (now known as Summit Behavioral Health) which required them to evaluate and assess all members who presented to Sunrise and Mountain View Hospital emergency rooms with a mental illness diagnosis and to schedule a follow up appointment within 7 days for those members who were discharged from those ERs. For the period of April, May and June 2019, Summit Behavioral Health reported seeing a total of 699 members with 407 of those members having a follow up appointment scheduled within 7 days of being discharged from the ER which represented 58% of the targeted population.

The graph below is final results of well-child PCP visits ages 3, 4, 5 and 6
Key findings related to not reaching the SMART Aim Goal

Well-child PCP visits ages 3, 4, 5, and 6

SSHP attempted to make telephonic outreach to members parent/guardian whose children were on the W34 gap report to schedule an appointment for a well-child visit with NHC; however, due to the missing and/or inaccurate contact information and often the pharmacy contact information was the same as the Plan's and the tedious process the Plan had to implement to gather all the necessary information to contact the member, the intervention was not effective. In addition, NHC did not maintain the tracking document of members who received a well- child visit citing lack of human resources to maintain and submit this document to SSHP. The results did not match our prediction that we could increase the number of children getting their W34 visit by providing individual outreach to each member due to incorrect or lack of contact information.

In October, 2019, the State issued two new PIPs
- Timeliness of Prenatal Care
- HbA1c Poor Control >9

Module 1 for both PIPs were submitted to the State in January, 2020 and approved.
- PIP 1 is for Timeliness of Prenatal Care, SSHP has developed a narrow focus on pregnant women with a zip code of within five miles of SSHP's two hospitals with the most deliveries. SSHP established a SMART Aim goal of increasing the percentage of pregnant members who have a live birth delivery planned at Sunrise or Mountain View Hospitals to obtain prenatal care visit within first trimester from 5% to 25% by June 30, 2021. SSHP is currently working on Module 2 to identify interventions and identify failure mode effect.

- PIP 2 is HbA1c Poor Control, SSHP has developed a narrow focus of males diabetics ages 18-75 years of age who had a reported HgbA1c of >9 during the measurement period of August 1, 2018 to July 31, 2019. SSHP established a SMART Aim goal of decreasing the percentage of male diabetic members ages 18 to 75 years who have had a reported HgbA1c of >9 from 83% to 63% by June 30, 2021. SSHP is currently working on Module 2 to identify interventions and identify failure mode effect.

Three internal PIPs were established in 2019 and are still underway. These PIPs were:
1) Increase PCP visits for the Homeless population
2) Increase Health Risk Screenings for New Enrollees, Male Age 35+
3) Increase the number of members receiving their post-partum visit

PIP #1 – Increase PCP Visits for the Homeless Population
The Performance Improvement Committee (PIT) desired to have a performance improvement project targeting a special needs group to attempt to make an impact on members that would meet the criteria for special needs. The committee agreed and a work group was formed to lead this PIP. Over several months, the work group pulled data to try to determine the most appropriate special needs group to target. Ultimately, the work group presented to the PIT committee to target the homeless population which makes up about 4.6% of SSHP's membership. Further data showed that less than 1% of this population is receiving primary care. Currently, the work group has developed their SMART Aim goal to increase the number of Primary Care visits for the homeless population by 2%. They are currently working on Module 2 to identify interventions and identify failure mode effect.

PIP #2 – 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 51% of SSHP population and on average men ages 35+ completed a health risk screening 4% 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 2020.

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 #3 – 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 achieved a 43.8% rate for 2018 HEDIS so the PIP Smart Aim goal is to increase the 2020 HEDIS rates by 5%.

Key drivers include transportation availability, member knowledge and engagement in timeliness of postpartum appointments, lack of prenatal care and lack of the health plan receiving a notification of pregnancy so we can educate the member and remind them of the importance of the post-partum visit.

Possible interventions include Uber ride share program, bus passes to members needing transportation, gas cards for those with reliable vehicles, outreach calls to members of importance of visit and then reminder call 2-5 days prior to scheduled appointment, member incentive for postpartum visit and educate provider to submit NOP in a timely manner.

As of February 2020, this PIP is currently in the failure mode portion of the PIP.

HEDIS Indicators
SilverSummit Healthplan underwent their first year for HEDIS in 2019. In 2018, a HEDIS Steering Committee was implemented and continues and is delegated to

oversee initiatives and implementation of interventions related to HEDIS benchmarks.

DHCFP has included in the contract a Pay for Performance (P4P) System for the TANF population only, to provide financial incentives for achieving specific levels of performance in the programs priority areas. DHCFP will implement the P4P Program in 2020, however, in 2019, they changed the performance measures and decreased from six to five and adjusted the target rates. In 2019, DHCFP did not establish any goals.

Although DHCFP did not implement this program in 2019, SSHP is aware of this program and is tracking rates for these measures. For 2020, DHCFP are implementing this P4P program. The following is the Final Rates for 2018 and the Administrative Rates as of December, 2019 for these measures:

NV Core HEDIS Measure	2018 Final Medicaid Rates	2019 Administrative Rates
Children's Access to Primary Care Practitioner (CAP) *12-24 Months*	88.56%	92.70%
CAP *25 months - 6 years*	72.28%	75.07%
CAP *12-19 years*	N/A	74.50%
Childhood Immunization Status (CIS) *Combo 10*	13.13%	23.49%
Comprehensive Diabetes Care (CDC) *HbA1c Testing*	79.08%	75.18%

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 HgbA1c testing and 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

Type Summary	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD
Adverse Medical	0	0	0	0	1	1	2	0	0	0	0	0	**4**
Adverse Surgical	1	1	0	0	0	0	0	0	0	0	0	0	**2**
Allergic Reaction	0	0	0	0	1	0	0	0	0	0	0	0	**1**
Death	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Dissatisfied w/ Care	0	1	1	1	0	0	0	1	1	0	0	0	**5**
Access and attitude	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Miscellaneous (lost medical records, wrong file, safety issues)	0	0	0	2	0	0	0	0	0	0	0	0	**2**
Totals	**1**	**2**	**1**	**3**	**2**	**1**	**2**	**1**	**1**	**0**	**0**	**0**	**14**

Severity Levels are as follows:

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

Severity Summary	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Severity Level 0	1	2	1	3	2	1	2	0	0	0	0	0	12
Severity Level 1	0	0	0	0	0	0	0	0	1	0	0	0	1
Severity Level 2	0	0	0	0	0	0	0	1	0	0	0	0	1
Severity Level 3	0	0	0	0	0	0	0	0	0	0	0	0	0
Severity Level 4	0	0	0	0	0	0	0	0	0	0	0	0	0
Pending Severity	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**1**	**2**	**1**	**3**	**2**	**1**	**2**	**1**	**1**	**0**	**0**	**0**	**14**

In 2019, the quality investigation cases included various cases with the majority falling in the category of dissatisfied with care access and attitude. SSHP Appeals and Grievance (A&G) Manager tracked this category to determine a pattern of care by a particular provider or group. All five of the quality of care received were for different providers and were prominently related to wait time in the office to see their practitioner. 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.

Serious Occurrence Reports
DHCFP provides SSHP with reports received from Personal Care Attendant (PCA) Providers when a patient that is receiving PCA services has an event that requires the member to be sent to the emergency room or admitted to inpatient hospital services. SSHP's responsibility is to track and trend the information from these reports to determine potential quality of care issues.

During 2019, SSHP received 38 Serious Occurrence reports and of this total 27 were from four providers. Of the top 4, the provider with most reported occurrences, with eleven occurrences that were identified as the following:
- Unplanned Hospital Visit/ED- 10 (seizure, abdominal pain, difficulty breathing, MS, chest pain, appendicitis, unknown)
- Recipient Death-1

The second provider had nine occurrences and identified as the following:
- Unplanned Hospital Visit/ED- 9 (breathing difficulties, kidney stones, blood clot in lungs, chest pain, not feeling well)

The third provider had five occurrences and identified as the following:
- Fall-1
- Unplanned Hospital Visit/ED-4 (Parkinson's, seizures, low oxygen, fungus)

From 2018 to 2019 for these three top providers the following was identified:
- Provider One-had six occurrences in 2018 and of the six, five were for one beneficiary with cardiac issues. For 2019, one member, the same from 2018 had four occurrences for the same cardiac issues. For this provider, no trend was noted
- Provider Two-had four occurrences last year all for one member and for 2019, one member, same from 2018 had four occurrences for breathing difficulties. For this provider, no trend was noted
- Provider Three- had no incidents in 2018

Opportunities and Actions for improvement in 2020
SSHP will continue to track and trend providers that report serious occurrences and will notify the DHCFP for any identified trends from these reports.

➢ **Access and Availability**

SSHP focuses on access and availability through maintaining the provider network as required by the DHCFP contract, through monitoring of member and provider calls related to access and availability, through "secret shopper" access and availability and after hour calls, and through tracking and trending grievances and appeals related to access and availability. SSHP monitors primary care physician (PCP), Behavioral Health and Specialists' routine and urgent care appointment accessibility and after-hours access to ensure members have access to care 24 hours a day, 7 days a week. This monitoring is done through provider site visits by the provider relations representatives conducting inquiries during visits.

SSHP is monitoring access to services through member grievances and appeals data. Evaluation of grievances and appeals related to access to service indicated the following:

- One grievance received for availability of an appointment with a PCP for routine visit
- One grievance received for availability of an appointment for a specialists for urgent care
- No appeals received related to access and availability for appointments were received

In 2019, secret shopper calls were made to 75 distinct providers quarterly for a total of 300 providers with only 2 instances of standards not being met for after hour's accessibility. The 2 providers received education on the requirements from our Provider Relations team.

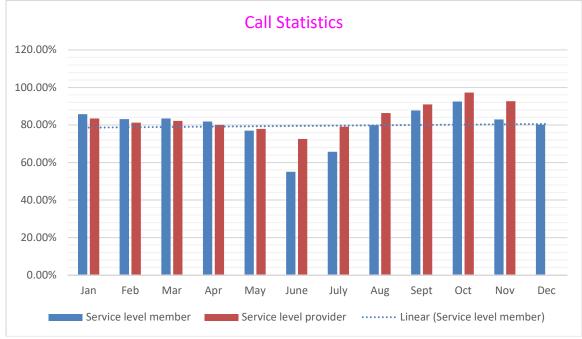**Opportunities and Actions for Improvement in 2020**

- Continue to track and trend providers who receive grievances related to access of services and will report in bi-annually in the Credentialing Committee and providers that exceed SSHP's goal.
- Notify provider relations when a grievance is received related to access for any provider that has more than 2 grievances received.

➢ **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 not met in May, June, July and August of 2019 due to high turnover of staff that was unexpected.

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 met the goal of 80% for April, May, June, and July of 2019 due to high turnover of staff that was unexpected. The abandonment rate for provider calls ended in 2019 at 2.5% 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.

Call Statistics

Barriers identified to meeting the service level goals for both member and provider calls was related to lack of staff to meet the call volume, 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 DHCFP. 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 is required 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? 1 per 1500 members
PCP's: Family Practitioners/General Practitioners	99.9% of members had at least one within 25 miles of home 17 PCPs per 1,500 members	Yes
PCPs: Internal Medicine	99% 12 Internist per 1,500 members	Yes
PCPs: Pediatrics	99.9% 6 Pediatricians per 1,500 members	Yes
Obstetrics/Gynecology	100% 4 Ob/Gyn per 1,500 members	Yes
Oncology	99.9% 2 oncologists per 1,500 members	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.

BH Practitioner Type	Results	Goal Met? Yes or No
Prescribers: Psychiatrists	99% 3 psychiatrists per 1,000 members	Yes
Non-Prescribers: Clinical Psychologists	99% 1 psychologists per 1,000 members	Yes
Non-Prescribers: Licensed Mental Health professionals	99% 36 licensed mental health professionals per 1,00 members	Yes

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.

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. Based on the results of grievances and appeals related to provider network adequacy, SSHP met their goal for both grievances and appeals and in 2019. The table below represents the grievances received related to access.

Grievances related to Access	Grievance Total	Grievances per 1,000 members (52,960)	Goal Met? <2 per 1,000 members
Provider Network Availability			
Provider incorrectly advised they were In or Out of network	1	.01	Yes
Provider panel disruption (e.g., provider leaving network)	0	0	Yes
Lack of a provider that speaks member desired language or racial/ethnic disparities	0	0	Yes
Total	**0**	**0**	**Yes**
Provider Appointment Availability			
Delay in receipt of services or equipment (e.g., DME, Transportation, PT, Home Care)	1	.01	Yes
Referral process (e.g., delayed process, refusal to refer)	4	0.08	Yes
Authorization of services denied (e.g., not medically necessary services available in network)	0	0	Yes
Pharmacy Issues (e.g., prescription delay, therapeutic substitution, tier exception request)	3	.06	Yes
Total	**9**	**0.17**	**Yes**
Appeals Related to Access	Appeals Total	Appeal per 1,000 members ()	Goal Met? <2 per 1,000 members
Provider Network Availability			
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
Total	**0**	**0**	**Yes**
Provider Appointment Availability			
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
Total	**0**	**0**	**Yes**

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 inpatient mental health stay	Within 7 calendar days	90% Compliance	100%	Yes
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
Urgent Care (listed as emergency response in the provider manual)	Within 24 hours of referral	90% Compliance	100%	Yes

OB/GYN

Appointment Type	Performance Standard	Performance Goal	Results	Goal Met (Yes or No)
Routine Pregnancy Well Care	1st and 2nd 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.
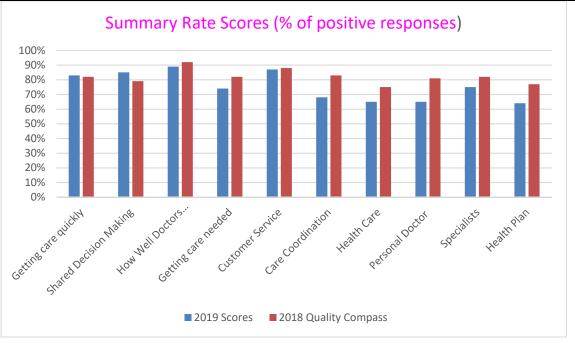
Opportunities and Actions for improvement in 2020
- Develop a process that allows consistent communication and education regarding access standards to providers
- Increase outreach and frequency of calls to providers/practitioners ensuring that all groups of providers have outreach within at least one quarter over the annual survey
- Increase member awareness of available care
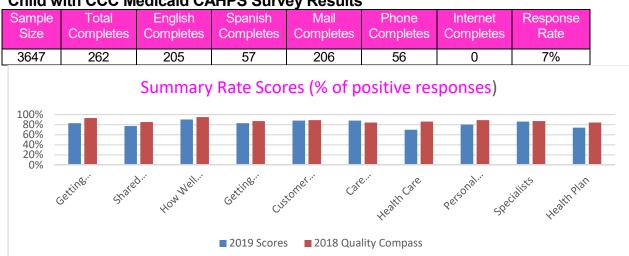
➢ **Member Satisfaction**

SSHP conducted the Adult Medicaid, Child Medicaid with CCC and Child CHIP with CCC CAHPS surveys 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 50th percentile or above. Below are the results of each survey including sample size and response rate, key driver questions, comparison to Quality Compass.

Adult CAHPS Survey Results

Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes	Response Rate
1890	176	169	7	151	25	0	9%

Summary Rate Scores (% of positive responses)

Comparison to Quality Compass

Adult Medicaid Survey Question	2019	Percentile	Goal Met?
Getting Care Quickly	82.58%	50th	Yes
Shared Decision Making	84.90%	100th	Yes
How Well Doctors Communicate	88.75%	10th	No
Getting Needed Care	74.20%	4th	No
Customer Service	86.57%	25th	No
Care Coordination	67.65%	1st	No
Rating of Health Care	65.25%	1st	No
Rating of Personal Doctor	65.32%	1st	No
Rating of Specialists	75.36%	2nd	No
Rating of Health Plan	64.29%	1st	No

Child with CCC Medicaid CAHPS Survey Results

Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes	Response Rate
3647	262	205	57	206	56	0	7%

Summary Rate Scores (% of positive responses)

Comparison to Quality Compass

Child with CCC Medicaid Survey Question	2019	Percentile	Goal Met?
Getting Care Quickly	83%	7th	No
Shared Decision Making	77%	31st	No
How Well Doctors Communicate	90%	6th	No
Getting Needed Care	83%	29th	No
Customer Service	88%	31st	No
Care Coordination	88%	91st	Yes
Rating of Health Care	70%	1st	No
Rating of Personal Doctor	80%	1st	No
Rating of Specialists	86%	32nd	No
Rating of Health Plan	74%	1st	No

Child with CCC CHIP CAHPS Survey Results

Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes	Response Rate
874	99	72	27	89	10	0	11%

Summary Rate Scores (% of positive responses)

Comparison to Quality Compass

Child with CCC CHIP Survey Question	2019	Percentile	Goat Met?
Getting Care Quickly	86%	17th	No
Shared Decision Making	64%	1st	No
How Well Doctors Communicate	90%	7th	No
Getting Needed Care	83%	36th	No
Customer Service	88%	47st	No
Care Coordination	67%	1st	No
Rating of Health Care	71%	1st	No
Rating of Personal Doctor	81%	1st	No
Rating of Specialists	78%	1st	No
Rating of Health Plan	69%	1st	No

Based on these three surveys, SSHP Member Satisfaction Committee developed a work plan for each area that scored below the 50th percentile based on 2019 NCQA National Accreditation Comparisons 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:
- Getting Care Quickly- 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
- Shared Decision Making- Develop patient education materials about common medicines prescribed for your members explaining pros of each medicine
- How Well Doctor's Communicate- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population
- Getting Needed Care- Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network
- Customer Service- Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- Care Coordination- Offer to work with larger/high volume PCP groups to facilitate EMR (Electronic Medical Records) connectivity with high volume specialty groups
Rating of Health Plan- Evaluate pre-certification, authorization, and appeals processes

➢ 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-Envolve 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.

Envolve 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.

In 2019, EPC had total participation for each disease as follows:
- Asthma-346 active health coaching participants and 190 mail intervention participants
- COPD- 73 active health coaching participants and 31 mail intervention participants
- Diabetes- 12 active health coaching participants and 12 mail intervention participants
- Heart Disease- 108 active health coaching participants and 21mail intervention participants

In addition in January 2019, SSHP partnered with EPC to conduct a pilot program called On.Demand Diabetes™ Management Program. The On.Demand Diabetes™ puts essential tools at the members' fingertips to empower them to manage their diabetes and improve their overall health. Using cellular technology, real-time glucose readings and automatic supply refills, facilities timely intervention while reducing waste and removing barriers to participation. On.Demand™ is a partnership with the provider, EPC and SSHP. While providing patients with education and support, the program also provides the provider with early, actionable information for managing the care of the member.

Members receive an On.Demand™ supply kit with a glucometer, test strips and instructions. As test strips are used and recorded, additional ones are sent out, reducing barriers to obtaining testing supplies. Blood glucose readings are transmitted to a secure website and monitored by health coaches who are certified diabetes educators. Through clinical triage, members registering high or low readings are identified to receive outreach support calls. Members with a pattern of high or low blood sugar readings, poor testing compliance, or a pattern of poor blood glucose control receive educational outreach calls. Members who do not rest for five days receive a customer service call to discuss barriers to testing.

In 2019, SSHP had an average of 43 members enrolled in the program, with an average member engagement of 65% and average member compliance rate of 30%. In late 2019, SSHP and EPC conducted additional provider education regarding the program for possible referrals to the program, refresher training for SSHP case managers who may have a member eligible for the program and changed program from an opt-in program to an opt-out program.

Opportunities and Actions for improvement in 2020

- SSHP and EPC will continue to access enrollment in the program, member engagement and compliance to better promote the program and effectiveness of member health outcomes.

➢ **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-AACE/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

- <u>Tobacco Cessation</u>-Smoking Cessation During Pregnancy; Treating Tobacco Use and Dependence
- <u>Use of Psychotropic Medications</u>-Practice parameter for the use of psychotropic medication in children and adolescents

In 2019, SSHP monitored HEDIS 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 is are two examples of collaboration and education provided for two of the measures and the associated clinical practice guideline:

- **Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)**
  SSHP did not have a rate for 2018 RY secondary and was unable to meet required denominator, however, for 2019 RY, SSHP rate was 1.92%. SSHP conducted the following interventions throughout 2019 related to this measure to sustain the rate and or further improve the rate:
  - Provider Drug Utilization Review letters sent to providers who were prescribing or seeing members on multiple concurrent antipsychotics
  - Summit Behavioral Health conducting medication reconciliation for members who are seen by their providers
  - Provider education and training and resource material for providers for treatment of children and adolescents and the usage of antipsychotics
  - Collaboration with Summit Behavioral Health care coordinators and SSHP case managers for members in case management for member (parent/guardian) education

  In addition, the selected interventions were evaluated to measure the success or need for additional improvement opportunities by the following:
  - Monitoring prescribing habits of providers who received a drug utilization review letter to see if prescribing habits were changed or modified
  - Joint Operation Committee meetings with Summit Behavioral Health and reporting on medication reconciliation and provider prescribing changes from medication reconciliation
  - After training survey to providers who attended training and website tracking for "hits" for resource materials related to treatment of children and adolescents and usage of antipsychotics
  - Monthly monitoring of members on multiple concurrent antipsychotics to see if engaged in case management and weekly meetings between SSHP case manager and Summit Behavioral Health care coordinator to recommend member(s) for case management or discuss progress, barriers, challenges for getting

member(s) into case management and/or getting provider(s) to change or modify their prescribing habits

Opportunities and Actions for improvement in 2020

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

- o Follow up phone calls by SSHP pharmacy director to prescribers who continue to prescribe or make no modifications for members on concurrent antipsychotic medications after receiving drug utilization review letter
- o Summit Behavioral Health contract has been extended and Summit Behavioral Health will evaluate the need for medication reconciliation at a more frequent period for children and adolescents on multiple concurrent antipsychotics
- o Include resource materials related to children and adolescents and antipsychotic medication treatment on SSHP public portal website and ensure it is easily accessible for the members (parent/guardian)

- **Asthma Medication Ratio (total)**

  SSHP did not have a rate for 2018 RY secondary and was unable to meet required denominator, however, for 2019 RY, SSHP rate was 93.2% (5 Star). SSHP conducted the following interventions throughout 2019 related to this measure to sustain the rate and or further improve the rate:

  - o Collaboration with pharmacy department to implement gap letters to provider and member related to Asthma medication
  - o Provided provider education on the clinical based guidelines for Asthma
  - o Developed educational material for members and provided to practitioners
  - o Analyzed member pharmacy reports for gap in obtaining medications and made direct outreach calls to member to determine why medication not filled and offer assistance as needed such as transportation
  - o Provide an additional inhaler for school usage

  In addition, the selected interventions were evaluated to measure the success or need for additional improvement opportunities by the following:

  - o Follow up phone calls by SSHP pharmacy director to prescribers of members who did not get medication filled to determine if discontinued or assist in getting member into an appointment to have medication refill completed
  - o Monthly monitoring of members on Asthma medication to see if a recommendation for case management is appropriate

  Opportunities and Actions for improvement in 2020

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

  - o Follow up phone calls by SSHP pharmacy director to prescribers of members who did not get medications filled

- o Include resource materials related to Asthma medication treatment on SSHP public portal website and ensure it is easily accessible for the members (parent/guardian)
- o Monitor claims for usage of second nebulizer in children

➢ 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	HEDS: Follow-up care for children with ADHD Medication (ADD)	Annually
The Management of treatment access and follow-up for members with co-existing medical and	HEDIS: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotic medications	Annually

behavioral health disorders	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	

➢ 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, the 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	Goals Met?
The timeliness of feedback/reports from Behavioral Health clinicians for members in your care	30.0%	24.1%	Yes
The frequency of feedback/reports from Behavioral Health clinicians for members in your care	31.9%	22.9%	Yes

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, 2019 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.

The Appropriate Diagnosis/Treatment/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 75th percentile Met?
Effective Acute Phase Treatment Goal 75th percentile: 56.41	334	191	57.19%	Yes
Effective Continuation Phase Treatment Goal 75th percentile: 40.95%	334	127	38.02	Yes

Analysis

SSHP met the goal 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 75th 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

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 DDHD 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 75th percentile met?
Initiation Phase Treatment Goal 75th percentile: 49.86%	11	3	27.27%	No
Continuation and Maintenance Phase Treatment Goal 75th percentile: 62.69%	2	0	0.0%	No

Analysis

The 2019 Reporting Year (RY) rates did not meet the benchmark for either Initiation or Continuation Phase Treatment. SSHP identified that the eligible population for both sub measures was very small and therefore, any changes to member's compliance would have had a significant impact on the final rates. During 2019, SSHP formed a Pharmacy workgroup with a focus on ensuring member compliance with this measure. The Pharmacy Coordinators conducted direct outreach to members and providers on the importance of compliance with the Initiation Phase and Continuation Management Phase for this measure. In addition, the workgroup focused on potential barriers for member compliance which included the following:

- Over the summer months when children are not in school their parent/caregiver may choose to engage in therapeutic medication break. The measure specifications does not take into account medication breaks when children are not in school. This may lead to lack of timely follow-up with provider and missing pharmacy refills due to extra medication from the summer break
- PCP may not be familiar or have member reminder system in place for follow-up appointments, particularly if prescribing practice includes 90-day fills leading members to believe follow-up appointments are not needed until medication refills are needed.

Opportunities and Actions for improvement in 2020

- Improve member adherence to medication and follow-up appointments through member education to ensure adherence to medication throughout the year, even with school breaks

- Provider outreach and education regarding the importance of required follow-up appointments throughout the year, even if a 90-day supply is given to the member.

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 75th percentile met?
Goal 75th percentile: 84.27%	433	338	78.06%	No

Analysis

SSHP did not meet the benchmark rate for 2019 (measurement year 2018) although were in reach of meeting the 75th 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

Primary or Secondary Preventive Behavioral Program Implementation
SSHP has a preventive program for pregnant members that is targeting prenatal depressing 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 incentives for attending their postpartum visit. In addition, all members in the SSFB program are screened for depression during their postpartum assessment.

Results

Measurement	2019
Members enrolled in SSFB Case Management Program	Numerator: 135
Members with positive depression screening during postpartum assessment	Denominator: 33
Percentage	24.4%

Analysis
SSHP had a total of 135 members enrolled into its Start Smart for Baby (SSFB) program in 2019. Of those who delivered in 2019, 33 members were found to have a positive depression screening during their postpartum assessment, which accounted for 24.4% of the total number of members enrolled into the SSFB program. Members with a positive depression screening were referred to a behavioral health case

manager Licensed Clinical Social Worker to perform additional outreach and 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 1st and 2nd 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.

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 75th percentile met?
Age 1-5 Goal 75th percentile: 23.55%	0	0	n/a	n/a
Age 6-11 Goal 75th percentile: 36.96%	31	5	16.13%	No
Age 12-17 Goal 75th percentile: 44.50%	47	13	27.66%	No
Total Goal 75th percentile: 40.90%	78	18	23.06%	No

Analysis

SSHP did not reach the benchmark 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 133

Member appeals for 2019 were sub-categorized as follows:
- ▪ **Pharmacy Denial Appeals=5**
- ▪ **Behavioral Health Appeals=27**
  - • Inpatient admission=0
  - • Inpatient concurrent review=0
  - • Outpatient=0
  - • Other behavioral health services=15
  - • Community Based Services=1
  - • Inpatient continued hospital stay=11
- ▪ **Physical Health Appeals=33**
  - • Inpatient-Surgery=1
  - • Genetic testing=1
  - • Injections-Epidural=1
  - • Special Services-Pain Management=5
  - • Inpatient-Continued Hospital Stay=2
  - • Hospital Other=2
  - • Physical Therapy=8
  - • Speech Therapy=1
  - • Occupational Therapy-2
  - • DME-Other= 3
  - • DME Motorized Wheelchair-1
  - • DME Orthotic-2
  - • DME Oxygen Respiratory Device=1
  - • Botox injections-1
  - • Self injectables-1
  - • Endoscopy=1

- ▪ **Advanced Imaging Appeals-Total=67**

  - ○ Billing and Financial Issues = 0
  - ○ Quality of Care = 1
  - ○ Attitude and Service = 0
  - ○ Quality of Practitioner Office Site= 0

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 133 appeals, which represented a 2.53 per 1000 member appeals, therefore the goal was met. SSHP analysis noted a lower than anticipated appeal rate and upon review it was determined that providers continue to submit appeals however, they were not on behalf of the member and SSHP was unable to get an authorization of release form signed by the member indicting that the provider was appealing on their behalf.   Further

analysis was conducted to identify any trends with appeals. In addition, SSHP noted a decrease in pharmacy, behavioral health appeals and an increase in physical health appeals and advanced imaging. During this review, it was determined that SSHP's advanced imaging vendor, NIA, accounted for 50% 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 8th 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 8th 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, five requests for a State Fair Hearing were received and all five were resolved prior to going to a State Fair Hearing with four in favor of the provider and appeal was overturned and one where provider withdrew their request for a State Fair Hearing after SSHP upheld their denial decision.

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.

> ## Statistics

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.

SilverSummit Health Plan January –December 2019	
Number of PCPs	106
Number of Specialists	569
Initial Credentialing	
Number of practitioners credentialed	675
Re-credentialing	
Number of practitioners re-credentialed	35
Number of PCPs re-credentialed	12
Number of Specialists re-credentialed	23
Terminated/Rejected/Suspended/Denied	
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.

PCP Changes

SSHP allows members freedom of choice when selecting an in-network PCP, and members have the option to change their preferred PCP at any time, with or without cause. New members either choose a PCP at the time they select SSHP or are auto-assigned a PCP based on an algorithm that accounts for geographical proximity to the member's home. Member-requested PCP changes are effective on the next calendar day following the request.

SSHP maintains a record of the reasons why members actively select PCPs in order to monitor the network and ensure quality PCPs are available to members. Overwhelmingly, members select a PCP based on their personal preference when they initially join SSHP. Reasons members may change PCPs include geographical proximity, provider retiring or leaving the network, and to see the same provider as family members. Trends in PCP changes, particularly moving away from particular practitioners or groups, can lead to quality investigations to determine if the PCPs are unfit to remain in SSHP's network. This may further lead to provider education and/or termination from the network.

In 2019, SSHP received 15,483 requests for change in PCP. SSHP analyzed PCP change requests in 2019 with following results:
- 101-Member does not like their PCP Assignment Choice
- 229-Member moved and no longer near PCP
- 5939-Member preference
- 2595-Member made first time selection
- 653-Member change request received via fax or mail
- 8-PCP hours did not fit members needs
- 223-Provider no longer with the network
- 700-Provider Location
- 55-Quality of Care
- 19-Wait time in PCP's office
- 2-PCP request member disenrollment-member failure to keep appointments
- 6-PCP request to dis-enroll member
- 660-PCP auto assignment to a returning member who did not get original PCP
- 157-Same PCP as a family member
- 9-Provider Affiliation # termed
- 6-Provider set-up incorrectly
- 4-Health Plan Choice
- 1-PCP change issue ID card
- 1-New member issue ID card
- 4-Case Manager recommendation
- 59-Dissatification with office staff
- 288-Another family member has established relationship
- 14-Dissatisfied with physicians referral
- 16-PCP Gender
- 5-Wants same PCP as a friend or family member
- 10-PCP requested has an association with a hospital or specific medical group
- 284-Availability to get an appointment with current PCP
- 309-Already has an established relationship with another PCP
- 54-Language/communication barrier
- 15-PCP had a closed panel
- 3085-Change requested by fax or mail

Further analysis of reasons to change related to quality of care, dissatisfaction with office staff, wait time in PCP's office, dissatisfaction with referral and language/communication barrier was conducted. From this analysis it was determined that only one of these members filed a grievance.

Opportunities and Actions for improvement in 2020
- SSHP A&G Manager will to an in-depth analysis of the categories that possibly could result in a grievance to determine if member is given the option to file a grievance, if member is satisfied with just being able to change PCPs and does not wish to file a grievance, to determine if there is a pattern with a certain provider, etc.

❖ Preventive Health Outcome

Preventive Health Guideline
Improving Early, Periodic Screening, Diagnosis and Treatment (EPSDT) Visits
A major goal of SilverSummit Healthplan is to improve the completion of EPSDT visits by members. SSHP informed members about the importance of EPSDT screenings (Well-Child Check-Ups) through the member handbook, at health fairs, and through member brochures.
The CMS-416 report used to track EPSDT compliance calculated a participant ratio of 50% in administrative data in 2019.

Statistics
EPSDT Participation Ratio

	Totals	Age Group <1	Age Group 2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
2019 Annual Report	50%	72%	58%	55%	36%	36%	30%	13%

Analysis
SSHP's participant ratio decreased from 52% in 2018 to 50% in 2019. The decreases were noted across all age groups. During 2019, the State of Nevada encountered a significant increase and movement of anti-vaccination groups throughout the state, which is believed to have affected receipt of vaccinations across all payor sources.

During 2019, SSHP continued to have a partnership with "Immunize Nevada" including participation in monthly meetings with other MCOs, Medicaid, advocacy groups, and

other community partners, sponsored and attended multiple events throughout the year to promote vaccinations, distributed materials related to the importance of immunizations developed by "Immunize Nevada" to provider's offices for provider education and support in members receiving immunizations.

Also in 2019, SSHP gained access to three large clinics electronic medical record (EMR) systems to obtain medical records with documentation of immunizations but also to assist the providers in outreaching to members to close gaps on missing immunizations. SSHP continues to access the State's WebIZ system to obtain immunization data on all new members upon enrollment with SSHP and then a refresh on all members quarterly. This data is uploaded to Centene's supplemental data base to assist in capturing immunizations that may not be included on a claim.

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, sixty-one reviews were conducted with the following scores with thirty-five not completed as provider did not supply the record or would not allow us to do an onsite audit:
- 100%-15 providers
- 99-90%-24 providers
- 89%-80%-20 providers
- Under 80%-2 providers

For the two providers that scored below 80%, an educational session where provided in writing to address the areas they had deficits.   Deficits included missing immunization records, lack of advance directives discussion/forms, illegible records. From 2018 to 2019, there was an increase in the number of providers scoring 100% from 7 to 15. For the one provider that scored under 80% during 2018 audit, a re-audit was conducted in 2019 with a score of 95%.

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 specialists, 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 where 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, SSHP entered into an agreement with Summit Behavioral Health to support Envolve People Care for collaboration of case management for members Summit Behavioral Health provides oversight in SSHP's behavioral health network.

During 2019, SSHP's medical management department had weekly calls with Envolve People Care and Summit Behavioral Health to conduct rounds on SSHP's behavioral health members in the hospital, receiving outpatient care and enrolled in case management.

With the relationship with Summit Behavioral Health, SSHP has seen a decrease in inpatient admissions and increase in outpatient services, thus providing the right care, right place and right time. In 2020, SSHP will continue this agreement with Summit Behavioral Health.

➢ 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 members.

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.

In 2019, Envolve Pharmacy Services did not meet all metrics as established by the contract. During 2019, Envolve Pharmacy Services did not meet the following threshold:
- Expedited PA threshold 100% within 24 hours was missed in March with a score of 99.14% and December with score of 99.37% – YTD score was 99.83%.

Envolve Pharmacy Services provided SSHP with documentation to why metrics were not met in these two months. During March 2019, they had a fax outage period of 12 hours which affected one request that was received during that time and not completed until the 25th hour.

For December, the request was mistakenly overlooked by an employee. Based on the information provided, no corrective action plans was implemented, however, SSHP will continue to monitor all metrics in 2020.

During 2019, SSHP was receiving multiple appeals for pharmacy denials that should have been sent to Envolve Pharmacy Services as they are delegated grievance and appeals by SSHP. SSHP Appeals and Grievance Manager (A&G Manager) began tracking these appeal receipts from January to March 2019 and determined these were actually not appeals but the documentation for a reconsideration.

Envolve Pharmacy Services letter to member and provider appears to indicate medication was denied in some cases, when actually additional documentation is needed to approve the medication. SSHP A&G Manager meet with SSHP's pharmacy director to discuss the letter 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 reconsideration document 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 50% 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 achieve in 11 of the 12 months with an overall timeliness score of 99.2%

NIA provided documentation to the reason for not meeting threshold for Turn-around-time for 2019. Throughout 2019, NIA had significant difficult 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: _____