



2020 Model of Care Overview and Executive Summary

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AmeriHealth Caritas[™]
VIP Care[®]

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Under the Medicare Modernization Act of 2003 (MMA), Congress created a new type of Medicare Advantage coordinated care plan focused on individuals with special needs.

The Centers for Medicare & Medicaid Services (CMS) granted approval for AmeriHealth Caritas VIP Care to offer a dual eligible special needs plan (D-SNP) beginning on January 1, 2013 to beneficiaries residing across 62 counties in Pennsylvania.

Description of AmeriHealth Caritas VIP Care

Under its contract with CMS, Vista Health Plan sponsors a Medicare Advantage D-SNP that serves Medicare and Medicaid beneficiaries in Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, and York counties. This D-SNP is operated as AmeriHealth Caritas VIP Care (HMO-SNP). Individuals eligible for the D-SNP are entitled to receive Medical Assistance under Title XIX and reside in the AmeriHealth Caritas VIP Care service area. AmeriHealth Caritas VIP Care is responsible for providing benefits or coordinating benefits for all its plan beneficiaries. AmeriHealth Caritas VIP Care integrates specialized care delivery systems to improve health outcomes, lower costs, and have a positive impact on the overall health and quality of life for members.



Annual evaluation process

AmeriHealth Caritas VIP Care follows a CMS-approved Model of Care (MOC), which describes the care and resources to be provided to members of the health plan. As a D-SNP, AmeriHealth Caritas VIP Care is responsible for conducting an annual evaluation of its programs. AmeriHealth Caritas VIP Care conducts this evaluation through an MOC oversight group comprised of representatives from key departments (e.g., Quality Management, Medical Management, Member Services, Medical Economics, Compliance, and Provider Relations). In conducting its evaluation, the oversight group collects, analyzes, and reports on data that is used to evaluate the effectiveness of the MOC in meeting its goals. In this process, the MOC oversight group develops key findings and identifies the need for follow-up actions.

AmeriHealth Caritas VIP Care utilizes various tools to measure and track the progression toward goal achievement and timely identification of barriers. Outcomes are measured utilizing a variety of tools, including, but not limited to, the Health Risk Assessment (HRA), chart audits, hospitalization utilization, satisfaction and health outcomes survey questions, call center statistics, pharmacy and plan benefit reviews, and interim Healthcare Effectiveness Data and Information Set (HEDIS®) measures. The results are summarized at an organizational level to identify areas of strength and opportunities to improve the MOC for each of the individual goals measured.

This evaluation assesses progress toward goals in the following areas:

1. Improving access to essential services.
2. Improving access to affordable care.
3. Improving coordination of care and appropriate delivery of services.
4. Improving transitions of care.
5. Increasing member utilization of preventive health services and care.
6. Improving member health outcomes.
7. Improving appropriate utilization of services.



A photograph of a person with short, wavy white hair, seen from the side, looking out a window. The window is on the left side of the frame, and the light coming through it is bright and slightly overexposed. The person's face is not visible. The background is a plain, light-colored wall. A large blue rectangular box is overlaid on the right side of the image, containing the title text.

KEY FINDINGS AND RECOMMENDATIONS



Goal 1: Improving access to essential services

AmeriHealth Caritas VIP Care strives to facilitate the provision of and access to appropriate, timely, and cost-effective health care services and treatment in the least restrictive setting and manner. When health care needs can be anticipated and identified early in the continuum of care, member needs can often be met through less intense and intrusive services. By working closely with the member and/or caregiver, primary care provider (PCP), and ancillary providers, our Care Managers can arrange for high-quality services to meet the member's health care needs.

AmeriHealth Caritas VIP Care's MOC analysis has determined that not all performance expectations for provider access (after-hours standards) were met for this goal in 2020. However, the plan met the goals and members reported they were able to get needed care and appointments quickly.

Based on the results achieved, AmeriHealth Caritas VIP Care will continue to work with our network providers to improve provider access so members can obtain 24/7 care and services.



Goal 2: Improving access to affordable care

Access to affordable care is essential for the D-SNP population. The plan recognizes the value of providing our members with access to quality health care and services. Better access to care is essential for members to have their annual well visit and preventive care visits with their primary care provider, which helps improve health outcomes.

Ninety-five percent of members completed an ambulatory or preventive care visit during 2020.

Timely review of appeals for covered services ensures that our members receive the care and services they need. Coverage is available when services are medically reasonable and necessary for treatment or diagnosis of illness or injury. In 2020, the plan met the goal by making timely decisions 99% of the time. In 2021, AmeriHealth Caritas VIP Care will monitor members who need and receive ambulatory health services to ensure they have the proper tools and resources.



Goal 3: Improving coordination of care and appropriate delivery of services

AmeriHealth Caritas VIP Care recognizes the importance of increasing member care management participation rates and providing quality services, including member assessments and care coordination through care planning with a care management team. Care coordination is a vital component in developing a strong relationship with AmeriHealth Caritas VIP Care members. Developing goals with a skilled Care Manager through a customized plan of care (POC) helps to demonstrate our commitment to improving the overall health of our members with chronic or complex conditions.

New members of AmeriHealth Caritas VIP Care must complete an initial health risk assessment (HRA) within 90 days of the effective date of their membership. Each year after that, members must complete an HRA within 365 days of the last HRA. This is vital to developing a plan of care for each member. The plan has continued to make great improvements in this area; however, we did not meet the overall goal for 2020 — by the fourth quarter, we had a completion rate of 47% for members we were able to reach and who did not opt for care management. Barriers resulted from the COVID-19 pandemic. Field visits were discontinued and the plan was not able to engage and reach all members. We will continue to work to improve the number of members we are able to reach, and to reduce the number who opt out of care management.

Accomplishments for this year included the following:

- Successful implementation of a gift card incentive for HRA completion.
- Successful implementation of the paper HRA process for members to complete HRAs at home and mail to the care management team.

A priority for 2021 is to continue to work on ensuring that all HRAs and reassessments are completed in a timely manner. Goals for 2021 include having an individual care plan and interdisciplinary care team for 100% of members, and meeting the CMS-set goal by completing 100% of initial HRAs within 90 days and 100% of annual reassessments within 365 days of prior assessment. Improving the HRA completion rate will continue to be a key focus for the plan.



Goal 4: Improving transitions of care

Care Managers coordinate updates to each member's plan of care (POC). The information used to update the POC can come from the member or caregiver, another member of the interdisciplinary care team, or a facility or agency involved in a care transition. Transitions of care occur when a member moves from one site of care to another. Transitions of care can be from a hospital to another facility, including a long-term care or rehabilitation center, or to the member's home. When a member moves from an inpatient care setting to outpatient management, the Care Manager incorporates the information from the facility or discharge planner (such as medication orders or treatment prescriptions) into the POC. A vital link in the transition from an inpatient care setting is the member's engagement with his or her PCP.

AmeriHealth Caritas VIP Care worked seamlessly with hospitals to meet transition goals and positively impact member outcomes.

The goal for completing medication reconciliations within 30 days following discharge was met.

PCPs were notified the same day or the next day about the inpatient visits and discharges of their patients.

The plan will continue to implement planned interventions aimed at increasing engagement with members after discharge, and additionally will work to reduce the percentage of members who are readmitted to a hospital within 30 days of a discharge. The plan will work to help members follow through with a follow-up appointment and care plan update after discharge.



Goal 5: Increasing member utilization of preventive health services and care

AmeriHealth Caritas VIP Care provides abundant access to a variety of preventive health services through its provider network and its complement of covered benefits. Members are encouraged through member newsletter articles and mailings, provider outreach, and Care Managers to complete preventive services and screenings. We have rewarded members for healthy behaviors through monthly gift card mailings. HEDIS indicators demonstrate year-over-year improvement of the collective efforts of AmeriHealth Caritas VIP Care and its provider network to assist members in accessing preventive health services.

AmeriHealth Caritas VIP Care met utilization goals for members receiving breast cancer screenings and colorectal cancer screenings. The plan also met the goals for members getting a flu shot and starting, increasing, or maintaining exercise and physical activity.

The plan also showed improvement from last year in flu vaccine and colorectal cancer screenings.

Based on the results achieved, AmeriHealth Caritas VIP Care will continue planned efforts to maintain preventive health services and monitor individual measures.



Goal 6: Improving member health outcomes

Member health outcomes are evident through a variety of measurement sources. The measures that are chosen to establish whether the member is improving or maintaining their health are derived from reliable CMS surveys and clinical data. Health outcomes are often influenced by member's self-perception of health and support, which is measured by CMS in the Health Outcomes Survey.

AmeriHealth Caritas VIP Care met the goals for diabetes care and the reduction of cardiovascular disease. Goals for annual medication review and pain assessment for the care of older adults were also met. The plan underperformed in the goal of bladder control improvement.

The MOC oversight group determined this overall goal has been partially met. The plan will continue to implement programs that focus on helping members manage urinary incontinence and treatment.



Goal 7: Improving appropriate utilization of services

AmeriHealth Caritas VIP Care maintains a robust utilization management (UM) program to assess the need for care and assist members with arrangements for services. UM staff is responsible for intake, prior authorization, and concurrent review.

The UM program is evaluated annually to assess its strengths and effectiveness. A UM program evaluation is prepared and presented to the Quality Assessment Performance Improvement Committee. This information is used to update and revise the UM program description annually.

MOC program goals for improving appropriate utilization of services, namely for Utilization Management review of decisions for non-urgent pre-service requests to be completed within 14 days and for urgent pre-service requests to be completed within 72 hours, were met with a completion rate of 100%.

The goal was met with a success rate average of 100%.

For 2021, MOC goals will include maintaining the appropriate utilization of services.

To measure performance of this goal, AmeriHealth Caritas VIP Care will utilize continuous quality improvement processes to objectively and systematically monitor the MOC for quality, safety, and appropriateness of care while promoting improved patient outcomes to the members of the plan. By doing so, member experience, self-management, and overall health outcomes can be significantly improved, while decreasing hospital admissions, ER visits, and uncontrolled chronic conditions.



Conclusion for 2020 MOC annual evaluation

The AmeriHealth Caritas VIP Care MOC program performed well in 2020, meeting several challenges and accomplishing many activities. As a result of overall plan effectiveness, the plan achieved a CMS Star Rating of 4.5 stars in 2020 (Stars 2022 Ratings). We will continue to develop initiatives to address goals that were not met. Follow-up is expected where opportunities for improvement were noted with recommended action steps. These actions and performance monitoring will be reported in subsequent Quality Assessment Performance Improvement Committee meetings.





Coverage by AmeriHealth First.

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