# Annual Quality Program Evaluation

## SilverSummit Healthplan – 2020 Medicaid

## Contents

# Health Plan Quality Program Evaluation - 2020

# Introduction

SilverSummit Healthplan's Medicaid product line 2020 Quality Program Evaluation provides an overview and analysis of the quality improvement activities completed in 2020. 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 Quality Improvement Committee (QIC).

### QI Department Structure & Resources

The Quality Improvement Department Resources met the needs of the program for the year of 2020. The staff included:

- Chief Executive Officer (1)
- Chief Medical Director (1)
- Behavioral Health Medical Director (1)
- Vice President of Quality (1)
- Quality Improvement Coordinator (2)
- HEDIS Manager (1)
- HEDIS Coordinator (1)
- Grievance and Appeals Manager and (2) Grievance and Appeals Coordinator

- NCQA Specialist (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 were 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:

- Population Health 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 2020 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 2020, SSHP hired a new CMO who resumed the role for all CMO activities.

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 2020, 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
- Partnership with Summit Behavioral Health for a resource center for SilverSummit members that provides resources such as internet services, walk in therapy sessions, showers, support groups, meals and snacks, washers and dryers, medication checks, focused crisis stabilization, case management services, peer support services, high school education services, assistance in finding jobs, housing, job skill development, and access to primary care
- 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
- Worked with providers to identify HEDIS gaps that can be closed via telehealth services
- Worked with several FQHC's and private agencies to implement a Disease Management Program to provide education and support to members during COVID, so member has a safe environment to focus on their health care needs
- Worked with a FQHC to have three days in October reserved for SSHP members only for Adolescent Wellness visits, Women's Health and immunizations
- Implemented a program with ECHO. ECHO is a telehealth linkage connecting university-based faculty specialists to primary care providers in rural and underserved areas to extend specialty care to patient with chronic, costly and complex medical illnesses. The program was for PCPs and treatment of chronic pain
- Worked with FQHC to co-brand postcard reminders for Immunizations, Breast Cancer Screenings and Wellness Visits
- Implemented in home visits with two companies to do well visits for children and adults in northern and southern Nevada
- Worked with Summit Behavioral Health to provide them a monthly HEDIS gap report for members and Summit Behavioral Health would discuss care gap and assist member to obtain appointments with a PCP to close the HEDIS gap
- Implemented in home test kit for HgbA1c
- Partnership with local radiological group to have 2 Saturdays in October where SilverSummit members were allowed to walk in and obtain mammogram without an appointment

- Began process to obtain Multi-Cultural Distinction from NCQA

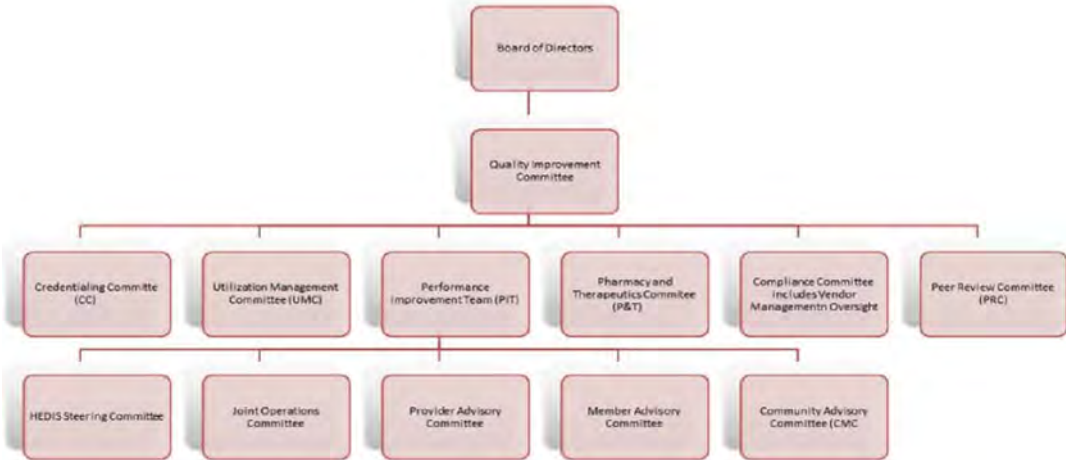
**QI Committee Structure**

The QIC is the senior management lead committee reporting to the Board of Directors. SilverSummit Healthplan has established subcommittees, 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. Either the Behavioral Health Chief Medical Director or the Chief Medical Director chaired the QIC in 2020. The QIC met five times in 2020.

The below table displays all applicable committees that supported QIC efforts, along with the completed number of meetings held during the calendar year of 2020.

| Committee Name | Number of Completed Meetings |
|---|---|
| Quality Improvement Committee | 5 |
| Performance Improvement Team (PIT) | 10 |
| Credentialing Committee (CC) | 12 |
| Population Health 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 | 2 |

SSHP's Committee structure was adequate, met all charter requirements/objectives, and supported the quality program successfully during 2020. In 2021, no changes have been proposed or planned to the committee structure for 2021; 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, Population Health Management Committee and the Credentialing Committee.




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 conducted monthly QI/Pharmacy HEDIS meetings and provided QIS and Interpreta data on Pharmacy HEDIS Measures. QI and Pharmacy conducted initiatives including member and provider letters related to the Pharmacy HEDIS measures. Initiatives completed in 2020 include the following

- Diabetic Underuse (missing ACE or ARB) with 116 letters sent to providers
- Hypertension adherence with 341 letters sent to members
- Diabetic Adherence with 60 letters sent
- Benchmark (MME>90) Morphine Milliequivalent with 115 letters sent to providers
- Trifecta (opioid, benzodiazepine and muscle relater) with 199 letters sent to providers
- Asthma Medication with 87 letters sent to members
- Member Statin Therapy for patients with diabetes/cardiac at 80% fill rate sent to 197members
- Antidepressant adherence letters sent to 963 members

In addition, HEDIS Coordinators provided case management staff with gap list of members not getting refills of adherence required prescribed medications.

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 2020, 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 2020 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 2020, SSHP continued to conduct activities related to NCQA accreditation in preparation for three-year survey scheduled for January 2023. In addition, in 2020, SSHP experienced a significant increase in population secondary to number of Nevadans becoming eligible for Medicaid secondary to loss of jobs related to COVID

**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, Reporting Specialist, a Senior 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, procedures, state, 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 2020.

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 2020, the Compliance Committee met four times.

During 2020, SSHP's Special Investigative Unit (SIU) opened eighty-five new cases with the following actions taken:

- Nine cases were referred to the Medicaid Fraud Control Unit

In addition, there were sixty-four cases were closed in 2020, some of which were left over from 2019 and seventy-six remain open that would include cases from 2019 and 2020.

**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 2020, 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.

During 2020, SSHP began the process of receiving Multi-Cultural Distinction from NCQA. SSHP has been moving toward ensuring that the required standards are met and implemented within the health plan. SSHP hopes to achieve this distinction in 2022.

**Practitioner Language Ability**

In 2020, 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 # |
|---|---|---|---|---|
| Afrikaans | 0 | 1 | 0 | 1 |
| Albanian | 0 | 1 | 0 | 1 |
| American Sign Language | 0 | 14 | 6 | 20 |
| Arabic | 10 | 46 | 16 | 66 |
| Armenian | 3 | 5 | 0 | 10 |
| Assyrian | | 1 | | 1 |
| Bangla | 1 | 1 | | 2 |
| Bengali | | 3 | | 3 |
| Bosnian | 2 | | | 2 |
| Bulgarian | 1 | 1 | | 2 |
| Burmese | 2 | | | 2 |
| Cantonese | 1 | 4 | 2 | 7 |
| Chinese | 8 | 21 | 1 | 30 |
| Croatian | 4 | 1 | 1 | 6 |
| Czech | | | 1 | 1 |
| Dutch | | 2 | 1 | 3 |
| English | 223 | 801 | 292 | 1288 |
| Farsi | 10 | 20 | 5 | 33 |
| Filipino | 5 | 5 | 4 | 14 |
| French | 14 | 42 | 10 | 65 |
| German | 7 | 17 | 13 | 35 |
| Greek | 2 | 7 | | 9 |
| Gujarati | 1 | 5 | 2 | 8 |
| Hebrew | 5 | 8 | 4 | 16 |
| Hindi | 29 | 58 | 8 | 88 |
| Hungarian | 1 | 2 | 1 | 3 |
| Ido | | | | 0 |
| Igbo | | 1 | | 1 |
| Ilocano | | 1 | | 1 |
| Indian | 1 | 1 | | 1 |
| Italian | 3 | 8 | 1 | 12 |
| Japanese | 5 | 8 | 4 | 17 |
| Kannada | | 2 | | 2 |
| Kiswahili | | 1 | | 1 |
| Korean | 5 | 23 | 2 | 30 |
| Lithuanian | | | 1 | 1 |
| Malayalam | 3 | 5 | | 8 |
| Mandarin | 9 | 19 | 6 | 33 |
| Mandarin Chinese | 1 | 7 | | 8 |
| Marathi | 1 | 2 | | 3 |
| Native American | | | 1 | 1 |
| Nepali | 1 | 3 | | 4 |
| Nigerian | 1 | | | 1 |
| None | 2 | 7 | 1 | 10 |

| | | | | |
|---|---|---|---|---|
| Other | | | 1 | 1 |
| Pakistani | | 1 | | 1 |
| Pashto | | 1 | | 1 |
| Persian | 5 | 6 | 1 | 11 |
| Philippine | 1 | | 1 | 2 |
| Polish | 2 | 5 | 1 | 7 |
| Portuguese | | 16 | 8 | 24 |
| Punjabi | 5 | 14 | 4 | 22 |
| Romanian | 1 | 3 | | 4 |
| Russian | 11 | 27 | 8 | 44 |
| Samoan | | 2 | | 2 |
| Serbian | 2 | 1 | 1 | 4 |
| Serbo-Croatian | 1 | | | 1 |
| Sign Language | | 2 | 2 | 4 |
| Sindhi | | 1 | | 1 |
| Sinhalese | 1 | | | 1 |
| Somali | | 1 | | 1 |
| Spanish | 214 | 497 | 193 | 866 |
| Swahili | | 2 | | 2 |
| Swedish | 1 | | | 1 |
| Tagalog | 71 | 80 | 10 | 147 |
| Taiwanese | 1 | 5 | | 5 |
| Tamil | | 2 | | 2 |
| Telugu | 1 | 2 | 1 | 4 |
| Thai | | 1 | | 1 |
| Turkish | | 3 | | 3 |
| Ukrainian | | 1 | | 1 |
| Urdu | 15 | 16 | 3 | 32 |
| Vietnamese | 14 | 20 | | 30 |
| Visaya | | 1 | | 1 |
| Yiddish | | 1 | | 1 |
| Yoruba | 1 | 4 | | 4 |
| Zulu | | 1 | | 1 |
| Total | 708 | 1870 | 619 | 3197 |

**Analysis**

Of the practitioners/practitioners offices who speak languages other than English, 27% spoke Spanish and approximately 4.5% 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 2020, 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 2020. However, there were seventy-nine request for change of PCP due to language/cultural reason. Although these were not filed as grievances, it is an area of opportunity for SSHP to evaluate. 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. Trained Grievance and Appeals staff identify all grievances at the time of intake. 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 2020, no requests were received for face-to-face interpretation. SSHP determined this was probably related to COVID and members not assessing services in person and/or physician offices not being opened or operating at a decrease amount. SSHP will continue to track in 2021 and if requests continue to be at a decrease amount, will ensure members understand services are available if needed.

In addition, telephonic interpretation request were received as follows:

| | |
|---|---|
| Amharic | 10 |
| Arabic | 38 |
| Armenian | 6 |
| Assyrian | 8 |
| Brazilian Portuguese | 1 |
| Burmese | 14 |
| Cantonese | 4 |
| Edo | 1 |
| Ethiopian | 2 |
| Farsi (Persian) | 16 |
| Filipino | 2 |
| French | 4 |
| Hindi | 1 |
| Iraqi Arabic | 3 |
| Japanese | 3 |
| Korean | 2 |

| | |
|---|---|
| **Mandarin** | **56** |
| **Polish** | **1** |
| **Punjabi** | **3** |
| **Romanian** | **1** |
| **Russian** | **5** |
| **Serbian** | **1** |
| **Somali** | **1** |
| **Spanish** | **2205** |
| **Tagalog** | **7** |
| **Thai** | **3** |
| **Tigrigna (Eritrea)** | **4** |
| **Turkish** | **1** |
| **Vietnamese** | **11** |
| **Grand Total** | **2416** |

This was a notable increase from 2019 of translation services. SSHP made some changes to our member website in 2020 to ensure usability for members related to interpretation services. In addition, it is possible with COVID, member calls increased to request assistance in accessing services, as well as, increase in membership in 2020.

**Opportunities and Actions for improvement in 2021**

- SSHP will continue its review of services provided by the SSHP to identify any service gaps that require resolution
- SSHP will work with the Member Services Department to ensure members who request change of PCP due to language/cultural beliefs are given the opportunity to file a grievance. In addition, the A&G manager will track these request to determine if there is an opportunity if the member is auto-assigned a PCP to ensure they are given a PCP that matches their cultural/linguistic needs
- 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
- SSHP will continue to implement processes and procedures toward NCQA Multi-cultural distinction

**Delegation**

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

| 2020 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.

## Program Effectiveness

During 2020, 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 2020, as well as identified opportunities for improvement in 2021.

### Strengths and Accomplishments

- Membership increase from approximately 52,000 to 66,656

- Expanded the Pay for Performance Program (P4P) to 87 providers and added the measures for the state Bonus/Withhold program.
- Provider Satisfaction Survey score of 72% up from 69% in 2019
- 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
- Maintain A&G goals under target for 2020
- SSHP had less than 50 Quality of Care Issues in 2020
- Increase Star rating from 2 to 3 Stars in 2020
- Implemented a telehealth program for our members to be able to access telehealth services 24/7 during COVID
- Implemented a program for members who have been discharged from hospital and/or an emergency room visit to have access to in home visit within 48 hours to ensure member has all resources needed to avoid repeat hospitalization and/or emergency room visit, including getting their discharge medications filled, any DME has been received, any home health services established, etc.

**Opportunities and Actions for improvement in 2021**

- Redesign of 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 to increase usability
- 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
- Improve the minimum performance standard for HEDIS required by the State from 2 measures to 8 measures
- 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™
- Possible continuation of pilot diabetes management programs initiated in 2020
- Possible ECHO program
- 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 2020, SSHP had an increase in membership but continued to see loss of members to the other two MCOs. Below is table describing SSHP membership throughout 2020, which will include members who were disenrolled anytime during 2020.

| Medicaid Product Line | 2020 Enrollment |
|---|---|
| TANF | 38,358 |
| CHIP | 2,624 |
| Medicaid Expansion | 42,855 |
| **Total Membership** | 83,837 |

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 | 3 |
| | | | M | 1 |
| | | 1-5 | F | 29 |
| | | | M | 46 |
| | | 6-14 | F | 103 |
| | | | M | 123 |
| | | 15-20 | F | 70 |
| | | | M | 49 |
| | | | | |
| | Medicaid Expansion | 1-5 | F | 1 |
| | | | M | 46 |
| | | 6-14 | F | 57 |
| | | | M | 123 |
| | | 15-20 | F | 156 |
| | | | M | 123 |
| | | 21-34 | F | 1054 |
| | | | M | 926 |
| | | 35-44 | F | 428 |
| | | | M | 513 |
| | | >45 | F | 849 |
| | | | M | 963 |
| | TANF | 0-12 Months | F | 131 |
| | | | M | 151 |
| | | 1-5 | F | 703 |
| | | | M | 737 |
| | | 6-14 | F | 667 |

| | | | | |
|---|---|---|---|---|
| | | | M | 695 |
| | | 15-20 | F | 306 |
| | | | M | 287 |
| | | 21-34 | F | 522 |
| | | | M | 115 |
| | | 35-44 | F | 200 |
| | | | M | 82 |
| | | >45 | F | 76 |
| | | | M | 59 |

| Region | Product | Age Group | Sex | Members |
|---|---|---|---|---|
| **Southern Region** | CHIP | 0-12 Months | F | 7 |
| | | | M | 6 |
| | | 1-5 | F | 179 |
| | | | M | 193 |
| | | 6-14 | F | 584 |
| | | | M | 613 |
| | | 15-20 | F | 311 |
| | | | M | 307 |
| | | | | |
| | Medicaid Expansion | 1-5 | F | 9 |
| | | | M | 6 |
| | | 6-14 | F | 338 |
| | | | M | 376 |
| | | 15-20 | F | 1058 |
| | | | M | 964 |
| | | 21-34 | F | 7053 |
| | | | M | 7591 |
| | | 35-44 | F | 3421 |
| | | | M | 4054 |
| | | >45 | F | 6264 |
| | | | M | 6580 |
| | | | | |
| | TANF | 0-12 Months | F | 887 |
| | | | M | 954 |
| | | 1-5 | F | 4279 |
| | | | M | 4540 |
| | | 6-14 | F | 5260 |

| | | | | |
|---|---|---|---|---|
| | | | M | 5335 |
| | | 15-20 | F | 1058 |
| | | | M | 2211 |
| | | 21-34 | F | 3772 |
| | | | M | 727 |
| | | 35-44 | F | 1730 |
| | | | M | 549 |
| | | >45 | F | 631 |
| | | | M | 409 |

| Region | Product | Members |
|---|---|---|
| **Southern Region** | CHIP | 2,200 |
| **Northern Region** | CHIP | 424 |
| **Southern Region** | Medicaid Expansion | 37,717 |
| **Northern Region** | Medicaid Expansion | 5,138 |
| **Southern Region** | TANF | 33,680 |
| **Northern Region** | TANF | 4,678 |

Secondary to the increase loss of members transferring to another MCO, SSHP began a concierge service for new members in January 2020. This concierge service consisted of a personal phone call to members after they were enrolled with the health plan, advising them of the benefits available, added value benefits, assisting with registering with member portal, education on the over the counter pharmacy benefit, My Health Pays rewards program in addition to allowing the member to ask questions. In conjunction with this effort, if a member could not be reached by phone or had an invalid or lacking phone number, a home visit was made to the address on file was made by the concierge team and a door hanger was left for member to call the health plan. Unfortunately, these efforts had to be put on pause in April 2020 due to transition of staff working from home during COVID and unable to make home visits. At this time, we are unable to determine any impact on this service in maintaining our membership and members not transferring to another MCO. The pilot program SSHP implemented 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 was suspended in April 2020. This suspension occurred when SSHP was notified by the DHCFP that re-determinations would be suspended until further notice.

**Analysis**

During 2020, SSHP showed 5,149 members transferring to one of the other MCOs, with the majority transferring during annual open enrollment (2,380 members). This compares to 3,635 in 2019. Other Disenrollment showed 10,715, termed due to redetermination was 2,355 which occurred only Jan-March at which time, DHCFP suspended redeterminations secondary to COVID. The total terminations at 15,864, as compared to a loss of 31,869 members during 2019 related to non-redeterminations. Total Terms percentage for 2020 was 2.26%. In 2020, the enrollment in Medicaid increased by 120,509 people with SSHP growing by 14,656 total lives by the end of COVID, due to COVID and Nevadans losing their jobs.

From January to December, 2020 SSHP noted an increase of members switching from SSHP to another MCO by 6% and 1% loss of members due to redetermination. Although, due to COVID and suspension of redeterminations a full analysis could not be completed, SSHP did show a trend downward after open enrollment in July 2020 of members switching to another health plan.

**Membership Language**

SSHP also tracks race/ethnicity of our members to ensure members have access to culturally relevant providers. Data indicates that 6.2% of SSHP's population is described as homeless. The table below displays the race/ethnicity of the population as of December 31, 2020. SSHP uses state provided eligibility data for the most accurate and specific data available specifically related to the total population:

| Language | Member Count | % of Total Population |
|---|---|---|
| American Indian or Alaskan Native | 1,067 | 1.53% |
| Hispanic | 17,076 | 24.50% |
| Asian or Pacific Islander | 3,555 | 5.10% |
| White (Non-Hispanic) | 21,547 | 30.92% |
| Black (Non-Hispanic) | 16,123 | 23.26% |
| Unknown | 838 | 1.20% |
| Pacific Islander | 1,637 | 2.35% |
| Other Race or Ethnicity | 5,819 | 8.35% |
| Subcontinent Asian American | 403 | 0.58% |
| Asian Pacific American | 309 | 0.44% |
| Black | 1,225 | 1.76% |
| Grand Total | 69,689 | 100% |

SSHP tracks and trends top diagnoses related to chronic conditions affecting our membership to evaluate for areas of opportunity, innovation and quality issues pertain to our members. For the total population, there were 18,076 members or 34.62% of members with any chronic condition. Further analysis revealed the top diagnosis

broken out by category of eligibility were all mental health diagnosis except Asthma was ranked third for the Nevada Check-Up The table below illustrates top diagnoses related to our total membership.

| Ranking | Diagnosis | Penetration Rate/1000 | Previous Year Ranking |
|---|---|---|---|
| 1 | Severe mental illness | 112.35 | 7 |
| 2 | Anxiety disorders | 88.12 | 6 |
| 3 | Depression | 68.69 | 3 |
| 4 | Drug/Alcohol Use | 60.33 | 4 |
| 5 | Hypertension | 53.67 | 5 |

Of the top five diagnosis, severe mental illness was number one. Last year, SSHP focused on all top diagnoses with childbirth being number one; however, to focus on areas of opportunity, innovation and quality issues, in 2020, SSHP chose to shift our focus to chronic conditions. The analysis however shows that the rankings from 2-5 are unchanged and the top four continue to be mental health diagnosis and hypertension continues to rank # 5.

SSHP has continued their partnership with a local mental health group to provide the following

- 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
- 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
- Provide members with wrap around services, including access to a fully dedicated resource center for SSHP members.
- Education to members with preventive health care gaps and educate them on importance of closing gap, assisting them in identifying or scheduling an appointment with a PCP

SSHP noted an increase in emergency room visits and inpatient admissions for mental health related diagnosis believed to be related to the pandemic that began in late 2019. SSHP noted an increase in mental health visits to emergency room for our homeless members and adolescents.

**Opportunities and Actions for improvement in 2021**

- 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
- Purchase a mobile van for Restorative Center to allow homeless members to attend medical and behavioral health appointments
- Partnership with a northern Nevada FQHC to fund a tiny home community where homeless and members with behavioral issues have temporary housing

- Provider incentive for billing for Z codes related to Social Determinants of Health, to help identify members experiencing social determinations of health and educate member and provider on resources available to address the need
- Expand program for in home visits within 24-48 hours post emergency room visit or discharge from behavioral health hospital to ensure member has an assessment and all needs addressed, including medications
- Implement an Over the Counter Benefit enhancement for members to include medication adherence items, such as pill box, pill crusher, pill bottle opener, and spray to ease swallowing

## 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 2019, the State issued two performance improvement projects (PIPs):

- **Timeliness of Prenatal Care**
- **Hemoglobin A1C poor control >9**

Module 1 and 2 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.

In 2020, Module 3 for testing interventions phases were implemented with first testing intervention phase for Hemoglobin A1C finalized in December 2020. This intervention did not yield the results SSHP had anticipated, therefore; intervention stopped and second intervention was began in December 2020. The first Intervention testing phase for Timeliness of Prenatal Care continued throughout 2020. Results are not available for 2020; however, both PIPs are scheduled to be final in summer of 2021.

Three internal PIPs were established in 2019, one was closed, and the other two to be finalized in first quarter 2021. 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 made up about 4.6% of SSHP's membership in 2019. Further data showed that less than 1% of this population is receiving primary care. The work group developed their SMART Aim goal to increase the number of Primary Care visits for the homeless population by 2%. Interventions were identified and tested during 2020 and did not yield the results SSHP anticipated. Due to this, a decision was made to not give up on this idea, but instead initiate a Social Determinants of Health (SDoH) workgroup to include staff for multiple business units, corporate SDoH team and the National SDoH team. This group began meeting in October 2020.

**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 psychosocial, 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 2021.

Key drivers included lack of staffing, member engagement in completing the screening and homeless. Interventions to be tested 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. Unfortunately, due to COVID, the outreach events were not able to occur, however, all but one intervention has been testing in 2020 and the last intervention to be tested will be finalized in spring, 2021.

SSHP has seen an increase in the number of HRAs completed in this age group up to 6% by end of 2020.

**PIP #3 – Increase the Number of Members Receiving their Post-partum Visits**
SilverSummit Healthplan'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 Healthplan 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 Healthplan 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.

Interventions conducted for testing in 2020 included outreach calls to members that have been identified as new to SSHP and category of eligibility was pregnancy, in addition, to members when SSHP received a Notification of Pregnancy (NOP). Testing of this intervention will concluded in January 2021, the testing for second intervention will begin, and PIP is scheduled to conclude in summer of 2021.

**HEDIS Indicators**

SilverSummit Healthplan conducted NCQA HEDIS collection in 2020. In 2018, a HEDIS Steering Committee was implemented, 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 implemented the P4P Program in 2020, with five measures. Due to COVID and the members decrease access to primary care services, DHCFP suspended the Pay for Performance System until further notice.

**Administrative rates for HEDIS as of 12/31/20 are noted below:**

| Measure | Measure Abbrev | Admin/Hybrid | Current Yr. Rate |
|---|---|---|---|
| Asthma Med Ratio 5 - 64 | AMR | Admin | 52.10% |
| Risk of Continued Opioid Use-15 day rate | COU | Admin | 7.70% |
| SPC - Statin Adherence for Patients with CVD | SPC | Admin | 30.60% |
| SPC - Statin Therapy for Patients with CVD | SPC | Admin | 71.10% |
| SPD - Statin Adherence for Patients With Diabetes | SPD | Admin | 33.20% |
| SPD - Statin Therapy for Patients with Diabetes | SPD | Admin | 56.60% |
| Use of Opioids at High Dosage | HDO | Admin | 5.00% |
| Adult BMI Percentile/Value | ABA | Hybrid | N/A |
| App Tx for URI | URI | Admin | 11.10% |
| Avoid AB Tx Bronchitis | AAB | Admin | 42.30% |
| CIS - Childhood Imm Combo 10 | CIS | Hybrid | 29.40% |
| COPD - Bronchodilator | PCE | Admin | 79.20% |
| COPD - Corticosteroid | PCE | Admin | 70.70% |
| Cervical Cancer Screen - Pap Test | CCS | Hybrid | 35.60% |
| Chlamydia Testing | CHL | Admin | 51.60% |
| Dental Visit | ADV | Admin | N/A |
| Diabetes - Dilated Eye Exam | CDC | Hybrid | 41.50% |
| Diabetes BP < 140/90 | CDC | Hybrid | 4.80% |
| Diabetes HbA1c < 8 | CDC | Hybrid | 27.20% |
| Hypertension | CBP | Hybrid | 3.90% |
| IMA - Adolescent Immunizations Combo 2 | IMA | Hybrid | 27.80% |
| Imaging for LBP | LBP | Admin | 27.00% |
| Mammogram | BCS | Admin | 42.90% |
| PPC - Postpartum Visit | PPC | Hybrid | 40.30% |
| PPC - Prenatal Visit (Timeliness) | PPC | Hybrid | 57.80% |
| Strep Test For Pharyngitis | CWP | Admin | 69.90% |
| WCC - Child BMI Percentile | WCC | Hybrid | 43.90% |

| | | | |
|---|---|---|---|
| A1c & LDL-C Screening Tests | SSD | Admin | 64.10% |
| A1c or Glucose & Cholesterol Tests | APM | Admin | 18.40% |
| Adher Antipsy Meds Pple w/ Schizo | SAA | Admin | 26.90% |
| Antidepressant Mgmt Cont Phase | AMM | Admin | 33.90% |
| F/U ED Mental Illness - 7 | FUM | Admin | 34.20% |
| F/U ED Substance Abuse - 7 | FUA | Admin | 17.30% |
| F/U Mental Illness - 7 | FUH | Admin | 31.20% |
| First-Line Psychosocial Care | APP | Admin | 60.40% |
| IET - Engage Alcohol/Drug Tx | IET | Admin | 9.40% |

**Opportunities and Actions for Improvement in 2020**

- Continue the pay for performance (P4P) program
- 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
- Development of HEDIS gap scorecard to share with providers that will provide practice overview but also individual provider level details
- Plan events throughout the year that involves SSHP member only days to close specific targeted HEDIS gaps and incentive members for closure of these gaps
- 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
- Continue in home testing for HgbA1c and potential FIT test
- Continue in home wellness visits with established partners
- Continue to encourage members and providers to close gaps via telehealth until COVID restrictions are lifted
- Work with providers to received monthly flat files for administrative and hybrid data throughout the year

## 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 2020**

| *Type Summary* | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Adverse Medical* | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 1 | 2 | 1 | 0 | 3 | **10** |
| *Adverse Surgical* | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | **4** |
| *Allergic Reaction* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| *Death* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| *Dissatisfied w/ Care* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| *Access and attitude* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |
| *Miscellaneous (lost medical records, wrong file, safety issues)* | 0 | 0 | 0 | 0 | 0 | 0 | 1 | **5** | 0 | 0 | 1 | 1 | **8** |
| **Totals** | **0** | **0** | **0** | **1** | **0** | **2** | **3** | **7** | **4** | **1** | **1** | **4** | **23** |

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* | | | | | | | | 2 | | | | | 2 |
| *Severity Level 1* | | | | 1 | | | 3 | 5 | 4 | | | 4 | 17 |
| *Severity Level 2* | | | | | | 2 | | | | 1 | 1 | | 4 |
| *Severity Level 3* | | | | | | | | | | | | | 0 |
| *Severity Level 4* | | | | | | | | | | | | | 0 |
| *Pending Severity* | | | | | | | | | | | | | 0 |
| **Totals** | | | | **1** | | **2** | **3** | **7** | **4** | **1** | **1** | **4** | **23** |

In 2020, the quality investigation cases included various cases with the majority falling in the category of adverse medical event and safety issues. SSHP Appeals and Grievance (A&G) Manager tracked this category to determine a pattern of care by a particular provider or group. There were two providers that had more than one QOC received in the year. One of these providers had three, these were related to members being discharged from acute care hospitalization into a skilled nursing facility (SNF), and within seven to ten days after admission to the SNF, the members tested positive for COVID. Educational letter requesting an action plan was sent to the provider. The provider responded with action plan that detailed all criteria established by the Center for Disease Control (CDC) were being followed. SSHP tracked these through the year with no more cases noted, however, will continue to track in 2021.

In addition, SSHP noted an increase of quality of care reported, some, which were related to COVID including readmissions, and testing positive after admission to a SNF, however, during 2020, SSHP provided additional training to CM and UM staff related to what is reportable as a QOC, which results in increase referrals for QOCs.

For 2020, SSHP had a goal of less than 50 Quality of Care Issues per year. In 2020, this goal was met.

**Opportunities and Actions for improvement in 2021**

- Continue to monitor, track and trend in 2021 for possible areas of provider education, SSHP staff education on quality of care reporting and improvement opportunities
- Track SNF for any more cases related to members being admitted and then developing COVID
- With the increase in medical adverse events, SSHP will track these providers to ensure events do not continue to occur for particular providers and/or practitioners. Several were related to readmission post COVID, which was not unexpected but will continue to watch

**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 2020, SSHP received 15 Serious Occurrence reports with an average of 1 to 3 per provider with eight provider's total. The occurrences are noted below:

- Unplanned Hospital Visit/ED- 14 (seizure, abdominal pain, difficulty breathing, MS, chest pain, appendicitis, unknown)
- Recipient Death-1

From 2018 to 2020 two of these providers have had unplanned hospital/ER visits year over year but none were related to member falls or injuries so no actions taken.

**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 conducted by the provider relations representatives conducting inquiries during visits.

SSHP is monitoring access to services through member grievances and appeals data. During 2020, seventeen access to care grievances were received. Evaluation of grievances and appeals related to access to service indicated the following:

- One grievance received related to prescription delay
- One grievance received related to prior authorization delay
- Fourteen received related to network availability for provider terminated from the network
- No appeals received related to network availability or access and availability

In 2020, secret shopper calls were made to 258 distinct providers related to access and availability. This included Primary Care Providers; Behavioral Health prescribing and non-prescribers and Specialist. The following noted:

| Appointment Type | Performance Standard Goal-90% | Performance Rate | Goal met Yes or No |
|---|---|---|---|
| Regular and routine care | Within 30 calendar days | 97% | Yes |
| Urgent Care | Within 24 hours | 89% | No |
| After-Hours Care | Practitioner with accessible or directions are provided on how to obtain care 24 hours per day, 7 days per week | 88% | No |

**Opportunities and Actions for Improvement in 2021**

- 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 two grievances received
- Changes to the secret shopper calls and mechanism for conducting these calls

**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 remained consistent in 2020 with a majority of calls being related to seeking assistance in finding a provider during COVID and resources available during COVID. Service level goal of 80% was not met in January, February, June, July and August due to high turnover of staff that was unexpected with four resignations coming in one week.

Provider Call Center has had consistent call volumes throughout 2020 with largest volume related to inquiries regarding member responsibility and claims. Provider Call Center service levels did not met the goal of 80% for one month only in August. The abandonment rate for provider calls ended in 2020 at 2.1% 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. Call usage for 2020 is noted below:

Split/Skill Summary Monthly - NV Chat 0008

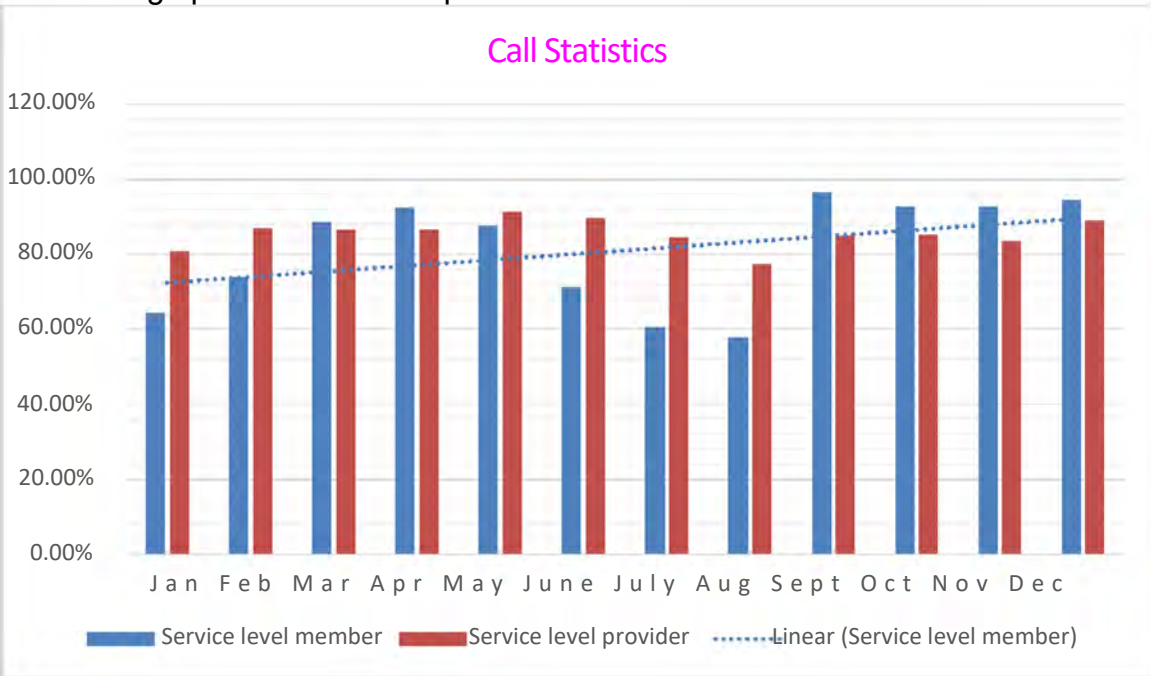
Report Edit Format Tools Options Help

Month Starting: **1/1/2020-12/1/2020**

Split/Skill: **NV Chat 0008**

| Month Starting | Avg Speed Ans | Avg Aban Time | ACD Calls | Avg ACD Time | Avg ACW Time | Aban Calls | Max Delay | Flow In | Flow Out | Extn Out Calls | Avg Extn Out Time | Dequeued Calls | Avg Time to Dequeue | % ACD Time | % Ans Calls |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Totals** | **:44** | **4:06** | **6074** | **3:34** | **:04** | **1250** | **60:26** | **0** | **0** | **750** | **3:42** | **0** | | **4.22** | **82.93** |
| 1/1/2020 | :21 | 17:29 | 1350 | 1:58 | :04 | 49 | 60:26 | 0 | 0 | 82 | 2:44 | 0 | | 5.00 | 96.50 |
| 2/1/2020 | :25 | 24:36 | 1472 | 1:10 | :03 | 75 | 60:00 | 0 | 0 | 154 | 3:16 | 0 | | 4.51 | 95.15 |
| 3/1/2020 | :15 | :14 | 381 | 3:38 | :04 | 72 | 8:03 | 0 | 0 | 62 | 2:51 | 0 | | 2.46 | 84.11 |
| 4/1/2020 | :13 | 1:39 | 225 | 8:51 | :03 | 106 | 59:59 | 0 | 0 | 88 | 3:01 | 0 | | 3.10 | 67.98 |
| 5/1/2020 | :19 | :21 | 462 | 4:28 | :01 | 149 | 11:34 | 0 | 0 | 92 | 3:58 | 0 | | 4.12 | 75.61 |
| 6/1/2020 | 2:02 | 1:57 | 209 | 6:23 | :43 | 66 | 44:05 | 0 | 0 | 94 | 4:04 | 0 | | 4.79 | 76.00 |
| 7/1/2020 | 1:11 | :51 | 422 | 4:22 | :03 | 91 | 38:19 | 0 | 0 | 67 | 3:42 | 0 | | 5.15 | 82.26 |
| 8/1/2020 | 1:47 | 5:33 | 411 | 3:36 | :01 | 288 | 59:59 | 0 | 0 | 35 | 3:53 | 0 | | 4.52 | 58.80 |
| 9/1/2020 | 2:12 | :48 | 311 | 4:48 | :01 | 214 | 59:59 | 0 | 0 | 11 | 3:42 | 0 | | 4.81 | 59.24 |
| 10/1/2020 | :58 | 1:04 | 335 | 7:16 | :01 | 57 | 28:47 | 0 | 0 | 20 | 14:10 | 0 | | 5.34 | 85.46 |
| 11/1/2020 | 1:30 | :51 | 199 | 7:35 | :02 | 27 | 25:05 | 0 | 0 | 28 | 2:14 | 0 | | 3.95 | 88.05 |
| 12/1/2020 | :29 | 2:06 | 297 | 5:47 | :01 | 56 | 60:00 | 0 | 0 | 17 | 5:09 | 0 | | 4.26 | 84.14 |

Below is a graph of member and provider service levels for 2020




Barriers identified to meeting the service level goals for both member calls was related to lack of staff to meet the call volume.

**Opportunities and Actions for improvement in 2021**

- Hire additional staff for member call center, but also to have a list of trained ad hoc staff to utilize in the event of high staff turnover and cross train provider services to answer member call center calls as needed
- 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
- 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 one 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 2020 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%<br>12 Internist per 1,500 members | Yes |
| PCPs: Pediatrics | 99.9%<br>6 Pediatricians per 1,500 members | Yes |
| Obstetrics/Gynecology | 100%<br>4 Ob/Gyn per 1,500 members | Yes |
| Oncology | 99.9%<br>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 two psychiatrists per 1,000 members. In addition, 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 2020 for behavioral health.

| BH Practitioner Type | Results | Goal Met? Yes or No |
|---|---|---|
| Prescribers: Psychiatrists | | Yes |

| | | |
|---|---|---|
| | 8 psychiatrists per 1,000 members | |
| Non-Prescribers: Clinical Psychologists | 4 psychologists per 1,000 members | Yes |
| Non-Prescribers: Licensed Mental Health professionals | 97 licensed mental health professionals per 1,00 members | Yes |

**Analysis**

Based on these results, SSHP met the requirements for PCPs, specialists and behavioral health providers. However, SSHP is looking to increase the number of clinical psychologists available, especially child psychologists and will be actively recruiting for the network in 2021.

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.

Opportunities and Actions for improvement in 2021

- Continue educating providers and ensure new providers are educated on the accessibility standards that are required and to ensure adherence
- Quarterly evaluate network to ensure practitioner network ratios are compliant
- Actively recruit child psychologist

SSHP goal is to have less than two 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 2020. The table below represents the grievances received related to access.

| Grievances related to Access | Grievance Total | Grievances per 1,000 members (83,830) | Goal Met? <2 per 1,000 members |
|---|---|---|---|
| **Provider Network Availability** | | | |
| Provider incorrectly advised they were In or Out of network | 0 | .00 | Yes |
| Provider panel disruption (e.g., provider leaving network) | 14 | 0.17 | Yes |

| | | | |
|---|---|---|---|
| Lack of a provider that speaks member desired language or racial/ethnic disparities | 0 | 0 | Yes |
| **Total** | **14** | **.17** | **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) | 2 | 0.01 | Yes |
| Pharmacy Issues (e.g., prescription delay, therapeutic substitution, tier exception request) | 1 | 0.02 | Yes |
| **Total** | **3** | **0.015** | **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 2021**

- Continue to track and trend grievances and appeals received related to the access and appointment availability
- Ensure member disenrollment request related to provider termination from network is classified as a grievance and grievance process followed

**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. In 2020, secret shopper calls were made to 258 distinct providers related to access and availability. This included Primary Care Providers; Behavioral Health prescribing and non-prescribers and Specialist. The table below details the results:

Results

| Appointment Type | Performance Standard | Performance Goal | Results |
|---|---|---|---|
| Regular and routine care | Within 30 calendar days | 97% | Yes |
| Urgent Care | Within 24 hours | 89% | No |
| After-Hours Care | Practitioner with accessible or directions are provided on how to obtain care 24 hours per day, 7 days per week | 88% | No |

**Analysis**

Based on the survey results, SSHP did not met the performance goals for urgent care. 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 did not 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 affect these surveys and based on these evaluations, opportunities and actions for improvement are noted below. However, significant staff time was used to make these calls and affected the daily job duties of the staff making the calls. In 2021, SSHP is evaluating and collaborating with corporate to establish a new system for these calls

**Opportunities and Actions for Improvement in 2021**

- 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 two grievances received calls

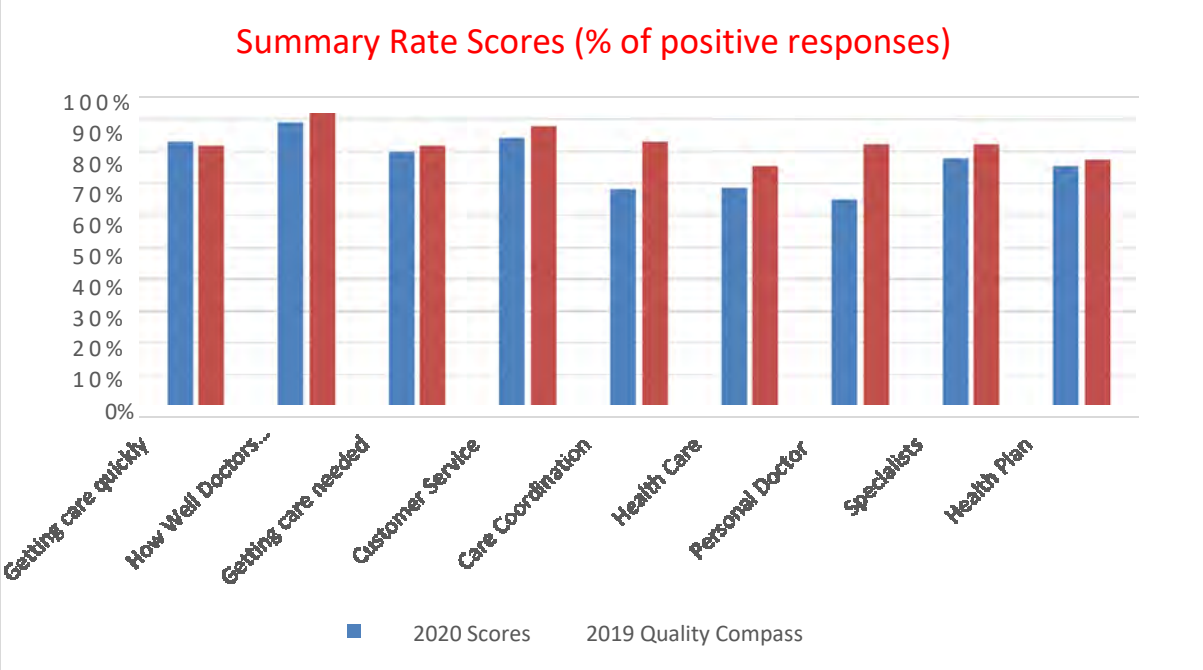
- Change the secret shopper call process in collaboration with corporate

**Member Satisfaction**

SSHP conducted the Adult Medicaid, Child Medicaid with CCC and Child CHIP with CCC CAHPS surveys through a third party vendor in 2020. 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 |
|---|---|---|---|---|---|---|---|
| 1688 | 116 | 169 | 2 | 86 | 30 | 0 | 6.9% |



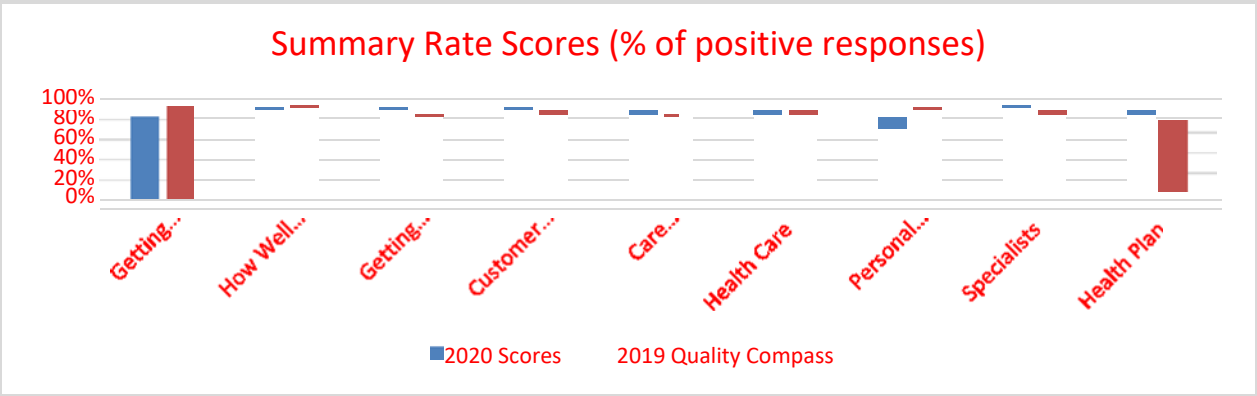

**Comparison to Quality Compass**

| Adult Medicaid Survey Question | 2020 | Percentile | Goal Met? |
|---|---|---|---|
| Getting Care Quickly | 79.1% | 21st | No |
| How Well Doctors Communicate | 89.1% | 11th | No |
| Getting Needed Care | 74.20% | 4th | No |
| Customer Service | 84.1% | 10th | No |
| Care Coordination | 73.2% | <5th | No |
| Rating of Health Care | 68.6% | 6th | No |
| Rating of Personal Doctor | 75.3% | <5th | No |
| Rating of Specialists | 77.8% | 7th | No |
| Rating of Health Plan | 75.4% | 27th | No |

**Child with CCC Medicaid CAHPS Survey Results**

| Sample Size | Total Completes | English Completes | Spanish Completes | Mail Completes | Phone Completes | Internet Completes | Response Rate |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3135 | 146 | 119 | 26 | 97 | 49 | 0 | 4.7% |

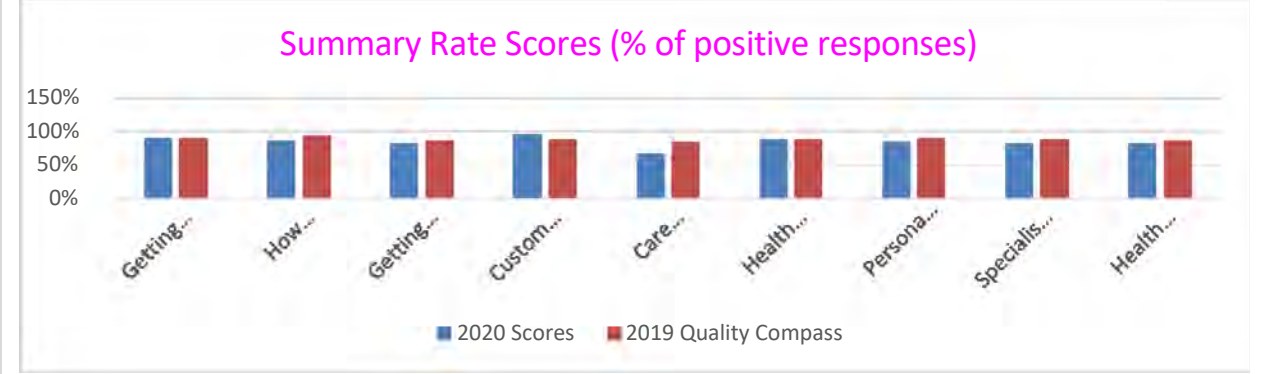



## Comparison to Quality Compass

| Child with CCC Medicaid Survey Question | 2020 | Percentile | Goal Met? |
|---|---|---|---|
| Getting Care Quickly | 90.8% | 58th | Yes |
| How Well Doctors Communicate | 91.4% | 11th | No |
| Getting Needed Care | 91.4% | 96th | Yes |
| Customer Service | 91.6% | 89th | Yes |
| Care Coordination | 86.8% | 72nd | Yes |
| Rating of Health Care | 89.0% | 60th | No |
| Rating of Personal Doctor | 82.0% | <5th | No |
| Rating of Specialists | 93.5% | 100th | Yes |
| Rating of Health Plan | 87.2% | 52nd | No |

## Child with CCC CHIP CAHPS Survey Results

| Sample Size | Total Completes | English Completes | Spanish Completes | Mail Completes | Phone Completes | Internet Completes | Response Rate |
|---|---|---|---|---|---|---|---|
| 637 | 54 | 39 | 15 | 41 | 13 | 0 | 7.8% |




## Comparison to Quality Compass

| Child with CCC CHIP Survey Question | 2020 | Percentile | Goat Met? |
|---|---|---|---|
| Getting Care Quickly | 91.1% | 62nd | No |
| How Well Doctors Communicate | 86.8% | <5th | No |
| Getting Needed Care | 80.1% | 17th | No |

| | | | |
|---|---|---|---|
| Customer Service | 96.7% | 100th | Yes |
| Care Coordination | 58.3% | <5th | No |
| Rating of Health Care | 88.2% | 49th | No |
| Rating of Personal Doctor | 84.1% | <5th | No |
| Rating of Specialists | 83.3% | <5th | No |
| Rating of Health Plan | 82.4% | 11th | 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.

**Improvement Strategies-Getting needed care**

- Access CAHPS data by health system and network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals, and/or quality of care concerns and communicate. Identify issues, prioritize and implement improvement activities
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include service patients quickly, treat urgent issues promptly, minimize wait times, and assist patients in getting specialist appointments, follow-up abut appointment times and test results. Develop an in-depth referral/decision-making guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities and preparations for seeing a specialist
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management Chronic Care and Quality Management. Work with providers to identify, address and/or resolve opportunities
- Continually assess, revisit and simply plan requirements/processes affecting access to care, tests, or treatment. Seek opportunities to improve processes and procedures
- Review and simplify pre-certification/authorization/referral polices/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerts and quality of care issues. Improve and clarify processes and communications. Resolve member issues and problems with these processes
- Evaluate and simplify member communications, assuring that members clearly told why something not approved. When appropriate, offer suggestions for next steps or alternatives. Evaluate language utilized in denial letters and telephonic notifications scripts of denials to make sure messaging is clear and appropriate for a layperson. If regulations mandate denial format and language in written communications consider ways to also communicate

denial decisions verbally to clearly communicate the reason for the denial issues

**Improvement Strategies-Plan Administration**

- Emphasize comprehensive, collaborative, and high quality customer/member services as a critical priority across all areas of the organization. Think and act together as a shared responsibility. Establish service recovery guidelines for resolving issues, including phrases that express apologies or atonement
- Provide on-going/periodic CSR service training, open discussions and routine refresher programs. Include through annual updates, tools and resources and subsequent feedback. Training examples include how to answer questions and resolve issues; consistency in being friendly, courteous, helpful and empathetic; quick issue resolution with follow-up; procedures to minimize transfers and wait/on-hold times. Engage CS staff in exercises (i.e., role modeling) to clarify members/customer reports and service expectations. Implement protocols and scripts (Talking Points) to ensure consistency of information provided to your members and patients
- Involve the CS team in QI activities, seeking concrete customer-based input and improvements. Ensure they are fully informed of updates/changes t processes and procedures
- Support key subject matter experts to flexibly respond to urgent or complex types of calls, questions or issues including prompt prioritization, resolution procedures and/or authority. Ensure CSRs have immediate access to knowledgeable staff within all key member and provider service areas (claims, enrollment, etc.). Develop procedures for timely resolution of errors, notify the member of corrections and/or next steps
- Develop/implement protocols and scripts (Talking Points) to ensure consistency of informant provided by your member and patients. Record calls and use examples-constructively-to improve communication and service techniques
- Establish, assess and adhere to measureable CSR performance/service standards (i.e., call satisfaction, call resolution, time on hold, etc.). Operationally define service behaviors
- Assess staff to volume, value of cross training staff and/or back-up procedures for peak calling periods/seasons and by subject matter (i.e., claims, Drug Coverage, etc.)

**Improvement Strategies-Medical Assistance with Smoking and Tobacco Use**

- Encourage providers to address and advise patients, at least annually, of likely personal impact/value of smoking cessation and options to control
- Develop communication strategy encouraging members who smoke to speak with their provider, availability of smoking cessation support and treatment/strategy options

- Increase member and provider awareness of plan benefits and resources related to smoking cessation support, medications and therapies. Widely promote the availability of smoking cessation coverage, support, specialists, medication and services
- Develop educational and informative videos about smoking cessation support and options
- Determine system used by providers to highlight the smoking status of patients

**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 2020 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 the 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, 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 2020, EPC had total participation for each disease as follows:

- Asthma-68 active health coaching participants
- COPD- 20 active health coaching participants
- Diabetes- 13 active health coaching participants
- Heart Disease- 21 active health coaching participants

SSHP continues their partnership with EPC 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.

**Analysis**
SSHP noted a significant decrease in the number of members enrolled in any of the Disease Management Programs. The Vice President of Population Health and the Manager of Case Management has been working with EPC to determine the cause of low membership in the Disease Management Program. Their root cause analysis determined there are competing priorities for membership to be enrolled in case management. SSHP has a service metric level requirement for each case manager for members enrolled into case management, whereas, EPC also has a contractual service level metric.

In 2020, SSHP had an average of 27 members enrolled in the program, with an average member engagement of 53% and average member compliance rate of 30%. In late 2020, SSHP and EPC evaluated the low participation of the program and possible reasons. Analysis showed that members were willing to participate; however, EPC had difficulty getting the required prescription for the supplies back from the member's primary care practitioner. The State of Nevada requires a physician's order for the supplies for mail order supplies. However, if SSHP made a decision to run the program as a pharmacy benefit, the prescription would no longer be required. Evaluation of data by the CMO and Pharmacy Director determined this would be a plausible option to increase enrollment into the program. SSHP and EPC will implement this benefit through the pharmacy program in 2021. In addition, during 2021, EPC will offer the program as an opt-in program. Currently it is an opt-out program and supplies and meter are automatically mailed to the member and monthly supplies once prescription received from the primary care physician. This has not been effective as noted by member engagement scores throughout the year.

**Opportunities and Actions for improvement in 2021**

- SSHP and EPC will access enrollment in the program after moved to a pharmacy benefit to determine if member enrollment will increase and make a decision on continuing the program
- SSHP and EPC will evaluate the effectiveness of moving the program to opt-in program and increase in member engagement
- SSHP and EPC to develop a process to determine if members need a case manager as opposed to disease management thus ensuring members are enrolled in the right program for their needs

**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 statewide 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.

In 2020, updates were made to the following adopted guidelines and all others from 2019 remain.

## Guideline Title Recognized Source URL Review/Update

Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain. (2017). Department of Veterans Affairs and the Department of Defense (VA/DoD)https://www.healthquality.va.gov/guidelines/Pain/lbp/VADoDLBPC PGClinicianSummary092917.pdf

American Society for Radiation Oncology (ASTRO) https://www.astro.org/Patient-Care-and-Research/Clinical-Practice-Statements/ASTRO-39;s-guideline-on-hypofractionation-for-loca https://www.astro.org/Patient-Care-and-Research/Clinical-Practice-Statements/ASTRO-39;s-evidence-based-guideline-on-clinically
ASCO Guidelines by Clinical Area American Society of Clinical Oncology
https://www.asco.org/research-guidelines/quality-guidelines/guidelines

NCCN Guidelines® & Clinical Resources National Comprehensive Cancer Network(NCCN)https://www.nccn.org/professionals/physician_gls/default.aspx

**Coronary Artery Disease**

ACC/AHA Prevention Guideline: 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk. (Circulation. 2014; 129:S49-S73) (Published online Nov. 2013) American College of Cardiology (ACC) and American Heart Association (AHA) Task Force
http://www.onlinejacc.org/search/assessment%252Bof%252Bcardiov ascular%252Brisk

AHA/ACCF Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. (Correction, Volume 141, Issue 4) American Heart Association (AHA) and American College of Cardiology Foundation (ACC)https://www.ahajournals.org/actio n/doSearch?AllField=a+report+of+the+american+college+of+cardiology%2Famerican+heart+association+task+force+on+clinical+practice

**Frailty and Special Populations**

American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. American GeriatricsSociety(AGS)https://onlinelibrary.wiley.com/doi/101111/jgs.15767 Apr-2020 Managing Medicines for Adults Receiving Social Care in the Community. (2017) National Institute for Health and Care Excellence (NICE) https://www.nice.org.uk/guidance/ng6 7

**HIV/AIDS**

Human Immunodeficiency Virus (HIV) Infection: Screening. (2019). United States Preventive Services Task Force (USPSTF) https://www.uspreventiveservicestaskforce.org/uspstf/recommendati on/human-immunodeficiency-virus-hiv-infection-screening

Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis. (2019). United States Preventive Services Task Force (USPSTF)https://www.uspreventiveservicestskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis Apr-2020 Routine Human Immunodeficiency Virus Screening. (2014).
American College of Obstetricians and Gynecologists (ACOG)
https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/05/routine-human-immunodeficiency-virus-screening

Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States. (2019). National Institutes of Health (NIH)
https://aidsinfo.nih.gov/guidelines/ html/3/perinatal/153/reproductive-options-for-couples-with-the-same-or-differing-hiv-status%E2%80%A2
Diagnosis and Management of Acute HIV Infection. (2018). AIDS Institute https://www.hivguidelines.org/hiv-testing-acute-infection/acute-hiv/

**Hyperlipidemia**

ACC/AHA Prevention Guideline: 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. (Circulation 2014; 129:S1-S45) American College of Cardiology (ACC), American Heart Association (AHA) Task Force on PracticeGuidelineshttps://www.ahajournals.org/doi/ful/10.1161/01.cir.0000437738.638 53.7a

Advisory Committee on Childhood Lead Poisoning, Division of Environmental and Emergency Health Services, and National Center for Environmental Health http://www.cdc.gov/mmwr/previe w/mmwrhtml/rr5809a1.htm

**Pediatric Preventive Care**
Periodicity Schedule: Recommendations for Preventive Pediatric Health Care (2020) American Academy of Pediatrics http://www.aap.org/en-us/professional-resources/practice-support/Pages/PeriodicitySchedule .aspx The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America. (2011). Pediatric Infectious Diseases Society (PIDS) and the Infectious Diseases Society of America (IDSA) https://www.ncbi.nlm.nih.gov/pmc/art icles/PMC7107838/pdf/cir531.pdf

Association Of Maternal And Child Health Programs and the National Academy For State Health Policy http://cyshcnstandards.amchp.org/ app-national-standards/#/coredomain
United States Department of Veteran Affairs (VA) and the Department of Defense (DoD) ((https://www.healthquality.va.gov/ guidelines/Rehab/mtbi/

***Behavioral Health*** **Conditions/Diseases**
**Attention–Deficit / Hyperactivity Disorder in Children and Adolescents**
Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents American Academy of Pediatrics https://pediatrics.aappublications.org/ content/144/4/e20192528 August-2020

**Obsessive Compulsive Disorder (OCD)** Obsessive Compulsive Disorder. (Published 2007, Updated 2013) American Psychiatric Association (APA) https://www.psychiatry.org/psychi atrists/practice/clinical-practice-guidelines

Practice Parameter for the Assessment and Treatment of Children and Adolescents with Obsessive-Compulsive Disorder (2012) American Academy of Child and Adolescent Psychiatry (AACAP) https://www.jaacap.org/action/doS earch?occurrences=all&searchTex t=Practice+Parameter+for+the+As sessment+and+Treatment+of+Chil dren+and+Adolescents+with+Obs essive-Compulsive+Disorder.+%282012 %29.&searchType=quick&search Scope=fullSite&journalCode=jaac

**Substance Use Disorders Management**
Clinical Practice Guideline for the Management of Substance Use Disorders (2015) Department of Veterans Affairs https://www.healthquality.va.gov/ guidelines/MH/sud/

**Suicidal Behavior** Assessment and Management of Patients at Risk for Suicide (2019) Department of Veterans Affairs and the Department of Defense (VA/DoD) https://www.healthquality.va.gov/ guidelines/MH/srb/
Updated Adopted Clinical Practice and Preventive Health Guidelines attachment to most current versions of guidelines (Added Practice Guidelines for ADHD, Adult Preventive Care, Asthma, Back Pain, Bipolar Disorder, Coronary Artery Disease, Diabetes, Hyperlipidemia, Hypertension, Lead Screening, Major Depressive Disorder, Oppositional Defiant Disorder, Panic Disorder, Pediatric Preventive Care, Perinatal Care, Respiratory Illness, Schizophrenia, Sickle Cell, Stress Disorder, Substance Use Disorders, Tobacco Cessation, Use of Psychotropic Medication. Removed Practice Guidelines for Back Pain, Coronary Artery Disease, Heart Failure, and Hyperlipidemia.)

**Added** Practice Guidelines for Heart Failure, Respiratory Illness, and Pediatric Medical and Psychiatric Management). 06/16 06/16 Updated Adopted Clinical Practice and Preventive Health Guidelines attachment to most current version of guidelines. Added footer to notate Clinical Policy Committee approval dates.

**Deleted the following as they are out of date:**
The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults; Lead Toxicity How should patients exposed to lead be evaluated?; Practice parameter for the psychiatric assessment and management of physically ill children and adolescents. Updated heart failure guidelines to include, “2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the ACC, AHA and HFSA (Circulation. 2017; CIR.0000000000000509, originally published April 28, 2017)”. Updated schizophrenia guidelines to include, “The Practice Parameter for the Assessment and Treatment of Children and Adolescents with Schizophrenia (September 2013)”. 07/17 07/17

**Updated link** to, “The Primary and Secondary Prevention of Coronary Artery Disease: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines”. 09/17

**Added** Sepsis Guidelines; Updated “Prevention and Control of Influenza with Vaccines” and “Smoking Cessation During Pregnancy”. 01/18 01/18 Updated CPG references and links.

**Added**: Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians; The National Physical Activity Plan: A Call to Action from the American Heart Association (Circulation. 2015; 131:1932-1940); Lipid Management in Adults (February 2017); 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults; A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines; AHA Scientific Statement: Exercise and Physical Activity in the Prevention and Treatment of Atherosclerotic Cardiovascular Disease (Circulation. 2003; 107:3109-3116); Standards of Medical Care in Diabetes (Diabetes Care July 2017, 40: 811-987);

HFSA 2010 Comprehensive Heart Failure Practice Guideline. (June 2010; 16: e1-e194); Childhood Obesity Prevention (2018); General Evidence-Based Guidelines & Choosing Wisely (2018)

**Removed:**
ACC/AHA Prevention Guideline: 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. (Circulation 2014; 129:S1-S45);
Evidence-Based Management of Sickle Cell Disease. Expert Panel Report, 2014; The Management of Sickle Cell Disease, Fourth Edition (2004). 06/18 07/18
Updated ICSI links for lipid management, low back pain, and respiratory illness. Updated ACOG perinatal care guidelines to reflect the 2017 eighth edition. 02/19

**Removed the following outdated/expired clinical guidelines**:
2012 Physical Therapy Association low back pain guideline; National physical activity plan; Primary and secondary prevention of coronary artery disease; AHA scientific statement: exercise and heart failure; NHLBI 3rd report on detection, evaluation, and treatment of high blood cholesterol; AAP Active healthy living: prevention of childhood obesity; AAP Expert Committee recommendations regarding child and adolescent overweight and obesity; AAFP guideline on streptococcal pharyngitis.

**Added the following guidelines**:
AHA routine assessment and promotion of physical activity in healthcare settings;
AHA primary prevention of cardiovascular disease; NHLBI evidence based management of sickle cell disease; AAP preventing obesity and eating disorders in adolescents; APA guidelines for behavioral treatment of obesity and overweight in children and adolescents.

**Removed the following expired behavioral health clinical guidelines:**
AAP: ADHD (2001 and 2011 titles); AACAP: ADHD, Anxiety, Bipolar Disorder, Depressive Disorders, Oppositional Defiant Disorder, Schizophrenia, and psychotropic medication; APA: Bipolar Disorder, Major Depressive Disorder, Panic Disorder, Schizophrenia, Stress Disorders, and Substance Use Disorder.

**Added the following behavioral health guidelines**:
APA: alcohol use disorder, antipsychotics for dementia, PTSD, and psychiatric evaluation of adults: AAP: developmental disorders and early childhood emotional and behavioral problems; AACAP: Eating disorders and reactive attachment/disinhibited social engagement disorders. Added approval dates to revision log and removed them from page footer.

**Added** ASTRO guideline for whole breast radiation therapy 05/19 05/19

Updated 2018 to 2019 for the Global Strategy For Asthma Management and Prevention, along with updating the URL; Updated Diagnosis and Treatment of Low Back Pain to reflect new date of February 5, 2008;

**Added**
Guidelines on Hypofractionation for Localized Prostate Cancer, November 2018 and Guideline on Clinically Localized Prostate Cancer, April 2017 along with the URLs; Updated the URL for Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents;

**Updated the URL for Guideline** on the Assessment of Cardiovascular Risk;
**Updated the URL and added** indication of correction for Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines; Updated URL and year (2020) for Consensus Statement by the American Association of

Clinical Endocrinologists and American College of Endocrinology on Comprehensive Type 2 Diabetes Management Algorithm

**Updated** Recommended adult immunization schedule for ages 19 years and older and for child and adolescent to reflect 2020; Updated URL and year (2020) for Prevention and Control of Seasonal Influenza with Vaccines;

**Updated year (**2020) for Periodicity Schedule: Recommendations for Preventive Pediatric Health Care;

**Updated URL** for guidelines for Perinatal Care; Updated URL for Final Recommendation Statement Obesity in Children and Adolescents; Updated URL for Committee Opinion 721: Smoking Cessation During Pregnancy.

**Removed the following conditions**: Alcohol Use Disorder, Dementia, Developmental Disorders, Emotional and Behavioral Problems, Eating Disorders, Post-Traumatic Stress Disorder, Psychiatric Evaluation, Reactive Attachment Disorder and Disinhibited Social Engagement Disorder.
**Added additional Guideline** Title under Back Pain, Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain. Added two additional guidelines under Cancer, ASCO Guidelines by Clinical Area and NCCN Guidelines & Clinical Resources.

**Added additional guideline** to COPD, Clinical Practice Guideline for the Management of Chronic Obstructive Pulmonary Disease.

**Added** Congenital Disorders: The Care of Children With Congenital Heart Disease in Their Primary Medical Home.

**Added** Epilepsy, Guidelines by Topic: Epilepsy. Added Frailty and Special Populations, American Geriatrics Society 2019 Updated AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, and Managing Medicines for Adults Receiving Social Care in the Community.

**Added** Hemophilia, NHF-McMaster Guideline on Care Models for Hemophilia Management.

**Added** HIV/AIDS, Human Immunodeficiency Virus (HIV) Infection: Screening, Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis, Routine Human Immunodeficiency Virus Screening, Diagnosis and Management of Acute HIV Infection, and Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States. Added Transitions of Care in the Long-Term Care Continuum, AMDA.

**Added CDC Guideline** “Prescribing Opioids for Chronic Pain”. Added Osteoporosis, Clinical Practice Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis and ACOG Practice Bulletin N. 129, Osteoporosis. Added Palliative Care, Palliative Care for Adults.

**Added** Pneumonia, Management of Adults with Hospital-acquired and Ventilator-associated Pneumonia, and The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age.

**Added** Rheumatoid Arthritis, American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis.

**Added** Special Health Care Needs of Adolescents, Standards for Systems of Care for Children and Youth with Special Health Care Needs.
Added two guidelines for Tobacco Cessation, Tobacco Smoking Cessation in Adults, Including Pregnant Women and Tobacco Use in Children and Adolescents.

**Added** Traumatic Brain Injury, Management of Concussion-mild Traumatic Brain Injury. Added CDC Zika Virus Testing guideline.

**Added the following behavioral health clinical practice guidelines**: Generalized Anxiety Disorder And Panic Disorder In Adults: Management (July 2019); Practice Parameter for the Assessment and Treatment of Children and Adolescents With Autism Spectrum Disorder (2014); Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants (January 2018); Management of Major Depressive Disorder (2016); Guidelines for Psychological Practice with Transgender and Gender Nonconforming People; A Summary of Physical Health Monitoring, Treatment of Mood Disorders During Pregnancy; Obsessive Compulsive Disorder (Published 2007, Updated 2013); Practice Parameter for the Assessment and Treatment of Children and Adolescents with Obsessive-Compulsive Disorder (2012); National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (Dec 2019); Federal Guidelines for Opioid Treatment Programs

(March 2015); VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain (2017); Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder; Practice Parameter for the Assessment and Treatment of Children and Adolescents with Schizophrenia (2013); Clinical Practice Guideline for the Management of Substance Use Disorders (2015); Assessment and Management of Patients at Risk for Suicide (2019).

In 2020, 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 physical providers and our behavioral health providers. In addition, HEDIS Coordinators collaborated with the pharmacy department and case management department to target providers with gaps associated with the HEDIS measures and provide education to the providers on the clinical practice guidelines for these measures. Below are two examples of collaboration and education provided for two of the measures and the associated clinical practice guideline:

- **Management of Treatment Access and Follow-up for Members with co-existing Medical and Behavioral Disorders-** The HEDIS Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD). SSD measure assesses the percentage of members 18 to 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. Use of this measure as a monitor 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 and physical health conditions.

Methodology

SilverSummit Healthplan calculated the rates for members who meet the measurement specifications and uses the Inovalon system QSI XL to populate claims data to provide the plan administrative rates that are tracked on a monthly basis by the Quality team. The final audited HEDIS SSD rates compared to the previous year's NCQA Quality Compass National Benchmarks 75th Percentile for HMOs. Data below is from Final Reporting Year 2020 (2019 measurement year).

**Results**

| Reporting Year | Measurement Year | Eligible Population | Numerator | Rate | Quality Compass 75th Percentile | Goal Met? |
|---|---|---|---|---|---|---|
| 2019 | 2018 | 433 | 338 | 78.06% | 84.78% | No |
| 2020 | 2019 | 620 | 476 | 76.77% | 84.27% | No |

SilverSummit Healthplan did not meet the benchmark rates for diabetic screening for reporting year 2020. Even though the benchmarks were in reach, SSHP has worked with the medical and behavioral components of the measure to improve rates.

At first re-measurement, the goal to achieve the National Medicaid Quality Compass 75th percentile was not met for RY 2020. With ratings falling below benchmarks,

SSHP proactively reviewed data and possible trends to determine why metrics were not met.

There are several barriers preventing medical and behavioral health practitioners from monitoring diabetes in this sub-population who are at risk for developing this chronic condition. Early signs of this secondary condition would be identified in the screening test and allow for appropriate treatment of the disease in order to prevent complications. 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 that the primary care office is monitoring for diabetes and defers the testing.

SSHP's Population Health Management team has a pilot program to improve overall diabetic monitoring and adherence to medications and Case Management is collaborating with the Quality Improvement team to outreach to members who are non-compliant for diabetic measures. The Pharmacy department developed outreach education letters on antipsychotic medications to practitioners with non-compliant members. SilverSummit Healthplan noted the following areas for improvement.

- Members may not understand the elevated health risks associated when they are not receiving their diabetes screening and managing antipsychotic medication along with their schizophrenia or bipolar conditions.
- Primary Care and Behavioral Practitioners lack of awareness related to behavioral conditions and understanding that both bipolar or schizophrenia lead to increased risk of diabetes in this population.

**Opportunities and Actions for improvement in 2021**
SSHP will conduct interventions in 2021 to sustain the performance or further improve the rate by:

- Increase collaboration between primary care and behavioral health practitioners to improve overall health of the member and address both physical and mental health needs. To do this we added additional questions to the site visit questionnaire by Provider Relations Specialist regarding primary care provider's interaction and barriers when referring members to a behavioral health specialist.

- **The Antidepressant Medication Management (AMM)** - The HEDIS measure is collaborative by nature as practitioners from both primary care health and behavioral health treat members with Depressive Disorders and prescribe antidepressant medications. SilverSummit Healthplan collects and 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 the Treatment of Patients with Major Depressive Disorder (Third Edition, 2011 American Psychiatric Association).

Methodology

SilverSummit assesses the standardized Antidepressant Medication Management HEDIS measure. The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates reported:

1. Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

2. Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

SilverSummit Healthplan calculated the rates for members who meet the measurement specification and uses the Inovalon system QSI XL to populate claims data to provide the plan administrative rates that are tracked on a monthly basis by the Quality Improvement department. The final audited HEDIS AMM rates for measurement year compared to the previous year's HEDIS Quality Compass National Benchmarks 75th Percentile for HMOs.

Results-Acute Phase Treatment

| Reporting Year | Measurement Year | Eligible Population | Numerator | Rate | Quality Compass 75th Percentile | Goal Met? |
|---|---|---|---|---|---|---|
| 2019 | 2018 | 334 | 191 | 57.19% | 57.82% | No |
| 2020 | 2019 | 850 | 430 | 50.59% | 56.41% | No |

Results-Continuation

| Reporting Year | Measurement Year | Eligible Population | Numerator | Rate | Quality Compass 75th Percentile | Goal Met? |
|---|---|---|---|---|---|---|
| 2019 | 2018 | 334 | 127 | 38.02% | 43.21% | No |
| 2020 | 2019 | 850 | 305 | 35.88% | 40.95% | No |

SilverSummit Healthplan's data on members who are under behavioral disorder care receiving appropriate diagnosis, treatment and referrals in RY 2020 indicates there is room for improvement, as it did not meet the Quality Compass 75th percentile.

At first re-measurement, the goal to achieve the National Medicaid Quality Compass 75th percentile was not met for RY2020. With ratings falling below benchmarks, SSHP proactively reviewed data and possible trends to determine why metrics were not met

A Pharmacy Workgroup met once a month for the year 2020 to develop different topics of outreach towards 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, a member must remain on the medication for four to six weeks before symptom improvement, and this may lead to premature discontinuation.
- Primary Care Practitioner's may not have the expertise required to treat Major Depression and follow-up visits are occurring quarterly rather than monthly.

With the analysis made, the Pharmacy Coordinators pulled data and member information from the drug utilization report to populate to members who have been treated with antidepressant medication. From there, outreach letters were mailed to 100 members regarding their medication. Pharmacy Coordinators also develop outreach material for subscribing providers to ensure they are appropriately educated on the effects of antidepressant medication.

**Opportunities and Actions for improvement in 2021**

SSHP will conduct interventions in 2021 to sustain the performance or further improve the rate by:

- Ensure members who have a prescription for anti-depressant medication(s) are adherent throughout the treatment period by Pharmacy Coordinators comparing members who were non-compliant for AMM against the Drug Utilization Report (DUR). Members that were not filling their prescriptions for anti-depressant medication(s) were sent additional information regarding their prescribed medication and how to follow up with their primary care practitioner if they need additional information
- Primary Care Practitioners are not utilizing the behavioral health network available at SSHP to refer members to if they need specialized care. Provider Relations specialists to add additional notes/questions to the site visit questionnaire regarding primary care providers interactions and barriers when referring members to specialist

**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 2020, 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 coexisting 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 frequenc

| 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)<br>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 behavioral health disorders | HEDIS: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotic medications<br>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 | Annually |
| Primary or Secondary preventive behavioral program implementation | Start Smart for Your Baby Postpartum Screening and Referrals | Annually |
| Special needs of members with severe and persistent mental illness | HEDIS: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | Annually |

### 1) Exchange of Information

The exchange of information between behavioral healthcare and relevant medical delivery systems measuring accuracy, sufficiency, timeliness, clarity, and the frequency of receiving information. SilverSummit Healthplan evaluates practitioner satisfaction on communication between behavioral health practitioners and primary care practitioners.

Methodology

SilverSummit Healthplan contracts with SPH Analytics, an NCQA-certified survey vendor to conduct its annual Provider Satisfaction Survey to measure satisfaction of communication between primary care practitioners and specialty practitioners. These results evaluate the level communication among treating practitioners to assure appropriate coordination of medical care is taking place. SilverSummit provided SPH with a database consisting of 9,078 SilverSummit practitioners. SPH then cleaned the database by removing any records with duplicate NPIs.

| | *2019* | *2020* |
|---|---|---|
| *Practitioners* | *5,995* | *9,078* |
| *Random Selection of Practitioners* | *1,800* | *2,000* |
| *Viable Completed Surveys* | *214* | *142* |
| *Rate of Survey Participation* | *11.9%* | *7.1%* |

| 2019 | Component | Completed Surveys | Response Rate |
|---|---|---|---|
| 233 Completed Surveys | Mail & Internet | 85 | 37.8% |
| | Phone | 148 | 63.6% |
| 2020 | Component | Completed Surveys | Response Rate |
| Completed Surveys | Mail & Internet | 74 | 4.7% |
| | Phone | 68 | 22.3% |

**Analysis**

In the standardized survey tool administered by SPH Analytics, two questions measure the timeliness and the frequency of communication between primary care practitioners and specialty practitioners in the surveys composite area of Network/Coordination of Care.

| 2020 - Survey Questions | # of Satisfied | *BoB Average Benchmarks | Goal Met? |
|---|---|---|---|
| The timeliness of feedback/reports from behavioral health clinicians for patients in your care | 36% | 23.1% | Yes |
| The frequency of feedback/reports from behavioral health clinicians for patients in your care | 33% | NA | NA |

SSHP's goal for 2020 was to exceed the 2019 results for question of timeliness of feedback/reports from behavioral health clinicians for patients in your care by 5%. This goal was meet and exceeded 5% goal with 12.9% higher. For 2021, SSHP goal is to increase this goal by 2%.

In 2020, implemented actions to address the limited oversight of behavioral healthcare practitioner network to address limited use of the Health Information Exchange and

limited oversight of behavioral health network. 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.

Behavioral site visits and virtual visits occurred with SBH invited to visits and practitioner meetings to have a collaborative approach to benefit outcome of the member. SBH also consulted and provided feedback on audits to help determine the practitioner education needed and if any termination of providers from the network where needed. Weekly team meetings held throughout 2020 between Population Health Management Department and SBH.

**Opportunities and Actions for improvement in 2021**

- Continue relationship with SBH
- Provider Relations to work with behavioral health practitioners to become aware of what other practitioners are involved in the members treatment
- Provider Relations to education behavioral health practitioners on resources available to assist in exchange of information between physical and behavioral health providers

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

SSHP's clinical guidelines emphasize the importance of effective clinical management in increasing member's medication compliance, monitoring treatment effectiveness and identifying and managing side effects. The Antidepressant Medical Management (AMM) HEDIS measure is collaborative by nature as practitioners from both primary care and behavioral health treat members with depressive disorders and prescribe antidepressant medications. SSHP collects, analyzes appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care through this HEDIS measure. SSHP utilizes this HEDIS measure in evaluating practitioners' compliance with the behavioral health clinical practice guideline-*Practice Guideline for Treatment of Patients with Major Depressive Disorder* (Third Edition, 2011 American Psychiatric Association). For 2018 RY, SSHP did not submit Medicaid HEDIS rates for AMM secondary to denominator did not meet the criteria for reporting, so no comparison of 2018 reporting year (RY) to 2019 reporting year was completed, however, comparison is done for 2019 to 2020.

Methodology

SilverSummit Healthplan assesses the standardized Antidepressant Medication Management HEDIS measure. The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

1. *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

2. *Effective continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

SilverSummit Healthplan calculated the rates for members who meet measurement specifications and uses the Inovalon system QSI XL to populate claims data to provide the plan administrative rates that are tracked on a monthly basis by the Quality Team. The final audited HEDIS AMM rates for measurement year are compared to the previous year's QRS Quality Compass National Benchmarks 75th Percentile for HMOs.

**RESULTS-**Acute Phase Treatment

| Reporting Year | Measurement Year | Eligible Population | Numerator | Rate | Quality Compass 75th Percentile | Goal Met? |
|---|---|---|---|---|---|---|
| 2019 | 2018 | 334 | 191 | 57.19% | 57.82% | No |
| 2020 | 2019 | 850 | 430 | 50.59% | 56.41% | No |

Results-Continuation

| Reporting Year | Measurement Year | Eligible Population | Numerator | Rate | Quality Compass 75th Percentile | Goal Met? |
|---|---|---|---|---|---|---|
| 2019 | 2018 | 334 | 127 | 38.02% | 42.31% | No |
| 2020 | 2019 | 850 | 305 | 35.88% | 40.95% | No |

**Analysis**

At first re-measurement, the goal to achieve the National Medicaid Quality Compass 75th percentile not met for RY2020. With ratings falling below benchmarks, SSHP proactively reviewed data and possible trends to determine why metrics did not met. In 2019 through 2020, a Pharmacy Workgroup 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 2021**

- Ensure members who have a prescription for an anti-depressant medication are adherent throughout the treatment period. This will be done through pharmacy coordinators comparing members who are non-compliant with AMM against the Drug Utilization Report (DUR).
- Members not refilling their prescriptions for anti-depressant medication(s) will be sent additional information regarding their prescribed medications and how to follow up with their primary care provider for additional information
- Add additional notes/questions to the site visit questionnaire by Provider Relations Specialist regarding primary care providers interactions and barriers when referring members to a behavioral health specialist

**3) <u>The Appropriate Use of Psychotropic Medications</u>**

SilverSummit Healthplan reviews the results of technology assessment to evaluate emerging psychopharmacological medications by behavioral health and primary care practitioners. The leading cause of disability worldwide is depression; it is a major contributor to the overall global burden of disease. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness and identifying and managing side effects. SilverSummit Healthplan reviews the appropriate use of psychotropic medications and how it effects member health experience.

<u>Methodology</u>

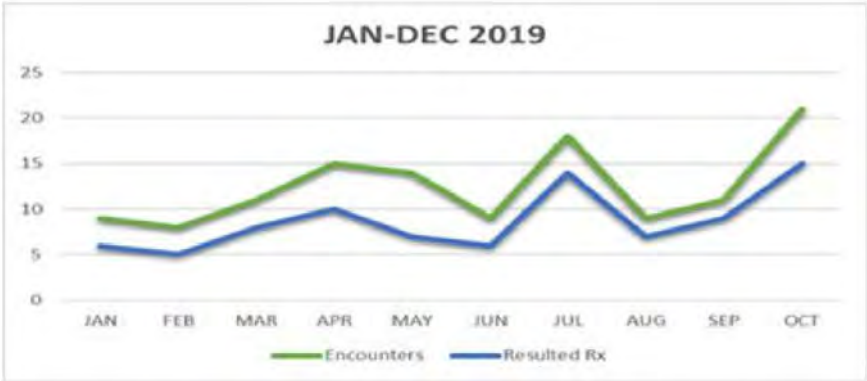
SilverSummit Healthplan collects data on behavioral and medical practitioner adherence to prescribing guidelines. Member claims for psychotropic prescriptions of anti-anxiety agents, antidepressants, antipsychotics, mood stabilizers and stimulants was measured against claims for telemedicine encounters including the following:

- Telehealth Visits (CPT 99201-99215, HCPCS G0425-G0427, G0406-G0408)
- Virtual Check-In (HCPCS G2010, G2012)
- E-Visits (CPT 99421-23)

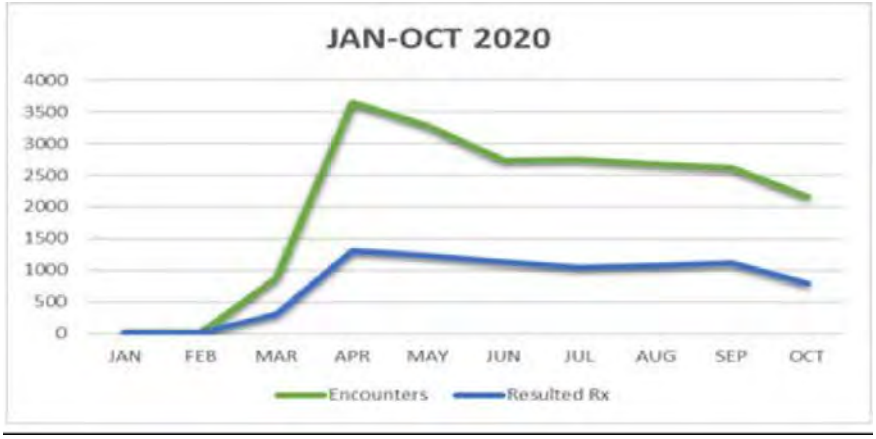
SilverSummit Healthplan does not have a performance goal in measuring the member's use of telemedicine services, but to discover trends in the appropriate use or psychotropic prescriptions that are generated from those visits, and how it affects the member's health experience.

**RESULTS**

| 2020 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Encounters | 9 | 8 | 11 | 15 | 14 | 9 | 18 | 9 | 11 | 21 | 16 | 14 |
| Psychotropic Encounters | 6 | 5 | 8 | 10 | 7 | 6 | 14 | 7 | 9 | 15 | 9 | 10 |
| MOM Utilization | -- | *-17%* | *60%* | *25%* | *-30%* | *-14%* | *133%* | *-50%* | *29%* | *67%* | *-40%* | *11%* |




| 2020 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT |
|---|---|---|---|---|---|---|---|---|---|---|
| Total Encounters | 11 | 18 | 874 | 3,643 | 3,283 | 2,737 | 2,748 | 2,682 | 2,614 | 2,163 |
| Psychotropic Encounters | 6 | 10 | 299 | 1,304 | 1,237 | 1,131 | 1,038 | 1,069 | 1,120 | 796 |
| MOM Utilization | -- | *67%* | *2,890%* | *336%* | *307%* | *-9%* | *-8%* | *3%* | *5%* | *-29%* |



**Analysis**
SilverSummit Healthplan will use the data gathered in 2020 as a baseline, showing month-over-month utilization of psychotropic medication usage per telemedicine encounter.

At first re-measurement, the data indicates a tremendous spike in March 2020 with the month-over-month utilization increasing from 67% to 2,890%. SSHP believes this happened because many practitioner offices temporary discontinued in-person visits due to the COVID-19 pandemic and referred the member to use their telemedicine benefits. The increase of telemedicine encounters in April could be from practitioners starting to offer their own e-visits to service member needs and keep them from having to go to Urgent Care facilities and risk exposure. Throughout the remainder of 2020, SSHP has seen a stabilization of telemedicine encounters resulting in psychotropic being prescribed.

SilverSummit Healthplan deduces that the increase in telemedicine encounters which includes Telehealth Visits, Virtual Check-Ins and E-Visits contributed to the following, or a combination of the following:

- Members using their telemedicine benefits because their primary care or specialty care practitioner office was temporarily closed.
- Practitioners started offering E-visits by using Face-Time, Hangouts, Duo, Zoom and other virtual programs or mobile applications.
- Members limiting their visits to emergency services only, affecting their general wellness and prescription adherence.

SSHP believes that following factors may contribute to the rise and decrease of psychotropic medication use:

- Member experiencing quarantine isolation or despair
- Children/adolescents not needing daily doses as they are not in a classroom environment

**Opportunities and Actions for improvement in 2021**

- Continue to monitor the use of telemedicine throughout 2021 and compare in the 2022 and note any changes in provider availability as the pandemic ends
- Continue member and provider education of measures that can be closed via telehealth

**4) <u>The Management of Treatment Access and Follow-up for Members with Co-Existing Medical and Behavioral Health Disorders</u>**

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 2020 audited HEDIS SDD rates for measurement year 2019 were compared to the HEDIS 2018 Quality Compass National Benchmarks 75% percentile for HMOs. SSHP did not report SSD rates in reporting year secondary to not meeting denominator criteria for reporting.

**RESULTS**

| Reporting Year | Measurement Year | Eligible Population | Numerator | Rate | Quality Compass 75th Percentile | Goal Met? |
|---|---|---|---|---|---|---|
| 2019 | 2018 | 433 | 338 | 78.06% | 84.78% | No |
| 2020 | 2019 | 620 | 476 | 76.77% | 84.27% | No |

**Analysis**

SSHP did not meet the benchmark rate for RY2020, 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 2020, SSHP's medical management team continued a 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.

SilverSummit Healthplan noted the following areas for improvement.

- Members may not understand the elevated health risks associated when they are not receiving their diabetes screening and managing antipsychotic medication along with their schizophrenia or bipolar conditions.
- Primary Care and Behavioral Practitioners lack of awareness related to behavioral conditions and understanding that both bipolar or schizophrenia lead to increased risk of diabetes in this population.

**Opportunities and Actions for improvement in 2021**

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

- Increase collaboration between the primary care and behavioral health practitioners to improve the overall health of the member and address both the behavioral and physical needs
- Add additional notes/questions to the site visit questionnaire by Provider Relations Specialist regarding primary care practitioners interaction and barriers when referring members to a behavioral health specialist
- Increase awareness of providers and staff on guidelines for diabetic screening
- PCP and behavioral health practitioners education regarding the increased risk of diabetes for members taking an antipsychotic
- PCP and behavioral health practitioner education on importance of collaboration on care including diabetic testing and sharing of results of diabetic testing so appropriate treatment plan can be developed for the member

**5) Primary or Secondary Preventive Behavioral Program Implementation**

SilverSummit Healthplan members (age 18 years or older) in Evolve People Care's (EPC) Health Coaching intervention are assessed during the Baseline Assessment and as needed for depression utilizing the PHQ-2 Question Set. The purpose of the PHQ-2 (Patient Health Questionnaire) is to screen for depression in a "first step" approach.

Methodology

If a member scores three or greater on the PHQ-2, the Health Coach is required to offer a referral to a SilverSummit Healthplan Case Manager, as directed by SilverSummit Healthplan, and document in the case notes. For SilverSummit Healthplan, a referral is offered and submitted via the clinical data system and documented in the case notes. If the participant refuses a referral, the outcome must be documented in the case notes.

During 2020, 46 SilverSummit Healthplan participants were actively enrolled in EPC's Health Coaching intervention as of the end of the year, twelve percentage points below the enrollment target of 100% (88%). It should be noted that there were on average over 400 SilverSummit members per each claims load EPC received that EPC could not load into their clinical data system to outreach to the member. However, due to no phone numbers being on file with SSPH or the phone number that SSHP had on file were no longer an active phone number to reach the member. This barrier contributed to EPC's penetration rate being below the enrollment target. Of those 46 actively enrolled participants, two dis-enrolled prior to completing the assessment process, and ten participants were in a Pediatric Program (Asthma or Raising Well Weight Management) and therefore, are not eligible to receive the PHQ-2 Depression Screening Assessment.

Results

Therefore, during 2020, 34 SilverSummit Healthplan participants, who agreed to answer the following questions during the Baseline Assessment for depression during 2020, indicated the following:

*Over the past two weeks, how often has the member been bothered by any of the following problems?*

*1. Little interest or pleasure in doing things:*
- *41.2% (14/34) of SilverSummit Healthplan participants indicated that they did not experience this at all;*
- *35.3% (12/34) indicated they experienced this several days;*
- *20.6% (7/34) indicated they experienced this more than half the days; and*
- *2.9% (1/34) indicated they experienced this nearly every day.*

*2. Feeling down, depressed, or hopeless:*
- *52.8% (19/34) of SilverSummit Healthplan participants indicated that they did not experience this at all;*
- *25.0% (9/34) indicated they experienced this several days;*
- *8.3% (3/34) indicated they experienced this more than half the days; and*
- *13.9% (5/34) indicated they experienced this nearly every day.*

PHQ-2 score is obtained by adding the score for each question (total points). During 2020, SilverSummit Healthplan participants in EPC's Health Coaching intervention total score for the depression screening were as follows:

- *Total Score 0 – 41.1% (14/34);*
- *Total Score 1 – 17.6% (6/34);*
- *Total Score 2 – 20.6% (7/34);*
- *Total Score 3 – 5.9% (2/34);*
- *Total Score 4 – 8.8% (3/34);*
- *Total Score 5 – 8.8% (3/34); and*
- *Total Score 6 – 2.9% (1/34)*

**Analysis**

EPC offered referrals to the nine SSHP members that scored three or greater on the PHQ-2 with the following results

- Of the nine SSHP members that scored three or greater on the PHQ-2, EPC submitted seven referrals, with multiple referrals submitted for one member, to SSHP Case Management to address issues such as transportation and behavioral health needs for its population; and
- Four SSHP members declined a referral from EPC to SSHP case management

**Opportunities and Actions for improvement in 2021**

- 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. Also, if member received a prenatal depression screening, compare it to the postpartum depression screening, if obtained to determine if earlier interaction with member decreased the incidence of postpartum depression.

**6) Special Needs of Members with Severe and Persistent Mental Illness** The HEDIS Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) measure assesses the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c 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 and physical health conditions.

Methodology
SilverSummit Healthplan calculated the rates for members who meet the measurement specifications and uses the Inovalon system QSI XL to populate claims data to provide the plan administrative rates that are tracked on a monthly basis by the Quality team. The final audited HEDIS SMD rates are compared to the previous year's HEDIS Quality Compass National Benchmarks 75th Percentile for HMOs

**RESULTS**

| Reporting Year | Measurement Year | Eligible Population | Numerator | Rate | Quality Compass 75th Percentile | Goal Met? |
|---|---|---|---|---|---|---|
| 2019 | 2018 | 23 | 14 | 60.87% | 77.30% | No |
| 2020 | 2019 | 40 | 18 | 45.00% | 76.28% | No |

**Analysis**
SilverSummit Healthplan did not meet the benchmark rates for diabetic screening in 2019 or 2020. Even though the benchmarks were in reach, SSHP has worked with the medical and behavioral components of the measure to improve rates.

At first re-measurement, the goal to achieve the National Medicaid Quality Compass 75th percentile was not met for RY2020. With ratings falling below benchmarks, SSHP proactively reviewed data and possible trends to determine why metrics were not me and to identify barriers, possible interventions for improvement and agreed action items to implement.

There are several barriers preventing medical and behavioral health practitioners from monitoring diabetes in this sub-population who are at risk for developing this chronic condition. Early signs of this secondary condition would be identified in the

screening test and allow for appropriate treatment of the disease in order to prevent complications. Many times primary care practitioners do not prescribe the medication and are not aware if the prescribing practitioner ordered the test. In similar terms, behavioral health practitioners may assume that the primary care practitioner/office is monitoring for diabetes and defers the testing.

SSHP's Population Health Management team has a pilot program to improve overall diabetic monitoring and adherence to medications and Case Management is collaborating with the Quality Improvement team to outreach to members who are non-compliant for diabetic measures. The Pharmacy department developed outreach education letters on antipsychotic medications to practitioners with non-compliant members. SilverSummit Healthplan noted the following areas for improvement.

**Opportunities and Actions for improvement in 2021**

- Provide members with education regarding receiving both a LDL test and a HgbA1c screening are important measures to take when monitoring their health
- Pharmacy Coordinators to identify, and conduct outreach to members who are not receiving the appropriate testing during the measurement year
- Increase collaboration between primary care providers and behavioral health providers to improve overall health of members and address both physical and behavioral needs
- Add additional questions/notes to the site visit questionnaire used by Provider Relations Specialist regarding primary care practitioners interaction and barrier when referring a member to a behavioral health specialist

## Appeals

**2020 Member Appeal Results:**

- **Access**-total 198

Member appeals for 2020 were sub-categorized as follows:

- **Pharmacy Denial Appeals=14**
- **Behavioral Health Appeals=11**
  - Inpatient admission=0
  - Inpatient concurrent review=0
  - Intensive Outpatient Services=1
  - Other behavioral health services=0
  - Community Based Services=10
  - Inpatient continued hospital stay=0
- **Physical Health Appeals=33**
  - Inpatient-Surgery=1
  - Special Services-Pain Management=1
  - Special Services-Experimental/Investigational=1
  - Diagnostics-labs=1

- DME-CPAP machine=2
- DME-Foot Orthotic=1
- DME-Hearing Aide=1
- DME-Motorized Wheelchair=1
- DME-other=1
- DME-patient life=1
- Inpatient admission=1
- Inpatient-Continued Stay=5
- Inpatient-length of stay=2
- Inpatient procedure=1
- Inpatient surgery=1
- Laminectomy-Surgical=1
- Other-Chemotherapy=1
- Outpatient-Home Health Visits=3
- Outpatient Therapy=25
- Self-injectables=3
- Surgical-Anthroscopy=1
- Surgical-Breast Augmentation=1
- Surgical-Does not meet criteria=1
- Surgical Gastric Bypass/Roux-EN-Y=2
- Surgical-Lumbar Spine Fusion=1
- Surgery-Orthopedic=1
- Therapy-Occupational Therapy-7
- Therapy-Physical Therapy=4
- Therapy-Speech Therapy=1

▪ **Advanced Imaging Appeals-Total=95**

- 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 2020, SSHP had a goal of less than three per 1000 member appeals. In 2020, SSHP received 198 appeals, which represented a 2.36 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 steady number of pharmacy, behavioral health appeals and physical health appeals and advanced imaging. During this review, it was determined that SSHPs advanced imaging vendor, NIA, accounted for 52% of the appeals received. SSHP continues to conduct meetings with the vendor monthly for discussion and reasons for the appeals. As noted in 2019, the majority of the

appeals were based on the provider not submitting required documentation to support the medical necessity for the requested procedure.

All grievance and appeals turnaround times were within required times for a 100% compliance. In addition, in 2020, three requests for a State Fair Hearing were received and two were resolved prior to going to a State Fair Hearing with both in favor of the provider and appeal was overturned. One State Fair Hearing request went to a full State Fair Hearing and was overturned in favor of the member.

**Opportunities and Actions for improvement in 2021**

- G&A Manager will continue to 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 2020 and the total number of practitioners and providers who were credentialed and re-credentialed by SSHP in 2020. SSHP established a goal of less than 2% denials of credentialing or recredentialing in 2020. SSHP met the goal of less than 2% of practitioners credentialing or re-credentialing being denied.

| **SilverSummit Healthplan<br>January –December 2020** | |
|---|---|
| **Initial Credentialing** | |
| Number of practitioners credentialed | 540 |
| **Re-credentialing** | |
| Number of practitioners re-credentialed | 683 |
| **Terminated/Rejected/Suspended/Denied** | |
| Terminated with cause (OIG sanction) | 2 |
| Number denied | 1 |

## 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 2020, SSHP had one member rights and responsibilities update for the Member handbook. This was distributed to members in a post card mailing that detailed the update and how it related to their rights and responsibilities. In addition, during the Member Advisory Committees held throughout the year, the updated was announced during the virtual 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 choose a PCP either 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 2020, SSHP received 11,442 requests for change in PCP down from 15,483 requests received in 2019. SSHP analyzed PCP change requests in 2020 with following results:

- 255-Member does not like their PCP Assignment Choice
- 189-Member moved and no longer near PCP
- 1770-Member preference
- 1071-Other Member Change Request
- 16-PCP hours did not fit members needs
- 349-Provider no longer with the network
- 1033-Provider Location
- 97-Quality of Care (never received as a grievance)
- 33-Wait time in PCP's office
- 6-PCP request to dis-enroll member
- 2-Same PCP as a family member
- 3605-Already patient with requested PCP and where not assigned to them

- 20-Provider Affiliation # termed
- 87-Provider set-up incorrectly
- 24-Health Plan Choice
- 5-PCP change issue ID card
- 5-PCP change no ID card issued
- 4-Case Manager recommendation
- 57-Dissatification with office staff (not all filed grievances or wished to)
- 560-Another family member has established relationship
- 13-Dissatisfied with physicians referral
- 17-PCP Gender
- 19-Wants same PCP as a friend or family member
- 28-PCP requested has an association with a hospital or specific medical group
- 490-Availability to get an appointment with current PCP (member refused to file grievances)
- 272-Already has an established relationship with another PCP
- 79-Language/communication barrier (did not file grievance)
- 89-PCP had a closed panel

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. In addition, Customer Service Representatives where asked to question member why they would not like to file a grievance and the majority of responses where "I just want change PCP and be done".

**Opportunities and Actions for improvement in 2021**

- SSHP A&G Manager will continue to analyze 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.
- How and why to file a grievance will be a topic in at least one Member Advisory Committee Meeting annually

# 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 2020.

**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 |
|---|---|---|---|---|---|---|---|---|
| 2020 Annual Report | 46% | 92% | 73% | 51% | 35% | 34% | 26% | 14% |

**Analysis**

SSHP's participant ratio decreased from 52% in 2018 to 50% in 2019 and to 46% in 2020. The decreases were noted only in 6-9 age group and up. During 2020, secondary to the pandemic, providers offices were not opened or were not seeing members for preventive services, members were afraid to take their children into provider's offices, regular immunization events and the Immunize Nevada Van services were halted in 2020.

During 2020, SSHP continued to have a partnership with "Immunize Nevada" including participation in monthly meetings with other MCOs, Medicaid, advocacy groups, and other community partners. SSHP also distributed materials related to the importance of immunizations developed by "Immunize Nevada" to provider's offices for provider education, support in members receiving immunizations, and used social media platform to promote the importance of immunizations especially during a pandemic.

Also in 2020, SSHP continued to access 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 database to assist in capturing immunizations that may not be included on a claim.

**Opportunities and Actions for improvement in 2021**

- Continue partnership with "Immunize Nevada" and evaluate what events or activities will be able to occur in 2021 based on status of the pandemic
- 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
- Increase member awareness of the COVID vaccine

## 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 SSHPs 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 2020, SSHP Quality Department had to put medical records audits on hold due to the pandemic and provider offices closures or lack of staff to obtain the records for SSHP. The Medical Record Review Audits restarted in late summer 2020 with limited participation by providers due to ongoing closures or lack of staff.

For 2020, twenty reviews were conducted with twelve of the providers never responding to request after multiple letter and phone call attempts. The providers that did provider records scored as noted below:

- 100%-0 providers
- 99-90%-8 providers
- 89%-80%-0 providers
- Under 80%-0 providers

Additionally in 2020, a focused medical record review audit was conducted to assess the coordination of care between specialists and PCPs. The audit focused on documentation in the PCP record of referral to a specialist, note from specialists after members visit, and follow up with member after seeing the specialists and any treatment plan updates based on specialist's recommendation. For the specialists, the

audit focused on documentation of referral from PCP and reason for referral and referral note back to the PCP of members visit and recommendation.

Sixty providers were selected for this audit with responses received back from seven providers with six passing and one fail. The provider who failed was provided education via letter on the importance of documentation of referral from PCP and the reason and sending the referring provider back a letter of the members visit with treatment plan and/or recommendations noted.

**Opportunities and Actions for improvement in 2021**

- Continue quarterly audits to begin in the spring of 2021 or later based on the status of the pandemic and providers ability to provide records
- Continue to audit specialist and PCP records related to referral documentation to include the providers audited in 2020 that did not provide responses.

## 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 2020, JOCs where held with each of our vendors in all four quarters. During 2020, each vendor's standard metrics were evaluated quarterly and on an annual basis to determine compliance with contractual requirements.

**Behavioral Health**

Centene Behavioral Health, formerly Envolve People Care, is SSHP's vendor for Behavioral Health, 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 and this continues.

During 2020, 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.

Centene Behavioral Health (CBH) meet the following

- Inpatient UM Turn-around-time (TAT) at 100% (SSHP goal 100%)

- Outpatient UM TAT at 90% (SSHP goal 100%)
- Adverse Determination Rate for outpatient services average at 19.75 (<20%)
- Adverse Determination Rate for inpatient services average at 6.5% (<10%)
- Average Length of Stay was 4.5 days (5 days or less)
- Readmission rate 30 days average 20% (<15%)

CBH meet SSHP goals in TAT for inpatient but not outpatient, Adverse Determination Rate and Average Length of Stay but not readmission rate.

**Vision**

Envolve Vision is SSHP's vendor for vision excluding vision related to medical services. During 2020, 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 2020, 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 2020. SSHP will continue to hold quarterly JOC's, track, and trend the network, grievances, and appeals to evaluate for any areas of opportunity to improve vision services for SSHP's members.

Envolve Vision received 418 provider calls with 100% of all calls answered within the required 45 seconds. Envolve Vision credentialed 13 new providers during 2020. Envolve Vision had a 4.45% denial rate on claims with all claims processed within 30 days. Number one reason for denials was billed by a non-contracted provider, second was service specifically excluded from coverage.

**Pharmacy**

Envolve Pharmacy Services is SSHP's vendor for pharmacy services. During 2020, 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 2020, Envolve Pharmacy Services did not meet all metrics as established by the contract. During 2020, Envolve Pharmacy Services did not meet the following threshold:

- Abandoned Call rate of <5%- rate was 13.29%
- % of calls answered within 30 seconds is >80%- rate was 72.08%
- Expedited PA TAT 100%-rate was 99.89% with 16 not approved with the required TAT

Envolve Pharmacy Services provided SSHP with documentation to why metrics were not met for these areas. During 2020, Envolve Pharmacy Services was affected by the pandemic in relationship to enough staff to perform contractual requirements and

the problems associated with moving from an office environment to a home based environment. SSHP understands the challenges faced by our vendors during unprecedented times and did not place vendor on a corrective action plan but will continue to access their metrics in 2021.

Other metrics noted during 2020:

- Total number of PAs received-10,826
- Combined TAT-99.86%
- Average # of hours to resolution-5.43
- Total expedited request-3,612
- Total approved-2,690 at 74.47%
- Total denied-922 at 25.53%
- Total standard request-7,214
- Total standard approved-3,935 at 54.56%
- Total standard denied-3,278 at 45.44%
- Total specialty drug request-1,082
- Total specialty drug approved-598 at 55.27%
- Total specialty drug dened-484 at 44.73%

**National Imaging Associates (NIA)**

National Imaging Associates is SSHP's vendor for advanced imaging services. During 2020, 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 52% 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 2020, the vendor and SSHP continue to conduct 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 2020, NIA did meet the following service level metrics

- Authorization Turn-around Time for standard authorization 100% within 14 calendar days from request was not achieve in one of the 12 months with an overall timeliness score of 99.53%

During 2020, Envolve Pharmacy Services was affected by the pandemic in relationship to enough staff to perform contractual requirements and the problems associated with moving from an office environment to a home based environment. SSHP understands the challenges faced by our vendors during unprecedented times and did not place vendor on a corrective action plan but will continue to access their metrics in 2021.

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. In addition, will 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 2021:**

- To improve oversight, SSHP will be working with a sister health plan to provide vendor oversight and learn best practices and processes
- Review corporate annual audit results and address any corrective action plans for any vendors in PIT committee and in QIC

## 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 2020 has been reviewed and approved as follows:

Submitted By: __ Roxane Coulter, RN, BSN _____ Date:

CEO: _____ Date: 07/27/2021

QIC Chair Approval: _____ Date of QIC: ___

PH Committee Chair Approval: _____ Date of PHC: _

Board Chair Approval:  _____Date: 07/27/2021