



## 2017 AlohaCare Stakeholder Communication

AlohaCare is proud to be your partner in serving members of our AlohaCare Advantage Plus Special Needs Plan (HMO SNP). As you may know, AlohaCare Advantage Plus is guided by the Model of Care, a document which was developed by AlohaCare and approved by CMS and NCQA. Be sure to log onto AlohaCare's website and complete our annual Model of Care training. This training will give you and your staff a high-level description of the components of the Model of Care and help you understand how to best support it through required activities.

Go to <https://www.alohacare.org/Providers/ResourcesForProviders.aspx> for materials.

One of our goals within the Model of Care is to share with you some information regarding our overall performance for the past plan year of 2016. Posted on our website is our evaluation of our SNP Model of Care for 2016. Below are some highlights:

### SNP Member Characteristics

In 2016, AlohaCare's SNP plan experienced a 43% membership growth from 700 to approximately 1000 members. AlohaCare implemented its 2016 recommendation and work plan to conduct semi-annual member demographic and clinical profiles and presented them to the Practitioner Advisory Committee (PAC) and CQIC committees. Our member profile showed:

- Gender - 59.5% were female (declining since 2013 when it was 66.4% and 63.5% in 2015)
- Average age - Approx. 68.5 years (declining since 2013 when it was 73.1 yrs. and 71 yrs. in 2015)
- Primary medical conditions: chronic kidney disease, diabetes, cardiovascular conditions
- Primary behavioral health conditions: substance abuse (now #1), depression, schizophrenia
- Over 90% of members have a diagnosed chronic medical condition, while about 48% also have a co-occurring behavioral health condition. About 34% of members are considered high risk for increasing complications in the next 12 months in the absence of interventions.

We believe that the changes in our membership profile was a result of the 2015 implementation of the QUEST Integration program. Eighty percent of AlohaCare's SNP members are dually enrolled in our QUEST Integration plan. Of the 1001 SNP members, 27.2% were disabled but not aged ( $\leq$  65 years old), which contributed to the fairly sharp declines in average member age since 2015.

### Care Coordination

In 2016, CMS added to the yearly reporting requirements for care coordination activities which necessitated process, documentation, and reporting changes. As we focused on the care coordinators' and service navigators' roles as the primary contacts and health plan supports for our members, we also



identified staff training and member communication opportunities that would promote knowledge building, member education, assistance and advocacy.

We significantly improved our timely performance of health risk assessments (initial and annual reassessments), which include questions on health, social, cognitive and functional status, to ensure they were performed for every member within specified timeframes per CMS guidelines. In 2016, we increased the timely performance of required activities to complete health risk assessments by over 10% from 2015 performance levels to 96% initial and 90% annual reassessments.

We created an individualized care plan (ICP) for each member which is presented to and vetted by an Interdisciplinary Care Team (ICT) that includes the member, PCP, other providers, etc., when possible. Approximately 93.6% of members were discussed in ICT meetings in 2016.

Care Coordination staff partnered with Quality Improvement and Pharmacy to implement and promote quality initiatives and interventions relating to chronic disease management, gaps in care and medication adherence. The outcomes of these collaborations will be reported as part of the 2017 HEDIS rates (using 2016 data) for applicable measures.

A member satisfaction survey was conducted to evaluate our members' perception of our SNP MOC care coordination services. Survey findings reported very positive member perceptions about the program and interactions with AlohaCare staff.

### **SNP Provider Network**

AlohaCare continued initiatives to improve network adequacy and promote provider satisfaction. 2016 accomplishments achieved by the Provider Network department included the following:

- We developed and deployed a provider satisfaction survey to establish a baseline with which to measure provider satisfaction and to identify program improvement opportunities.
- We conducted a provider network adequacy analysis. This analysis was performed to identify any potential network shortage(s) and to assess areas for improvement. The analysis showed that AlohaCare lacked sufficient number of Dermatology providers on Hawaii Island.
- To ensure access and availability to specific specialty care providers affected by a statewide shortage, we worked with selected providers to make timely appointments available to symptomatic AlohaCare members, thereby minimizing delays in care.
- SNP MOC Provider Training was revised and published via the AlohaCare website.



## Quality Measurement & Performance Improvement

Medicare Quality metrics are primarily based on HEDIS and Star measures, several member surveys, and administrative rates collected by CMS. Data utilized to calculate these quality measures are always retrospective in nature. For example, HEDIS rates reported in 2016 were based on 2015 data, while Star ratings, because of its reporting cycle, utilizes data from two years back for many of its component measures. As such, a health plan’s overall 2016 Star rating would be based mostly on 2015 HEDIS rates which utilized 2014 data.

In late 2015, AlohaCare received a 3.5 Star rating from CMS which applied for the 2016 benefit year. Overall, the 2016 calendar year was a year of mixed quality performance outcomes. After we terminated our AlohaCare Advantage MA-PD plan on 12/31/2014, the low enrollment in our SNP plan in 2015 (the base year for many measures for the 2017 Star rating) resulted in AlohaCare not having sufficient reportable rates by which to calculate an overall Star Rating for 2017. However, if AlohaCare were to look at our HEDIS results alone, we improved performance and Star Ratings in 9 individual measures and declined in 8 measures. Other components of the 2016 Star ratings, namely the 2015 Health Outcomes Survey (HOS) and CMS-mandated Quality Improvement Project (QIP), also produced mixed results. To help improve our 2016 quality ratings, AlohaCare implemented the following:

- We implemented a Stars Improvement workgroup with interdepartmental and multi-disciplinary staff participation to initiate appropriate interventions, and to promote awareness and attention to these metrics.
- The SNP MOC became a standing agenda item in the Practitioner Advisory Committee (PAC) and the Corporate Quality Improvement Committee (CQIC) meetings to ensure that timely monitoring activities and scheduled evaluations are conducted and reported. This included semi-annual reports of SNP membership demographic and clinical characteristics and monthly dashboard of operational and quality metrics.
- We updated our Disease Management and Chronic Care Improvement Programs to better address and support our members’ care needs. We initiated interventions to increase utilization of preventive care services by our members with diabetes (a prevalent condition among our population) and to improve medication adherence for hypertension. We partnered with our Pharmacy and Care Coordination departments for this initiative.

	HEDIS 2015	HEDIS 2016	Goal
HbA1C Control (<8%)	40%	60% (<50 <sup>th</sup> percentile)	Not Met
Medical Attn. for Nephro.	91%	92% (75 <sup>th</sup> percentile)	Met
Diabetic Eye Exams	68%	69% (50 <sup>th</sup> percentile)	Met



- We worked with seven (7) Community Health Centers (CHC) to improve access to electronic medical record (EMR) data to use for HEDIS and Stars data extraction. This was particularly important to improve data completeness and capture of data from the point of service.

According to the results of our 2016 member Health Outcomes Survey, overall, our members improved in their physical health with 75.4% of respondents identifying that their physical health is the same or better than it was two years earlier. This was an improvement over 2015 results of 67.6% for the same measure. AlohaCare ranked as the highest performer of all Medicare health plans in Hawaii for this measure, and considerably higher than the national average of 67.8%. Additionally, overall 85.4% of our member respondents identified that their mental health is the same or better than it was two years earlier. This was also an improvement over 2015 results of 80.2% for the same measure.

We achieved a 98% Grievance and Appeal resolution timeliness, which was an improvement from the 2015 of 95%. Customer Service-related grievances continued to dominate overall, and coordinated plans are set to implement prioritized improvement efforts in 2017.

Provider and member participation in 2016 incentive programs increased significantly and will help to improve HEDIS and Star ratings for the targeted measures when 2018 Star ratings are released.