



2024 Model of Care Overview and Executive Summary

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AmeriHealth Caritas[®]
VIP Care[®]

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

The Centers for Medicare & Medicaid Services (CMS) granted approval for AmeriHealth Caritas VIP Care to offer a dual eligible special needs plan (D-SNP) beginning on January 1, 2023, to beneficiaries residing in three counties in Delaware.

Description of AmeriHealth Caritas VIP Care

Under its contract with CMS, AmeriHealth Caritas VIP Next, Inc. sponsors a Medicare Advantage D-SNP that serves Medicare and Medicaid members in New Castle, Kent, and Sussex counties. This D-SNP is operated as AmeriHealth Caritas VIP Care (HMO-SNP). Individuals eligible for the D-SNP reside in the AmeriHealth Caritas VIP Care service area and are entitled to receive Medical Assistance under Title XIX. AmeriHealth Caritas VIP Care is responsible for providing benefits or coordinating benefits for all its plan members. AmeriHealth Caritas VIP Care integrates specialized care delivery systems to improve health outcomes, lower costs, and have a positive impact on the overall health and quality of life for members.



Annual evaluation process

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

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

This evaluation assesses progress toward goals in the following areas:

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





KEY FINDINGS AND RECOMMENDATIONS



Goal 1: Improving access to essential services

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

AmeriHealth Caritas VIP Care did not meet the membership requirements in 2024 to report valid results for the performance goals in this area.

The plan continues to develop strategies for achieving the performance goals in this area.



Goal 2: Improving access to affordable care

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

AmeriHealth Caritas VIP Care met the goal of 92% for members who had an ambulatory or preventive care visit.

The plan met the goal of 100% in 2024 for both appeals and grievance performance goals of timely decisions about appeals and reviewing appeal decisions.



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

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

New members of AmeriHealth Caritas VIP Care must complete an initial health risk assessment (HRA) within 90 days of the effective date of their membership. Each year after that, members must complete an HRA within 365 days of the last HRA. This is vital to developing a plan of care for each member. CMS expects that 100% of engaged members receive an HRA within 90 days of enrollment.

The plan performance goals in 2024:

- 55% of initial HRAs were completed and 44% of annual HRAs were completed. Goal was not met.
- 100% of members having a completed care plan was achieved. Goal was met.
- 100% of members reviewed at an interdisciplinary care team (ICT) at least one-time per year. Goal was met.

A priority for 2025 is to continue to work on ensuring that all HRAs and reassessments are completed in a timely manner. Goals for 2025 include having an individual care plan and interdisciplinary care team for 100% of members, and meeting the CMS-set goal by completing 100% of initial HRAs within 90 days and 100% of annual reassessments within 365 days of prior assessment. Improving the HRA completion rate will continue to be a key focus for the Plan.



Goal 4: Improving transitions of care

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

In 2024, the plan achieved 36%, an increase of 19% from the previous year, for notifying PCP of inpatient admissions on the same day or following day.

The plan achieved 59%, an increase of 3% from the previous year, for completing medication reconciliations within 30 days following discharge.

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



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

AmeriHealth Caritas VIP Care provides access to a variety of preventive health services through its provider network and its complement of covered benefits. Members are encouraged through member newsletter articles and mailings, provider outreach, and Care Managers to complete preventive services and screenings. We have rewarded members through incentive programs for healthy behaviors.

AmeriHealth Caritas VIP Care did not meet the membership requirements in 2024 to report valid results for the performance goals for this area.

AmeriHealth Caritas VIP Care will continue to develop and implement interventions aimed at improving and maintaining utilization of preventive health services and monitor individual measures.



Goal 6: Improving member health outcomes

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

AmeriHealth Caritas VIP Care did not meet the membership requirements in 2024 to report valid results for the performance goals for this area. The plan continues to develop and implement interventions to improve member health outcomes.



Goal 7: Improving appropriate utilization of services

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

The UM program is evaluated annually to assess its strengths and effectiveness. A UM program evaluation is prepared annually and this information is used to update and revise the UM program description annually.

MOC program goals for improving appropriate utilization of services, namely for Utilization Management review of decisions for non-urgent pre-service requests to be completed within 14 days and for urgent pre-service requests to be completed within 72 hours, were not met. The plan missed these performance goals by less than 1%.

For 2025, MOC goals will include improving the appropriate utilization of services.

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



Conclusion for 2024 MOC annual evaluation

AmeriHealth Caritas VIP Care did not meet the membership requirements in 2024 for most Star measures in order to receive a 2026 Star rating from CMS. The plan will continue to focus on and develop additional interventions to improve overall Stars performance as the membership increases. A formal improvement plan, corrective action plan, or revised individual work plan is developed for goals that do not achieve the goal target within the established time frames. Follow-up from business leaders is expected where opportunities for improvement were noted with recommended action steps. The Model of Care Steering Committee and Quality Assessment and Performance Improvement Committee will continue to receive progress reports on performance and action plans to improve quality-of-care and services provided to members.



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