Department: SNP- Special Needs Plan	**Number:** HS-033
Title: Care Management	
Original Effective Date: 1/1/2021	**Latest Revision Date:** 6/3/2025

SCOPE: TO PROVIDE A PROGRAM THAT FOCUSES ON AND SUPPORTS THE NEED TO IMPROVE HEALTH OUTCOMES, ACCESS TO AFFORDABLE CARE AND PREVENTIVE SERVICES, AND THE COORDINATION AND TRANSITION OF CARE FOR QUALIFIED SPECIAL NEEDS MEMBERS, WHILE FOSTERING AND FACILITATING PROVIDER AND MEMBER ENGAGEMENT.

DEFINITIONS:

Caregiver: Broadly defined as family members, friends or neighbors who provide unpaid assistance to a person with a chronic illness or disabling condition.

Special Needs Plan (SNP): a Medicare Advantage (MA) coordinated care plan (CCP) specifically designed to provide targeted care and limit enrollment to special needs individuals. A special needs individual could be any one of the following: (a) An institutionalized individual, (b) A dual eligible, or (c) An individual with a severe or disabling chronic condition, as specified by CMS. A SNP may be any type of MA CCP, including either a local or regional preferred provider organization (i.e., LPPO or RPPO) plan, a health maintenance organization (HMO) plan, or an HMO Point-of-Service (HMO-POS) plan. There are different types of SNPs: (a) Chronic Condition SNP (C-SNP), (b) Dual Eligible SNP (D-SNP), (c)Institutional SNP (I-SNP).

Dual Eligible SNPs (D-SNPs): Members who are entitled to both Medicare (title XVIII) and medical assistance from a state plan under Medicaid (title XIX). Eligibility categories encompass all of the following: (a) Full Medicaid (only); (b) Qualified Medicare Beneficiary without other Medicaid (QMB Only); (c) QMB Plus; (d) Specified Low-Income Medicare Beneficiary without other Medicaid (SLMB Only); (e) SLMB Plus; (f) Qualifying Individual (QI); and (g) Qualified Disabled and Working Individual (QDWI).

Member: An individual who is eligible, enrolled, and effective in a SHP Special Needs Plan.

Member Representative: An individual who is authorized as required by law, regulations, and/or SHP policies to act on behalf of the Member. Scope of authority and documentation requirements thereof, may be indicated by prevailing regulatory requirements, law, and/or SHP policies.

Provider: an individual physician, practitioner, group/practice, facility, or vendor contracted and/or credentialed to render covered health care services, or deliver other covered benefits to SHP Members.

Health Risk Assessment Tool (HRA)/Health Risk Assessment (HRA): A health questionnaire completed by Member or their representative, used to provide Member's individual information on their medical, cognitive, psychosocial, and mental health needs, as applicable, to allow for the evaluation of Member's individual health status, health risks, social determinants of health, and quality of life. Data collected may be used for, but not limited to, health risk stratification, creating and updating Individualized Care Plans (ICPs), population assessments, identifying population care needs, and health outcomes, as applicable.

Dual Eligible Special Needs Plan (D-SNP): Provides coverage, consistent with state policy LTSS, and/or behavioral health services; and provides LTSS and/or BH services under a capitated contract between the Medicaid agency and the MA organization, or the MA organization's parent organization, or another entity owned and controlled by the MA organization's parent organization.

Quality Management Steering Committee (QMSC): A committee of SHP staff, providers, and vendors focused on the improvement of quality and efficiency of services delivered to SHP beneficiaries. QSMC objectively and systematically monitors and evaluates the quality, appropriateness, efficiency, safety, and effectiveness of care and services for Members. QSMC resolves identified problems based on the prevailing community practices and professional standards of care. Annual evaluations, policies, monitoring and reporting are reported to QSMC to identify trends, monitor performance, and identify improvement opportunities.

Interdisciplinary Care Team (ICT): A team of healthcare professionals from different professional disciplines who work together to manage the physical, psychological and spiritual needs of the patient. Whenever possible the Member, their Provider, and their family or caretaker is a part of the team.

Regulatory Entities/Regulatory Agencies: A regulatory authority/body or government agency that is legally responsible for oversight and/or been granted the right to exercise authority over a Medicare Advantage (MA) Plan and/or a Health Maintenance Organization (HMO) operating in the State of Georgia, such as, but not limited to: The Centers for Medicare & Medicaid Services (CMS), The Agency For Health Care Administration (AHCA), Department of Health and Human Services (HHS), and the Office of Insurance Regulation (OIR).

Accreditation Agencies: An organization that is recognized by CMS and/or the State of Georgia, with the authority to grant accreditation(s) to an MA/HMO's, as may be required by prevailing regulatory requirements. Accreditation(s) requires the demonstration of an organization's ability to meet applicable regulatory requirements and standards.

POLICY:

Sonder Health Plan (SHP) establishes and maintains Special Needs Plan (SNP) Programs that focuses on the improvement of health care services and health outcomes for our qualified special needs (SNP) members while complying with prevailing regulatory requirements and Medicare Advantage (MA) Managed Care Organization (MCO) industry standards.

The SHP SNP Program encompasses the following SNP Plan Types, but is not limited to:

A Dual Special Needs Program (D-SNP);

Chronic Special Needs Programs (C-SNP) to include:

- Cardiovascular Disease Plan
- Diabetes Mellitus Plan
- Renal/ESRD Plan
- COPD Plan
- Dementia Plan

PROCEDURE:

I. SNP Program Regulatory Compliance
   A. SHP SNP Programs shall adhere to applicable and prevailing regulatory requirements.
      1. The Health Services Director shall monitor regulations and standards applicable to SNP Program to implement and/or maintain standards as required.
      2. In the event the procedural directions herein conflict with that of an applicable prevailing regulation, the prevailing regulation supersedes until such time policy and

protocols may be revised to comply with the prevailing requirements.

II. SNP Program – Elements & Functions

A. Models of Care (MOCs)

1. SHP complies with MOC submission, evaluation, and approval requirements, and/or other prevailing and applicable regulatory requirements.
2. SHP MOCs will encompass the following elements:
   (a) MOC 1 – Target Population;
      i. Population
         - SHP conducts population and community analysis to ensure SNPs have health benefits specific to their needs.
            - Data utilized to conduct population analysis, includes but is not limited to, assessments, surveys, Federal and State statistical data, and other foundation/organizational resources with applicable data;
            - The Health Services Director monitors SNP Population to assess and determine if needs of the population are being met;
            - Formal analysis and findings to be reported as required, annually at a minimum.

      ii. Identify Health Conditions & Vulnerability
         - SHP shall attempt to obtain specific information on the current health status of their SNP Members and characteristics that may impact their status.
            - Attempts are made to obtain the specific health status, needs, and impacts of each SNP Member via a completed Health Risk Assessment Tool. (See policy HS-029)
         - SHP shall identify, verify and track SNP Members to ensure eligibility for appropriate care coordination services.
         - C-SNPs
            - SHP shall verify qualifying condition(s) for the applicable chronic condition prior to enrollment;
            - SHP shall obtain verification from the existing provider, a fax or other dated document indicating the Member's diagnosed chronic condition(s) from the list of qualified conditions; and
            - SHP shall attempt to obtain eligibility verification information from Member's existing provider using methods other than telephone contact.
            - SHP may use a Pre-Enrollment Qualification Assessment Tool in the process of verifying a Member's or individual's eligibility for C-SNP enrollment. The approved tool collects information about the chronic condition(s) targeted by the C-SNP directly from the individual and includes a signature line for a physician or other qualified provider to confirm the individual's eligibility for C-SNP enrollment.
               - In the event SHP utilizes the approved tool to verify qualifying condition(s) prior to the enrollment, SHP must obtain confirmation of the qualifying chronic condition(s) from the existing provider or a plan provider qualified to confirm the condition no later than the end of the first month of enrollment.
         - D-SNPs
            - SHP shall confirm an individual's Medicare and Medicaid eligibility prior to enrollment into the D- SNP. Acceptable

proof of Medicaid eligibility may include, but is not limited to:

- A current Medicaid card;
- A letter from the state agency that confirms entitlement to Medical Assistance; or
- Verification through a systems query to a state eligibility data system.

(b) MOC 2 – Care Coordination;

i. Staff Structure

- SHP's SNP Staff Structure is comprised of both clinical and administrative components to effectively manage requirements of SHP's MOCs.
  - Roles and responsibilities identified may not be limited to SNP program, may fall under a different title (e.g. Manager, instead of Director) and are not limited to roles and scope herein.
- Medical Director – oversees entire SNP program and effectiveness of SNP MOCs. Medical Director consults with Providers and provides direction for unique individual Member care needs to assure appropriate resources are utilized. Additionally, the Medical Director also is responsible for approving clinical practice guidelines and care transition protocols.
- Analyst – provides required data to conduct the necessary reviews for monitoring program compliance and effectiveness.
- Director – provides administrative oversight regarding compliance and effectiveness of program; reporting findings to key stakeholders for possible improvements and/or required actions.
- Member Services – provides pulse on member communication trends to identify possible gaps or possibility for improvement. Assists in facilitating completion of HRAs and/or review of ICPs by coordinating the Member's requests for scheduling a call-back with their Case Manager/Care Manager.
  - The Director of Health Services monitors and assesses Member satisfaction.
  - Member satisfaction may be obtained and monitored by various methods, including but not limited to:
    - Member Outreach Categorizations and other noted call trends.
    - CAHPS surveys, or their equivalent.
    - Complaints/Grievance Records
    - Appeals/Redetermination Records
    - Surveys (e.g.: CAHPS, SHP designed)
  - Data is used to identify and address any trends which may indicate improvement opportunities.
- Enrollment – conducts enrollment functions as required by prevailing regulatory requirements; reports status of results as required for review, and provides access to files to demonstrate compliance for auditing functions.
- Grievance/Appeals – maintains and provides required reports regarding grievance and appeal trends to monitor Member satisfaction and access to care requirements.
- Provider Relations – provides continuous oversight and

required reports to ensure the provider network is comprehensive and meets the needs of the SHP SNP member population.

- Claims – provides information regarding utilization data and trends identified.
- Case Management (CM)
  - All SNP Members are enrolled in Case Management.
    - Members may opt out of Case Management but remain assigned to a Case Manager and/or Case Manager designee.
  - Case Manager and/or their designee is responsible for the ongoing monitoring and management of SNP Member care needs, including but not limited to the following:
    - Monitors admissions, transfers, and discharges;
    - Conducts medication reconciliation upon facility discharges;
    - Conducts record reviews to verify admission rationale;
    - Provides Members and/or caregivers with tools, education, and resources in accordance to SHP approved standards, and based on the Member's physical, emotional, and social needs;
    - Improves care coordination by facilitating communications between Member/caregiver, SHP, community resources, providers, and the member's integrated care team;
    - Identifies risk and complications in order to assure appropriate coordination of care and complex case management intervention; and
    - Coordinates Member needs and health status with behavioral health network for comprehensive case management.
  - SHP Case Manager and/or designee educates Members on their benefits and on how to access covered benefits.
    - Education may be provided in person, telephonically, or via an electronic method.

  Disease Management (DM)
  - SHP Disease Management Program will monitor Members with the following diagnosis, but are not limited to:
    - Cardiovascular Disorders
    - Diabetes Mellitus
    - ESRD/Renal Conditions
    - COPD
    - Dementia
  - SHP will adopt approved standards and guidelines in order to maintain accurate evidence-based clinical practice guidelines, including, but not limited to:
    - CMS Medicare Preventative Services Standards;
    - American Diabetes Association (ADA);
    - American Heart Association (AHA); and
    - Other evidence-based organizations

- Behavioral Health – SHP Case Managers will coordinate any care

that is needed related to a member's behavioral health care needs. Behavioral Health providers also serve as part of the member's interdisciplinary care team when there is a behavioral health component and support the coordination of care and services related to behavioral health, including transitions of care related to behavioral health inpatient admissions, and provide education to support member self- management, and direct the member to appropriate programs and services.

- Quality – Supports health improvement initiatives by providing a forum for departmental collaboration to improve health outcomes of Members, such as Quality Management Steering Committee (QMSC), reporting on the effectiveness of quality measures, initiatives, and improvements, and incorporating the SNP Program initiatives into the SHP QSMC workplan.
- Pharmacy - Responsible for conducting pre-service determinations based on prevailing clinical criteria, approved guidelines, and policies and procedures in order to determine medical necessity. Delegates within the Pharmacy Department act as a patient advocate by seeking and coordinating solutions to the Member's health care needs without compromising the quality of outcomes, and coordinate the review of specialty medications and downstream delivery of medications to SNP Members while adhering to the policies and procedures of the Utilization Management Department. Additionally, the Pharmacy Department is responsible for the Medication Management Program, which is designed to improve medication management, evaluate medication usage for medication dependence or poly-pharmacy, and alert the Interdisciplinary Care Team (ICT) to medication abuse or contraindications. This program also monitors and tracks the use of high-risk medications. Pharmacy is responsible for review of SNP Member pharmacy claims and data for over and underutilization, appropriateness, trends, and patterns. This information is reported to the QMSC, which performs oversight of the SHP SNP Programs. Pharmacy also provides pharmacy consultation as part of the Member's ICT, as needed.
- Social Services – A SHP Social Worker may assist Members with their application for Medicaid, and provide consultation as part of the member's ICT, formulating recommendations regarding available resources. The Social Worker may also facilitate the implementation of those recommendations and assist members with how to access community resources, such as, but not limited to:
  - Local food pantries; and
  - Homeless assistance centers.
- Compliance – provides oversight of compliance related requirements of SNP program, keeps SHP current with new CMS requirements impacting SNP functions to ensure continued compliance with new regulatory standards, and works with the SNP Chief Medical Officer and Health Services department to implement and report on applicable Corrective Action Plans (CAPs).

ii. SNP MOC Employee Training
- SHP Employee training conducted at time of hire and annually thereafter.
  - Employee training provided to SHP staff for completion within 30 days from their hire date.
    - An employee training attestation form is obtained as evidence of completion.
  - Completion of SNP MOC training is required for staff conducting MOC functions.
    - Failure to complete employee training in a timely manner will result in the suspension of conducting any MOC functions until training is complete.
  - Evaluation of the training is requested for feedback and trended/reported, as required, for possible training improvement opportunities.

iii. SHP Health Risk Assessment Tool (HRA)
- HRAs shall include, but are not limited to, the following domains/elements, which may be modified from time to time based upon SHP initiatives and/or CMS requirements:
  - Member Demographic Data;
  - Member Profile;
  - Cultural Influences;
  - Living/Safety Evaluation;
  - Medication Profile;
  - Behavioral Health;
  - Integumentary System;
  - Neurological;
  - Systemic;
  - Cardiovascular;
  - Respiratory;
  - Gastrointestinal;
  - Genitourinary System(s);
  - Co-Morbidities;
  - Musculoskeletal; and
  - Identification of Potential Barriers
- HRAs should be completed within 90 days from (or prior to) the Member's enrollment date into the SNP.
  - HRAs obtained after 90 days from enrollment date may be accepted and processed as a Reassessment.
  - HRAs may be completed by phone, mail, or in person.
    - SHP date-stamps all HRAs received via mail.
    - HRA completion date will be entered into the applicable systems/reporting mechanisms; in the event a paper HRA was completed and no date was provided on the form when SHP receives, SHP will date the HRA completion date as 2 days prior to the date it was received. (e.g.: date stamped received on 2/25/2021 would result in completion date of 2/23/2021)
  - Outreach methods utilized, include, but are not limited to:
    - Calls (a minimum of 3 attempts must be made, unless otherwise instructed by CMS requirements/standards);
    - Mail (mailing HRA with a prepaid return envelope);

        - In person assessment conducted by SHP nurse and/or a trained SNP delegate; and Provider engagement efforts.

iv. Individualized Care Plan (ICP)
- ICPs shall identify and include, but are not limited to, the following elements:
    - The Member's personal healthcare preferences;
    - The Member's Problems/Concerns;
    - Their Goals (including self-management goals and objectives);
    - Interventions;
    - Measures (as applicable); and
    - Identification if goals are met or not met, including possible alternative actions for goals unmet.
- ICPs are initiated by:
    - Case Manager, or designee, via various monitoring triggers, including, but not limited to:
        - Admissions/Discharges;
        - ER Visits;
        - Medication Adherence; and
        - Notification of Member's non-compliance with treating provider's orders.
    - Results identified in the completed/submitted HRA; or
    - Other methods as appropriate.
- ICPs are created in collaboration with the Member/Caregiver and the Member's Provider(s).
    - SHP conducts outreach to Members, Providers, and other professionals as required to develop an effective ICP.
        - Member motivational interviewing is conducted by Case Manager and/or trained designee;
        - A focus on shared decision-making between the Provider and Member in determining the identified Goals; and Case Manager and/or trained designee conducts Member education as needed for identified problems/concerns, goals, and interventions to encourage self-management and adherence to best practices.
- ICP documentation and maintenance is conducted in a manner that allows for communication and access of the ICP to the ICT, the Member and/or their caregiver, and Provider(s).
    - Methodologies of communication and/or access to the initial ICPs and changes made to ICP thereafter may vary; including, but not limited to, accessing via a secure electronic portal, by mail, in person, or review by phone.

v. Interdisciplinary Care Team (ICT)
- SHP's ICT meets regularly to manage the overall health and wellbeing of Members which may include medical, cognitive, psychosocial and functional needs of SNP Members.
    - ICT members may include, but are not limited to:
        - SNP Medical Director;
        - Director of Health Services;
        - Social Worker;
        - Case Manager;
        - Pharmacist;
        - Behavioral Health Specialist;
        - Network Practitioners;

        - Others, as identified.
    - Training for a participant of the ICT is completed during or prior to the commencement of their ICT participation and annually thereafter, as applicable.
        - A training attestation form is obtained as evidence of completion.
            - Failure to complete training in a timely manner will result in the suspension of ICT participation until training is complete.
            - Exceptions include: Member, Member Representative, or Caregiver.
        - Evaluation of the training is requested for feedback and trended/reported, as required, for possible training improvement opportunities.

    SHP shall provide ICT with the required resources to effectively facilitate Provider participation and engagement.
    - SHP establishes a communication plan that is overseen by the Health Services Director(s).
        - The ICT maintains effective and ongoing communication among SNP staff, the ICT, Members and/or their caregivers, Providers, and other stakeholders.
        - Communications may be conducted via secure portal and/or electronic communication, phone, mail, in person, or during formal ICT meetings.
            - Evidence used to verify that communications have taken place may include, but are not limited to, communication notes documented in the case management or Member outreach systems, communication logs, ICT meeting minutes, documentation in the ICP, or other methods as considered appropriate and as approved by supervisor.
        - Communication conducted with Members with hearing impairments, language barriers, and cognitive deficiencies are addressed and solutioned as needed to ensure Members have access to the required for comprehension of ICP and engagement in the ICT.

vi. Member and Provider engagement and outreach
    - Outreach is conducted to collect data, identify concerns, goals, and interventions, as well as to update progress status thereof.
        - Outreach methods include, but are not limited to: in-person visits, mailings, phone calls, emails, website, and other electronic messaging or communication methods, as applicable, and per regulatory requirements and/or SHP policies.
        - Outreach may be conducted by, but not limited to: Case Managers, Case Manager trained designee, Social Workers, Provider Relations, and trained staff, as applicable, and per regulatory requirements and/or SHP policies.

vii. Coordination of Services & Transitions of Care
    - SHP Case Manager, Case Reviewer, and/or designees, review and monitor authorizations, admissions, and discharges to ensure timely coordination of care and services, and to facilitate smooth transitions of care.

- Case Managers conduct active surveillance and interventions for admissions.
- Advocate for Member(s) when necessary, for the purpose of facilitating a positive outcome.
- Continually evaluate quality and cost effectiveness of measurable outcomes.
- Conduct Member and Provider outreach, as required.
- Educate internal and external staff, as required.
- Facilitate communication and coordination with Providers, Members/Care Givers to minimize fragmentation in the delivery of services.
- Collaborate interdepartmentally, externally with Providers/Facilities, Vendors, and Members to ensure timely access to approved covered services, supplies, and medication.
- Empowers Members on how to problem solve, to reduce crises, improve health outcomes, and be an active participant in their healthcare.
  - Educates Member and/or caregiver about condition(s), how to identify changes in their condition (improvement, stable or worsening), and when to use appropriate self-management activities.

viii. SHP shall comply with the integration standards applicable to all state and federal regulations

- Impacts to SNP Members;
- Integrated Services/Care Coordination per Georgia Medicaid Coverage Handbooks;
- Integrated Complaints; and
- Integrated Appeals.

(c) MOC 3 – Provider Network; and

- Provider Network
  - SHP Credentialing Department continuously monitors SHP Provider competency and compliance with network participation, licensure, and applicable inclusion/exclusion standards.
  - SHP maintains a network of Providers designed to meet the specialized needs of SNP Member; and
  - The healthcare delivery system is designed to support SNP population care needs in a timely manner.
  - SHP continuously monitors and evaluates Members' access to and availability of providers.
- Utilization & Benefit Structures
  - SHP utilizes evidence-based clinical guidelines and protocols promote the use of nationally recognized and accepted practices for providing the right care at the right time in the right place.
    - Review and adoption of clinical guidelines, practices, and standards are conducted annually at a minimum by Health Services Committee physician members;
    - Exceptions to guidelines may apply as appropriate to meet global quality care initiatives and/or to meet individual Member complex care needs. (e.g.: SHP SNP Plans cover and encourage annual preventative

mammogram breast screenings in alignment with the CMS National Government Services (NGS) Preventative Services Guide; superseding the USPSTF recommendation for biennial screening mammography for women aged 50 to 74 years)

- SHP continuously monitors Provider utilization trends to manage and ensure compliance with treatment protocols and preventive standards, as well as to determine if provider network meets SNP Member needs.
- SHP designs SNP benefits to meet and optimize the health and wellbeing of SNP Members with the intent to improve their access to affordable care and social services.

- SNP MOC Provider Training
  - Provider training for SHP contracted Providers is conducted at time of initial orientation by Network Services/Provider Relations and annual refreshers conducted thereafter, as required. Completion of training may be self-guided training via website.
    - Provider attestation is obtained as evidence of completion.
  - A single provider attestation form may be accepted as evidence of completion for a group of Providers, facilities, and/or large entities.
  - Provider training to non-par providers may be conducted based on identifying a high-utilization trend.
    - Requests to complete training may be initiated by Provider Relations, Case Managers, SNP Director, or SNP Director designee.
    - Provider attestation is obtained as evidence of completion.
      - A single provider attestation form may be accepted as evidence of completion for a group of Providers, facilities, and/or large entities.
      - Failure to complete training may result in a suspension of out of network authorization to provide care to SNP Member on a case-by-case approval.
        - Exception to suspend may be granted in the event the provider's specialty is required to meet the member's current care needs.
  - Evaluation of the training is requested for feedback and trended/reported, as required, for possible training improvement opportunities.

(d) MOC 4 – Quality Measurement & Performance Improvement.

i. SHP conducts continuous collection, analysis, and evaluation of MOC effectiveness and performance.

ii. The effectiveness of the SNP Program will be monitored by the Health Services Director

- The effectiveness of MOC is monitored through the collection, aggregation, analysis, and reporting of data to determine the success of the following, but not limited to:
  - Improvement of member(s) access to essential services;
  - Improvement of member(s) access to affordable care;

- Improvement of coordination of care process;
- Improvement of transitions of care process;
- Improvement of member(s) access to preventive health services;
- Improvement of processes to effectively facilitate appropriate utilization of services;
- Improvement of member(s) health outcomes;
- Member Satisfaction; and
- Improvement of provider/network engagement.

iii. All functions of the program are subject to review and evaluation in order to:
- Demonstrate compliance/provide evidence thereof;
- Continuous improvement initiatives; and
- Reporting requirements.

iv. Functions monitored include, but are not limited to:
- Effectiveness of Timely Verification of Eligibility/Continued Eligibility
- Comprehensiveness of the SHP Health Risk Assessment Tool (HRA) and timeliness of completion.
- Generation of Individualized Care Plan (ICP)
- Interdisciplinary Care Team (ICT) Effectiveness
- Methods of monitoring include, but are not limited to:
- Reporting, included but not limited to:
  - System and Database Generated Reporting
  - Vendor/FDR Reporting
  - Manual Tracking and Reporting Mechanisms
  - On-Site Monitoring
  - Training/Evaluations
  - Population Assessments

v. The Health Services Director works with other departments and committees to monitor the level of collaboration and engagement between SHP's internal staff, providers, and members, to determine the following, but not limited to:
- ICT member(s) ability and willingness to contribute and work towards adherence to Member's ICP and improve health outcomes;
- Appropriate Access to Quality Care and Services;
  - SHP ensures appropriate networks and access to quality and timely care of all SNP Members.
    - SHP's Appeals and Grievances team manages, monitors and reports grievance trends to identify and address potential access and quality of care issues.
- Member Satisfaction;
- Health Outcomes & Impacts;
  - SHP monitors health outcomes to determine impact and improvements to member's physical and perceived health status.
    - Outcome data may be obtained through, but not limited to:
      - Member HRA
      - Member Encounter Data/Progress Notes/Health Records

- ♦ Health Outcomes Survey (HOS)
- ♦ Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- ♦ HEDIS Reporting
- ♦ QSMC Workplan & Committee Reporting
- ♦ Member/Caregiver Feedback
- ♦ Provider Feedback

- Coordination of care accomplishments and/or roadblocks; and
- Opportunities for improvements.

III. Continuous Monitoring & Annual Evaluation

A. The Health Services Director shall conduct monitoring activities and complete an annual evaluation of the Utilization Management and Case Management programs.

1. Annual evaluations are utilized to identify and trend possible improvement opportunities.

(a) Activities include, but are not limited to:

i. Active surveillance of latest industry trends
ii. Oversight of employee roles and functions;
iii. Oversight of vendor roles and functions; and
iv. Mock audits.

(b) Results from the Annual Evaluation(s) shall be reported to, and/or be made available to the following, as applicable:

i. Quality Management Steering Committee (QMSC);
ii. Interdisciplinary Care Team (ICT);
iii. Executive Leadership/Board of Directors;
iv. Internal Staff;
v. Members;
vi. Providers/Vendors;
vii. Regulatory Entities
viii. Accreditation Agencies; and
ix. Other Entities, as required.

(c) Methods for disseminating evaluation results may include, but are not limited to:

i. Electronic File Transmissions;
ii. Provider/Member Bulletins;
iii. Provider/Member Newsletters;
iv. SHP Website;
v. Provider/Member Portals;
vi. Provider/Member Events; and/or
vii. Other means of communication, as appropriate.

ATTACHMENT(S):

STATUTORY REFERENCE(S):

CONTRACT REFERENCE(S):

ELEMENT REFERENCE(S):

RELATED POLICY(S):