2023 Model of Care Overview and Executive Summary

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Keystone First
VIP Choice®

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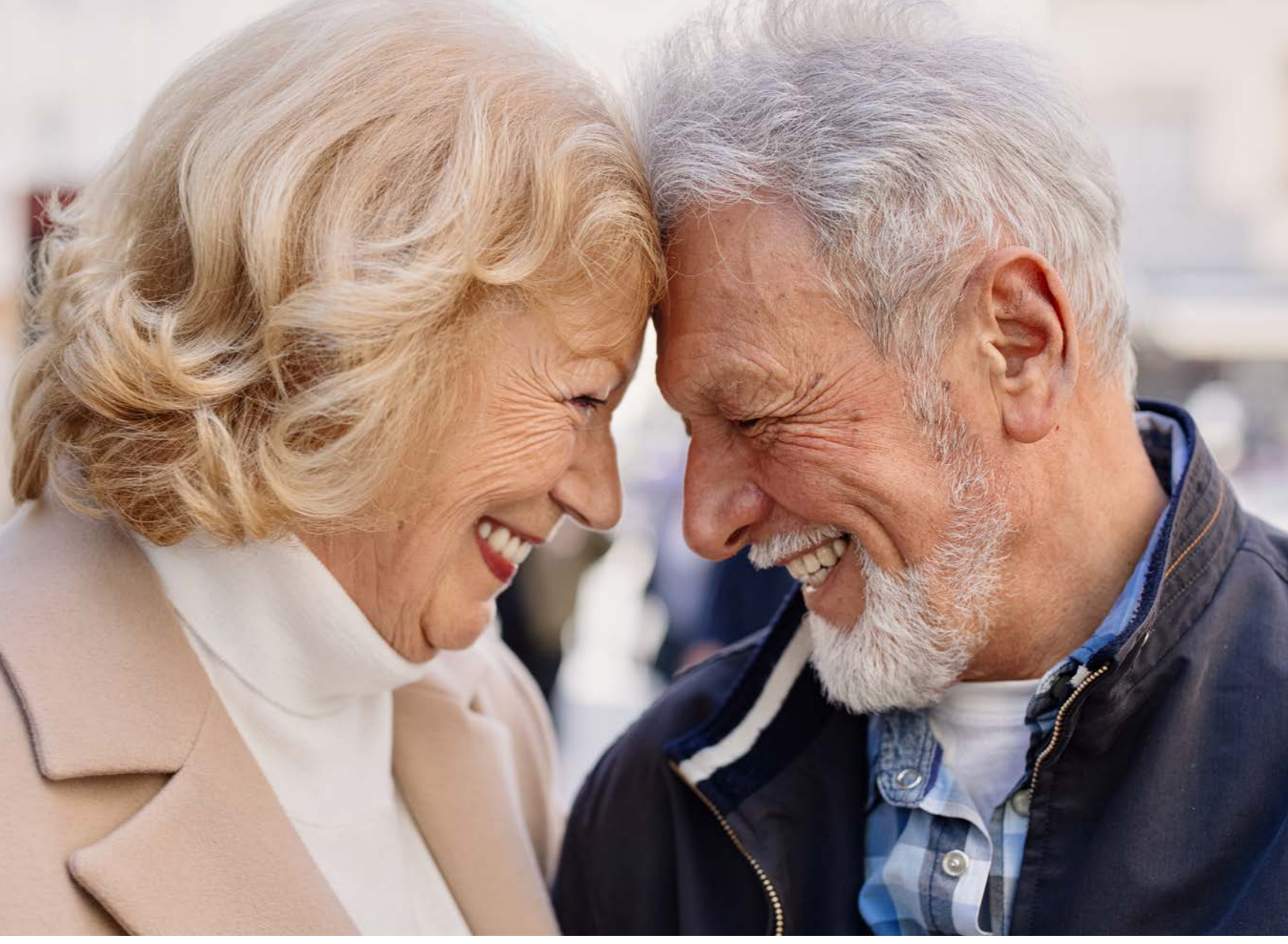
Under the Medicare Modernization Act of 2003 (MMA), Congress created a new type of Medicare Advantage coordinated care plan focused on individuals with special needs.

The Centers for Medicare & Medicaid Services (CMS) granted approval for Keystone First to offer a dual eligible special needs plan (D-SNP) beginning on January 1, 2013, to beneficiaries residing in five counties in Pennsylvania.

Description of Keystone First VIP Choice

Under its contract with CMS, Vista Health Plan sponsors a Medicare Advantage D-SNP that serves Medicare and Medicaid beneficiaries in Philadelphia, Delaware, Chester, Montgomery, and Bucks counties. This D-SNP is operated as Keystone First VIP Choice (HMO-SNP). Individuals eligible for the D-SNP reside in the Keystone First VIP Choice service area and are entitled to receive Medical Assistance under Title XIX. Keystone First VIP Choice is responsible for providing benefits or coordinating benefits for all its Plan beneficiaries. Keystone First VIP Choice 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.



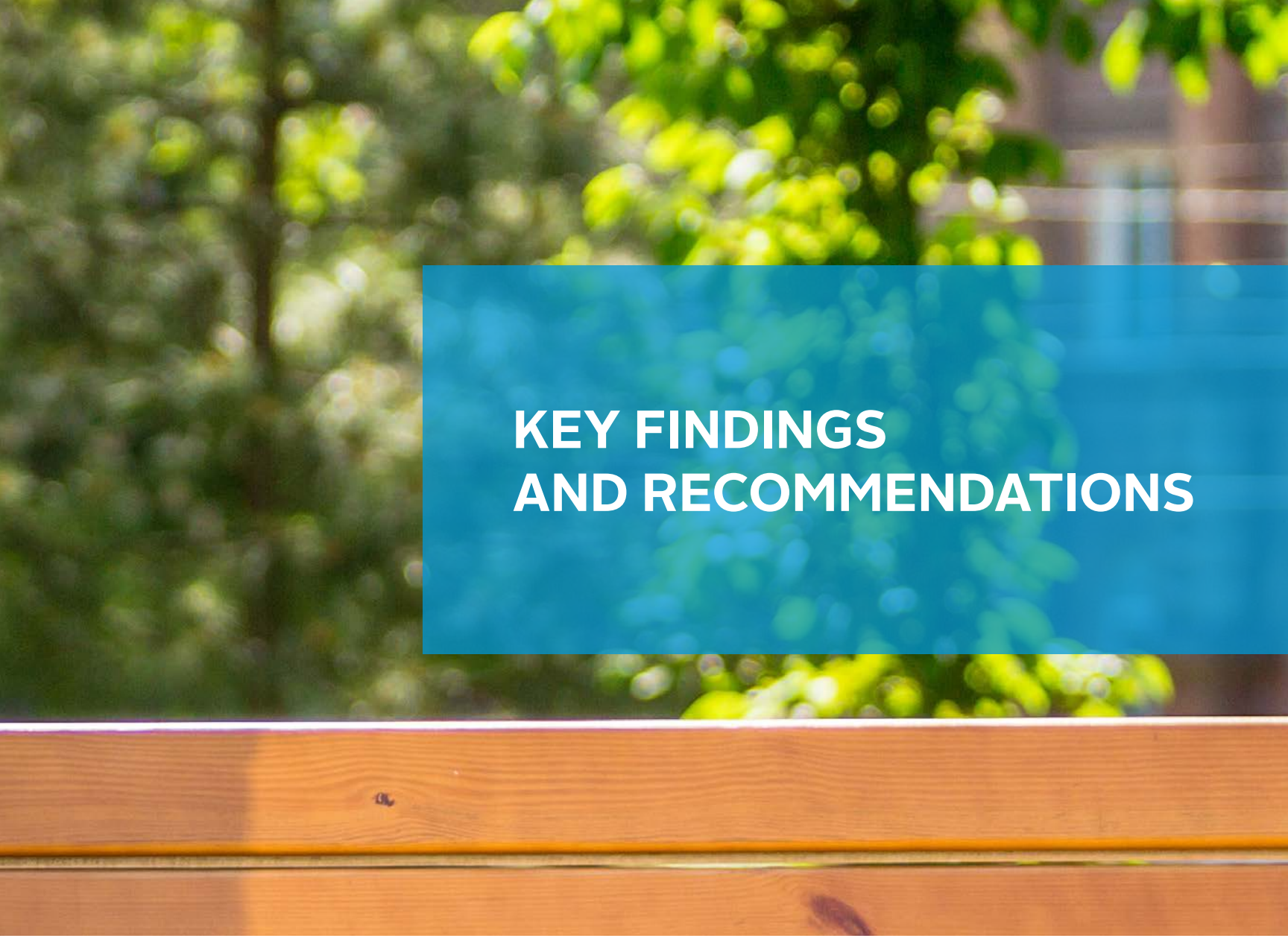
Annual evaluation process

Keystone First VIP Choice 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, Keystone First VIP Choice is responsible for conducting an annual evaluation of its programs. Keystone First VIP Choice conducts this evaluation through an MOC oversight group comprised of representatives from key departments (e.g., Quality Management, Medical Management, Member Services, Medical Economics, Compliance, and Provider Relations). In conducting its evaluation, the oversight group collects, analyzes, and reports on data that is used to evaluate the effectiveness of the MOC in meeting its goals. In this process, the MOC oversight group develops key findings and identifies the need for follow-up actions.

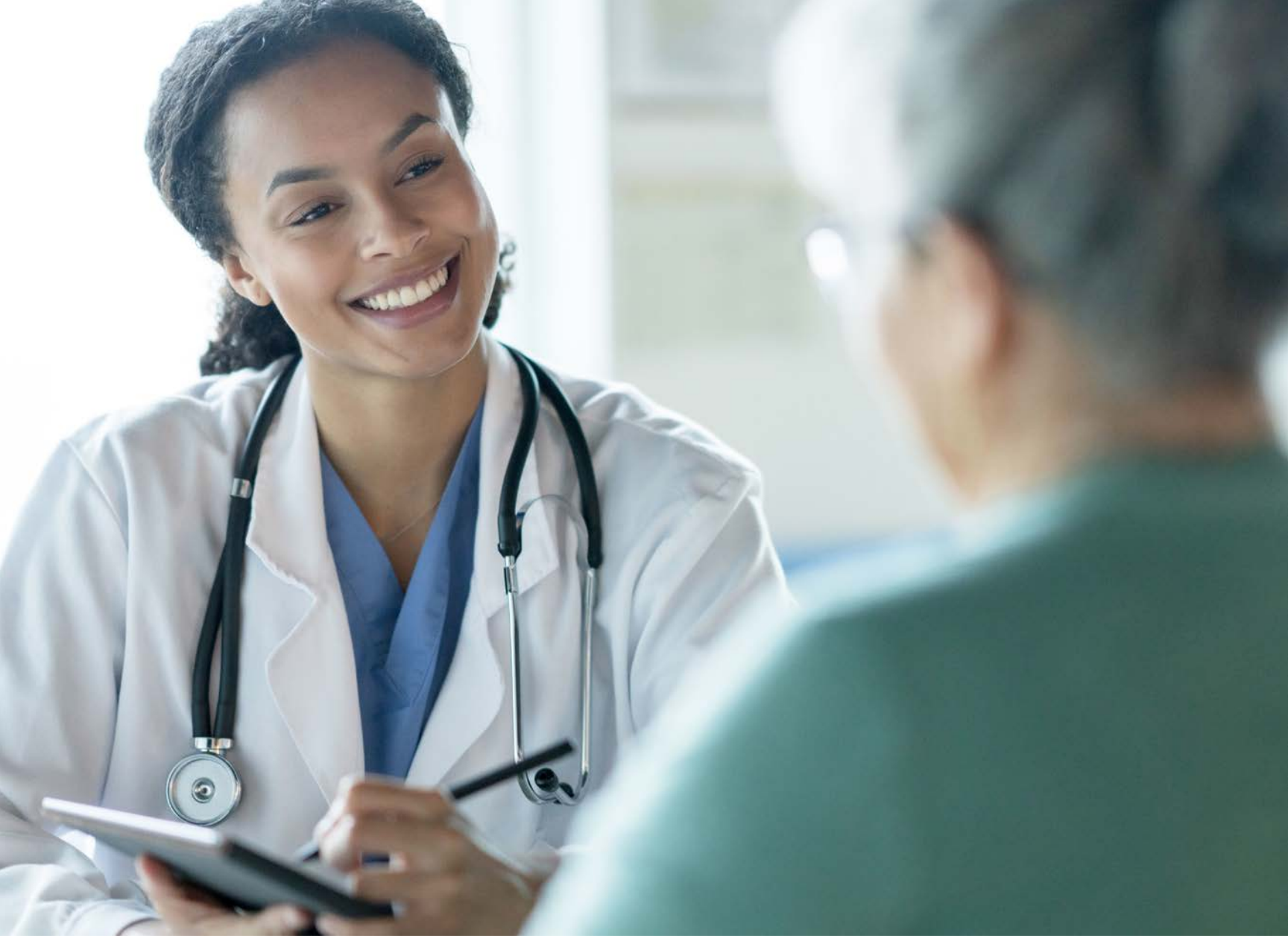
Keystone First VIP Choice utilizes various tools to measure and track the progression toward goal achievement and timely identification of barriers. Outcomes are measured utilizing a variety of tools, including, but not limited to, the Health Risk Assessment (HRA), chart audits, hospital utilization, 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 an organizational level to identify areas of strength and opportunities to improve the MOC for each of the individual goals measured.

This evaluation assesses progress toward goals in the following areas:

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



KEY FINDINGS AND RECOMMENDATIONS



Goal 1: Improving access to essential services

Keystone First VIP Choice 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.

Keystone First VIP Choice's MOC analysis has determined that three of the four performance goals for improving access to essential services were met in 2023.

The following performance goals were met:

- Getting needed care
- Getting appointments and care quickly
- Care coordination

The following performance goal was not met:

- Accessing after-hours and 24/7 care

Based on the results achieved, Keystone First VIP Choice will continue to work with our network providers to improve in the area of providing members an after hour message with clear instruction on accessing after hour urgent/emergency care. The health plan also provides members with a 24/7 Nurse Call Line.

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.

- We achieved a 95% rate for members who had an ambulatory or preventive care visit.
- We also made timely decisions about appeals at a rate of 100%. Timely review of appeals for covered services ensures that our members receive the care and services they need. Coverage is available when services are medically reasonable and necessary for treatment or diagnosis of illness or injury.
- For 2023, we reached 95% of the performance goal (3 Stars) for reviewing all appeals and grievance decisions. Additional actions are being taken to improve performance for this area.

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

Keystone First VIP Choice 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 Keystone First VIP Choice 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 Keystone First VIP Choice 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.

- In 2023, the Plan achieved 40% of the performance goals for completing initial HRAs and for completing annual HRAs.

A priority for 2024 is to continue to work on ensuring that all HRAs and reassessments are completed in a timely manner. Goals for 2024 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.

Keystone First VIP Choice worked seamlessly with hospitals to meet transition goals and positively impact member outcomes.

In 2023, the plan achieved the performance goal for notifying PCP of inpatient admissions on the same day or the following day.

The plan achieved 64% of the performance goal 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

Keystone First VIP Choice provides access to a variety of preventive health services through its provider network and its complement of covered benefits. Members are encouraged through text messages, member newsletter articles, mailings, provider outreach, and care managers to complete preventive services and screenings. Members are rewarded by the plan through their OTC/FlexCard for completing these preventive health screenings.

HEDIS indicators demonstrate year-over-year improvement of the collective efforts of Keystone First VIP Choice and its provider network to assist members in accessing preventive health services.

The plan achieved 68% for colorectal cancer screenings and 42% for starting, increasing, or maintaining physical exercise and physical activity.

In 2023, Keystone First VIP Choice achieved the performance goals for:

- Members receiving breast cancer screenings
- Members getting a flu shot

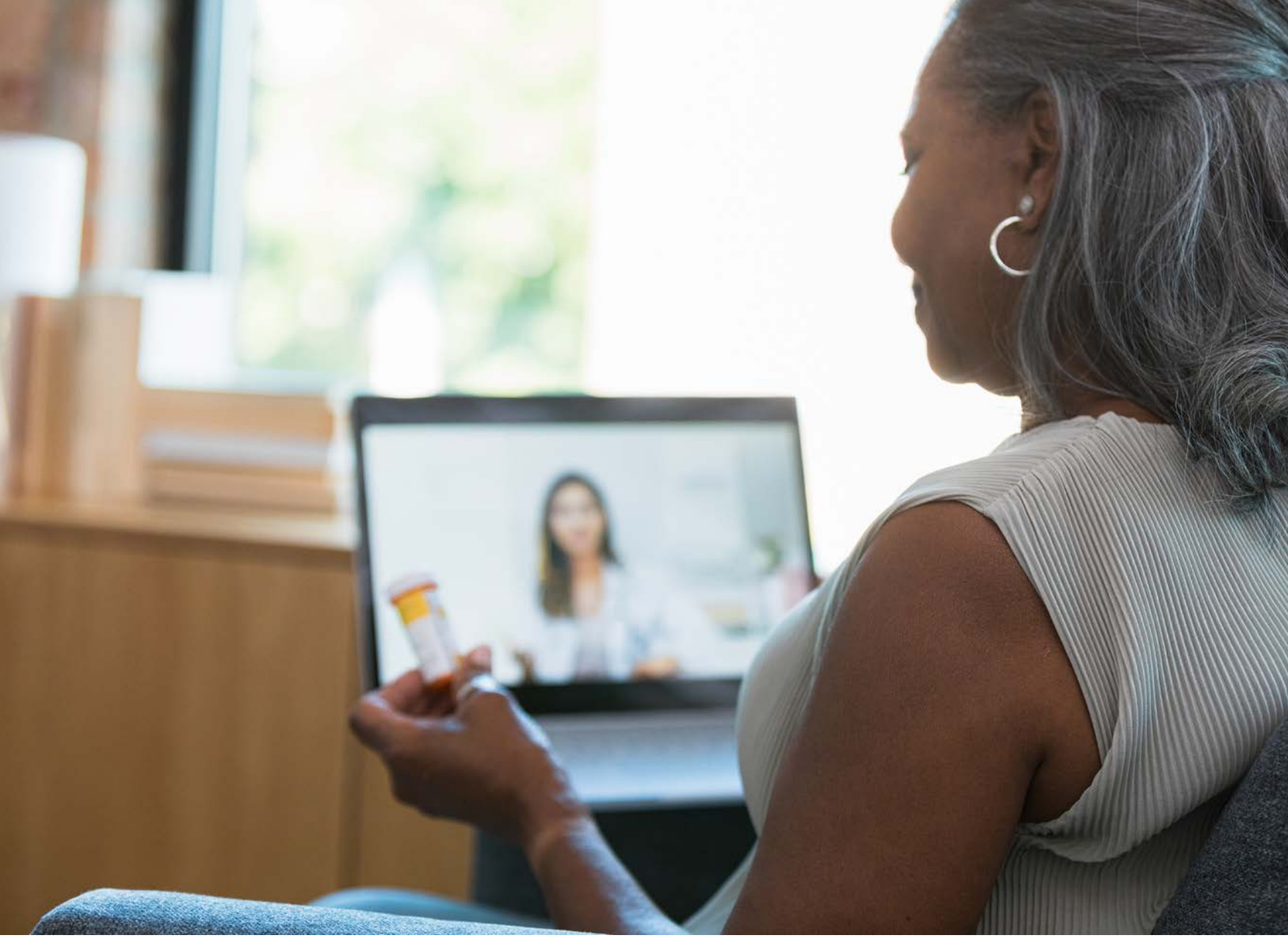
Based on the results achieved, Keystone First VIP Choice will continue to develop and implement interventions aimed at improving and maintaining utilization of preventive health services and monitor individual measures.

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).

Keystone First VIP Choice achieved the performance goals for annual medication review and pain assessment for the care of older adults, and the reduction of cardiovascular disease.

Diabetes care (eye exams, hemoglobin A1C (HbA1c) testing) and improving bladder control did not achieve the performance goals. The plan will continue to take action and implement interventions and programs that focus on improving these member health outcomes.



Goal 7: Improving appropriate utilization of services

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

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

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

For 2024, MOC goals will include improving the appropriate utilization of services.

To measure performance of this goal, Keystone First VIP Choice 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 2023 MOC annual evaluation

The Plan achieved a CMS Star Rating of 3.5 Stars in 2023 (Stars rating year 2025). We will continue to develop initiatives to address goals that were not met. Follow-up from business leaders for these areas is expected where opportunities for improvement were noted with recommended action steps. The Model of Care Steering Committee and Quality Assessment 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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