



## 2022 Model of Care Overview and Executive Summary

[www.firstchoicevipcare.com](http://www.firstchoicevipcare.com)

 **FirstChoice**  
**VIP CARE.**  
by Select Health of South Carolina



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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 First Choice VIP Care to offer a dual eligible special needs plan (D-SNP) beginning on January 1, 2022, to beneficiaries residing in 42 counties in South Carolina.

## Description of First Choice VIP Care

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Under its contract with CMS, Select Health of South Carolina, Inc. sponsors a Medicare Advantage D-SNP that serves Medicare and Medicaid beneficiaries in all counties except York, Lancaster, Darlington, and Horry. This D-SNP is operated as First Choice VIP Care (HMO-SNP). The Plan's beneficiaries must reside in the service area and be eligible for Medicare Parts A and B and full Medicaid. Age eligibility includes ages 65 and older; 20 years of age and older with child disability entitlement; age 18 and older only if diagnosed with amyotrophic lateral sclerosis (ALS). First Choice VIP Care is responsible for providing benefits or coordinating benefits for all its Plan beneficiaries. First Choice 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

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First Choice 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, First Choice VIP Care is responsible for conducting an annual evaluation of its programs. First Choice VIP Care conducts this evaluation through an MOC oversight group comprised of representatives from key departments (e.g., Quality Management, Medical Management, Member Services, 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.

First Choice 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), 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.
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

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First Choice 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.

First Choice VIP Care did not meet any of the goals in this area due to low membership in 2022. This was the baseline year for this plan.

The plan has developed strategies to meet goals in this area.



## Goal 2: Improving access to affordable care

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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 met one of three goals.

- We achieved a 92% rate for members who had an ambulatory or preventive care visit.
- The Plan received NA for timely decisions about appeals and reviewing appeal decisions due to low membership.



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

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First Choice 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 First Choice 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 First Choice 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 scored 67% for the initial HRA in 2022.
- The Plan's score for the annual reassessment measure was NA due to 2022 being the first year the plan was in effect.

During the course of 2022, the Plan experienced barriers and limitations. To address these barriers, the Plan implemented staffing changes and process improvements.

A priority for 2023 is to continue to work on ensuring that all HRAs and reassessments are completed in a timely manner. Goals for 2023 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

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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.

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

The Plan did not meet the goal for completing medication reconciliations within 30 days following discharge due to low membership.

The Plan received a biased rate for notifying PCPs of inpatient discharges the same day or the following day.

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

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First Choice 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 for healthy behaviors through monthly gift card mailings. HEDIS indicators demonstrate year-over-year improvement of the collective efforts of First Choice VIP Care and its provider network to assist members in accessing preventive health services.

First Choice VIP Care received a NA status for these measures due to low membership. 2022 was the baseline year for the Plan.

First Choice VIP Care will continue planned efforts to maintain preventive health services and monitor individual measures.



## Goal 6: Improving member health outcomes

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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.

First Choice VIP Care met the goal for Care of Older Adults Medication Review.

The Plan scored 60% for Statin use in Persons with Diabetes. First Choice VIP Care will continue to implement programs that focus on helping members manage diabetes.



## Goal 7: Improving appropriate utilization of services

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First Choice 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 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 met with a completion rate of 100%.

For 2023, MOC goals will include maintaining the appropriate utilization of services.

To measure performance of this goal, First Choice 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, ER visits, and uncontrolled chronic conditions.





## Conclusion for 2022 MOC annual evaluation

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The Plan achieved a CMS Star Rating of 4.5 stars in 2022 (Stars 2024 Ratings as a new contract under existing parent company). We will continue to develop initiatives to address goals that were not met. Follow-up is expected where opportunities for improvement were noted with recommended action steps. These actions and performance monitoring will be reported in subsequent Quality Assessment Performance Improvement Committee meetings.







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