



NETWORK BULLETIN

AUGUST 2020 - ISSUE 6



MMM MEDICARE AND MUCH MORE CARE MANAGEMENT PROGRAM

Program Name	Program Scope
Complex Case Management	Provides case management to members with chronic behavioral health and medical conditions and/or high risk members
Disease Management	Provides case management to members who meet these conditions: <ul style="list-style-type: none"> • Stratified as moderate risk • Have a diagnosis of diabetes and/or hypertension • And are in need of improving self-management of their conditions
Transition of Care	Manages member transitions of care and provides member short-term case management for 30 days post discharge from acute and sub-acute facilities (hospitals, inpatient rehab, SNF)
Health Education and Wellness Prevention	Provides educational mailings, activities, courses and campaigns for members that don't meet criteria for any of our care management programs who are stratified as low.

Providers can refer members for care coordination assistance, community program referrals, health and wellness interventions, or to any of our care management programs by calling MMM's Customer Services Department at 833-991-9959. For complex case management or disease management referrals, provider can also complete and fax to the Plan the Case Management Program Access Form found on MMM's website, www.mmm-fl.com to 833-523-2621.

PROVIDER SATISFACTION SURVEY 2020

MMM Medicare and Much More conducted a provider satisfaction survey in June-July 2020 to determine how you as providers feel about our health plan. The survey was sent to all of our PCPs and some high-volume specialists and 85% of you were overall very satisfied with MMM. This information helps us identify areas where we can improve. Here are the findings.

Operational Areas	Good to Excellent	No Experience
Provider Relations	70%	17%
Customer Service	69%	27%
Contracted Specialists	74%	16%
Ancillary Network	69%	25%
UM/Authorization	64%	24%
Dx & Case Management	53%	43%



Opportunities for improvement will be focused in customer service and disease and case management programs.

Thank you for taking the time to tell us how you feel.

MEMBER EXPERIENCE: RESULTS OF OUR 1ST MEMBER SATISFACTION SURVEY

MMM Medicare and Much More has completed its first annual Member Satisfaction Survey. Conducted between February and May of this year, the CAHPS® (Consumer Assessment of Healthcare Providers & Systems) survey captures our members' experience in benefit year 2019 with MMM and its provider network. MMM used a CMS approved vendor to conduct the survey by mail and telephone. Of the 800 surveys mailed, 176 surveys were completed by members demonstrating a 23% response rate, which is very good for the first year. The survey results identified health plan strengths in the Rating of the Drug Plan, Rating of Personal Doctor and in Care Coordination.

THE TABLE BELOW SUMMARIZES A FEW OF THE KEY RATING AREAS.

Rating Area	Rate
Rating of Health Plan	85%
Rating of health care quality	84%
Rating of personal doctor	93%
Rating of specialist seen most often	85%
Rating of Drug Plan	88%
Getting needed care	72%
Getting appointments & care quickly	72%
Doctors who communicate well	89%
Customer Service	89%
Getting needed prescription drugs	86%
Care Coordination	86%

Some areas where we will focus improvement efforts in the coming year, with your help, will include getting needed care and getting appointments and care quickly. Thank you for helping our members get the best care in South Florida.

PCP MEDICAL RECORD QUALITY AUDIT RESULTS & TRENDS

MMM Medicare and Much More has completed a quality audit of Primary Care Physician medical records. The sample included 36 members from our MA Plan and DSNP Plans. Eleven (11) unique PCPs from Miami-Dade, Broward and Palm Beach counties were represented.

SOME OF THE ELEMENTS AUDITED INCLUDED:

- Date, chief complaint, allergies, diagnosis/impressions
- Uniform content, format, legibility & appropriate identifiers
- Follow-up on referrals, tests, studies and consultations
- H&P, progress notes, documentation of Advanced Directives
- Discharge Summaries, notification of ER visits or hospitalizations
- Medication Review

There was an overall compliance rate of 83% on 18 elements audited. Areas for improvement identified include Medication Review & Reconciliation, Documentation & Follow-up on ER visits & Hospitalizations, and documentation of discussion about Advanced Directives, including completed documents or patient refusals.



HEALTH CARE QUALITY MEASUREMENT – OUR 1ST HEDIS® OUTCOMES

MMM Medicare and Much More has reported final 2020 HEDIS® rates. Some of these rates were impacted by our ability to conduct the medical record review during the initial shutdown of the pandemic and are not totally reflective of the care provided. Many of these measures are used by CMS in the star rating of the health plan. The table below summarizes our baseline outcomes for key HEDIS® measures:

Measures	MMM 2020 HEDIS Rates
COA-Advanced Care Planning	82%
COA-Medication Review	91%
COA-Functional Status Assessment	85%
COA-Pain Assessment	86%
CDC-HgbA1c Testing	81%
CDC-HgbA1c <8.0%	57%
CDC-Nephropathy Monitoring	94%
CDC-Retinal Eye Exam	58%
COL-Colorectal Cancer Screening	100%
Drug Therapy for Rheumatoid Arthritis	86%

We appreciate your partnership in delivering high quality health care to our members, your patients. You can help us in continuing to improve our rates by ensuring your patients receive preventive care and monitoring according to our adopted clinical practice guidelines and medical best practice.

You can access and download your Quality Improvement Monthly Statement (QIMS) on InnovaMD. Your QIMS gives you insight into your performance on specific measures and member level gap in care details. If you have any questions about your QIMS or need assistance accessing InnovaMD contact Provider Services at 1-888-722-7559.

