Special Needs Plan Model of Care

2019 Provider Training

HealthCare Partners, IPA
HealthCare Partners, MSO

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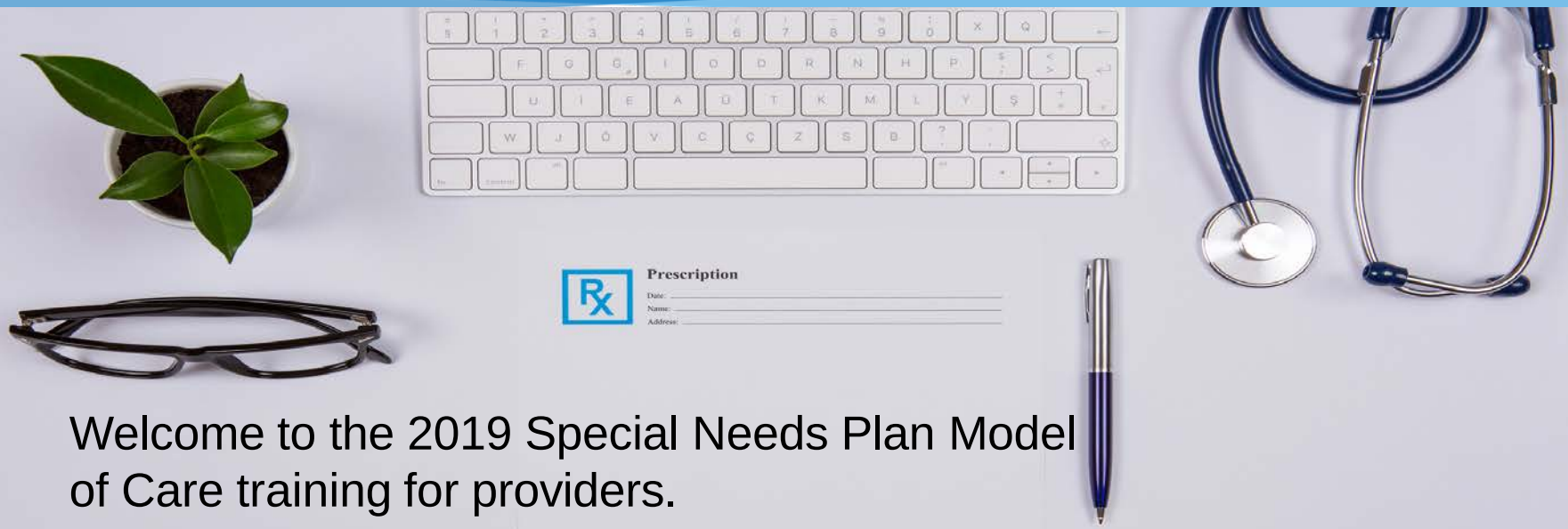


Welcome to the 2019 Special Needs Plan Model of Care training for providers.

We value your partnership in caring for our members.

This year's course is designed to help you provide coordinated and appropriate care for your patients.

Introduction

This training will provide you with an overview of the Special Needs Plan Model of Care.

By the end of this course, you will understand:

- **The definition of an SNP and characteristics of the SNP population.**
- **Your responsibilities as a network provider.**
- **Your role in the care coordination process.**
- **Your impact on health outcomes and patient satisfaction.**

Special Needs Plan (SNP) Model of Care (MOC)

Let's start by defining SNP MOC

- SNP is a type of Medicare Advantage coordinated care plan that limits enrollment to people with specific diseases or characteristics.
- SNP is designed to provide targeted care to individuals with special needs who are dual eligible for Medicare and Medicaid benefits.
- SNP model of care is a comprehensive program through which care is efficiently delivered and well coordinated by integrating all Medicare and Medicaid physical health, behavioral health, pharmacy, and community-based services through an interdisciplinary team.
- The Centers for Medicare & Medicaid Services regulate all SNPs. CMS reviews and approves each SNP's model of care.

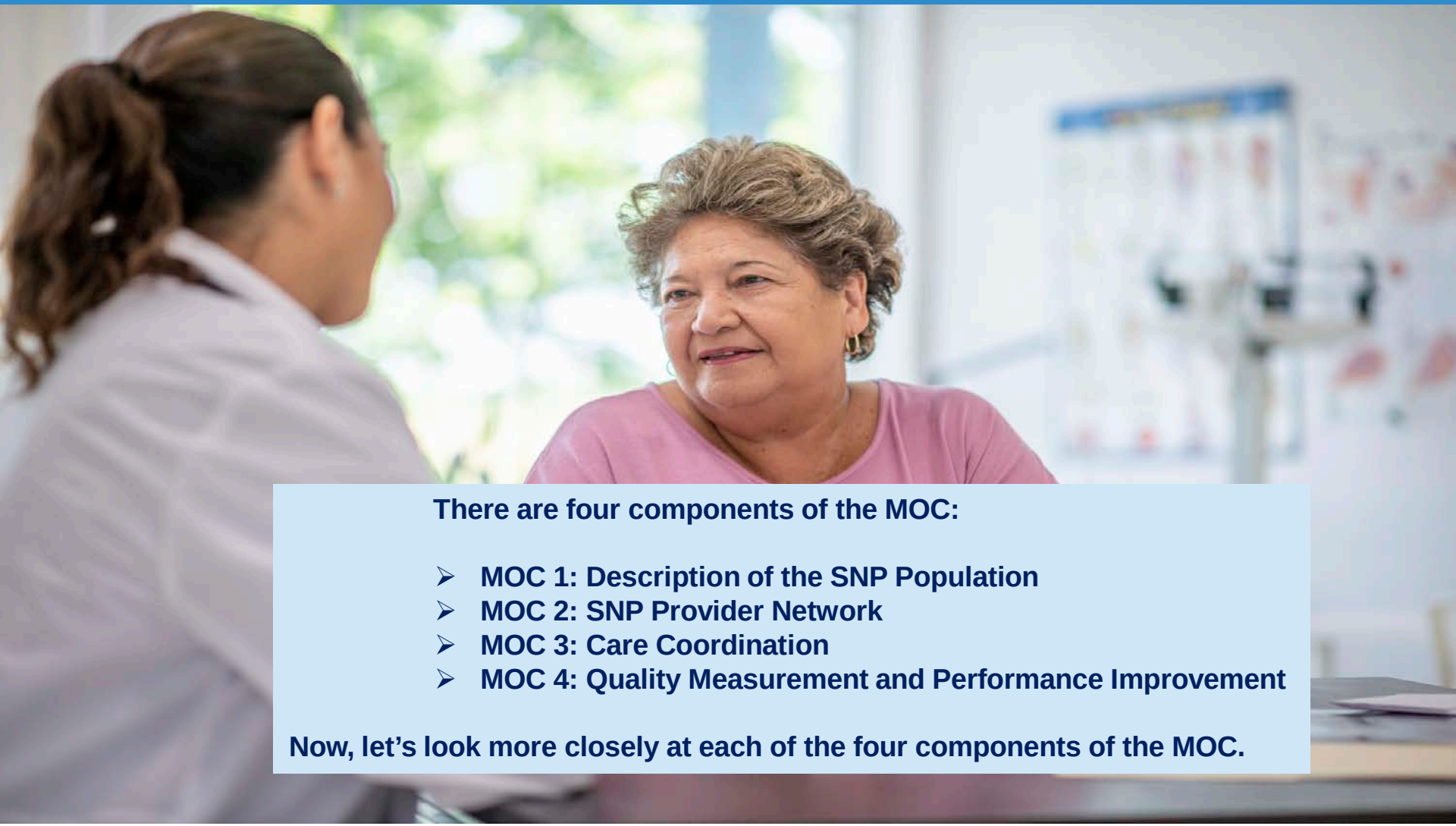
Special Needs Plan (SNP) Model of Care (MOC)

The Model of Care is the structure of the care management processes and systems to provide coordinated and appropriate care for our special needs members.

The key MOC objectives specific to the unique needs of the SNP population are to:

- **Evaluate and improve members' access to clinical and administrative services.**
- **Monitor continuity and coordination of health care.**
- **Monitor and evaluate the current status of care and service against regional and national requirements and benchmarks, such as NCQA's Quality Compass Accreditation/90th percentile, and CMS Medicare 5 Star Ratings.**
- **Ensure members' access to safe medical and behavioral health care.**
- **Address member satisfaction with care and services.**

Special Needs Plan Model of Care



There are four components of the MOC:

- **MOC 1: Description of the SNP Population**
- **MOC 2: SNP Provider Network**
- **MOC 3: Care Coordination**
- **MOC 4: Quality Measurement and Performance Improvement**

Now, let's look more closely at each of the four components of the MOC.

MOC 1: SNP Population

Characteristics of the SNP population:

- **Severe and multiple chronic conditions**
- **Violent crime neighborhoods**
- **Poor housing conditions**
- **Food insecurity**
- **Lower levels of education**
- **Limited Language and health proficiency**
- **Social isolation**

MOC 1 is the SNP population. This component describes some of the health and economic characteristics of the SNP population, and the benefits and plans available to them.

SNP members are a highly vulnerable population. They have a high incidence of chronic conditions and behavioral health conditions including substance use disorders. Many SNP members have more than one chronic condition, which leads to higher risk of poor health. They need access to home and community-based services, intensive care coordination, and proactive monitoring of their health status.

The SNP population may live in neighborhoods with violent crime, have significant housing problems, and experience food scarcity. Limitations, such as lower levels of education, English language proficiency, health literacy, social isolation, and transportation issues, lead to barriers in our members' ability to effectively communicate with their health care professionals and receive the care they need at the right time.

To address health literacy, HCP shares information with members via simple and clear communication as mandated by the Plain Writing Act of 2010. For assistance with language interpreter services, providers can call our Provider Call Center at **866-447-9717.**

MOC 1: SNP Population
Characteristics of the SNP population:

SNP Member Benefit Plan for 2019

HCP supports four SNP benefit plans with two provider networks.

Our plans include a wide range of benefits designed to meet our members' needs in a personal way. Please make sure your patients know about these benefits and take advantage of them.

HCP administers the Medicare portion of the benefits for their members. CMS requires all Medicare providers to complete MOC training for each of the SNPs with which they participate.

Nondiscrimination Rule

YOU CANNOT DISCRIMINATE BECAUSE OF:

- **Age**
- **Amount of payment**
- **Claims experience**
- **Color**
- **Creed**
- **Disability**
- **Ethnicity**
- **Evidence of insurability**
- **Gender**
- **Genetic information**
- **Health literacy**
- **Health needs**
- **Health status**
- **HIV status**
- **Language**
- **Marital status**
- **Medical history**
- **Medication history**
- **Mental or physical disability or medical condition**
- **National origin**
- **Need for health services**
- **Place of residence**
- **Plan membership**
- **Race**
- **Religion**
- **Sex**
- **Sexual orientation**
- **Source of payment**
- **Type of illness or conditions**
- **Veteran status**

Providers must comply with all applicable laws prohibiting discrimination against any member and in accordance with the same standards and priority as the provider treats his/her/its other patients regardless of any of these factors.

In addition, our providers must comply with:

- Terms of HCP's contracts with the New York State Department of Health and/or CMS
- Laws that apply to recipients of federal funds, and all other applicable laws or regulations
- Age Discrimination Act of 1975
- Americans with Disabilities Act
- Title VI of the Civil Rights Act of 1964
- HIPAA – the Health Insurance Portability and Accountability Act
- HIV confidentiality requirements of Article 27-F of the Public Health Law and Mental Hygiene Law
- Section 1557 of the Affordable Care Act of 2010

MOC 2: SNP Provider Network

Do not balance bill dual eligible members:

- **Medicare providers must not collect Medicare cost-sharing from Medicare-Medicaid dual eligible individuals**
- **Providers may bill state Medicaid programs for these costs, but states can limit Medicare cost-sharing payments**
- **Medicare and Medicaid payment, if any, must generally be accepted as payment in full**

MOC 2 is the SNP Provider Network. This component provides you with tools to help you care for your SNP patients, like MOC training, access standards, medical policies, and practice guidelines.

Federal law prohibits Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, coinsurance, or copayments from Medicare-Medicaid dual eligible individuals. Providers may bill state Medicaid agencies for Medicare cost-sharing amounts. However, as permitted by federal law, New York state can limit Medicare cost-sharing payments, under certain circumstances. Medicare and Medicaid payment, if any, must generally be accepted as payment in full. Medicare-Medicaid dual eligible individuals are exempt from Medicare cost-sharing liability.

MOC 2: SNP Provider Network

Access to Care Standards:

- Follow standards of appointment availability
- Make sure members can access a live voice after hours
- Prevent audit failures-conduct your own secret shoppers calls

It's important for our members to get the right care at the right time.
It's a part of your commitment to quality patient care.

Providers are expected to adhere to HCP's appointment availability and 24-hour access standards such as: non-urgent sick visit within 48 to 72 hours, routine care visit within four weeks, and oncology specialist visit within three business days.

For after-hours coverage, make sure members can access a live voice direct to the practitioner or covering practitioner, or via an answering service that can reach the practitioner or covering practitioner.

As part of our quality management program, HCP randomly audits its network providers for 24-hour access and appointment availability. Noncompliant providers are notified and audited again. Common mistakes leading to audit failures include: no answer, wrong number, number not in service, and constant busy signal.

MOC 3: Care Coordination

HCP uses preventive and condition-specific Clinical Practice Guidelines related to the treatment of acute, chronic, and behavioral health issues. These evidence-based guidelines are based on nationally recognized protocols for the assessment, care, and maintenance of health.

Paper copies of Clinical Practice Guidelines are available upon request. Updates are included in the provider newsletter. **Please make sure we have your current email on file so you can receive timely updates.**

MOC 3 is Care Coordination. Working together to care for your SNP patients' special health needs is important. Your role is essential to ensure the model of care is a success for optimal coordination of care.

There are four elements in care coordination:

- **Health Risk Assessment (HRA)**
- **Interdisciplinary Care Team (ICT)**
- **Individualized Care Plan**
- **Care Transitions Protocol**

Let's look more closely at each of these elements.

MOC 3: Care Coordination

Health Risk Assessments (HRAs)

- Administered to all SNP members
- Responses reviewed by HCP to determine outreach, evaluation and development of an individualized care plan
- Assessments identify members “at risk” and members needing condition specific services

CMS requires all SNPs to conduct an HRA for each individual enrolled in the SNP. The quality and content of the HRA should identify the medical, functional, cognitive, psychosocial, and mental health needs of each SNP beneficiary.

You can assist in this process by encouraging your HCP members to complete the HRA survey. The information provided in the HRA helps the HCP Care Management Department determine the types of services and supports they may need as part of their care plan. The Care Management Department refers HRA responses to other departments and/or programs for outreach as appropriate.

MOC 3: Care Coordination

Interdisciplinary Care Team (ICT)

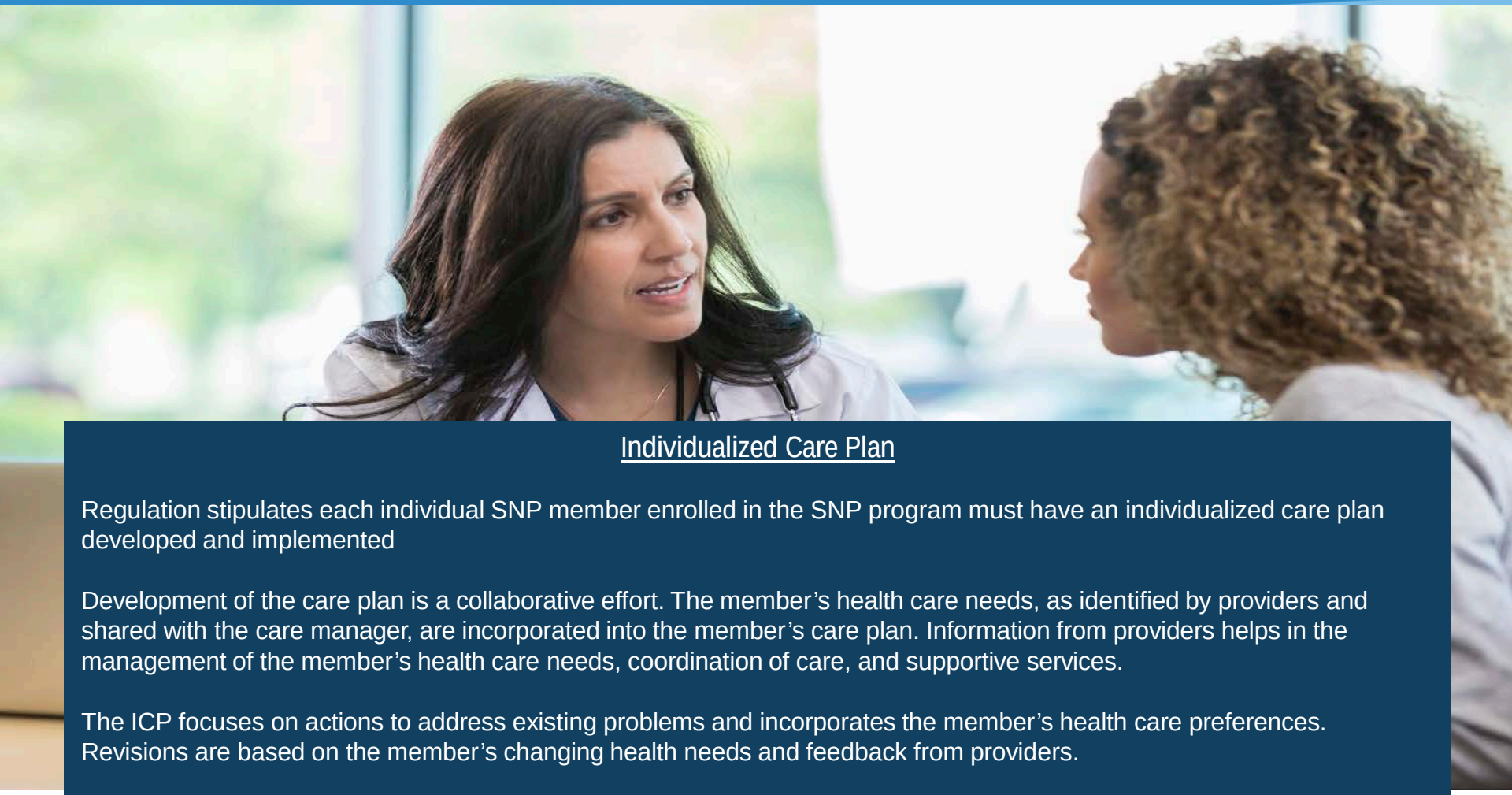
Regulations require all SNPs to use an Interdisciplinary Care Team in the management of care for each individual enrolled in the SNP.

In addition to the member or the designated family/caregivers, the ICT is comprised of clinicians representing various disciplines whose primary purpose is to coordinate the delivery of services and benefits that address the member's specific needs.

This multidisciplinary team approach is member-centric. The ICT is determined based on the member's assessment and/or subsequent follow-up assessments as well as the member's care plan.

The ICT makes recommendations for the member to have access to additional services, and assists in the care plan creation and implementation.

MOC 3: Care Coordination



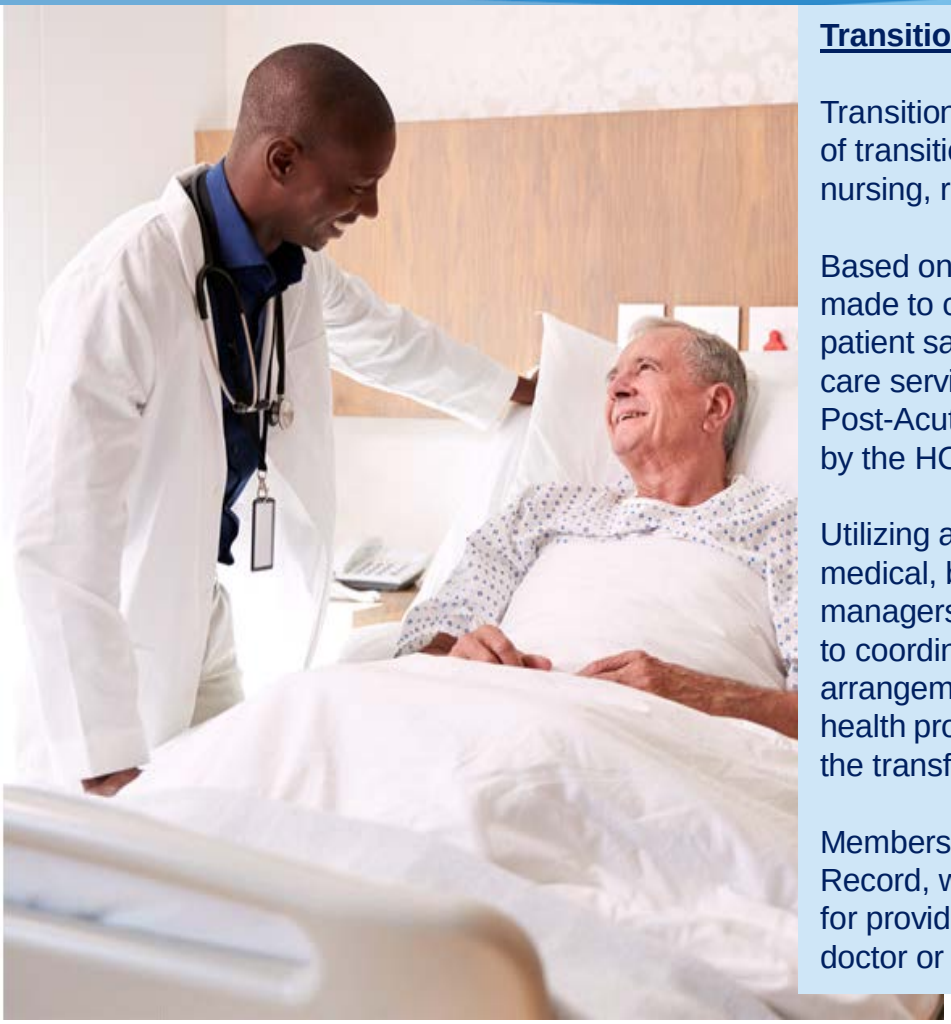
Individualized Care Plan

Regulation stipulates each individual SNP member enrolled in the SNP program must have an individualized care plan developed and implemented

Development of the care plan is a collaborative effort. The member's health care needs, as identified by providers and shared with the care manager, are incorporated into the member's care plan. Information from providers helps in the management of the member's health care needs, coordination of care, and supportive services.

The ICP focuses on actions to address existing problems and incorporates the member's health care preferences. Revisions are based on the member's changing health needs and feedback from providers.

MOC 3: Care Coordination



Transitional Care

Transitional care is essential for people with complex care needs. Examples of transition between settings include: in or out of hospital, skilled or custodial nursing, rehabilitation center, outpatient surgery centers, or home health.

Based on a comprehensive plan of care, transitional care is the special effort made to coordinate care to reduce the risk of poor quality care, ensure patient safety, and to maximize health outcomes. HCP provides transitional care services for SNP members discharging from the hospital with Inpatient Post-Acute Care Services or Home Care Services. Members are managed by the HCP's Care Transition Program for 30 days post hospital discharge.

Utilizing a multidisciplinary team approach to support SNP members' medical, behavioral, pharmaceutical, social, and financial needs, case managers work with the member, provider, and community delivery systems to coordinate care and services. Transitional care includes logistical arrangements, education of the patient and family, and coordination among health professionals involved in both the sending and receiving aspects of the transfer.

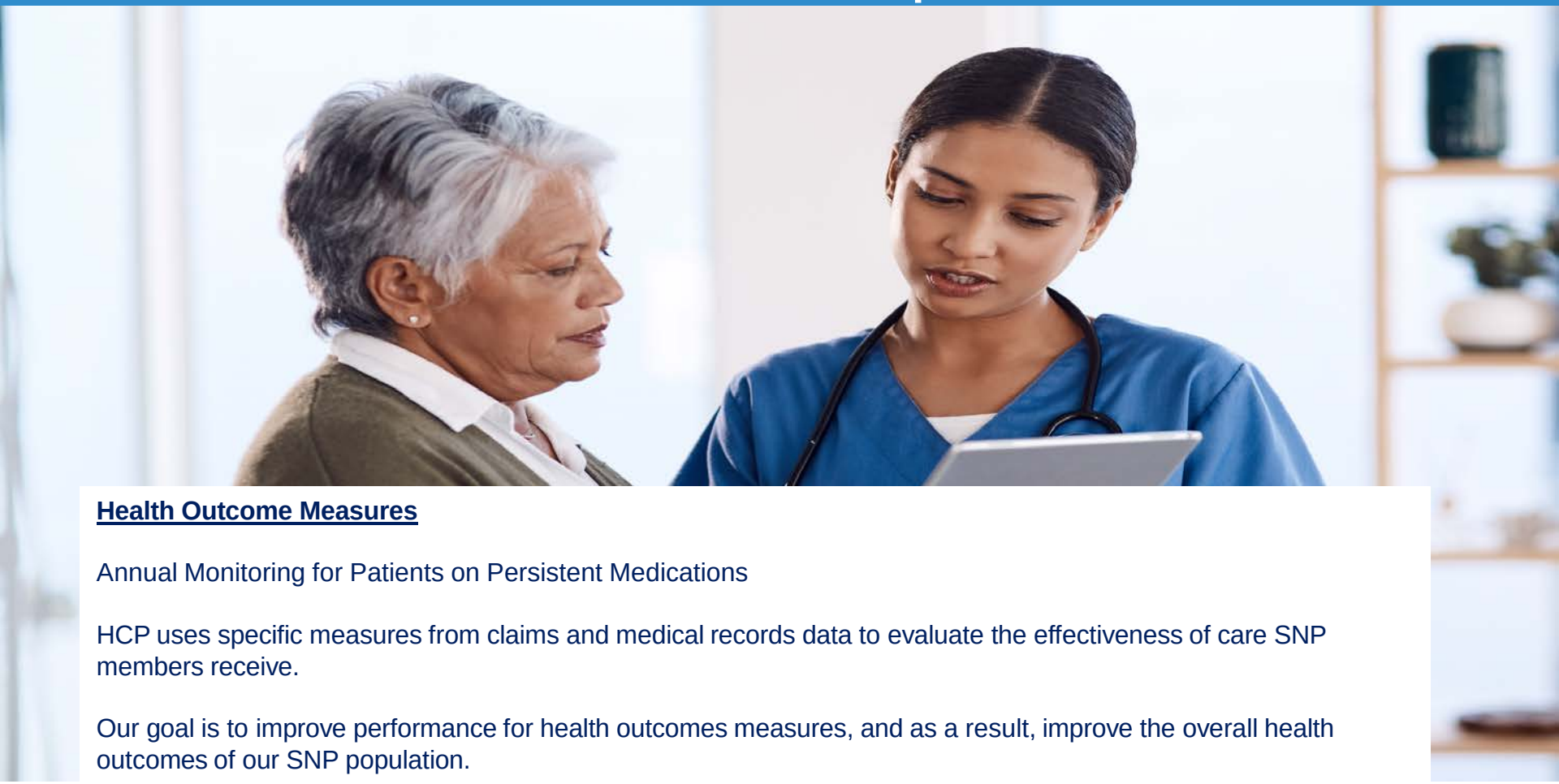
Members are encouraged to complete and maintain their Personal Health Record, which contains member goals, a medication list, allergies, questions for providers, member conditions, and "red flags" to share with the member's doctor or the treating facility.

MOC 4: Quality Measurement and Performance Improvement

At HCP, our goals for SNP members are to improve and ensure receipt of:

- **Essential medical, mental health, and social services.**
- **Affordable care and preventive health services.**
- **Coordinated care through the direct alignment of the HRA, ICT, and ICP.**
- **Seamless transition of care across health care settings, providers, and health services.**
- **Appropriate utilization of services.**
- **Beneficial health outcomes.**

MOC 4: Quality Measurement and Performance Improvement



Health Outcome Measures

Annual Monitoring for Patients on Persistent Medications

HCP uses specific measures from claims and medical records data to evaluate the effectiveness of care SNP members receive.

Our goal is to improve performance for health outcomes measures, and as a result, improve the overall health outcomes of our SNP population.

As you care for SNP members, consider these measures and implement strategies in your practice to enhance health outcomes.

MOC 4: Quality Measurement and Performance Improvement

Recommendations to guide discussions with patients during office visits and help better manage their health:

Physical activity in older adults:
- Ask patients about overall physical and mental well-being and quality of life.
- Ask patients about level of exercise and physical activity.
- Recommend starting, increasing, or maintaining patient's level of exercise and physical activity.
- Emphasize the benefits of exercise on improved physical functioning.

Management of urinary incontinence:
- Ask patients about urinary incontinence.
- Ask if patients are currently receiving any treatment.
- Educate patients on potential treatment options based on severity.
- Make educational materials available for patients to use as discussion starters.

Fall risk management:
- Ask patients about falls, feeling dizzy, problems with balance or walking, blurry vision, eye exams, and updated eye prescriptions.
- Discuss risk factors for falls such as age, lack of physical activity, prescriptions, hearing or visual impairments, and unsafe home environments.
- Discuss consequences of falls such as injuries, functional decline, loss of ability to live independently, and decreased quality of life.
- Educate patients on how to prevent falls, such as exercise for improved strength and balance, regular medication reviews (by doctors or pharmacists), and eye checkups.

MOC 4: Quality Measurement and Performance Improvement

Measuring Patient Experience

SNP member satisfaction

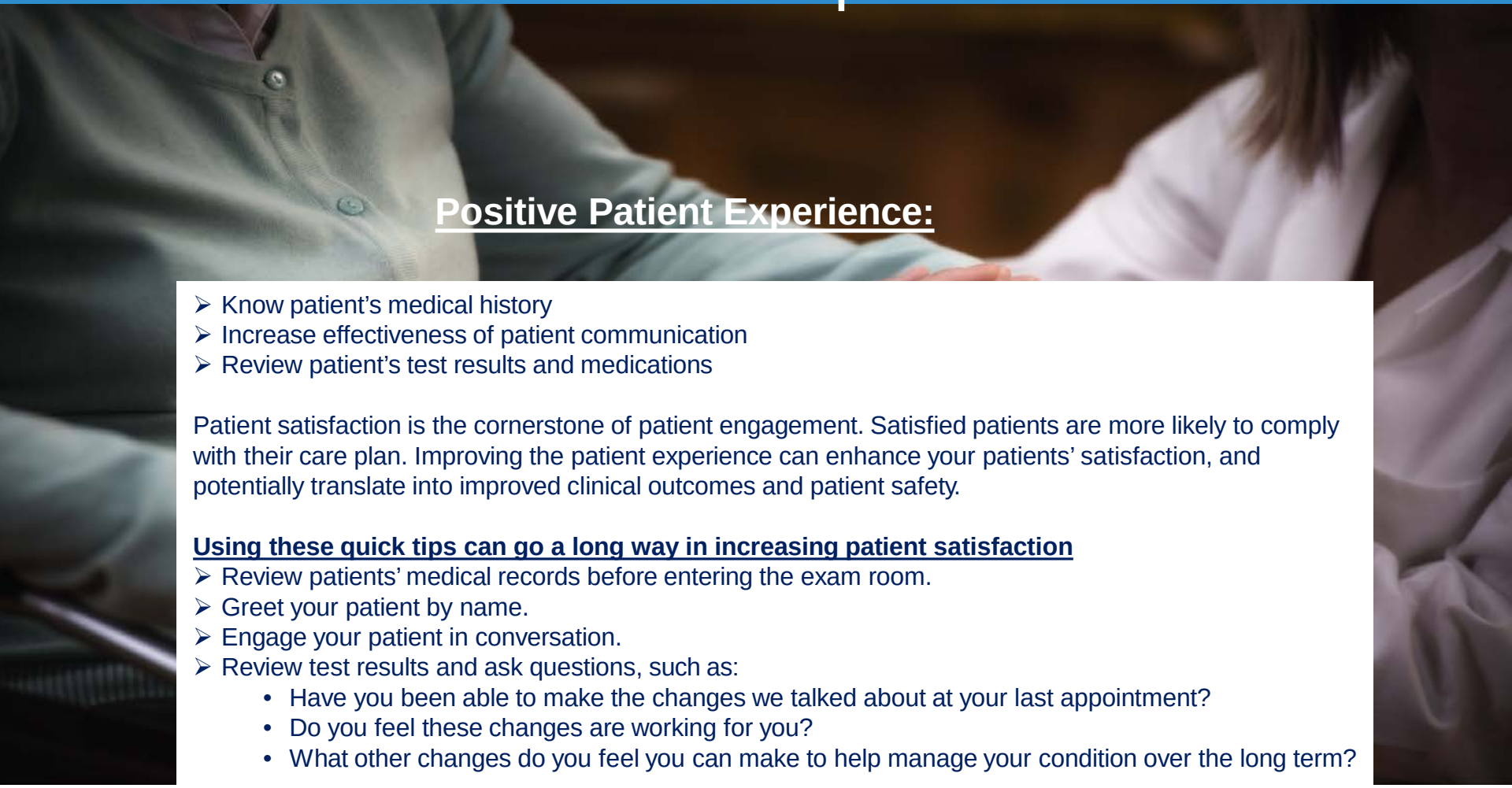
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Health Outcomes Survey (HOS)

HCP uses the CAHPS and HOS tools to measure member satisfaction. CAHPS and HOS are fielded yearly per CMS requirements.

You and your staff can encourage your patients to take these surveys, but do not influence their responses. The surveys ask them about their experience with you, their health plan, and the care they receive. Results of the surveys tell us how well we're meeting their needs, and where we may improve.

Based on these results, underperforming measures are identified, and interventions are planned accordingly as part of HCP's performance improvement plan. Results of the surveys are used to establish future threshold goals in order to improve performance and member satisfaction.

MOC 4: Quality Measurement and Performance Improvement



Positive Patient Experience:

- Know patient's medical history
- Increase effectiveness of patient communication
- Review patient's test results and medications

Patient satisfaction is the cornerstone of patient engagement. Satisfied patients are more likely to comply with their care plan. Improving the patient experience can enhance your patients' satisfaction, and potentially translate into improved clinical outcomes and patient safety.

Using these quick tips can go a long way in increasing patient satisfaction

- Review patients' medical records before entering the exam room.
- Greet your patient by name.
- Engage your patient in conversation.
- Review test results and ask questions, such as:
  - Have you been able to make the changes we talked about at your last appointment?
  - Do you feel these changes are working for you?
  - What other changes do you feel you can make to help manage your condition over the long term?

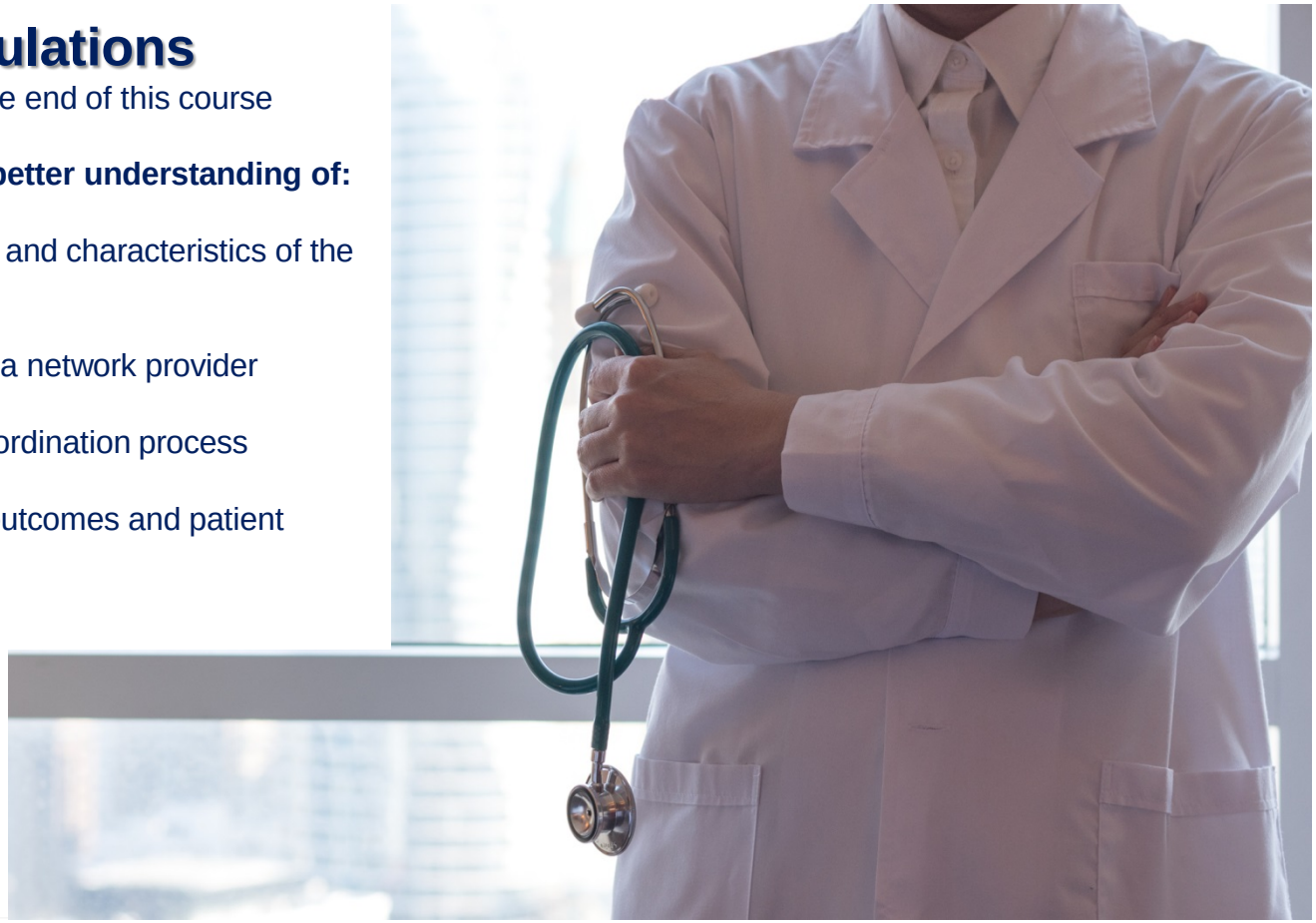
Continue these best practices so your patients feel well cared for and commit to follow-up care.

Congratulations

You have reached the end of this course

You should now have a better understanding of:

- ❑ The definition of a SNP and characteristics of the SNP population
- ❑ Your responsibilities as a network provider
- ❑ Your role in the care coordination process
- ❑ Your impact on health outcomes and patient satisfaction




Thank
you