

Special Needs Plan (SNP) Model of Care Provider Training

Effective January 2023



1110 Main Street, Wheeling, WV 26003



What is the THP D-SNP Program?

Since January 1, 2014, The Health Plan has offered a Special Needs Plan for the dual-eligible population in our regions.

A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage (SecureCare) plan targeting “special populations” with special needs within the overall Medicare population.

Individuals who are eligible for both Medicare and Medicaid are eligible for the plan.

Per clinical analytics:

- Average age: 62, 40.11% male, 59.89% female.
- 93.3% Caucasian, 4.51% African-American, 0.23% Asian/Pacific Islander, 0.10% Hispanic.
- Top 5 Medical primary risk markers: Diabetes, COPD, cardiovascular disease, asthma/COPD, and joint degeneration-back.
- Top 5 behavioral health primary risk markers: substance use disorder, mood disorder/depression, psychotic and schizophrenic disorders, mood disorder/bipolar, and other (0.23%).
- Top 5 Social Determinants of Health (SDOH) disparities: BMI/obesity, tobacco use concerns, medical treatment non-compliance, physical environment quality concerns, and other psychosocial/life management concerns.
- All cause readmissions – Age 18-64 13.24%, Age 65+ 12.86% (11% above expected readmission rate).

Members have benefits under both programs

- The Health Plan Medicare Advantage Program (SecureCare) is primary coverage and is billed first for services covered under the program.
- State Medicaid is billed for amounts not paid by The Health Plan (i.e., co-insurances, deductibles, etc.) and for services covered by Medicaid that are not covered under the Medicare Advantage Plan when the member has FULL benefits under Medicaid.
- Services should be coordinated so that the member obtains the maximum benefits of dual coverage. THP staff is knowledgeable in both programs and will assist with access to providers that accept Medicare and Medicaid.
- In most cases, the member has \$0 responsibility.
- Members have right to pursue appeals and grievances through both programs. THP staff will assist.
- **It is discrimination for a health care provider to refuse to serve enrollees due to receiving assistance with Medicare cost-sharing from a state Medicaid program.**

Additional 2023 THP Benefit Details



- Hearing Aids: \$2,000/two-year plan coverage and free routine hearing exams through the plan's administrator (TruHearing).
- Dental: \$3,000/year for preventative and comprehensive dental services provided through the plan's administrator (Liberty Dental).
- Vision: Free eye exam every year and \$300 toward routine eyewear every year provided through the plan's administrator (Superior Vision).
- Transportation: Assistance for health-related and plan-approved non-medical locations up to 35 round trips OR \$1,000/year.
- Delivered meals following surgery or inpatient hospital stays through the plan's administrator (GA Foods).
- Healthy Food benefit: \$65 per month (InComm).
- \$25 Utility assistance (InComm).
- Wellness programs: Smoking cessation; fitness (Silver Sneakers); wellness incentives: \$25 each for mammogram, colorectal screening, and yearly wellness visit.
- Over the counter items: \$130(quarterly-unused will not carry over).
- Diabetic monitoring supplies and nebulizer medications are covered. Medtronic Disease Management.
- Personal emergency response system through the plan's administrator (LifeStation).
- In home supportive services at 60 hrs per year (Papa's Pals).

What is the D-SNP Model of Care?



The D-SNP Model of Care is the Medicare-approved plan for delivering comprehensive case management services to D-SNP members. The Model of Care implements a comprehensive approach of managing and coordinating care to enhance access to medically necessary care, improve quality of care, and ensure continuity of needed services.

THP's Model of Care includes the following four elements:

- 1. Defines the target population.**
- 2. Care coordination for medical, behavioral and SDOH.**
- 3. Provider network adequacy with specialized expertise in medical and behavioral health.**
- 4. Quality measurement/performance improvement.**

Model of Care goals include improving transitions of care, improving access to services, and improving outcomes through appropriate care coordination activities. The performance on Model of Care goals are measured through reporting, monitoring, and member surveys.

Seamless care coordination requires several working elements:

- All D-SNP members are case managed.
- The Health Risk Assessment (HRA) is a tool specifically geared to D-SNP members to assess medical and behavioral health, functional status, and social determinants of health. The HRA must be completed within 90 days of enrollment and annually thereafter. The member's responses to the HRA are incorporated into the care plan.
- Each member is assigned an Interdisciplinary Care Team (ICT) to determine the appropriate plan of care for the member to meet his or her specific needs. The ICT consists of physicians, nurses, social workers, behavioral health specialists, pharmacists, D-SNP management team, and appropriate contracted vendors. The ICT also includes the member/caregiver(s) and the member's primary care and specialty physicians. The ICT meets periodically after developing the initial ICP to evaluate care plan progress and to update the care plan to address changes in the member's care and/or goals. A member of the ICT will attempt a virtual face-to-face encounter with a member who does not attend a provider visit yearly.

Care Coordination (continued)



- An Individualized Care Plan (ICP) is a living document and a member-centric, goal-oriented plan with interventions to identify and address the member's specific needs. The ICP is created with the ICT, the member/caregiver(s), and the member's physician(s). The ICP is updated at least annually with reassessment, at care transitions and with any changes in the member's health status. THP shares the ICP with the member/caregiver(s) and the member's physician(s). The ICP is communicated to the member's provider(s) verbally and/or by fax and mailed to the member/care giver(s).
- The case manager/ICT helps the provider manage care transitions, anticipate and remediate potential crises, coordinate the member's benefits and community resources, encourages members to follow their plan of care, helps members understand their provider's instructions and encourages members to obtain and take their medications properly.
- As a provider, you are expected to provide and/or arrange for medically necessary care, conduct an annual face-to-face visit with the member, communicate with case managers/ICT about the member's treatment plan by reviewing the member's ICP, participating in ICT meetings, and responding to patient concerns and questions.

Transitions of Care

(TOC) can increase the possibility of losing critical clinical information. To ensure patient safety, the ICT is responsible for team meetings and sharing all care plan updates for each transition of care with providers and members.

Providers are responsible for incorporating facility discharge (d/c) instructions and care plan updates into medical records and documenting patient engagement and medication reconciliation within 30 days of d/c.

Provider Network Adequacy

- All major specialties and services are represented on THP's network of participating practitioners/providers
- Specialists are identified to meet specific needs of members requiring direct and ongoing specialty care including but not limited to:
 - Nephrology
 - Cardiology
 - Psychiatry
 - Pulmonology
 - Endocrinology
 - Ancillary services such as PT/OT/ST/pulmonary and cardiac rehabilitation
 - Behavioral health counseling



Model of Care Provider Training



Training Requirements

All Medicare Advantage providers must attest annually

Training Process

1. Review current year's training slides **OR** request your area's Practice Management Consultant (PMC) present training on site at the provider's office
2. Attest to training by completing attestation form and returning to your PMC

Training Resources

Training materials can be obtained through:

- THP's secure provider portal, myplan.healthplan.org
- Corporate website – For Providers, healthplan.org
- Contacting your area's [PMC](#)

Components of Training

- THP D-SNP Overview
- 4 Model of Care elements – Description of D-SNP Population, Care Coordination, Network Adequacy, Quality Measurement and Performance Improvement
- Coordination of Medicare (SecureCare) and Medicaid services
- Additional supplemental benefits available to THP D-SNP members.

Quality Measurement and Performance Improvement

Process Measures

- Timeliness of assessment and reassessment process
- Members who have had a provider face-to-face visit in the last 12 months
- ICP measurable outcomes
- Care/case management engagement
- Member complaints, appeals and grievances

Quality Measures

- CAHPS
- Stars ratings
- HEDIS®
- HOS
- Quality of care concerns
- Member satisfaction surveys

Care Measures

- Utilization patterns/ access to care
- Medication review/adherence
- Readmissions reporting

