2024 Medicare Advantage

Special Needs Plans and Model of Care overview

Simply healthcare

Learning objectives

- Describe the different types of Special Needs Plans (SNP)
- Understand the impacts of the State Medicaid Agency Contract on Dual Eligible Special Needs Plans D-SNP plans and Medicare Medicaid Plans (MMP)
- Understand the components/requirements of the Model of Care:
  - Description of the SNP and MMP population
  - Care coordination
  - Provider network
  - Quality measurement and performance Improvement
- Understand your responsibilities as a provider
- Availability of resources and references
- Complete attestation

Simply healthcare

Types of Special Needs Plans

- **D-SNP:** for members who are eligible for both Medicare and Medicaid
- **Chronic Condition Special Needs Plans (C-SNP):** for members with disabling chronic conditions (categories defined by CMS)
- **Institutional/Institutional Equivalent Special Needs Plan (I-SNP/IE-SNP):** for beneficiaries expected to reside for 90 days or longer in a long-term care facility (skilled nursing facility, intermediate care facility, or inpatient care facility) or equivalent living in the community
- **Medicare Medicaid Plan (MMP):** for members who receive both Medicare and Medicaid through a demonstration

Simply healthcare

Dual Special Needs Plan (D-SNP)

- Members are eligible for both Medicare and Medicaid.
- May be *full benefit duals* or *partial benefit duals*:
  - Full benefit duals are eligible for Medicaid benefits.
  - Partial benefit duals are only eligible for assistance with some or all Medicare premiums and cost-sharing.
- A member may change plans once during the year's first three quarters.
- Providers must adhere to coordination and cost share requirements, which may vary by D-SNP type (refer to your provider manual).
- D-SNP types include data coordination, highly integrated dual eligible (HIDE) and fully integrated dual eligible (FIDE), and MMP.

Simply healthcare

Fully Integrated Dual Eligible (FIDE) D-SNP

- Provides Medicare and Medicaid benefits.*
- Includes LTSS benefits (eligibility rules apply).*
- One identification card is used to access both Medicare and Medicaid services.*
- It integrates materials and processes.*
- States may carve out Medicaid Behavioral Health benefits from the contract.
- Coordination between Medicare and Medicaid plans or other agencies is required if unaligned.

*Applicable only in an aligned FIDE

Simply healthcare

Chronic Condition Special Needs Plans (C-SNP)

- There are C-SNP plans for the following conditions (enrollment is limited to those with the qualifying conditions):
  - Diabetes mellitus
  - End-stage renal disease (ESRD)
  - Chronic lung disorders
  - Cardiovascular disorders and/or chronic heart failure (CHF)
  - Multiple condition C-SNP with a combination of two or more of the above conditions (Group 4)
- Vendors or providers are contracted in some markets to administer some of the MOC requirements.

Simply healthcare

Care coordination strategies

Health Risk Assessment (HRA):

- It is completed within 90 days of enrollment and repeated within 365 days of the last HRA.
- It assesses physical, behavioral, cognitive, psychosocial, and functional areas.
- Results are used to create an individualized care plan (ICP).
- It assists in care coordination and identifies urgent needs.
- Additional assessments are completed for significant changes in condition, disease-specific needs, or as part of other program requirements.
- **Results of the HRA are available to the member and the provider on the portal.**

Interdisciplinary Care Team (ICT):

- Care is coordinated with the member, PCP, and other participants.
- Providers are key members of the ICT and are responsible for coordinating care and managing transitions.
- ICT role-based actions may include any of the following: diagnosing/treating, communicating treatment and management options; advocating, informing, and educating members; completing assessments; reviewing HRA results and ICP; collaborating with providers; coordinating with other carriers (Medicaid); and arranging community resources.

Individualized Care Plan (ICP):

- The plan includes member-specific goals and interventions, addressing issues identified during the HRA process and other interactions.
- Intended for members we cannot reach or do not complete the HRA will receive an ICP based on claims or other information available to the case manager (*doesn't apply to MMP).
- It is updated annually or as the member's needs change.
- **The ICP is available on the portal for the members and the providers.**

Our SNP is designed to optimize the health and well-being of our aging, vulnerable and chronically ill members.

Simply healthcare

Interdisciplinary Care Team (ICT)

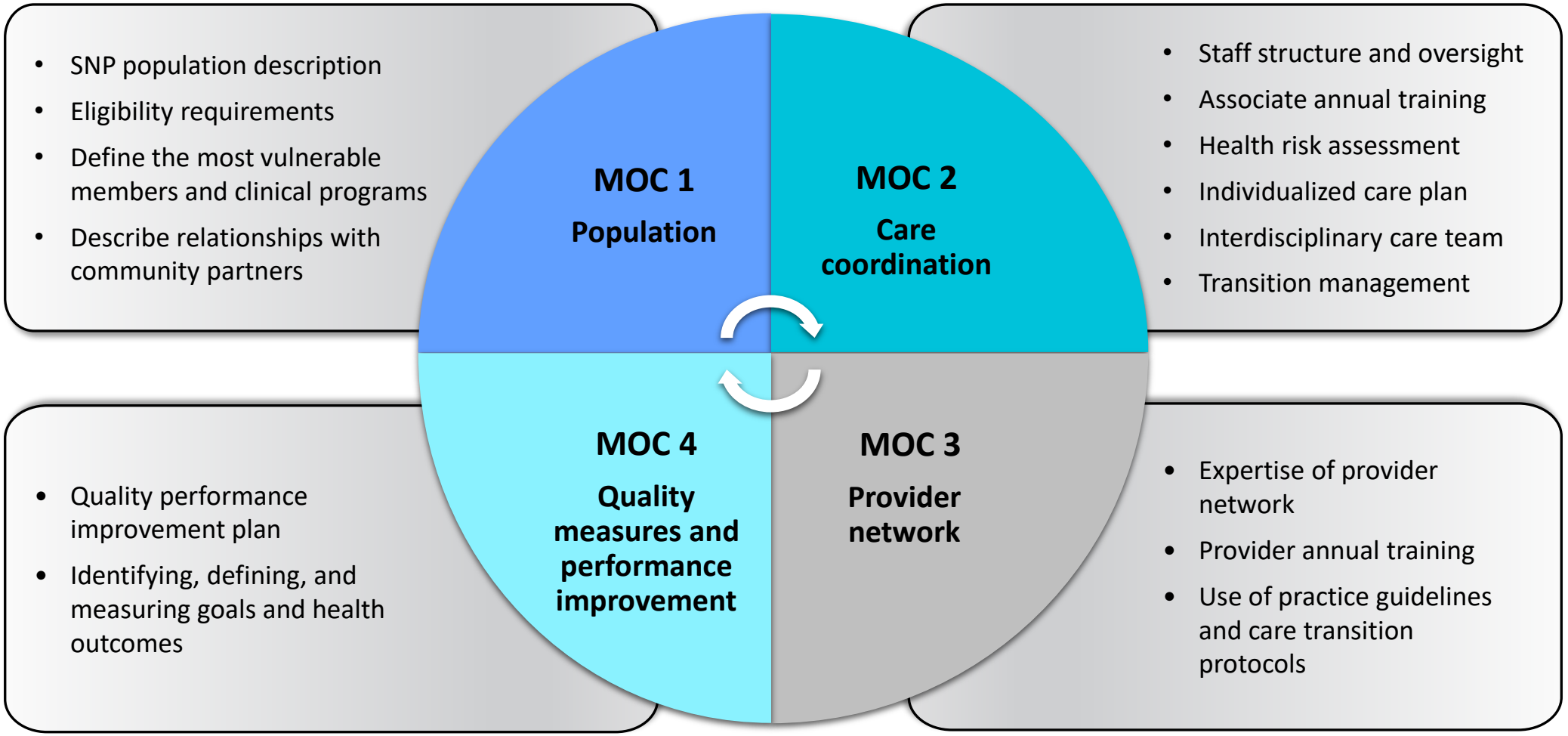
- Each member has an ICT developed based on assessment results, identified needs, and complexity.
- ICT may include the following participants: members, PCP, specialty care providers, and our healthcare team, including behavioral health or pharmacy attendees.
- Meeting frequency is determined by the patient's needs and occur at least once per year.

The ICT:

- Develops or contributes to a comprehensive individualized care plan.
- Coordinates care with the member, the member's PCP/other providers and members of the ICT.
- Collaboration with members of the ICT can occur by mail, telephone, provider website, email, fax, or a meeting.
- **If a formal meeting occurs, the case manager will inform your office of the details on a case-by-case basis.**

Simply healthcare

Model of Care (MOC) Elements



Simply healthcare

Care transitions and provider communication

- Our goal is effective, efficient communication with our providers:
  - Valuable information on member utilization, transitions, and care management is **available on the secure provider website**.
  - You may reach the care team by calling the number provided to you in any correspondence from us or the number on the member's identification card.
- SNP and MMP members have many providers and have multiple transitions. You are key to successful coordination of care during transitions:
  - Contact us if you would like our team to assist in coordinating care for your patient.
  - Our care team may contact you and your patient during transitions to ensure needs are met, services are coordinated, prescriptions are filled, and medications are taken correctly.
  - Care transition protocols are documented in the provider manual.
  - Members may also contact customer service for assistance.

Simply healthcare

Performance and quality outcomes

- Quality and health outcome measurements are collected, analyzed, and reported to evaluate the effectiveness of the MOC in the following areas:
  - Improve access and affordability of healthcare needs
  - Improve coordination of care and delivery of services
  - Improve transitions of care across healthcare settings
  - Ensure appropriate use of services for preventive health and chronic conditions
- Additional goals and measures are implemented based on program design and our population
- Actions are taken to improve outcomes and the quality of care our members receive

Simply healthcare

Model of Care Training Attestation

The plan is required to maintain a record of your annual Model of Care training.

Select **Begin Attestation** and follow the instructions to receive credit for completing this course.

Begin Attestation

Thank you

https://provider.simplyhealthcareplans.com

Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

FLSMPLY-CR-070908-24-CPN70371 November 2024