2024 Medicare Advantage

Special Needs Plan and Model of Care Overview

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Learning Objectives

- Describe the different types of Special Needs Plans (SNP)
- Understand impacts of the State Medicaid Agency Contract on D-SNP plans and 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

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Types of Special Needs Plans

- **Dual Eligible 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 who are 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

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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 to receive assistance with some or all Medicare premiums and cost sharing.
- A member may change plans once during each of the first three quarters of the year.
- 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), fully integrated dual eligible (FIDE), and Medicare Medicaid plan (MMP).

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Fully Integrated Dual Eligible (FIDE) D-SNP

- Provide Medicare and Medicaid benefits*
- Include LTSS benefits (eligibility rules apply) *
- One identification card used to access both Medicare and Medicaid services*
- Integrated materials and processes*
- States may carve out Medicaid Behavioral Health benefits from the contract
- If unaligned coordination between Medicare and Medicaid plans or other agencies required

*Applicable only in an aligned FIDE

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Chronic Condition Special Needs Plans (C-SNP)

- There are C-SNP plans for the following conditions (enrollment 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 combination of two or more of the above conditions. (Group four)
- In some markets, vendors or providers are contracted to administer some of the MOC requirements.

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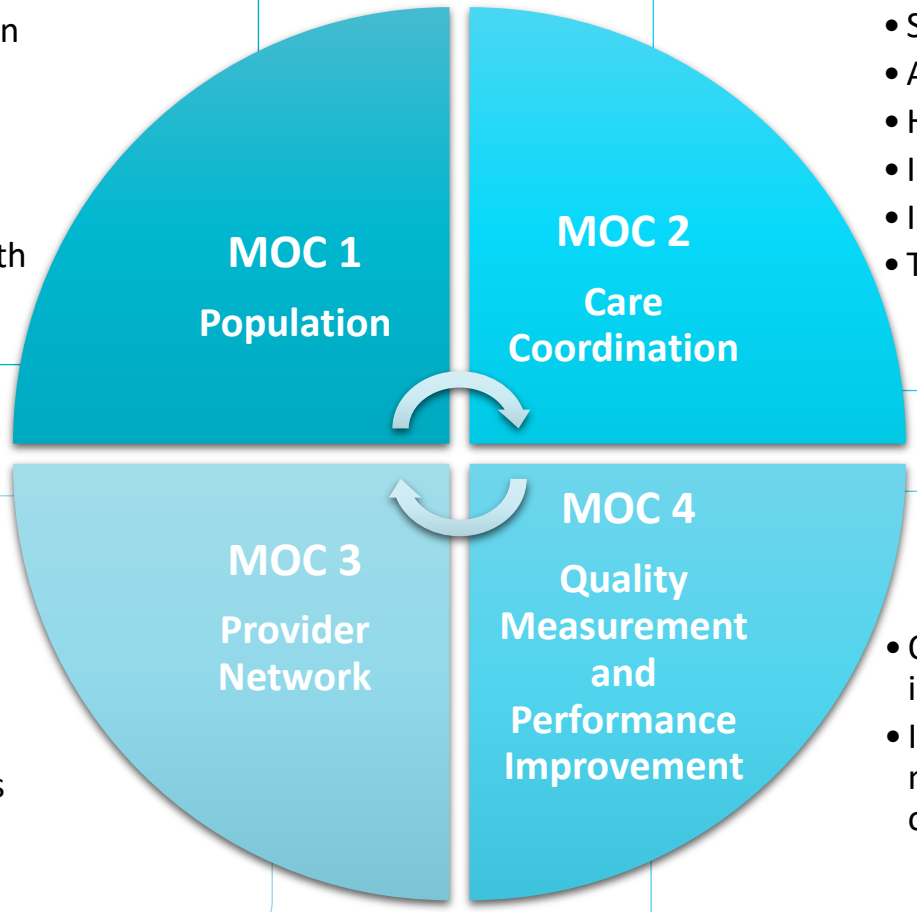
Model of Care (MOC) Elements

- SNP Population description
- Eligibility requirements
- Define most vulnerable members and clinical programs
- Describe relationships with community partners



- Staff structure & oversight
- Associate annual training
- Health risk assessment
- Individualized care plan
- Interdisciplinary care team
- Transition management

- Expertise of provider network
- Provider annual training
- Use of practice guidelines and care transition protocols

- Quality performance improvement plan.
- Identifying, defining, and measuring goals and health outcomes

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Care Coordination Strategies

Health Risk Assessment (HRA)

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

Interdisciplinary Care Team (ICT)

- Care coordinated with the member, the member's PCP, and other participants.
- Providers are key members of the ICT and 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)

- Includes member-specific goals and interventions, addressing issues identified during the HRA process and other interactions.
- Members we are unable to reach, or do not complete the HRA, will receive an ICP based on claims or other information available to the case manager
- Updated annually or as the member's needs change.
- **The ICP is available on the portal for the member and the providers.**

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

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Interdisciplinary Care Team (ICT)

- Each member has an ICT developed based on, assessment results, identified needs, and complexity.
- ICT may include the following participants: member, PCP, specialty care provider, and our health care team, including behavioral health or pharmacy attendees.
- Meeting frequency determined by patient needs, occurs at a minimum of annually.

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, phone, provider portal, 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.**

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Care Transitions & Provider Communication

- Our goal is effective, efficient communication with our providers.
  - Valuable information on member utilization, transitions, and care management is **available to you on the secure provider portal**.
  - You may reach the care team by calling the number provided to you on any correspondence from us or the number on the members' 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 be contacting you and your patient at times of 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.

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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 health care 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

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Model of Care Training Attestation

- The plan is required to maintain a record of your annual Model of Care training. To receive credit for completing this course, select **Begin Attestation** button to the right and follow the instructions.

Begin Attestation

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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.

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