# 2023 Medicare Advantage

Special needs plans 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
- Understand the components/requirements of the model of care:
  - Description of the SNP population
  - Care coordination
  - Provider network
  - Quality measurement and performance improvement
- Understand your responsibilities as a network provider
- Availability of resources and references
- Complete attestation

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# Types of special needs plans

- **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
- **Dual eligible special needs plans (D-SNP):** for consumers who are eligible for both Medicare and Medicaid
- **Chronic condition special needs plans (C-SNP):** for consumers with disabling chronic conditions (categories defined by CMS)

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# Chronic condition special needs plans (C-SNP)

- We have C-SNP plans for the following conditions (enrollment limited to those with the qualifying conditions):
  - Diabetes mellitus,
  - Chronic heart failure (CHF)
  - Cardiovascular disorders (limited to: Cardiac arrhythmias, Coronary artery disease, peripheral vascular disease, and chronic venous thromboembolic disorder)
- In some of our markets, we may contract with vendors or providers to administer some of the model of care (MOC) requirements.

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# Dual special needs plan (D-SNP)

- Consumers 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 consumer 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), and fully integrated dual eligible (FIDE).

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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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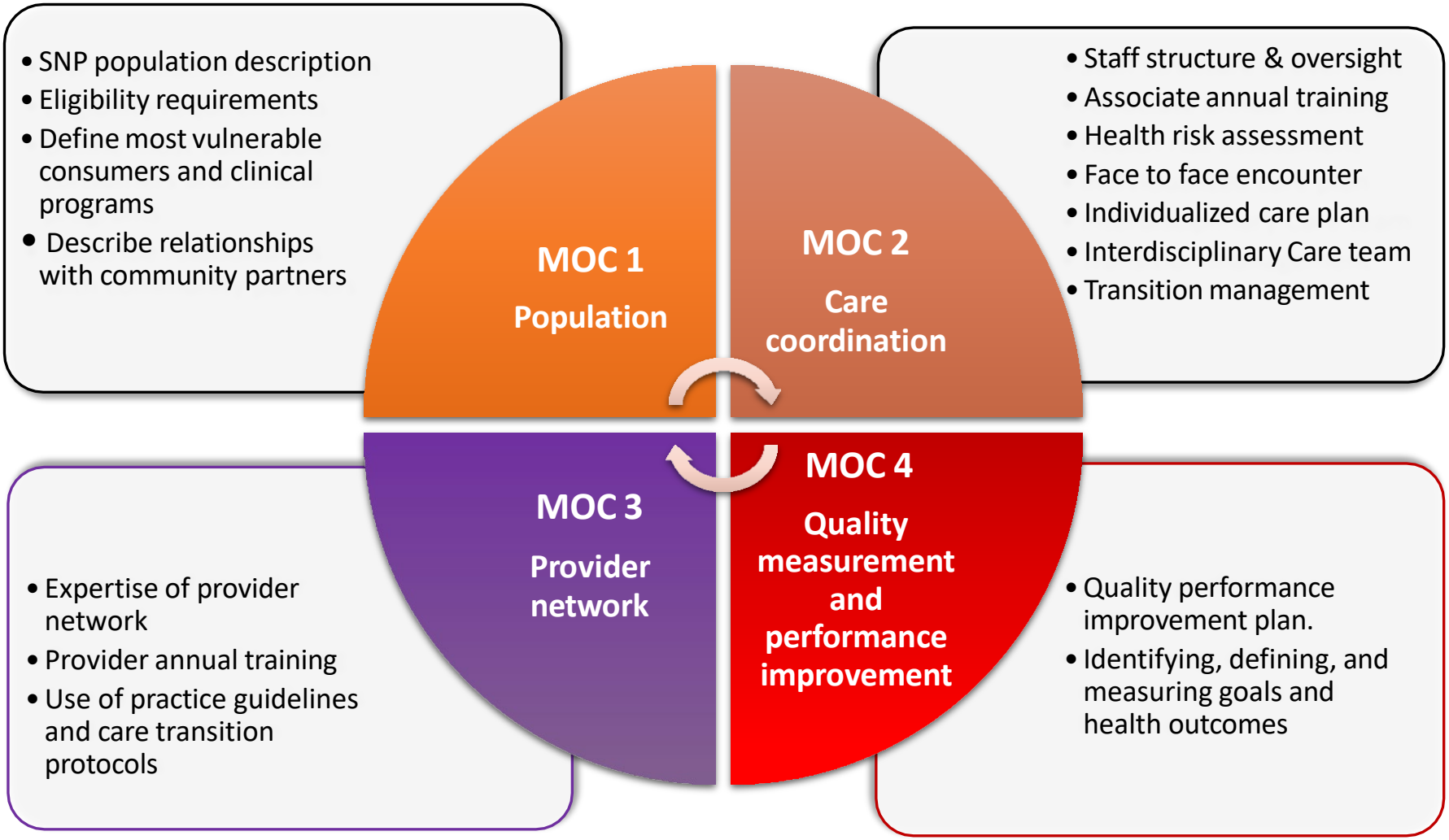
# Model of care (MOC) elements

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# Care coordination strategies

## Health risk assessment (HRA) (initial and reassessment):

- 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 consumer and the provider on the website.**

## Interdisciplinary Care team (ICT):

- Care coordinated with the consumer, the consumer's PCP, and other participants.
- Providers are key consumers 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 consumers, completing assessments, reviewing HRA results and ICP, collaborating with providers, coordinating with other carriers (Medicaid), and arranging community resources.

## Face-to-face encounter:

- All SNPs must provide an option for a face-to-face encounter for the delivery of health care, care management or care coordination services.
- The encounter must occur, as feasible and with the individual's consent, on at least an annual basis, beginning within the first 12 months of enrollment.
- The encounter can occur virtually.
- The encounter must be between the enrollee and a member of their ICT, Case Manager, coordination staff, or contracted provider.

## Individualized care plan (ICP):

- Includes consumer-specific goals and interventions, addressing issues identified during the HRA process and other interactions.
- Consumers 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 consumer's needs change.
- **The ICP is available on the portal for the consumer and the providers.**

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Our special needs plans (SNP) are designed to optimize the health and well-being of our aging, vulnerable, and chronically ill consumers.

# Interdisciplinary Care team (ICT)

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

**The ICT:**

- Develops or contributes to a comprehensive plan of care.
- Coordinates care with the consumer, the consumer's PCP/other providers and consumers of the ICT.
- We may collaborate with consumers of the ICT by mail, phone, provider website, email, fax, or a meeting may occur.
- **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 consumer utilization, transitions, and care management is **available to you on the secure provider website**.
  - You may reach the care team by calling the number provided to you on any correspondence from us or the number on the consumers' identification card.
- SNP consumers 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.
  - Consumers may also contact customer service for assistance.

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# Provider responsibilities

- Communicate and collaborate with care managers, the ICT, consumers, and caregivers. Coordinate care with Medicaid (D-SNP), which may include state agencies or other carriers.
- Review and respond to patient specific communication including the ICP development and invitations to attend the ICT meeting.
- Review the HRA results, the ICP, and other clinical data on the secure provider portal.
- Encourage the consumer to work with your office, the care team, keeping all appointments, completing the HRA, and complying with treatment plans.
- Complete the annual SNP provider training.

Since 2021 our PCPs can register through the Availity Essentials* preference center, to generate a daily alert with a list of your patients who have received an updated ICP and/or HRA posted to the website.

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# Performance and quality outcomes

- Quality and health outcome measurements are collected, analyzed, and reported to evaluate the effectiveness of our 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 consumers receive.

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# Model of care training attestation

Simply Healthcare Plans, Inc. is required to maintain a record of your annual model of care training. To receive credit for completing this course, select **Begin Attestation** button and follow the instructions.

Begin Attestation

# Thank you

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

**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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