



Medicare: Model of Care (MOC) Training 2023



Training Objectives

This course will describe how the Health Plan and its contracted providers work together to successfully deliver the duals Model of Care (MOC) program

After this training, attendees will be able to do the following:

- ✓ Outline the basic components of the Health Plan's Model of Care (MOC)
- ✓ Explain how the Health Plan's medical management staff coordinates care for Special Needs members
- ✓ Describe the essential role of providers in the implementation of the MOC program
- ✓ Define the critical role of the provider as part of the MOC required Interdisciplinary Care Team (ICT)

Special Needs Plan (SNP)

- A SNP is a Medicare Advantage coordinated care plan (CCP) that is specifically designed to provide targeted care and limit enrollment to individuals with special needs
- To the right, we provide you with the three (3) types of SNP's
- Health plans may contract with CMS for one or more programs
- Wellcare currently offers D-DNPs and C-SNPs in multiple states across the nation

Dual Eligible Special Needs Plan (DSNP)

- Members that are eligible for both Medicare and Medicaid benefits

Chronic Condition Special Needs Plan (CSNP)

- Members with specific, severe, or disabling chronic conditions

Institutional Special Needs Plan (ISNP)

- Members who live in institutions such as nursing homes

Medicaid-Medicare Plans (MMP)

- A Medicare-Medicaid Plan (MMP), sometimes referred to as a “Duals” plan, is a demonstration that combines Medicare and Medicaid. It’s a three-way contract between CMS, Medicaid and the health plan, as defined in Section 2602 of the Affordable Care Act
- The purpose of the MMP plan is to improve member quality, reduce costs and improve our member's experience
- We accomplish this by the following:
 - ✓ Ensuring dually eligible members have full access to the services they are entitled
 - ✓ Improving coordination between the federal government and state requirements
 - ✓ Developing innovative care coordination and integration models
 - ✓ Eliminating financial misalignments that lead to poor quality and cost shifting

Medicaid-Medicare Plans (MMP) – Cont'd



- Eligibility rules vary from state to state, however, general eligibility guidelines must be met. Members must be eligible for Medicare and Medicaid and have no private insurance.
- MMP members have full Medicare and Medicaid rights and benefits.
- The Medicare and Medicaid benefits are integrated as one benefit with the Health Plan coordinating services and payment.
- MMP's do not require a Model of Care!

Specific Services

- Sunshine Health provides members with services tailored to the needs of the SNP and MMP populations.
- These services can include but are not limited to those listed here.

Care coordination and complex care management

Care transitions management

Physician home visiting services

In-home wound care

Disease management services

Clinical management in long term care facilities as needed

Medication Therapy Management and medication reconciliation

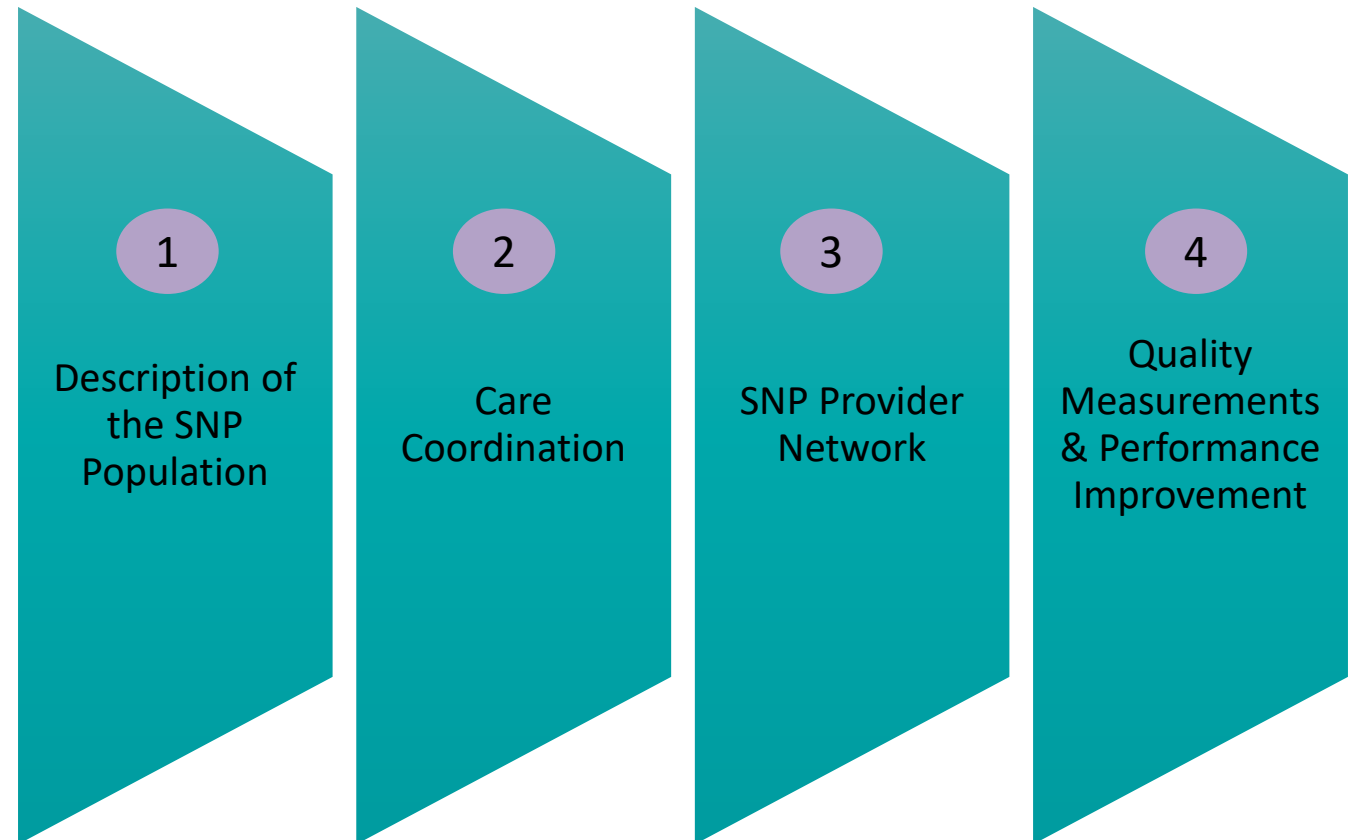
Medicare and Medicaid benefit and eligibility coordination and advocacy

Model of Care (MOC) Training

- The Model of Care (MOC) is a quality improvement tool that ensures unique needs of each beneficiary enrolled in a Special Needs Plan (SNP) are identified and addressed
- The Affordable Care Act requires the National Committee for Quality Assurance (NCQA) to review and approve all SNP MOCs using standards and scoring criteria established by Centers for Medicare and Medicaid (CMS)
- This course is offered to meet the CMS regulatory requirements for MOC Training for our SNP's
- It also ensures all employees and providers who work with our SNP members have the specialized training this unique population requires

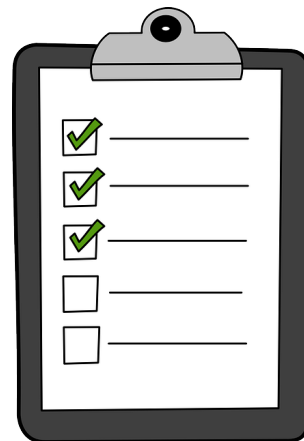
What is a Model of Care?

- As provided under section 1859(f)(7) of the Social Security Act, every SNP must have a MOC approved by NCQA
- MOC's provide the basic framework under which the SNP will meet the needs of each of its members
- The MOC is a vital quality tool and integral component for ensuring that the unique needs of each member are identified by the SNP and addressed through the plan's care management practices
- The MOC addresses (4) clinical and non-clinical elements:



Element 1: Description of the Population

- Element 1 includes characteristics related to the membership that Sunshine Health and providers serve including social factors, cognitive factors, environmental factors, living conditions and co-morbidities
- Also includes, determining and tracking eligibility, specially tailored services for members and how the Health Plan works with community partners



Element 2: Care Coordination

- The Care Coordination element includes a description of how the SNP will coordinate the care of health care needs and preferences of the member, and share information with the Interdisciplinary Care Team (ICT)
- Sunshine Health conducts care coordination using the Health Risk Assessment (HRA), an Individualized Care Plan (ICP) and providing an ICT for the member
- Care Coordination elements also includes the following:
 - ✓ Explanation of all the persons involved in care
 - ✓ Contingency plans to avoid disruption in care
 - ✓ Training that is required of all involved in member care and how it is administered

Health Risk Assessment (HRA)

- An HRA is conducted to identify medical, psychosocial, cognitive, functional and mental health needs and risks of members
- SNP members will be contacted within 90 days of becoming a member, and annually thereafter
- Members are assigned a priority level based on the HRA results of either Low, Moderate or High
- Priority levels can change based on a members health condition; however, the levels are used to determine the intensity of care management the member receives
- HRA results are used to develop a member-centric ICP and identify ICT participants based on member preferences

Note: Physicians should encourage members to complete the HRA in order to better coordinate care and create an individual care plan

Individualized Care Plan (ICP)

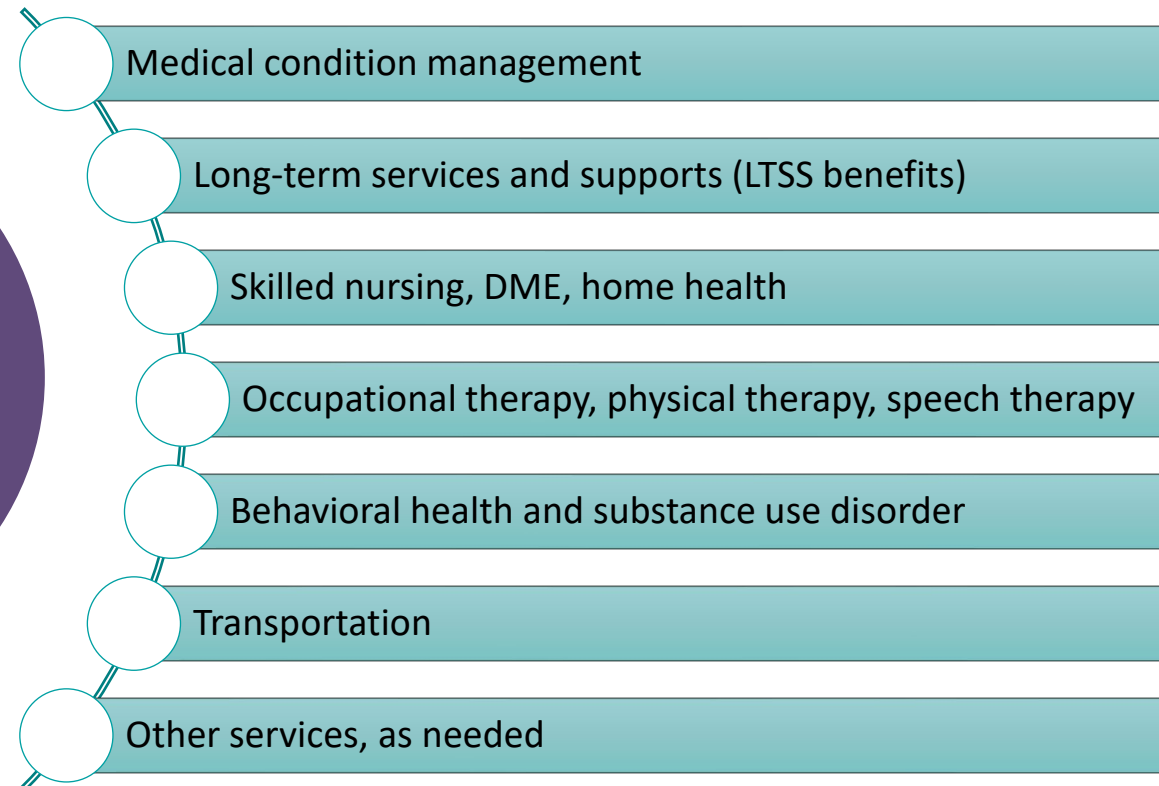
- An Individualized Care Plan (ICP) is developed by the Interdisciplinary Care Team (ICT) in collaboration with the member
- Case Managers and PCPs work closely together with the member and their family to prepare, implement and evaluate the Individualized Care Plan (ICP)
- ICP's are shared with members, caregivers and primary care physicians



Individualized Care Plan (ICP)

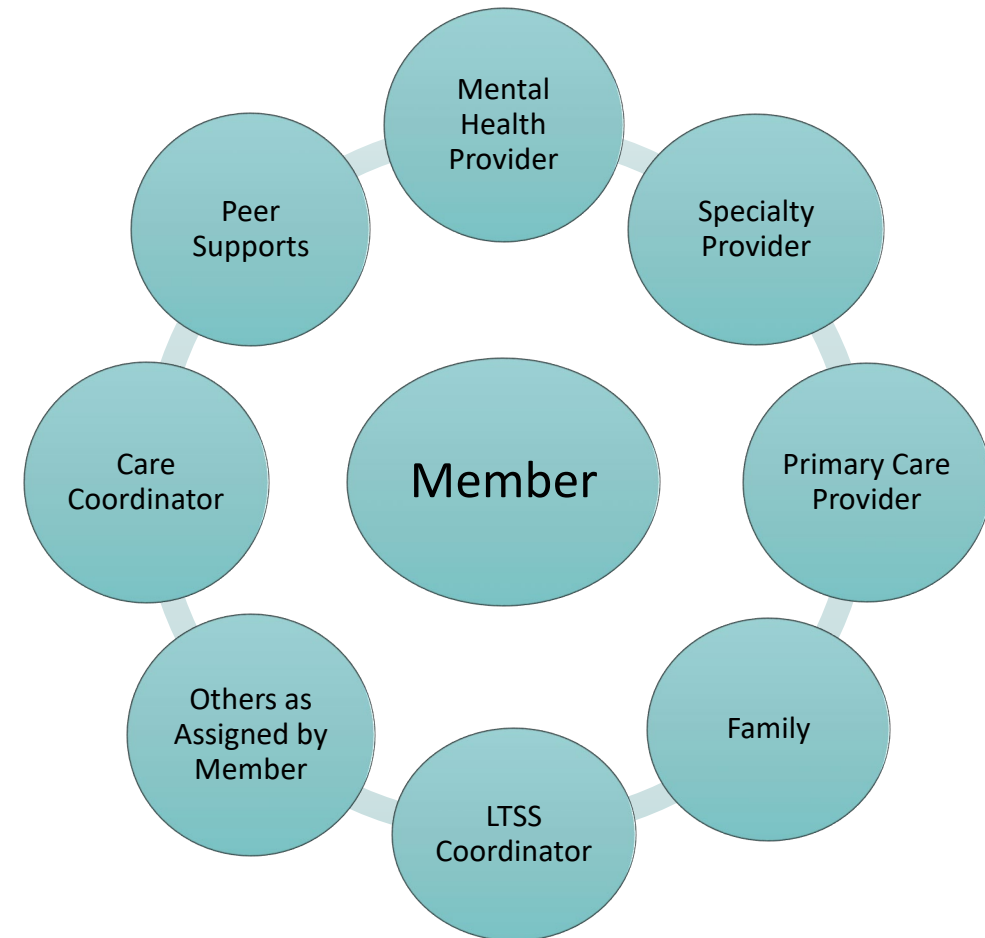
- Members receive monitoring, service referrals and condition-specific education based on their individual needs.

ICP's include problems, interventions and measurable goals, as well as services the member will receive.



Interdisciplinary Care Team (ICT)

- Each SNP member will have an interdisciplinary care team to coordinate their care
- Sunshine Health staff works with all members of the ICT in coordinating the plan of care with the member
- The Care Manager will be assigned to the care team and will serve as a primary point of contact
- Care teams may also include specialists, pharmacists, nurses, social workers, coordinators and other personnel, as well as individuals requested by member



Interdisciplinary Care Team (ICT) – Cont'd

- Health Plan Case Managers coordinate the member's care with the Interdisciplinary Care Team (ICT) based on the member's preference of who they wish to attend. The ICT includes the following but not limited to:
 - Appropriately involved Health Plan staff
 - The member and their family/caregiver
 - External practitioners
 - Vendors involved in the member's care
- Sunshine Health Case Managers work with the member to encourage self-management of their condition, as well as communicate the member's progress toward these goals to the other members of the ICT



ICT Responsibilities

Sunshine Health works with each member to manage the following:

- Develop their personal goals and interventions for improving their health outcomes
- Monitor implementation and barriers to compliance with the physician's plan of care
- Identify/anticipate problems and act as the liaison between the member and their PCP
- Identify Long Term Services and Supports (LTSS) needs and coordinate services as applicable



ICT Responsibilities – Cont'd

- Coordinate care and services between the member's Medicare and Medicaid benefit
- Educate members about their health conditions and medications and empower them to make good healthcare decisions
- Prepare members/caregivers for their provider visits – Encourage use of personal health record
- Refer members to community resources as identified
- Notify the member's physician of planned and unplanned transitions

Provider ICT Responsibilities

- Accepting invitations to attend member's ICT meetings whenever possible
- Maintaining copies of the ICP, ICT worksheets and transition of care notifications in the member's medical record when received



Collaborating and actively communicating with the following:

- Health Plan Care Managers
- Members of the Interdisciplinary Care Team (ICT)
- Members and caregivers

Transition of Care (TOC)

During an episode of illness, members may receive care through multiple settings, often resulting in fragmented and poorly executed transitions

The Health Plan will manage transitions of care (TOC) to ensure that members have appropriate follow-up care after a hospitalization or change in level of care to prevent re-admissions



TOC – Cont'd

Managing TOC interventions for all discharged members may include, but is not limited to, the following:



- Face-to-face or telephonic contact with the member or their representative in the hospital prior to discharge to discuss the discharge plan
- In-home visits or phone call within 72 hours post discharge
- Ongoing education of members to include preventive health strategies in order to maintain care in the least restrictive setting possible for their health care needs
- In-home visits or phone calls are conducted for the following:
 - Evaluate member's understanding of their discharge plan
 - Assess member's understanding of medication plan
 - Ensure follow up appointments have been made
 - Make certain home situation supports the discharge plan



Element 3: Provider Network

- Element 3 explains the specialized expertise that is made available to members in Sunshine Health's provider network.

This element describes the following:

- How the network corresponds to the target population
- How Sunshine Health oversees network facilities
- How providers collaborate with the ICT and contribute to a member's ICP

The Health Plan is responsible for maintaining a specialized provider network that corresponds to the needs of our members and coordinates care with and ensures that providers:

- ✓ Collaborate with the Interdisciplinary Care Team
- ✓ Provide clinical consultation
- ✓ Assist with developing and updating care plans
- ✓ Provide pharmacotherapy consultation

Provider Network

CMS Expects the Health Plan to do the Following

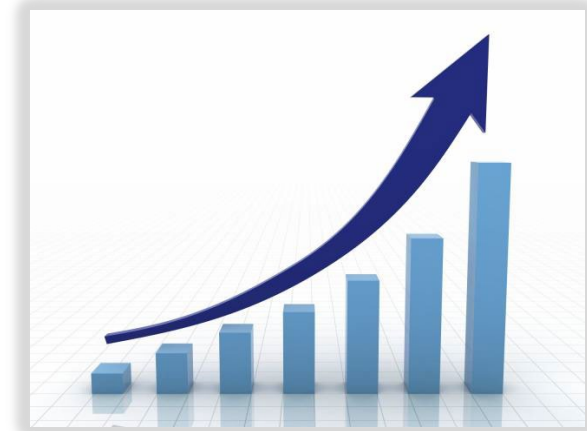
<p>Prioritize contracting with board-certified providers</p>	<p>Monitor network providers to assure they use nationally recognized clinical practice guidelines when available</p>	<p>Assure network providers are licensed and competent through a formal credentialing process</p>	<p>Document the process for linking members to services</p>	<p>Coordinate the maintenance and sharing of member's health care information among providers and the ICT</p>
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Provider Network – Cont'd

- Medicare is always the primary payer and Medicaid is secondary payer, unless the service is not covered by Medicare, or the Medicare service benefit cap is exhausted for DSNP members
- DSNP members have both Medicare and Medicaid but not always with Sunshine Health. Medicaid benefits may be via another Health Plan
- It's important to verify coverage prior to servicing the member

Element 4: Quality Measurement & Performance Improvement

- Element 4 requires plans to have performance improvement and quality measurement plans in place
- To evaluate success, the Health Plan disseminates evidence-based clinical guidelines and conducts the following studies:
 - Measure member outcomes
 - Monitor quality of care
 - Evaluate the effectiveness of the Model of Care (MOC)





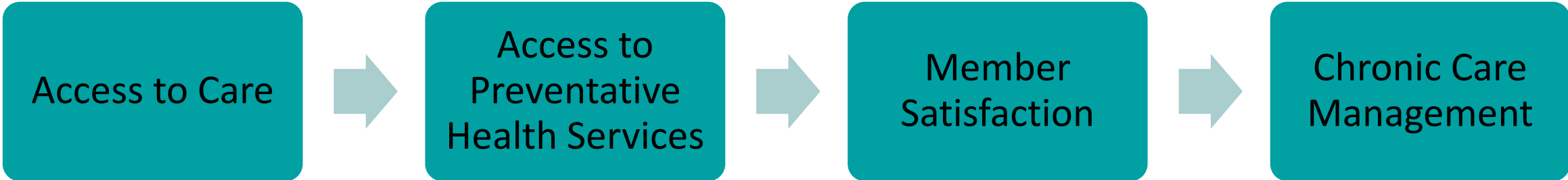
Model of Care Goals

- The Health Plan determines goals for the MOC related to improvement of the quality of care that members receive

The 2019 goals are based on the following:

- Stars Measures
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Health Outcomes Survey (HOS)

Goals May Include



In Summary

Wellcare provides SNP members with services tailored to their needs which include, but are not limited to the following:

- ✓ Care coordination and complex care management
- ✓ Care transitions management
- ✓ In-home wound care
- ✓ Disease management services
- ✓ Clinical management in long term care facilities
- ✓ as needed
- ✓ Medication Therapy Management
- ✓ Medicare and Medicaid benefit and eligibility
- ✓ coordination and advocacy
- ✓ Behavioral health and substance use services
- ✓ Occupational, physical, and speech therapy



Contact Information

Wellcare (*Medicare/SNP*)/Sunshine Health (*Medicaid*)

Sunshine Health Provider Services: 1-844-477-8313

Wellcare Provider Services: 1-855-538-0454

TTY: 1-800-955-8770

SunshineHealth.com

Wellcare.com/Florida

2023 Centene Medicare Availability

Dual Special Needs Plans (DSNP)

*Model of Care is required

- Arizona (AZ) – Arizona Complete Health
- California (CA) – Health Net
- Florida (FL) – Sunshine Health
- Georgia (GA) – Peach State Health Plan
- Indiana (IN) – MHS
- Kansas (KS) – Sunflower Health Plan
- Mississippi (MS) – Magnolia Health
- Missouri (MO) – Home State Health
- New Mexico (NM) – Western Sky Community Care
- Ohio (OH) – Buckeye Health Plan
- Oregon (OR) – Trillium Advantage
- Pennsylvania (PA) – PA Health & Wellness
- South Carolina (SC) – Absolute Total Care
- Texas (TX) – Superior Health Plan
- Wisconsin (WI) – MHS Health Wisconsin



2023 Centene Medicare Availability

Chronic Condition Special Needs Plans (CSNP)

*Model of Care is required annually

- Arizona (AZ) – Arizona Complete Health
- California (CA) – Health Net

Medicare-Medicaid Plans (MMP)

*Model of Care is not required

- California (CA) – Health Net
- Illinois (IL) – IlliniCare Health

- Michigan (MI) – Michigan Complete Health
- Ohio (OH) – Buckeye Health Plan - MyCare Ohio
- South Carolina (SC) – Absolute Total Care – Healthy Connections Prime
- Texas (TX) – Superior Health Plan STAR+PLUS



2023 Centene Medicare Availability

Medicare Advantage Prescription Drug Plans (MAPD)

*Model of Care is not required

- Arizona (AZ) – Arizona Complete Health
- Arkansas (AR) – Arkansas Health & Wellness
- California (CA) – Health Net
- Florida (FL) – Sunshine Health
- Georgia (GA) – Peach State Health Plan
- Illinois (IL) – Illinicare Health
- Indiana (IN) – MHS
- Kansas (KS) – Sunflower Health Plan
- Louisiana (LA) – Louisiana Healthcare Connections
- Mississippi (MS) – Magnolia Health
- Missouri (MO) – Home State Health
- Ohio (OH) – Buckeye Health Plan
- Oregon (OR) – Health Net
- Pennsylvania (PA) – PA Health & Wellness
- South Carolina (SC) – Absolute Total Care
- Texas (TX) – Superior Health Plan



Model of Care Attestation

- At the completion of this training, please complete [the attestation](#).

Model of Care Provider Training

All Sunshine Health network providers are required to complete an annual Model of Care training. Click on the link below to review the Model of Care training presentation. Then, submit the form to verify the training was completed.

[Provider Model of Care Training \(PDF\)](#)

Provider Model of Care Training Confirmation

Provider Group *

County *

Provider TIN(s) *

Thank you

