Model of Care- Provider Program

This Model of Care Program only applies to those Members enrolled in Freedom and Access plans

Developed by: Quality Improvement

Revised: 09/24/2015

EC Internal Approval_086_MOC_Provider Program_10152015

Model of Care - Provider Program

Key Terms and Acronyms

Term / Acronym	Definition
Dual Special Needs Plans (D-SNPs)	A type of Medicare Advantage Coordinated Care Plan focused on dual-eligible Medicare beneficiaries. D-SNPs offer the opportunity of enhanced benefits by combining Medicare and Medicaid cost sharing and/or benefits available. D-SNP providers will help dual eligible members access needed services through both their Medicare and Medicaid wraparound benefits for which they are eligible.
Health Risk Assessment (HRA)	The HRA is a tool used to determine the Member's level of health and functioning.
Individualized Care Plan (ICP)	Developed by the Interdisciplinary Care Team based upon the HRA and comprehensive assessment of the member, with input from the member/caregiver, provider(s), and a care manager.
Interdisciplinary Care Team (ICT)	The ICT includes the member's care manager, caregiver (if applicable), primary care physician, and any other health care professional providing care to the member. Examples of health care professionals are the member's pharmacist, specialist providers, nurses, etc.

Key Terms and Acronyms

Term / Acronym	Definition
Medicare Improvements for Patients and Providers Act (MIPPA)	Passed by Congress, the Medicare Improvements for Patients and Providers Act (MIPPA) amends the requirements applicable to Special Needs Plans (SNPs) for plan years as of January 1, 2010. MIPPA includes new policies requiring Medicare Advantage plans to institute accountability measures to reduce health disparities through increased access to preventive and mental health services.
Special Needs Plans (SNPs)	A type of Medicare Advantage Coordinated Care Plan focused on certain vulnerable groups of Medicare beneficiaries including: • Institutionalized • Dual-eligible • Beneficiaries with severe or disabling chronic conditions SNPs are designed to improve care for Medicare beneficiaries with special needs through improved coordination and continuity of care.

Objectives

- Upon completing this training, clinical personnel will be able to:
- Describe Easy Choice Health Plan Model of Care (MOC) Program
- Explain the member experience related to Easy Choice's MOC Program
- Identify what provider participation is needed to make Easy Choice Health Plan's MOC Program a success
- Locate supplemental documentation relating to Easy Choice Health Plan's MOC Program including:
- The provider notice
- The D-SNP Model of Care Self-Study Program
- A sample care plan
- Attest they were presented with, read, and understood the educational materials for the Easy Choice Health Plan Model of Care for D-SNP members

Model of Care Overview

- Our Model of Care Program helps to improve Easy Choice Health Plan's dual-eligible members' access to services and coordination of care.
- The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 includes:
  - New policies to "reduce racial and ethnic health disparities" within the Medicare population.
  - New accountability measures for Medicare Advantage (MA) plans to "increase access to preventive and mental health services."
  - D-SNP's and providers will help dual-eligible members access needed services through both their Medicare and Medicaid wraparound benefits for which they are eligible.

Model of Care Overview

- Our focused Model of Care Program targets dual-eligible members enrolled in one of our Dual Special Needs (D-SNP) Plans:
  - Access D-SNPs are available in Fresno, San Joaquin and Stanislaus Counties
  - Freedom D-SNPs are available in Los Angeles County.

The program targets improvement by:

- Coordinating care through Case Management
- Coordinating Transitions of Care across health care settings and providers
- Providing access to preventive health services including medical, social and mental services designed to improve member health

Model of Care – Provider Version

The Member Experience

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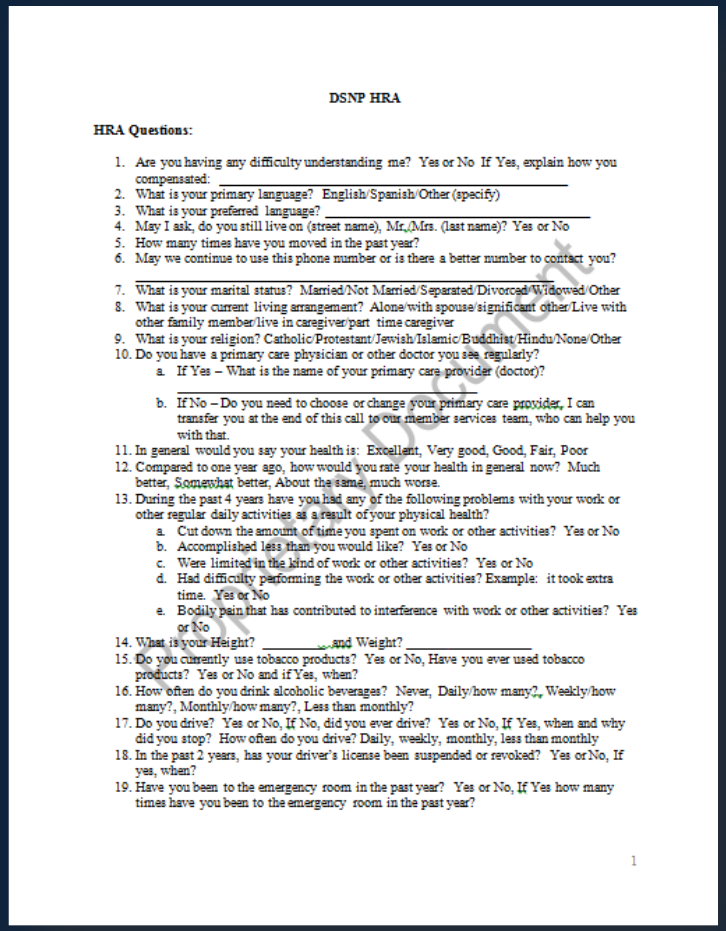
The Member Experience - HRA

All Easy Choice Health Plan D-SNP Members will be outreached to receive a comprehensive Health Risk Assessment (HRA) to identify individual needs.

- The HRA determines the member's level of health and functioning by using this and a comprehensive assessment conducted by a case manager.
- Easy Choice Health Plan, with the help of the member/designated caregiver and the member's provider(s), develops an ICP for each D-SNP member.
- To view the HRA, type the address below into your web browser address bar
  - http://www.easychoicehealthplan.com/pdfs/SNP/2014/Sample%20Health%20Risk%20Assessment.pdf



DSNP HRA

HRA Questions:

1. Are you having any difficulty understanding me? Yes or No If Yes, explain how you compensated: _____
2. What is your primary language? English/Spanish/Other (specify)
3. What is your preferred language? _____
4. May I ask, do you still live on (street name), Mr./Mrs. (last name)? Yes or No
5. How many times have you moved in the past year?
6. May we continue to use this phone number or is there a better number to contact you? _____
7. What is your marital status? Married/Not Married/Separated/Divorced/Widowed/Other
8. What is your current living arrangement? Alone/with spouse/significant other/Live with other family member/live in caregiver/part time caregiver
9. What is your religion? Catholic/Protestant/Jewish/Islamic/Buddhist/Hindu/None/Other
10. Do you have a primary care physician or other doctor you see regularly?
    a. If Yes – What is the name of your primary care provider (doctor)? _____
    b. If No – Do you need to choose or change your primary care provider, I can transfer you at the end of this call to our member services team, who can help you with that.
11. In general would you say your health is: Excellent, Very good, Good, Fair, Poor
12. Compared to one year ago, how would you rate your health in general now? Much better, Somewhat better, About the same, much worse.
13. During the past 4 years have you had any of the following problems with your work or other regular daily activities as a result of your physical health?
    a. Cut down the amount of time you spent on work or other activities? Yes or No
    b. Accomplished less than you would like? Yes or No
    c. Were limited in the kind of work or other activities? Yes or No
    d. Had difficulty performing the work or other activities? Example: it took extra time. Yes or No
    e. Bodily pain that has contributed to interference with work or other activities? Yes or No
14. What is your Height? _____ and Weight? _____
15. Do you currently use tobacco products? Yes or No, Have you ever used tobacco products? Yes or No and if Yes, when?
16. How often do you drink alcoholic beverages? Never, Daily/how many?, Weekly/how many?, Monthly/how many?, Less than monthly?
17. Do you drive? Yes or No, If No, did you ever drive? Yes or No, If Yes, when and why did you stop? How often do you drive? Daily, weekly, monthly, less than monthly
18. In the past 2 years, has your driver's license been suspended or revoked? Yes or No, If yes, when?
19. Have you been to the emergency room in the past year? Yes or No, If Yes how many times have you been to the emergency room in the past year?

1

The Member Experience – Case Management

- Each HRA is reviewed by a case manager to:
  - Assess the member's current medical and psychosocial needs
  - Identify members of the Interdisciplinary Care Team (ICT)

  The ICT is comprised of:
  - Member's case manager
  - Member/caregiver (if applicable)
  - Primary care physician (PCP)
  - Any other health care professional providing care to the member including:
    - Member's pharmacist, any specialist providers, nurses, etc.
    - Anyone the member wishes to attend (e.g., spouse, children)

The Member Experience – Case Management

- If the case manager is unable to contact the member once the initial HRA is completed or the member refuses to enroll in care management:

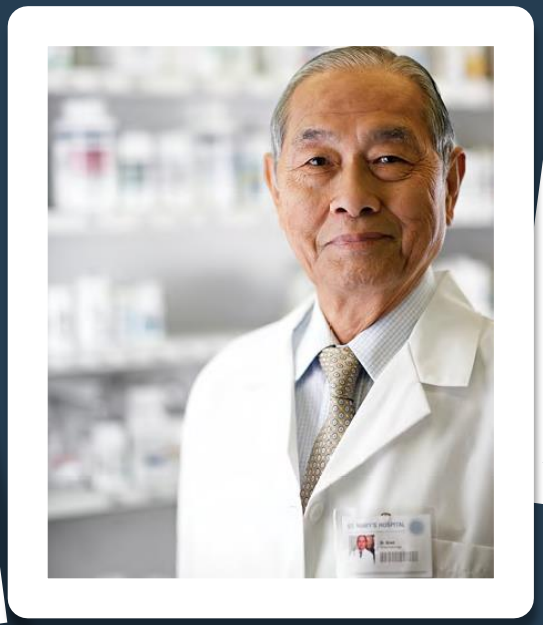
- A clinical review of the HRA will be performed, an ICP will be developed based on the findings and the PCP will be sent a letter and a copy of the ICP for further review

The Member Experience – Case Management

- Following the HRA, all D-SNP members who choose to participate in the Case Management Program will:
- Complete a Comprehensive Assessment, conducted by a case manager, to be used with the HRA and Clinical Practice Guidelines to develop the Individualized Care Plan (“care plan”).
- Participate with a case manager to develop and agree upon their care plan. This will be shared with the members of the ICT for input and finalization of the member’s care plan.
- Receive regular telephonic contact with their assigned case manager to monitor progress/regression towards goals of the care plan.
- Benefit from ongoing communication between the case manager and other members of the ICT.
- Receive at minimum, an annual HRA.

Note: Members can expect to move “up” or “down” the continuum of care based on their changing health care needs

Model of Care – Provider Version



Provider Participation

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Provider Participation

What If no case management?

D-SNP members who can't be contacted by Easy Choice Health Plan or who refuse the Case Management Program:

- Will have an initial communication plan created and sent to their usual practitioner to:
  - Obtain additional information about the member
  - Individualize the member's care plan.
- We encourage the PCPs to discuss case management participation with their members and refer them to us at any time

Care Transitions

- All D-SNP members who undergo a transition of care from one setting to any other setting will receive:
  - Communication from case management
  - Contact after discharge from one level of care to the next or home
  - Education on transition and transition prevention
- Providers will receive communication about the member's transition and any other status changes related to the member's health.

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Provider Participation - Collaboration

- Ongoing participation from members and providers is essential to the success of the MOC program.

- As the medical home for D-SNP members, you are a necessary participant on the member's ICT.

- Easy Choice Health Plan requests your ongoing participation to ensure that D-SNP members have comprehensive access to services and meaningful coordination of care.

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Provider Participation - Responsibilities

You as a provider, are responsible for:

- Reviewing the proposed care plan faxed for each Easy Choice Health Plan D-SNP member for whom you provide care
- Providing any necessary additional information about the member's care to ensure that the care plan is complete and accurate
- Updating each care plan when necessary by faxing any changes or additions back to Easy Choice Health Plan
- Discussing the care plan with each Easy Choice Health Plan D-SNP member for whom you provide care
- Communicating with the ICT as requested to ensure optimal coordination of care and transition of care for the member
- Encouraging member participation in case management

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Provider Participation - Communication

- You will receive member care plans throughout the year for existing and new members, including each time the care plan is updated.
- Both members and providers can expect communication in the following ways:
  - Mail
  - Telephone
  - Fax (providers only)
- Your participation ensures the member understands their care plan and receives needed care.
- Case managers will facilitate regular communication with the provider on behalf of the members.
- To reach Easy Choice Health Plan's **Case Management Department,** call 1-866-999-3945 Monday- Friday, 8:00 a.m. to 5:00 p.m.

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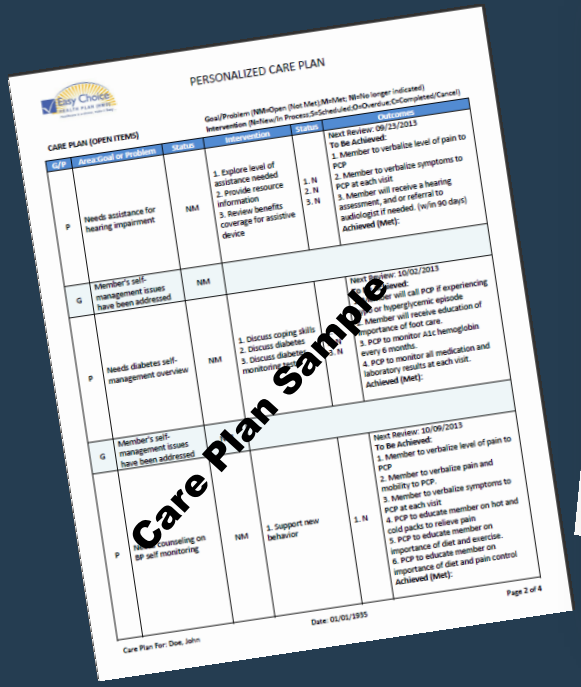
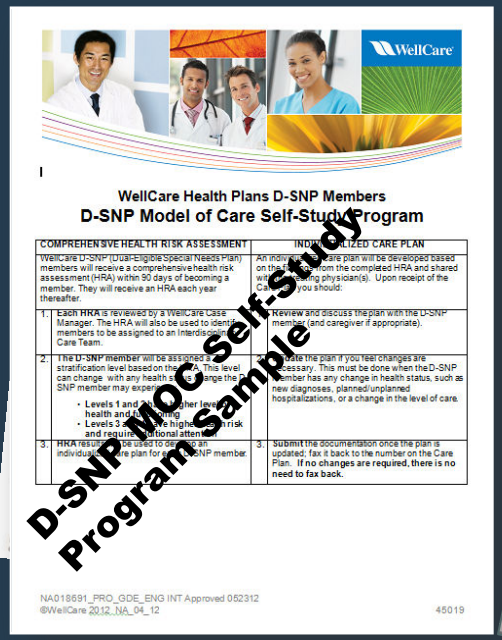
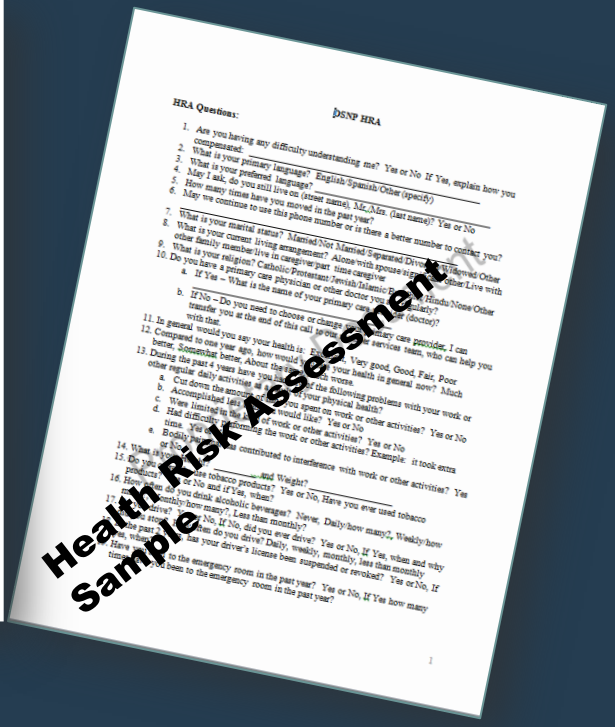
Model of Care – Provider Version







Supplements

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Supplements

- Easy Choice Health Plan has provided Model of Care supplements to aid your participation.
- These supplements can be found on the Easy Choice Health Plan.com website.
- To access these materials, follow these instructions:
  - Type the address below into your web browser address bar
    - **http://www.easychoicehealthplan.com/provider.php**

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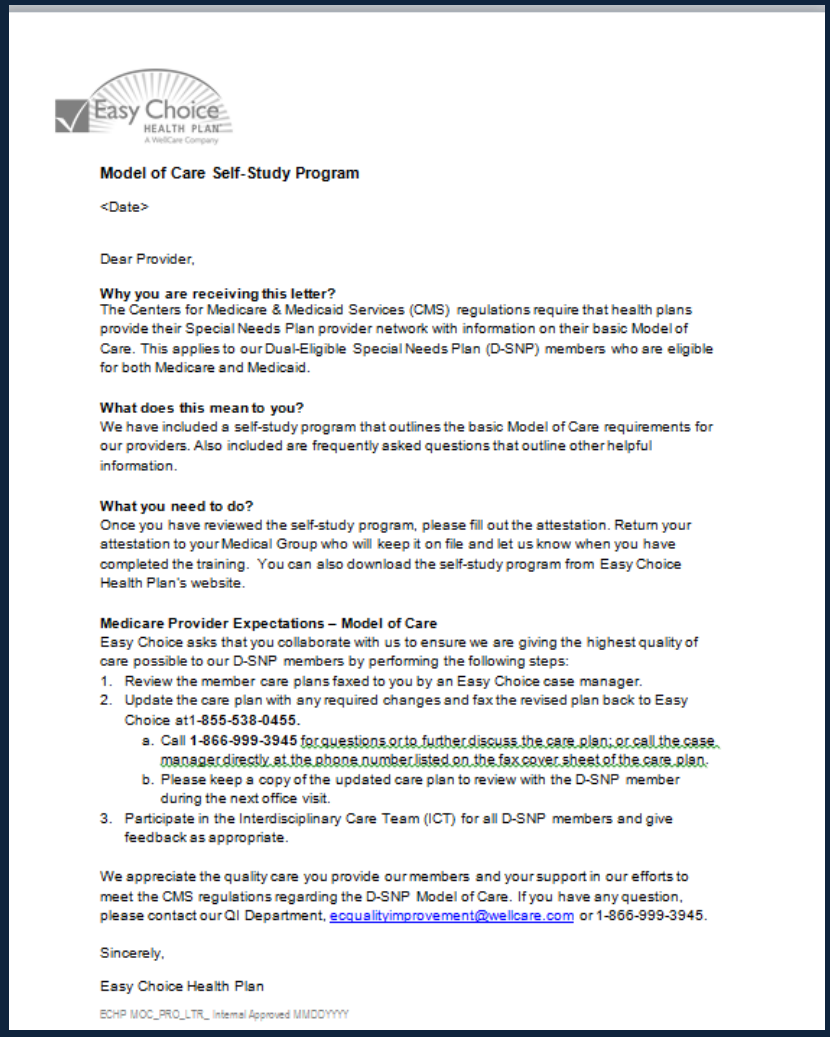
Supplements

Provider Notice (Letter)

- Is a notice sent via fax to all PCPs of Easy Choice Health Plan D-SNP members.
- If you did not receive the fax, please provide a **correct fax number** to your representative to ensure you receive important notifications in the future.
- Please select the appropriate state resources for the most accurate information.

A copy of this document can be found on the Easy Choice Health Plan Website



Easy Choice HEALTH PLAN
A WellCare Company

Model of Care Self-Study Program

<Date>

Dear Provider,

Why you are receiving this letter?
The Centers for Medicare & Medicaid Services (CMS) regulations require that health plans provide their Special Needs Plan provider network with information on their basic Model of Care. This applies to our Dual-Eligible Special Needs Plan (D-SNP) members who are eligible for both Medicare and Medicaid.

What does this mean to you?
We have included a self-study program that outlines the basic Model of Care requirements for our providers. Also included are frequently asked questions that outline other helpful information.

What you need to do?
Once you have reviewed the self-study program, please fill out the attestation. Return your attestation to your Medical Group who will keep it on file and let us know when you have completed the training. You can also download the self-study program from Easy Choice Health Plan's website.

Medicare Provider Expectations – Model of Care
Easy Choice asks that you collaborate with us to ensure we are giving the highest quality of care possible to our D-SNP members by performing the following steps:

1. Review the member care plans faxed to you by an Easy Choice case manager.
2. Update the care plan with any required changes and fax the revised plan back to Easy Choice at **1-855-538-0455**.
   a. Call **1-866-999-3945** for questions or to further discuss the care plan; or call the case manager directly at the phone number listed on the fax cover sheet of the care plan.
   b. Please keep a copy of the updated care plan to review with the D-SNP member during the next office visit.
3. Participate in the Interdisciplinary Care Team (ICT) for all D-SNP members and give feedback as appropriate.

We appreciate the quality care you provide our members and your support in our efforts to meet the CMS regulations regarding the D-SNP Model of Care. If you have any question, please contact our QI Department, ecqualityimprovement@wellcare.com or 1-866-999-3945.

Sincerely,

Easy Choice Health Plan

ECHP MOC_PRO_LTR_ Internal Approved MMDDYYYY

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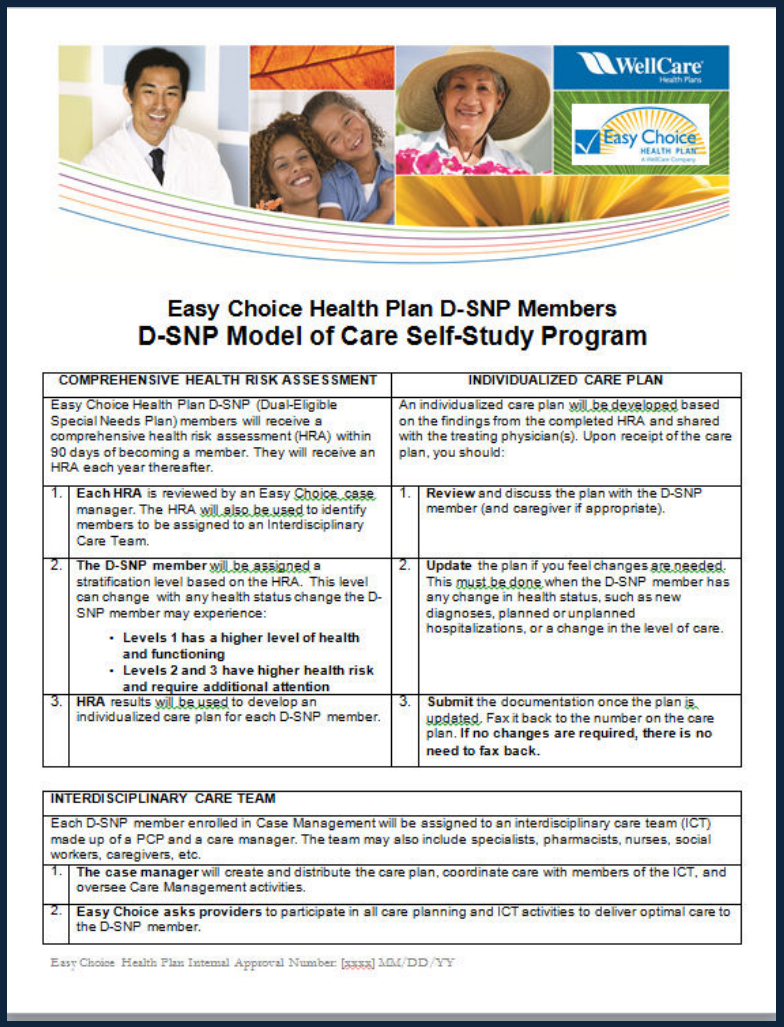
Supplements

D-SNP Model of Care Self-Study Program

Is a quick reference tool outlining your responsibilities

A copy of this document can be found on the Easy Choice Health Plan Website



Easy Choice Health Plan D-SNP Members
D-SNP Model of Care Self-Study Program

COMPREHENSIVE HEALTH RISK ASSESSMENT		INDIVIDUALIZED CARE PLAN	
Easy Choice Health Plan D-SNP (Dual-Eligible Special Needs Plan) members will receive a comprehensive health risk assessment (HRA) within 90 days of becoming a member. They will receive an HRA each year thereafter.		An individualized care plan will be developed based on the findings from the completed HRA and shared with the treating physician(s). Upon receipt of the care plan, you should:	
1.	**Each HRA** is reviewed by an Easy Choice case manager. The HRA will also be used to identify members to be assigned to an Interdisciplinary Care Team.	1.	**Review** and discuss the plan with the D-SNP member (and caregiver if appropriate).
2.	**The D-SNP member** will be assigned a stratification level based on the HRA. This level can change with any health status change the D-SNP member may experience: • **Levels 1 has a higher level of health and functioning** • **Levels 2 and 3 have higher health risk and require additional attention**	2.	**Update** the plan if you feel changes are needed. This must be done when the D-SNP member has any change in health status, such as new diagnoses, planned or unplanned hospitalizations, or a change in the level of care.
3.	**HRA** results will be used to develop an individualized care plan for each D-SNP member.	3.	**Submit** the documentation once the plan is updated. Fax it back to the number on the care plan. **If no changes are required, there is no need to fax back.**

INTERDISCIPLINARY CARE TEAM	
Each D-SNP member enrolled in Case Management will be assigned to an interdisciplinary care team (ICT) made up of a PCP and a care manager. The team may also include specialists, pharmacists, nurses, social workers, caregivers, etc.	
1.	**The case manager** will create and distribute the care plan, coordinate care with members of the ICT, and oversee Care Management activities.
2.	**Easy Choice asks providers** to participate in all care planning and ICT activities to deliver optimal care to the D-SNP member.

Easy Choice Health Plan Internal Approval Number: [xxxx] MM/DD/YY

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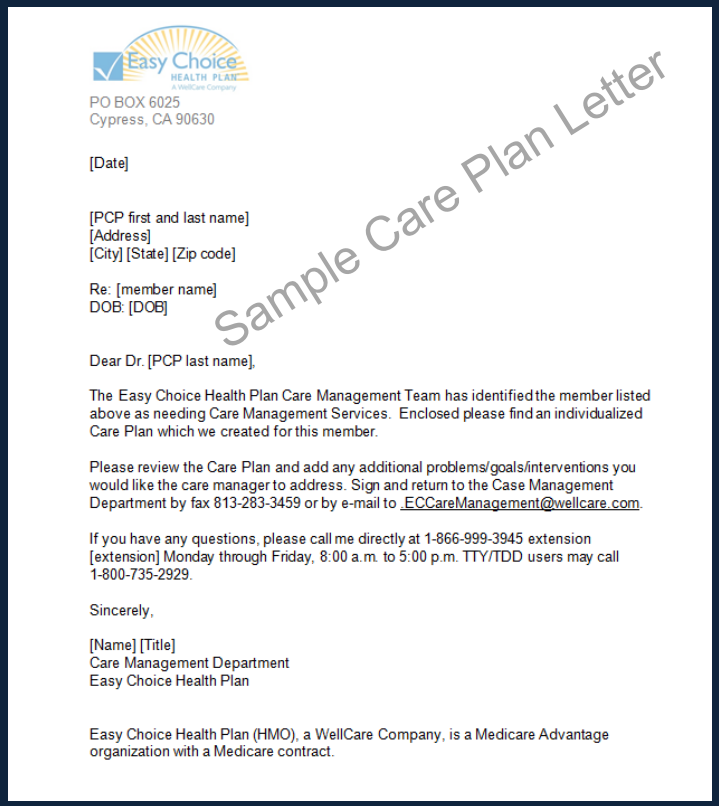
Supplements

Sample Care Plan

This is a sample of an Easy Choice Health Plan care plan and letter and what information is included.

A copy of this document can be found on the Easy Choice Health Plan Website



Easy Choice HEALTH PLAN
A WellCare Company

PO BOX 6025
Cypress, CA 90630

[Date]

[PCP first and last name]
[Address]
[City] [State] [Zip code]

Re: [member name]
DOB: [DOB]

Sample Care Plan Letter

Dear Dr. [PCP last name],

The Easy Choice Health Plan Care Management Team has identified the member listed above as needing Care Management Services. Enclosed please find an individualized Care Plan which we created for this member.

Please review the Care Plan and add any additional problems/goals/interventions you would like the care manager to address. Sign and return to the Case Management Department by fax 813-283-3459 or by e-mail to .ECCareManagement@wellcare.com.

If you have any questions, please call me directly at 1-866-999-3945 extension [extension] Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY/TDD users may call 1-800-735-2929.

Sincerely,

[Name] [Title]
Care Management Department
Easy Choice Health Plan

Easy Choice Health Plan (HMO), a WellCare Company, is a Medicare Advantage organization with a Medicare contract.

Easy Choice HEALTH PLAN (HMO)

PERSONALIZED CARE PLAN

Sample Care Plan

Care Plan Description

Member Information

Name : John Doe
Plan/ID : 12345678
DOB/Gender : 01/01/1935/Male
Phone : (123)-456-7889
Email :
Address : 12345 Anystreet
AnyCity, CA 90000

Primary Care Provider

Name : Dr. Jane Smith
NPI : 12345678999
Specialty : Internal Medicine
Phone : (123) 456-5555
Email :
Address : 123 Main St. Suite 101
AnyCity, CA 90000

Care Manager Assigned

Name : Ivollgraff
Assigned : 08/20/2013
Phone : 562-343-9741
Email : Lisa.Vollgraff@wellcare.com

CARE PLAN (OPEN ITEMS)

Goal/Problem (NM=Open (Not Met);M=Met; NI=No longer indicated)
Intervention (N=New/In Process;S=Scheduled;O=Overdue;C=Completed/Cancel)

G/P	Area:Goal or Problem	Status	Intervention	Status	Outcomes
G	Member has a medical home	NM			
P	Needs a medical home appointment	NM	1. Instruct to schedule medical home appointment	1. N	Next Review: 09/19/2013 **To Be Achieved:** 1. Member will identify when to call PCP. **Achieved (Met):**
G	Member's care coordination needs have been addressed	NM			

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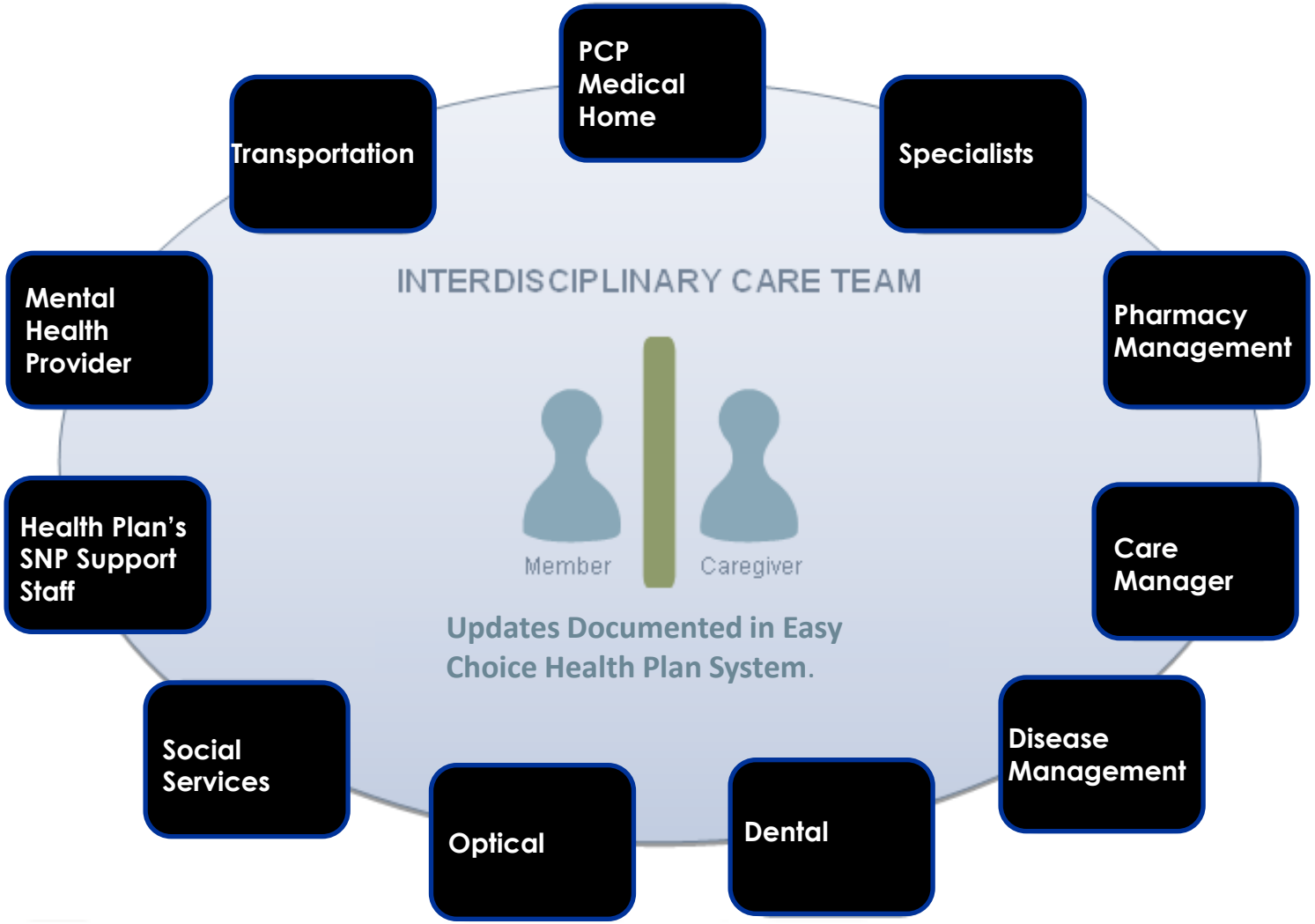
Interdisciplinary Care Team Composition



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Summary

After completing this training, you should now be able to:

- Describe Easy Choice Health Plan's Model of Care (MOC) Program
- Explain the member experience related to Easy Choice Health Plan's MOC Program
- Identify what provider participation is needed to make Easy Choice Health Plan's MOC Program a success
- Locate Supplemental Documentation relating to Easy Choice Health Plan's MOC Program including:
  - The provider notice
  - The D-SNP Model of Care Self-Study Program
  - A sample care plan
- Attest you were presented with, read, and understood the educational materials for the Easy Choice Health Plan Model of Care for D-SNP members

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Training Completion Attestation

We hope you have found the Model Of Care Training helpful

- There is one last step in completing this training: the attestation
- For reporting purposes, you must now verify that you have completed this training.
- If you do not complete the attestation form for this training, our reporting will indicate you have not completed this requirement and **YOU WILL NOT BE IN COMPLIANCE.**
  - **To send the attestation follow these instructions:**
  - 1.Print the **Attestation Form** (on the next slide)
  - 2.Complete the **Attestation Form**
  - 3.Scan and save the completed **Attestation Form** to your computer
  - 4.Return to your IPA/Medical Group Representative

We very much appreciate your collaboration and the care and services you provide to your patients – our members.

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ST. VINCENT IPA

The Patient's Choice for Health Care

Attestation for Model of Care Training

Per Centers for Medicare and Medicaid (CMS) regulation, all providers (physicians and mid-levels) providing clinical services to Dual Eligible Special Needs Plan (D-SNP) members are required to complete Model of Care training annually.

_____ (Initial) I attest that I have read and reviewed 2015 Model of Care (MOC) training (Centers for Medicare and Medicaid (CMS) Regulation 42 CFR § 422.102(f)(2)(ii)).

_____ (Initial) I attest that I am willing to participate in the MOC requirements for the members for whom I provide care. Such activities may include providing information to the Case Manager, updating the care plan when necessary, discussing the care plan with the ECHP Case manager and communicating with the Interdisciplinary Care Team as requested

Signature	Provider Name (Printed)
	St. Vincent IPA
Date	Organization Name

Please return the signed attestation to St. Vincent IPA Provider Relations by fax: (562) 207-6547 or by email: phernandez@pdtrust.com