2023 Special Needs Plan (SNP) Model of Care (MOC)Training For 2024 SNPs

Confidential and proprietary information. All rights reserved.

SNP Model of Care Training Requirements

The Centers for Medicare & Medicaid Services (CMS) requires SCAN Health Plan employees, contractors and providers who serve Medicare Advantage Special Needs Plan (SNP) members to complete annual SNP Model of Care (MOC) training https://www.cms.gov

The MOC provides the framework for how the SNP will identify and address the unique needs of its members

Annual MOC training ensures that relevant providers and staff are educated, aware and will leverage the SNP MOC to deliver care and services to SNP members

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

SNP Model of Care

Click here for a message from **Varun Kumar, MD,** Medical Director, SCAN Health Plan

Goals of Training

- Overview of Special Needs Plans (SNPs)
- Overview of SCAN Special Needs Plans (SNPs)
- Review components of the SNP Model of Care (MOC)
- Quality Measurement & Performance
- Complete Training Attestation
- Resources

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

Overview of Special Needs Plans

Confidential and proprietary information. All rights reserved.

Medicare Advantage Special Needs Plans (SNPs)

Chronic Special Needs Plan (C-SNP)

- **Eligibility Verification: within 30 days post enrollment**
  - Balance Plan: DM
  - Heart First Plan: CHF, Arrhythmia, CAD, PVD, Chronic Venous Thromboembolic Disorder
  - Strive Plan: DM, CHF, Arrhythmia, CAD, PVD, Chronic Venous Thromboembolic Disorder
  - VillageHealth Plan: ESRD

Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP/D-SNP)

- **Eligibility Verification: Monthly**
  - Connections Plan
  - Connections at Home Plan
  - Designed for members who have both Medicare Part A and Part B, Full Medicaid benefits and FIDE SNP

Institutional Special Needs Plan (I-SNP)

- **Eligibility Verification: Annually**
  - Embrace Plan
  - Healthy at Home Plan
  - Meet state criteria for Nursing Facility Level of Care (NFLOC)

Confidential and proprietary information. All rights reserved.

SCAN HEALTH PLAN®

SCAN Special Needs Plans

D-SNP Focus – Connections & Connections at Home

Connections:

Designed for people who have both Medicare and Medi-Cal

Including Medicare benefits, all Medi-Cal benefits, plus drug coverage and extra benefits like transportation, dental, vision coverage, acupuncture, hearing and more.

Connections at Home:

Designed for people who have both Medicare and Medi-Cal, and meet the State of California criteria for nursing facility level of care and live in their own home or nursing facility

As the only FIDE SNP in California, SCAN provides and administers all the Medicare benefits, all Medi-Cal benefits, drug coverage, including Long Term Services and Supports (LTSS) in designated counties (below).

California - LA, RV, SB, SD

Only FIDE SNP in CA

Connections at Home: LTSS Qualifying Criteria

Criteria:

- Chronic medical conditions that affect member's daily functioning
- Activity of Daily Living (ADL) deficits (requires physical assistance with at least 1 ADL)
- Skilled need- requires intermittent or constant nursing monitoring of health conditions
- Live in the service area (LA, Riverside, San Bernardino & San Diego)
- Members are assessed every year to ensure that they continue to qualify to receive services.

Services include:

- Care coordination
- Personal Care and light homemaking
- Travel Escort for medical appointments
- Home delivered meals
- Incontinence and hygiene supplies
- Bathroom DME
- Nutritional supplements (Rx required, not as sole source of nutrition)

For More Information:

- If you have a member who may qualify for LTSS, please contact us via Member Services: 800-559-3500, or our LTSS Call Center: 800-887-8695.

Confidential and proprietary information. All rights reserved.

scan

D-SNP New Requirements

Alzheimer's Disease and Related Dementias (ADRD) Training

Dementia care training is an integral part of the Interdisciplinary Care Team (ICT) component to ensure an understanding of Alzheimer's Disease and Related Dementias (ADRD) including symptoms and progression, behaviors and communication problems caused by and/or related to ADRD, caregiver stress and management, and community resources available for those affected by ADRD.

SCAN recommends the following:

Development of a Dementia Care Training policy and procedure for staff participating in ICT activities by Q4 2023 and integration into MOC training.

Additional information available in Resource Section

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

C-SNP Focus – Balance

Designed for people diagnosed with Diabetes.

Includes a $0 insulin benefit, including coverage through the gap.

California - LA, OC, Santa Clara, Stanislaus, Alameda, San Mateo, Fresno, Madera, RV, SB, SD, SF

Nevada - Clark, Nye

Arizona - Maricopa, Pima, Pinal

New Mexico - Bernalillo, Sandoval

Texas - Bexar, Harris

C-SNP Focus – Heart First

Designed for people diagnosed with Cardiovascular Disease, Chronic or Congestive Heart Failure.

California - LA, OC, RV, SB, Alameda, San Mateo, Fresno, Madera, SF, Santa Clara, Stanislaus SD – (Scripps)

Nevada - Clark, Nye

Arizona - Maricopa, Pima, Pinal

New Mexico - Bernalillo, Sandoval

Texas - Bexar, Harris

C-SNP Focus – Strive

Designed for members with either Diabetes, Chronic Heart Failure or Cardiovascular Disease.

Developed for a dual-eligible population.

California - LA, OC, RV, SB, SD, VN, SC, ST, Fresno, Madera

Nevada - Clark

Arizona - Maricopa, Pima

New Mexico - Bernalillo, Sandoval

Texas - Bexar, Harris

C-SNP Focus – Village Health

Designed for members with End Stage Renal Disease (ESRD)

California - LA, RV, SB

I-SNP Focus – Embrace and Health at Home

Designed for members who meet criteria for nursing facility level of care.

Embrace

- California - LA, OC, SB
- Arizona - Maricopa, Pima

Healthy at Home

- California - LA, OC, SB

Components of a SNP Model of Care (MOC)

CMS/NCQA SNP MOC Components

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

MOC 1: Description of SNP Population (General Population)

Overall SNP Population of SNP type

Subpopulation – most vulnerable

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

MOC 2: Care Coordination

SNP Staff Structure

Health Risk Assessment (**HRA**)

Face-to-Face Encounter

Individualized Care Plan (**ICP**)

Interdisciplinary Care Team (**ICT**)

Care Transition Protocols (**CT/TOC**)

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

Face to Face Encounter - New Requirements

Within the first 12 months of enrollment, as feasible and with the member's consent, the organization conducts face-to-face encounters to deliver health care, care management or care coordination services.

A face-for-face encounter must be either in person or through a visual, real-time, interactive telehealth encounter.

The encounter must be between the member and representative from any of the following:

- A member of the ICT
- Organization's case management and coordination staff.
- A healthcare provider contracted with the health plan.

Confidential and proprietary information. All rights reserved.

SCAN HEALTH PLAN®

MOC 3: Provider Network

- Specialized Expertise
- Use of Clinical Practice Guidelines and Care Transition Protocols
- MOC Training for the Provider Network
- Staff/providers deliver care to SNP members

Confidential and proprietary information. All rights reserved.
scan HEALTH PLAN®

MOC 4: Quality Measurement & Performance

- MOC Quality Performance Improvement Plan
- Measurable Goals and Health Outcomes
- Measuring Patient Experience of Care (SNP Member Satisfaction)
- Ongoing Performance Improvement Evaluation of the MOC
- Dissemination of SNP Quality Performance Related to the MOC
- Quality Measure Monitoring
- SNP model of care program evaluation process (annual)
- Quality Improvement Plan

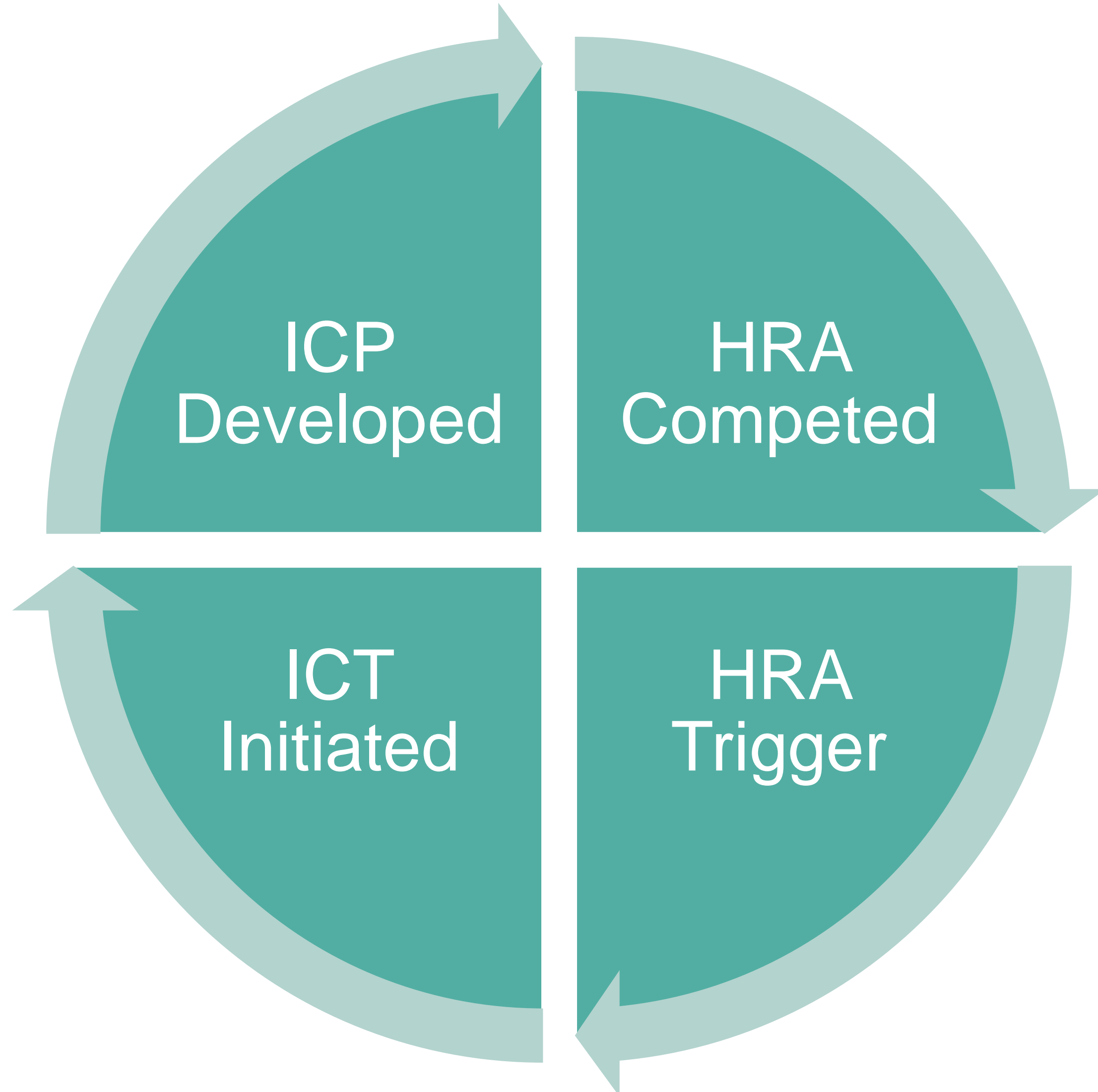
Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

Initial and Annual HRA, Trigger Report and ICP

Confidential and proprietary information. All rights reserved.

Care Coordination Process - SCAN



SCAN completes the Initial and/or Annual HRA, identifies high risk members, initiates ICT and create ICP

HRA, Trigger Report and Care Plan for all members sent to delegate - Weekly (via MFT)

Delegates are required to initiate care management on high risk members

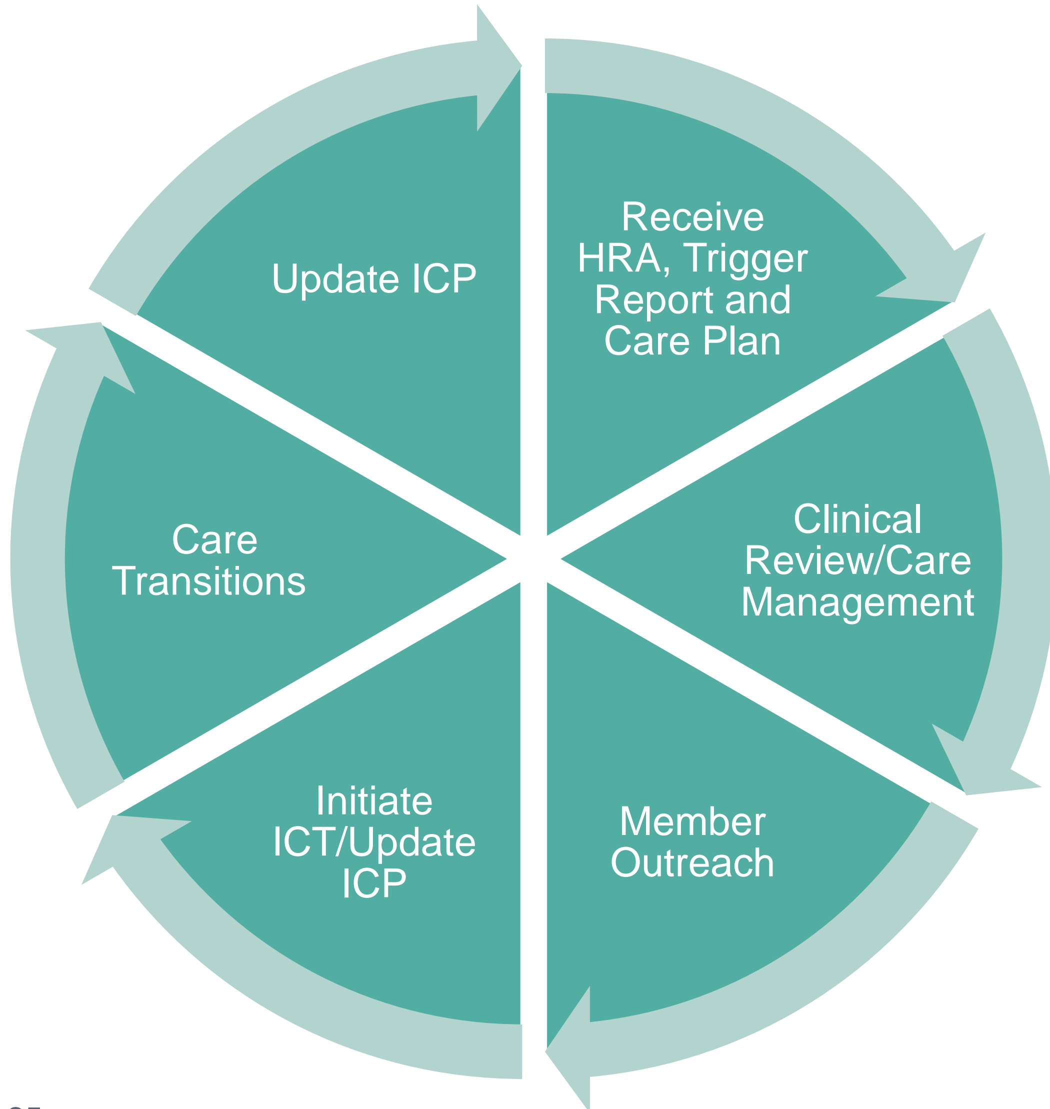
Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

Delegate Requirements & Responsibilities

Confidential and proprietary information. All rights reserved.

Care Coordination Process - Delegate



Download and document receipt of HRA, Trigger Report and Care Plan for all members - Weekly (via MFT)

**SNP MFT Schedule

Perform and document Clinical Review and Initiate Care Management

Conduct and document Member Outreach Attempts and Outcome (i.e., enrolled in CM, declined, failed contact, etc.)

**Face to Face: within first 12 months of enrollment

Conduct ICT, coordinate care create/update ICP

Coordinate Care Transitions and Update ICP with change in member condition (minimally annually)

Confidential and proprietary information. All rights reserved.

SCAN HEALTH PLAN®

Clinical Review and Case Management

Confidential and proprietary information. All rights reserved.

Clinical Review and Case Management

Clinical review may include, but is not limited to medical claims, pharmacy claims, HRA responses and Care Plan.

- Two or more admissions or ER visits in the past 6 months
- Change of health status/condition
  - Hospital admission or readmission
  - Additional chronic diagnosis since last review
  - New high risk medication
- Difficulty managing medications/non-adherence
- End of life needs requiring palliative or hospice care
- Have not seen their PCP in past 12 months despite need for ongoing monitoring
- Access to care issues
- Two or more incidents of falls and other related accidents in the past 6 months
- Other concerns or conditions requiring ongoing follow up

Confidential and proprietary information. All rights reserved.

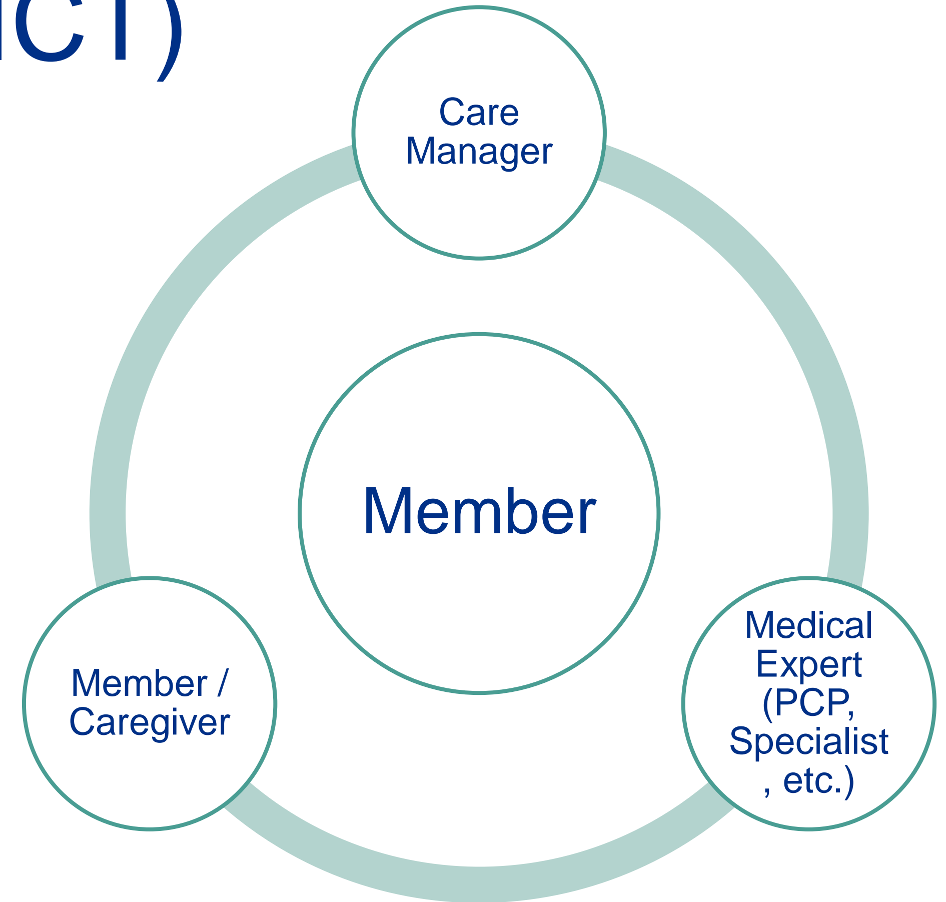
SCAN HEALTH PLAN®

Interdisciplinary Care Team (ICT)

Confidential and proprietary information. All rights reserved.

Interdisciplinary Care Team (ICT)

- All ICT participants are required to complete annual MOC training
- The ICT addresses the unique needs of the member, coordinates care and develops ICP
- Format: In- person, Telephonically, Electronically
- Outcomes of the ICT contribute to the continual management and improvement of member health status



Composition dependent on member needs (minimal participation member/caregiver, Care Manager and PCP)

Confidential and proprietary information. All rights reserved.
SCAN HEALTH PLAN®

SNP ICT Operations and Documentation

Complete ICT within 30 calendar days of receipt of Trigger report and ICP

Document:

1. Date member trigger report/referral received
2. Member’s acuity level
3. Date of ICT
4. ICT Participants
5. Clinical Review
6. Summary of case discussion and recommendations

Document failed contact and member declined

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

Individualized Care Plan (ICP)

Confidential and proprietary information. All rights reserved.

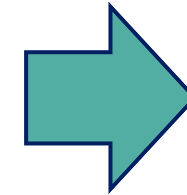
Creating the SNP Care Plan

Step	Description
Review	Upon receipt of SCAN documents: Review HRA/ICP for triggered members
Complete	Complete a clinical review of all available member medical records to identify any new concerns and document
Outreach	Outreach to member, documenting attempts and outcome within 30 days of receipt of trigger report
Review	Review all triggers with the member on your outreach and assess for any other concerns, determine acuity level and need for case management.
Review	Review all findings in your Interdisciplinary Rounds
Send	Send the revised care plan to PCP and member

Confidential and proprietary information. All rights reserved.
scan HEALTH PLAN®

When to Update the Care Plan:

- Clinical review identifies a change of health status not reflected on the SCAN care plan
- During member outreach/assessment, a new concern is identified
- As a result of Interdisciplinary Team review
- A change of health status that occurs at any point during the member journey (e.g. admit/discharge from a facility)



Send the revised care plan to the member and PCP

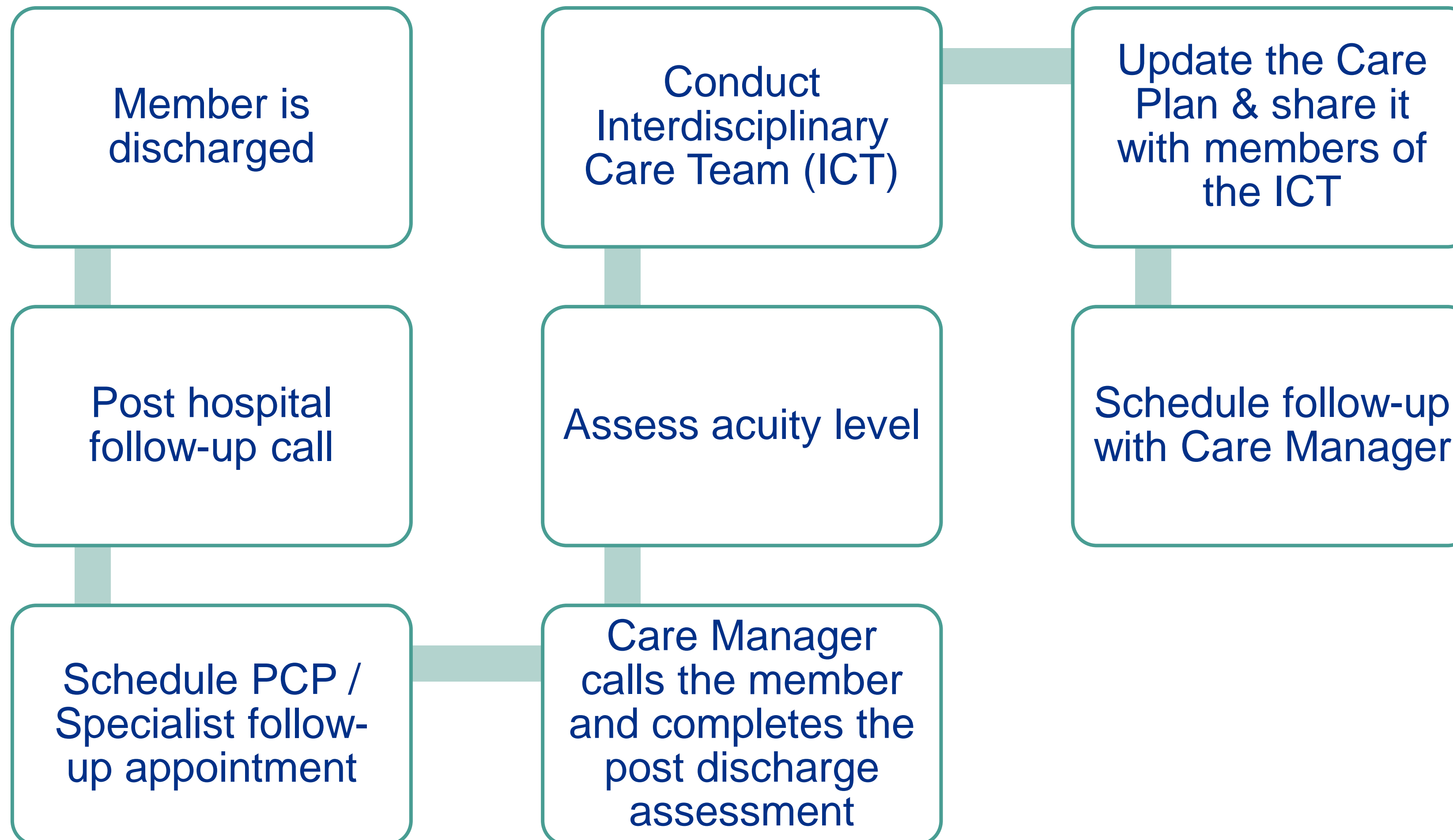
Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

Care Transitions

Confidential and proprietary information. All rights reserved.

Coordinating Care Transitions



Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

Care Transitions (CT) Documentation

Care Transitions documentation must include:

- "Patient outreach was completed/attempted within 5 business days of discharge from one setting to another".
- Notification to PCP within five business days of discharge
- Ensure follow-up services and appointments are scheduled within 5 business days of transition
- The team ensures there is an identified provider directing the member's care and any other providers who need to be aware of the transition are notified.
- Care plan transferred between settings before, during, after transition of care
- Member coaching occurred
- Members of the ICT and members/caregivers have access to the plan of care

Confidential and proprietary information. All rights reserved.

SCAN HEALTH PLAN®

Advance Care Planning

Confidential and proprietary information. All rights reserved.

Advance Directive

Advance Directive is an ongoing conversation that:

- Involves *shared decision making* to clarify and document an individual's wishes, preferences, and goals regarding future medical care.
- This comprehensive process is critically important to ensuring patients receive the medical care they want in the event they lose the capacity to make their own decisions.
- PCPs are required to educate and should encourage each Member to complete an advance directive and document in the Member's medical record
- Completed advance directives must be placed in a prominent place in the Member's medical record (See 42 CFR 422.128(b)(1)(ii)(E)).

Resources:

- 'Prepare for your Care' https://prepareforyourcare.org/en/welcome
- https://www.scanhealthplan.com/caregivers-and-family/advance-care-planning

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

SNP MOC Monitoring and Oversight

Confidential and proprietary information. All rights reserved.

SNP MOC Oversight (Annual Audit)

	Scheduled Annually	Request for audit document
	Timely Submission of audit documents.	This includes MOC training for ICT participants of selected files.
	Audit Performed	Ensure appropriate participants available for case review
	Notification of Audit Outcome	- Pass - CAP

Once CAP issued we cannot change audit results for untimely submission of documents.

Confidential and proprietary information. All rights reserved.

SCAN HEALTH PLAN®

Corrective Action Plan – Creating a Successful Response

Corrective Action Plans

Perform Root Cause Analysis - the "why" deficiency occurred.

Corrective Action Plan - Group plan for correcting deficiency including

Implementation Date(s)

Responsible Individual- Must be a person not a department

Repeat Deficiencies

Each repeat deficiency requires new Root Cause Analysis and Corrective Action Plan.

File Review Deficiencies

File Review Deficiencies require Root Cause Analysis and Corrective Action Plan including implementation of any process change (including staff training, etc.)

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

Quality Measurement & Performance

Confi

Measurable Goals and Health Outcomes

SCAN identifies specific health outcome measures (examples below) and initiates activities and operational processes to improve and enhance member experience.

Improve access to Annual Flu Vaccine.	Improve access to SNP Care Management.	Improve Care for Older Adults – Medication Review.	Controlling Blood Pressure.	Medication Reconciliation Post-Discharge.	Statin Therapy for Patients with Cardiovascular Disease.	Getting Appointments and Care Quickly.	Hospitalization for Potentially Preventable Complications (HPC).

Confidential and proprietary information. All rights reserved.

SCAN HEALTH PLAN®

Model of Care Training and Attestation

Chapter 42 of the Code of Federal Regulations, Part 422 (42 CFR 422.101 (f)(2)(ii))

Confidential and proprietary information. All rights reserved.

SNP Model of Care Training

SCAN requires initial and annual SNP Model of Care training for network providers who see SNP members on a routine basis

CMS requires proof of completion of SNP Model of Care Training

SCAN keeps proof of your participation:

- When you attend one of the SCAN SNP MOC training webinars
- When you watch the recorded webinar (available on demand in October)

Some Groups create their own SNP MOC Training:

- This training needs to be approved by SCAN
- Groups need to keep proof of staff completion of this training

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

Questions and Comments

Confidential and proprietary information. All rights reserved.

SCAN HEALTH PLAN®

SNP MOC Resources

SNP MOC Provider Training Resources

- SCAN SNP MOC Provider Training
- SNP Plan Codes

Confidential and proprietary information. All rights reserved.

D-SNP Focus - Alzheimer's Disease and Related Dementias (ADRD) Resources

- **Alzheimer's Dementia Care Specialist Training.** https://www.alz.org/professionals/professional-providers/dementia-care-training-certification
- **Available tools to assess patient cognition:** Dementia Care Aware website and associated resources, available here: https://www.dementiacareaware.org/
- **DHCS CalAIM D-SNP Policy Guide 2023** https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx
- **California Alzheimer's Disease Centers**' "Assessment of Cognitive Complaints Toolkit for Alzheimer's Disease" https://www.cognivue.com/publications/american-academy-of-neurology-mild-cognitive-impairment-quality-measurement-set/#:~:text=The%20workgroup%20approved%206%20measures%3A%20%281%29%20Annual%20cognitive,provided%20to%20care%20partners%20of%20patients%20with%20MCI
- **2023 Alzheimer's Disease Facts and Figures** https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf

Confidential and proprietary information. All rights reserved.

scan HEALTH PLAN®

SNP MFT Schedule

SNP Report	Job Schedule	Day of the Week Report is Sent
Completed HRA and Care Plans	Weekly	Saturdays
Trigger Reports	Weekly	Mondays
SNP Membership	Monthly	5th of Month

Confidential and proprietary information. All rights reserved.
scan HEALTH PLAN®

CMS SNP Resources

CMS Website

- https://www.cms.gov
  - Medicare Managed Care Manual Chapter 5
  - Medicare Managed Care Manual Chapter 16b

Confidential and proprietary information. All rights reserved.

Delegated Model

SCAN ***delegates*** care and services to contracted provider organizations to provide medical and mental health care and services.

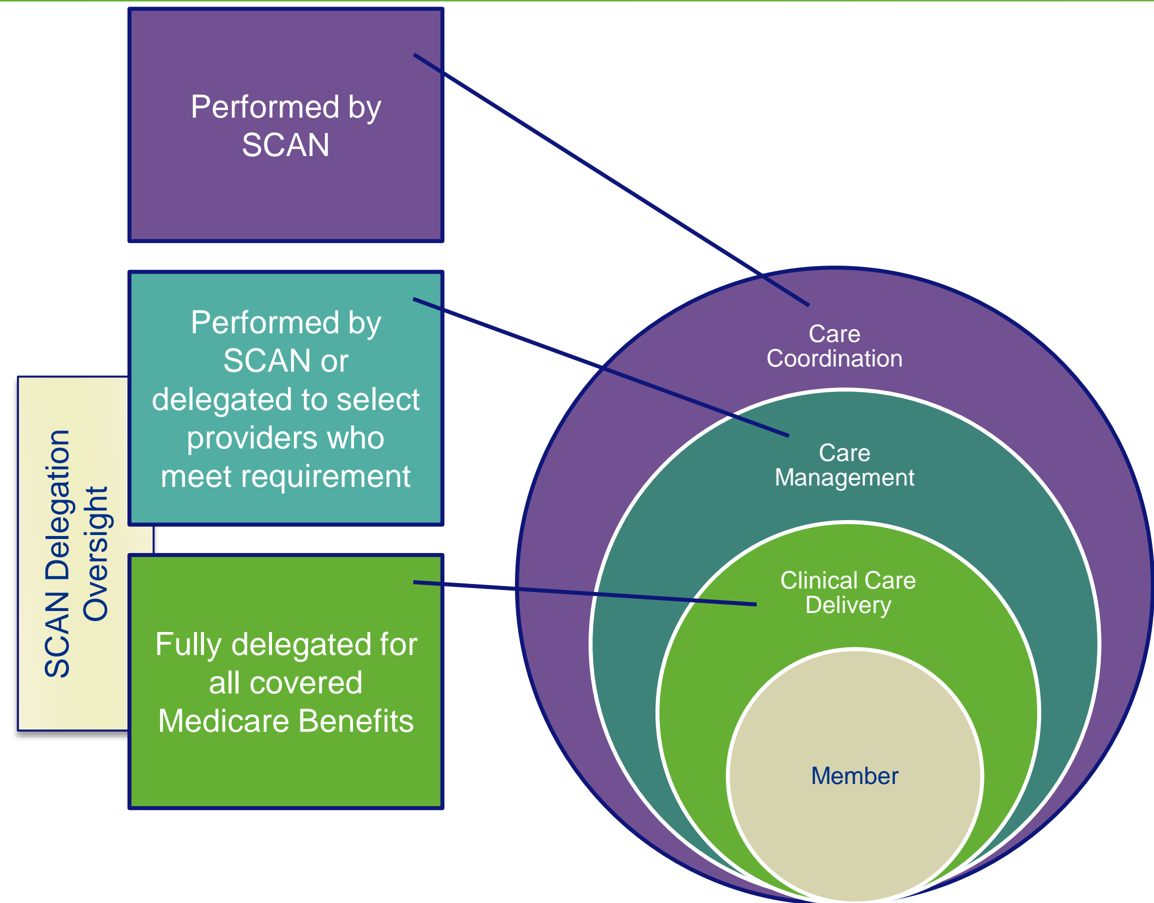
SCAN supports ***members*** in a comprehensive manner, while providing the information, support and assistance necessary to more actively manage their own care, including assessing the member's needs (HRA) and coordinating care and benefits

SCAN supports ***provider*** organizations by providing:

- Training
- Technical assistance and tools
- Evidenced Based Practice Guidelines
- Collaboration on quality measures (i.e., CMS 5 Star, Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Health Outcomes Survey (HOS))

SCAN performs ***oversight*** through initial and annual audits to evaluate the delegate's ability to perform delegated activities and reporting.

SCAN ***monitors*** member experience (grievance trends and quality investigations)



Confidential and proprietary information. All rights reserved.

SCAN HEALTH PLAN®