Medical Management Department

SNP MODEL OF CARE TRAINING FOR CALENDAR YEAR 2011

December 2010

EmblemHealth

What are Medicare Special Needs Plans (SNPs)?

- Medicare Special Needs Plans (SNPs) are specially designed Medicare Advantage plans, which have the the following features:

  - ❖ Enrollment is limited to Medicare beneficiaries within the target SNP population.
  - ❖ Benefit plan is custom designed to meet the needs of the designated population.
  - ❖ SNP members normally have additional election periods to change their Medicare coverage.

SNPs offered by EmblemHealth in 2011

Emblem Medicare has **two** Special Needs Plans in 2011.

- Dual Eligible (HMO SNP): A Medicare Advantage HMO plan where enrollment is limited to beneficiaries who have some level of Medicaid eligibility. This plan contains members who were in the HIP VIP Dual Eligible Plan, the HIP Medicaid Advantage Plan and the Managed Long Term Care (MLTC) Plan in 2010.
- Dual Eligible (PPO SNP): A Medicare Advantage PPO plan where enrollment is limited to beneficiaries who have some level of Medicaid eligibility. This plan contains the members who were in the GHI Any Dual and GHI Full Dual Plans in 2010.

Within these two SNPs, members may be eligible for different benefits, depending on what plan they are enrolled in. Before approving services, please check the benefits to make sure they are covered.

What are the eligibility requirements for joining one of our Dual Eligible SNPs in 2011?

- In order to join one of our Medicare Advantage Special Needs Plans in 2011, the individual must:
  - Have Medicare Part A and Part B coverage.
    [Beneficiaries are eligible for Medicare through age (> 65) or through disability].
  - Live in the county where the plan they wish to join is offered.
  - Not have End Stage Renal Disease.
  - Be eligible for **some** level of Medicaid coverage.
    [Medicaid coverage level is normally determined by income and can range from payment of the Medicare Part B premium for higher income individuals to full medical coverage for lower income individuals.]

How to identify EmblemHealth PPO SNP members

Service Area PBP	Plan Name	GHI Category Code	Base Benefit (Plan ID MaxMc Screen 1)	Client Code	Plan Type
SNP NYC Boroughs, Westchester and Rockland Counties					
018	Dual Eligible (PPO SNP)	KAY	PEGSNP	MAPDSNP	Base Plan (Medicare benefits only)
018	Dual Eligible (PPO SNP)	KAY	PEGSNP	MAPDSNP	Partial Dual Grace Period Plan (Medicare benefits only)
SNP NYC Boroughs					
018	Dual Eligible (PPO SNP)	KAU	PEGSNP	MAPDSNP	Base Plan (Medicare benefits only)
018	Dual Eligible (PPO SNP)	KAL	PEGMDA	MAPDSNP	Full Dual (Medicaid Advantage benefits)
018	Dual Eligible (PPO SNP)	KAT	PEGMDA	MAPDSNP	Full Dual Grace Period Plan (Medicaid Advantage benefits)
SNP Westchester and Rockland Counties					
018	Dual Eligible (PPO SNP)	KAW	PEGSNP	MAPDSNP	Base Plan (Medicare benefits only)
018	Dual Eligible (PPO SNP)	KAN	PEGMDA	MAPDSNP	Full Dual (Medicaid Advantage benefits)
018	Dual Eligible (PPO SNP)	KAV	PEGMDA	MAPDSNP	Full Dual Grace Period Plan (Medicaid Advantage benefits)

How to identify EmblemHealth HMO SNP members

Service Area PBP	Plan Name	GHI Category Code	Base Benefit (Plan ID MaxMc Screen 1)	Client Code	Plan Type
H3330					
NYC Boroughs, Nassau, Suffolk and Westchester Counties					
029-000	Dual Eligible (HMO SNP)	N/A	PEVSD1	920	Base Plan (Medicare benefits only)
029-000	Dual Eligible (HMO SNP)	N/A	PEVSD1	920	Partial Dual Grace Period Plan (Medicare benefits only)
NYC Boroughs					
029-000	Dual Eligible (HMO SNP)	N/A	PEHMDA	920	Full Dual (Medicaid Advantage benefits)
029-000	Dual Eligible (HMO SNP)	N/A	PEHMDA	920	Full Dual Grace Period (Medicaid Advantage benefits)
029-000	Dual Eligible (HMO SNP) MAP/MLTC	N/A	PEMAP1	910	Full Dual (MAP/MLTC benefits)
029-000	Dual Eligible (HMO SNP) MAP/MLTC	N/A	PEVSD1	920	Full Dual Grace Period (MAP/MLTC benefits)

How to identify EmblemHealth HMO SNP members (cont'd)

Service Area/PBP	Plan Name	GHI Category Code	Base Benefit (Plan ID MaxMc Screen 1)	Client Code	Plan Type
Nassau, Suffolk and Westchester Counties					
029-000	Dual Eligible (HMO SNP)	N/A	PEHMDA	920	Full Dual (Medicaid Advantage benefits)
029-000	Dual Eligible (HMO SNP)	N/A	PEHMDA	920	Full Dual Grace Period (Medicaid Advantage benefits)
029-000	Dual Eligible MAP/MLTC (HMO SNP)	N/A	PEMAP1	910	Full Dual (MAP/MLTC benefits)
029-000	Dual Eligible MAP/MLTC (HMO SNP)	N/A	PEVSD1	920	Full Dual Grace Period (MAP/MLTC benefits)
810	Dual Medicaid Advantage	N/A	PEVSD1	920	SNP Full Dual HMO (Employer Group Plan)

SNP Plan Details

	Dual Eligible (HMO SNP)	Dual Eligible (HMO SNP)	Dual Eligible MAP/MLTC (HMO SNP)	Dual Eligible (PPO SNP)	Dual Eligible (PPO SNP)
Medicaid Eligibility Level	**Any Level of Medicaid**	**Full Medicaid**	**Full Medicaid**	**Any Level of Medicaid**	**Full Medicaid**
Plan Availability (Counties)	New York, Kings, Queens, Richmond, Bronx, Nassau, Suffolk, Westchester	New York, Kings, Queens, Richmond, Bronx, Nassau, Suffolk, Westchester	New York, Nassau, Suffolk, Westchester	New York, Kings, Queens, Richmond, Bronx, Westchester, Rockland	New York, Kings, Queens, Richmond, Bronx, Westchester, Rockland
Base Plan in 2011	PEVSD1 (direct pay plan and group plan)	PEHMPA	PE-MAP1	PEGSNP	PEGMDA
Referrals Required	Yes	Yes	Yes	No	No
PCP Selection Required	Yes	Yes	Yes	No	No
Must Use Plan Providers	Yes	Yes	Yes	No	No
Members May Belong to Delegates	Yes	Yes	No	Yes **(Case Management or Mental Health)**	Yes **(Case Management or Mental Health)**

What is the SNP Model of Care?

The **SNP Model of Care** is a service delivery mechanism that contains the following elements:

- Measurable goals
- Staff structure and Care Management roles
- Interdisciplinary care team
- Provider network having special expertise and use of Clinical Practice Guidelines
- Model of Care training
- Health Risk Assessment
- Communication network
- Performance and health outcome measurement

What are the SNP Model of Care Goals for our members?

The **SNP Model of Care Goals** for our members fall into six categories:

- Improve **Access** to medical, mental health, social services, affordable care and preventive health services
- Improve **Coordination of Care** through an identified point of contact
- Improve **Transitions of Care** across health care settings and practitioners
- Assure **Appropriate Utilization** of services
- Assure **Cost-Effective** service delivery
- Improve **Beneficiary Health Outcomes**

How does our SNP Model of Care operate?

- Our SNPs have an appropriate medical team with clearly defined roles. The team provides the infrastructure necessary to coordinate the plan of care and provide appropriate staff and program oversight.

- The Care Management staff assume an important role in developing and implementing the individualized care plan, coordinating care and sharing information with the interdisciplinary care team and the member.

- The provider network offers broad practitioner representation from the medical, diagnostic and treatment arenas with the specialized expertise to care for members within the Dual Eligible SNP population.

What is the Health Risk Survey and how do we use it?

- The **Health Risk Survey** (HRS) is a customized survey tool that is sent to Medicare SNP members when they first enroll and annually thereafter. The HRS asks members questions about their current health status.

- If we don’t receive a completed survey from one of the members, we follow up with the member since this information is an important evaluation mechanism.

- The survey results are collected and analyzed. These results are used as input in developing the individualized care plan.

What is the Individualized Care Plan?

- The **Individualized Care Plan** is the initial and ongoing mechanism of evaluating the member's current health care condition and medical history, and for formulating an action plan to address areas of concern.
- Since members can have varying levels of health (ranging from very good to very bad), the individualized care plan provides a structure to organize outreaches to the interdisciplinary care team and to document results.
- The individualized care plan is re-evaluated on a regular basis or if the member's health **status** undergoes a substantial change.

Individualized Care Plan Generation

- Individualized care plans are generated in the Care Management Data System, based on the responses from the newly enrolled and annual HRS survey.
- These care plans will be routed to Case Management and will be reviewed to identify clinical issues. Cases will be assigned to the appropriate resources (in Case Management, Mental Health or Disease Management) for medical management.

How do we communicate with the SNP team?

- The SNP will have regular care coordination and case roundtable meetings to discuss the needs, challenges and successes of SNP members. The member cases discussed at these meetings will be selected based on various criteria including poor health status, not meeting SNP goals or the sharing of best practices.
- If you are needed at one of these team meetings, we will make every effort to accommodate your schedule. However, it is important that you make yourself available to discuss your SNP patients as needed so that we can work together to move these members towards their **optimal** health status.

How will we know if we have achieved our SNP goals?

We will know if we have achieved our goals for the SNP population by reviewing the available outcome measures. We will make modifications to the SNP program based on the results. These reviews are part of the Quality Management (QM) and Utilization Management (UM) processes.

We will be closely monitoring the following items to see if we have met our goals to improve beneficiary health outcomes:

- Reducing hospitalizations and skilled nursing facility placements
- Improving self-management and independence
- Improving mobility and functional status
- Improving pain management
- Improving quality of life and satisfaction with health services and health status

We will also review the CMS audit.

For SNP members managed by Delegates

- Delegates are responsible for performing all of the required SNP Model of Care functions to ensure compliance with the structure and process measures, which are monitored by the National Committee for Quality Assurance, and other CMS requirements.
- In addition to developing an individualized care plan of care for SNP members, Delegates are responsible for monitoring and reporting on SNP transition-of-care requirements for their enrolled UM members and for reporting these required measures to the plan.

THANK YOU.

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