



DSNP MOC Training - 2022

# SNP (Special Needs Program) for Medicare-Medicaid Dual Members

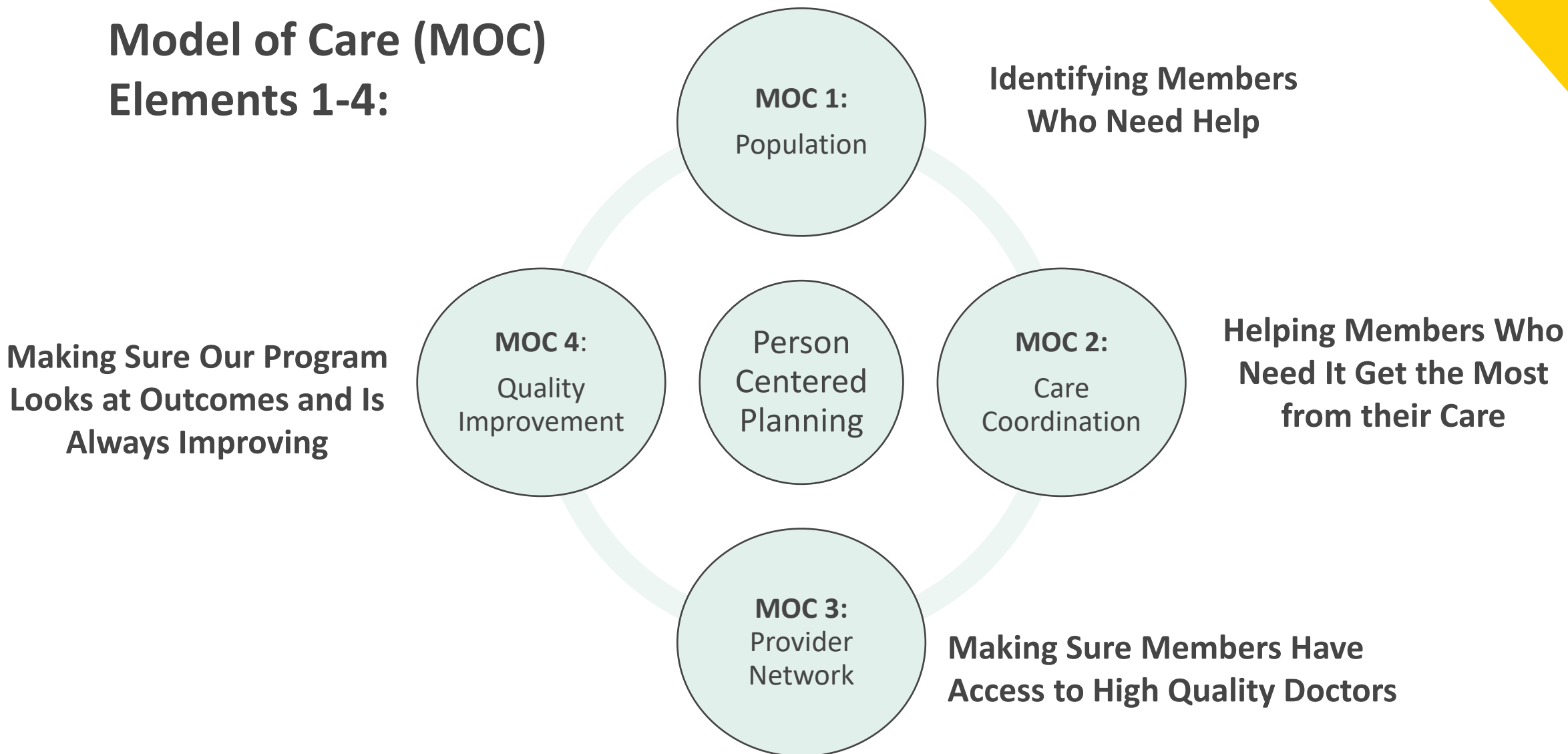


- Our HAP Empowered Dual Eligible Special Needs Plan (D-SNP) program is designed to optimize the health and well-being of our aging, vulnerable and chronically ill members by a focused approach to:
  - Improve access to essential services and affordable care
  - Improve coordination of care and transitions of care
  - Improve access to preventive health services
  - Facilitate appropriate utilization of services
  - Improve beneficiary health outcomes
  - Engage provider network in our support services
- **This module is meant to briefly describe our HAP Empowered D-SNP Model of Care Elements and care plan management programs with emphasis on:**
  - Our person centered care management approach
  - The Interdisciplinary Care Team (ICT)
  - Individualized Care Plan (ICP)

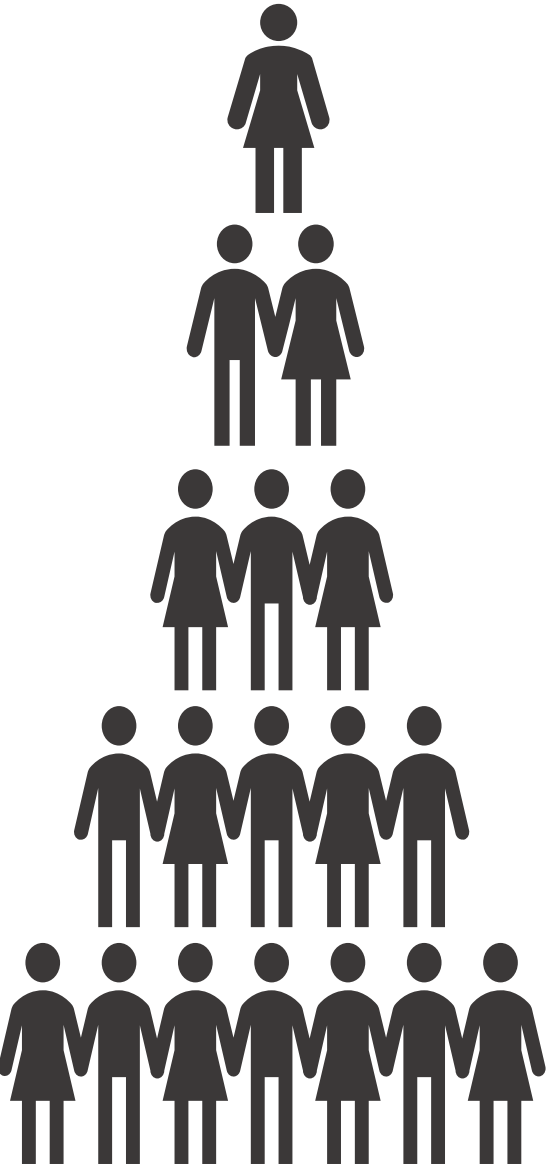
# SNP (Special Needs Program) for Medicare-Medicaid Duals – Model of Care Elements



## Model of Care (MOC) Elements 1-4:



# SNP (Special Needs Program) for Medicare-Medicaid Duals – MOC 1 The Population



20% - Health Care Delivery

**EVIDENCE-BASED MEDICINE**

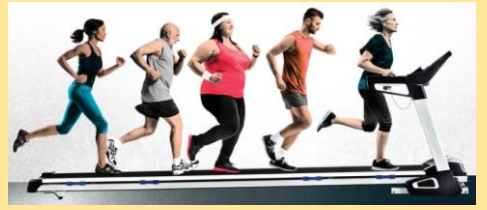
EXPERTISE VALUES EVIDENCE

**HEALTHCARE ACCESS**



Understand your health coverage.

30% - Health Behaviors/Genetics



10% - Physical Environment



40% - Socioeconomics



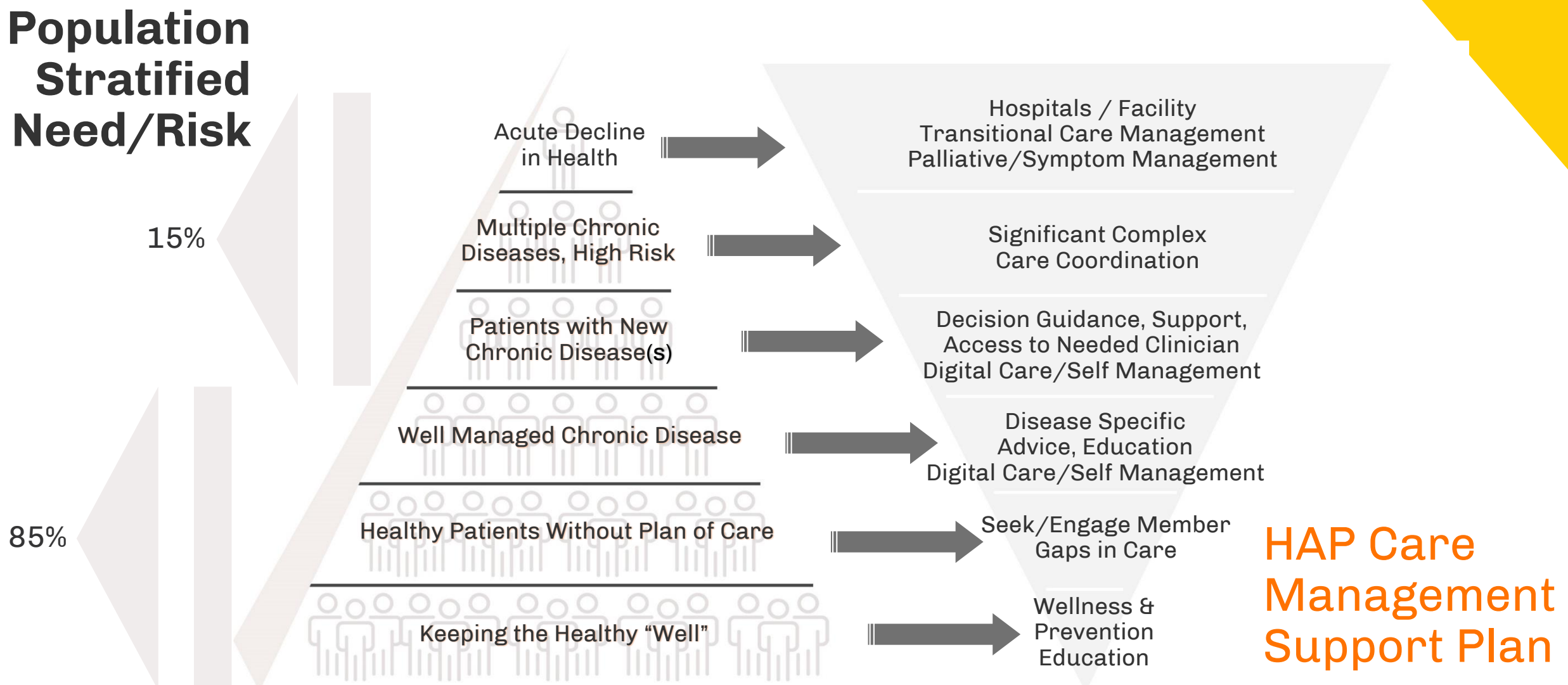
**ZIP CODE**  
THE HIDDEN VITAL SIGN



# SNP (Special Needs Program) for Medicare-Medicaid Duals – MOC 2 Care Coordination



## Population Stratified Need/Risk



**HAP Care Management Support Plan**

# SNP (Special Needs Program) for Medicare-Medicaid Duals – MOC 2 The Care Plan



- An Individualized Care Plan (ICP) is the mechanism for evaluating the member's current health status. It is the **ongoing action plan** to address the member's care needs in conjunction with the ICT and member.
- These plans contain member-specific problems, goals and interventions, addressing issues found during initial health risk assessment (HRA) and any team interactions.
- An ICP is developed and maintained to support each D-SNP member using:
  - The Member and/or their caregiver of choice is involved in the development of their ICP
  - The ICP is based on the Member's health risk assessment and any identified opportunities
  - The ICP is prioritized to consider the Member's preferences and their desired engagement
  - The ICP is regularly updated to reflect any change in the Member's medical and psychosocial status
  - Input from members of the Interdisciplinary Care Team (ICT) provide specialized expertise to care for the member as a whole person
  - Revision includes evaluation of identified goals and whether they are met
  - The ICP is communicated for coordination of care and when there is a transition to a new care setting, such as a hospital or Skilled Nursing Facility (SNF)
  - The ICP is also provided to PCP and Member/Caregiver

# SNP (Special Needs Program) for Medicare-Medicaid Duals – MOC 2 The Care Team



**The Interdisciplinary Care Team (ICT) Focuses on Members Needs to Create the ICP**



# SNP (Special Needs Program) for Medicare-Medicaid Duals – MOC 2 The Care Team



- **The Interdisciplinary Care Team's (ICT) Role is to:**
  - Determine each member's goals and needs
  - Coordinate member care
  - Identify problems and anticipate member crisis
  - Educate members about their conditions and medications
  - Coach members to use their individualized care plan
  - Refer members to community resources
  - Manage transitions
    - Identify problems that could cause transitions
    - Try to prevent *unplanned* transitions
  - Coordinate Medicare and Medicaid benefits for members
  - Identify and assist members with changes in their Medicaid eligibility



# SNP (Special Needs Program) for Medicare-Medicaid Duals – MOC 3 Provider Network



- Provider partners are a key part of the interdisciplinary care team. Our D-SNP Model of Care offers an opportunity for us to work together for the benefit of our members
- Providers support members by:
  - Enhancing communication
  - Focusing on each individual member's special clinical needs
  - Delivering care management programs to help with the patient's medical and non- medical needs
  - Supporting the member's plan of care
  - Communicate with D-SNP care managers, ICT members, members and caregivers
  - Collaborate with our organization on the ICP
  - Review and respond to patient-specific communication
  - Support the work of the ICT

# SNP (Special Needs Program) for Medicare-Medicaid Duals – MOC 4 Quality Improvement



- The Quality Improvement Program ensures that the SNP members receive high-quality health care services and benefits.
- The goal of HAP's Quality Improvement Program (QIP) is to increase HAP's effectiveness and efficiency and integrate quality measurement and performance improvement concepts that drive change.
- The quality performance improvement plan is designed to determine whether the overall MOC structure effectively supports beneficiaries' unique health care needs by evaluating:
  - Overall clinical outcomes (HEDIS, readmissions)
  - Access to preventive services
  - Member experience in the health plan
  - Ability of members to effectively use their benefits

Thank you for completing the  
HAP Empowered Duals (HMO D-SNP)  
Model of Care training!

Please return to the attestation page.



“ Our mission is to enhance the health  
and well-being of the lives we touch ”

