DSNP MOC Training - 2022

01012022

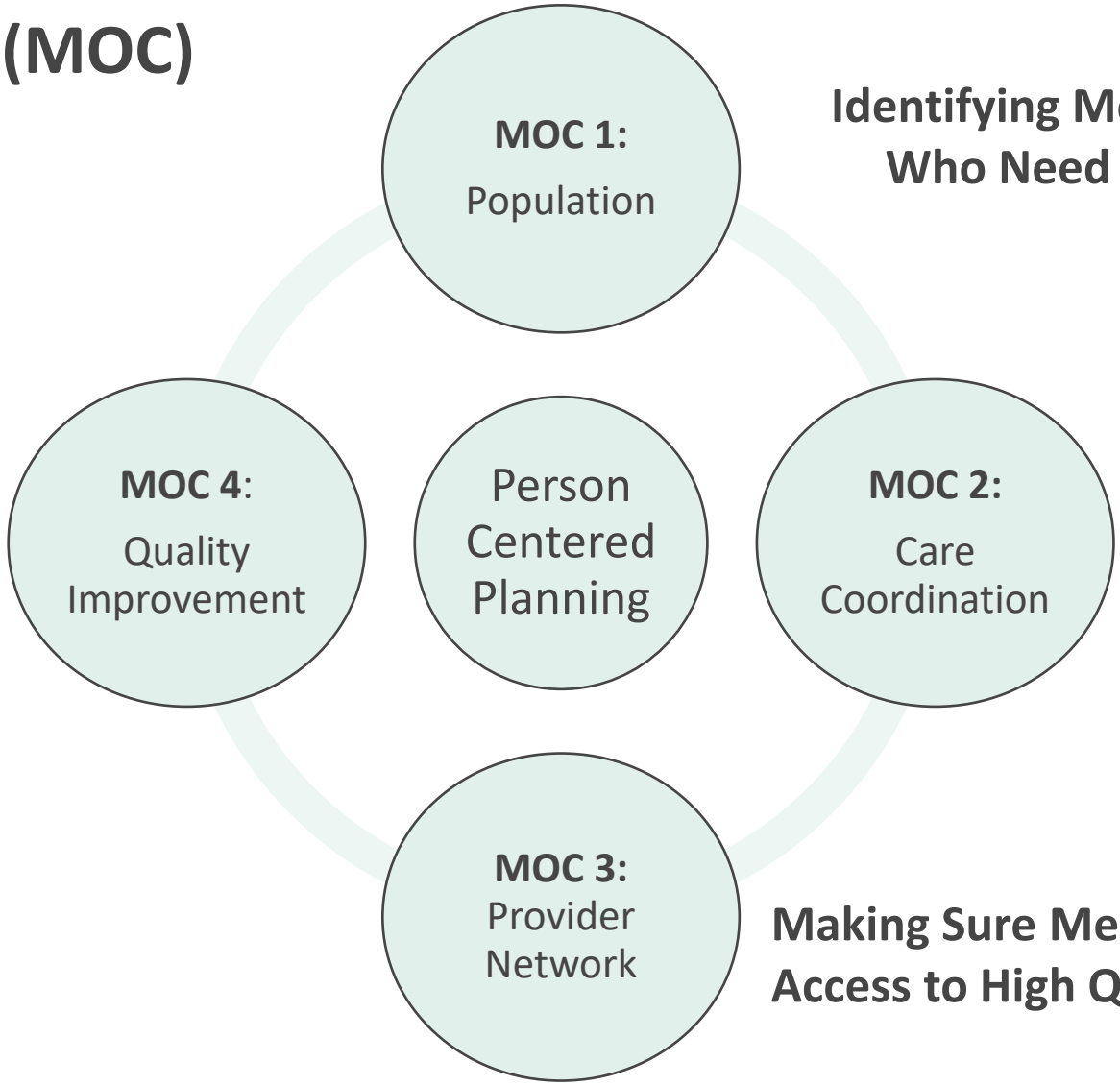
SNP (Special Needs Program) for Medicare-Medicaid Dual Members

- 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:



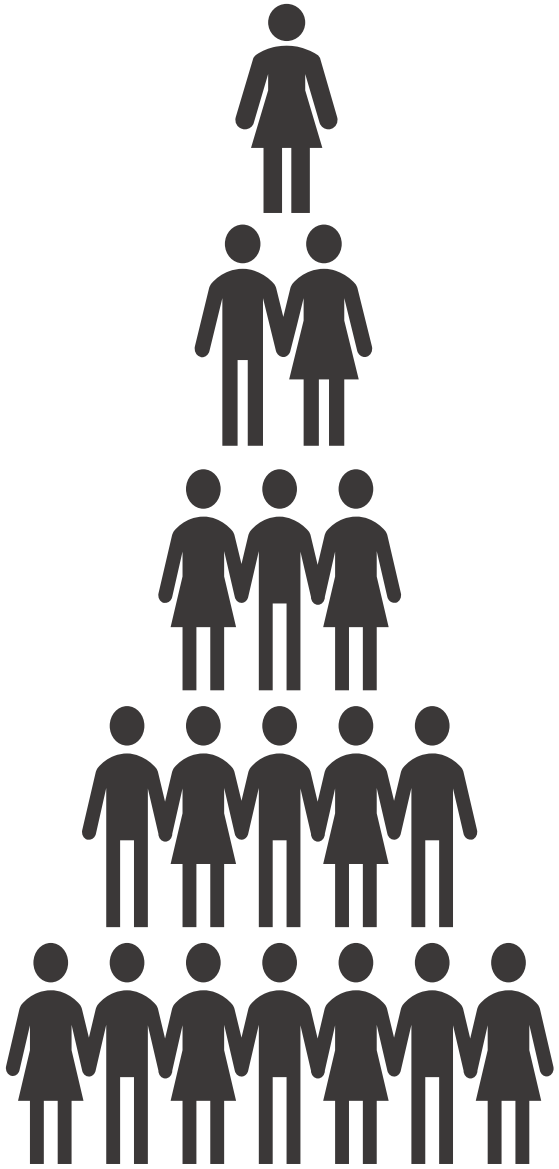
Identifying Members Who Need Help

Helping Members Who Need It Get the Most from their Care

Making Sure Members Have Access to High Quality Doctors

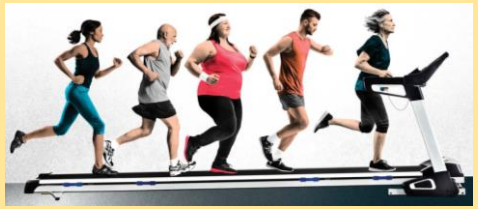
Making Sure Our Program Looks at Outcomes and Is Always Improving

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



20% - Health Care Delivery

30% - Health Behaviors/Genetics

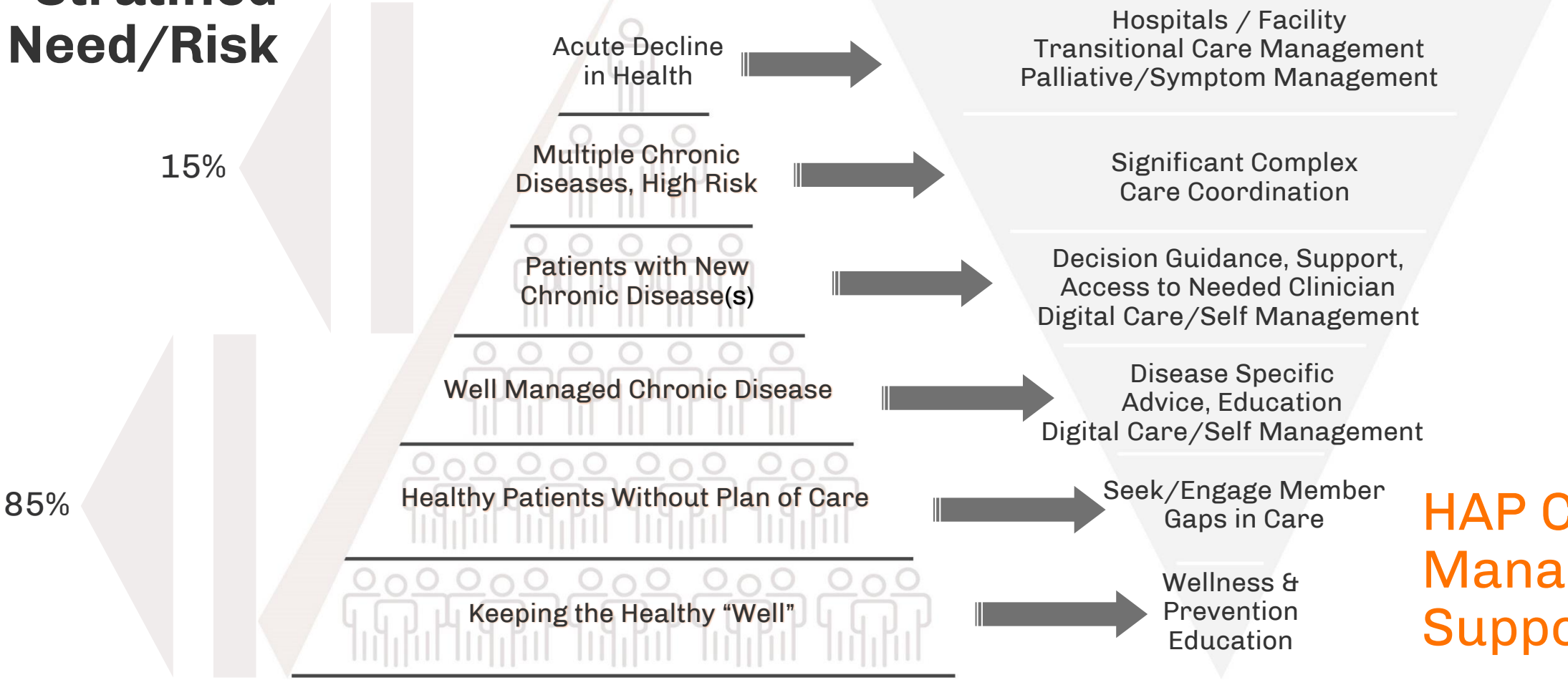


10% - Physical Environment

40% - Socioeconomics

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”