



HAP Medicare Complete Duals (HMO D-SNP) Model of Care Training - 2023

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

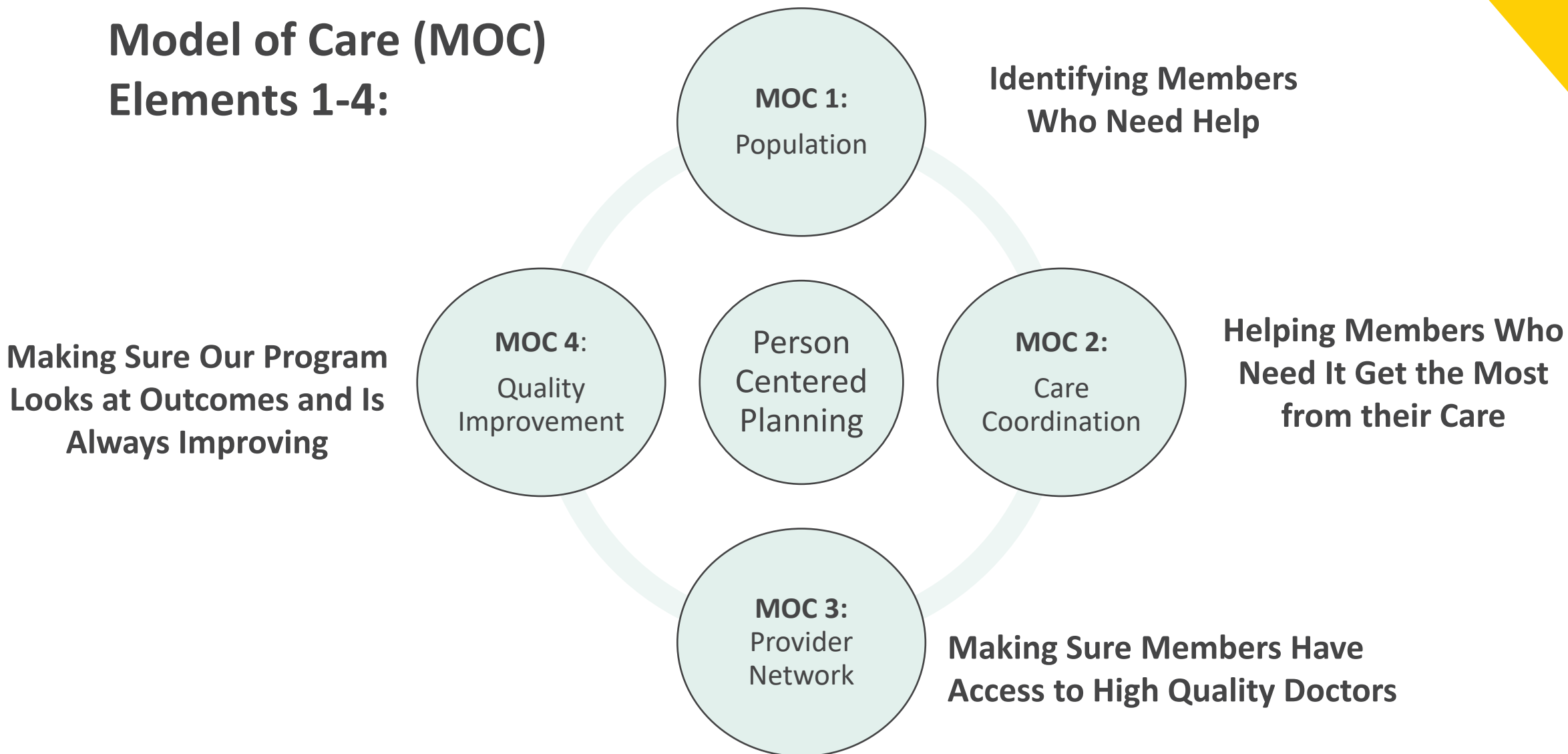


- Our HAP Medicare Complete Duals (HMO D-SNP) program is designed to optimize the health and well-being of our aging, vulnerable and chronically ill members by a focused approach to:
 - Improve access to essential services and affordable care
 - Improve coordination of care and transitions of care
 - 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 Medicare Complete Duals (HMO 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)

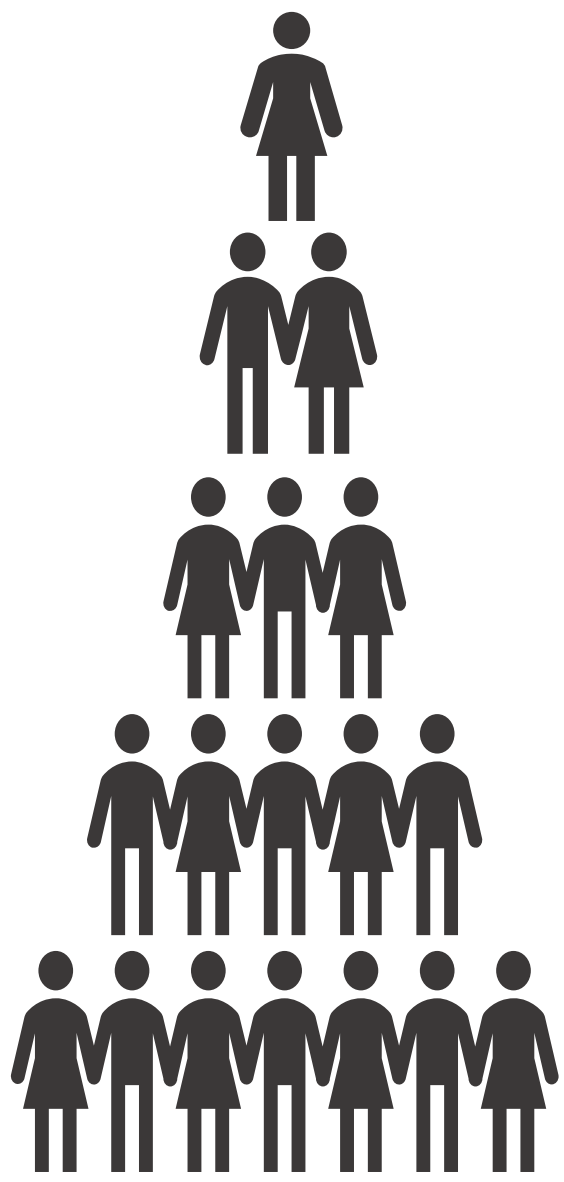
SNP (Special Needs Program) for Medicare-Medicaid Duals – Model of Care Elements



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

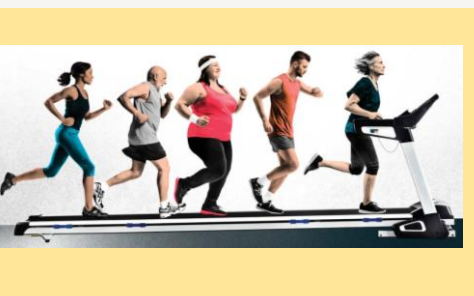
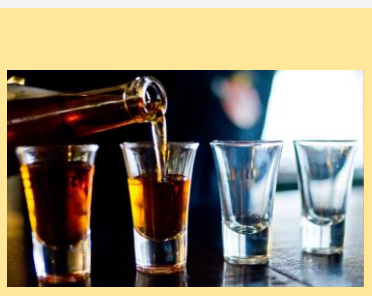
EXPERTISE VALUES EVIDENCE

HEALTHCARE ACCESS



Understand your health coverage.

30% - Health Behaviors/Genetics



10% - Physical Environment



40% - Socioeconomics



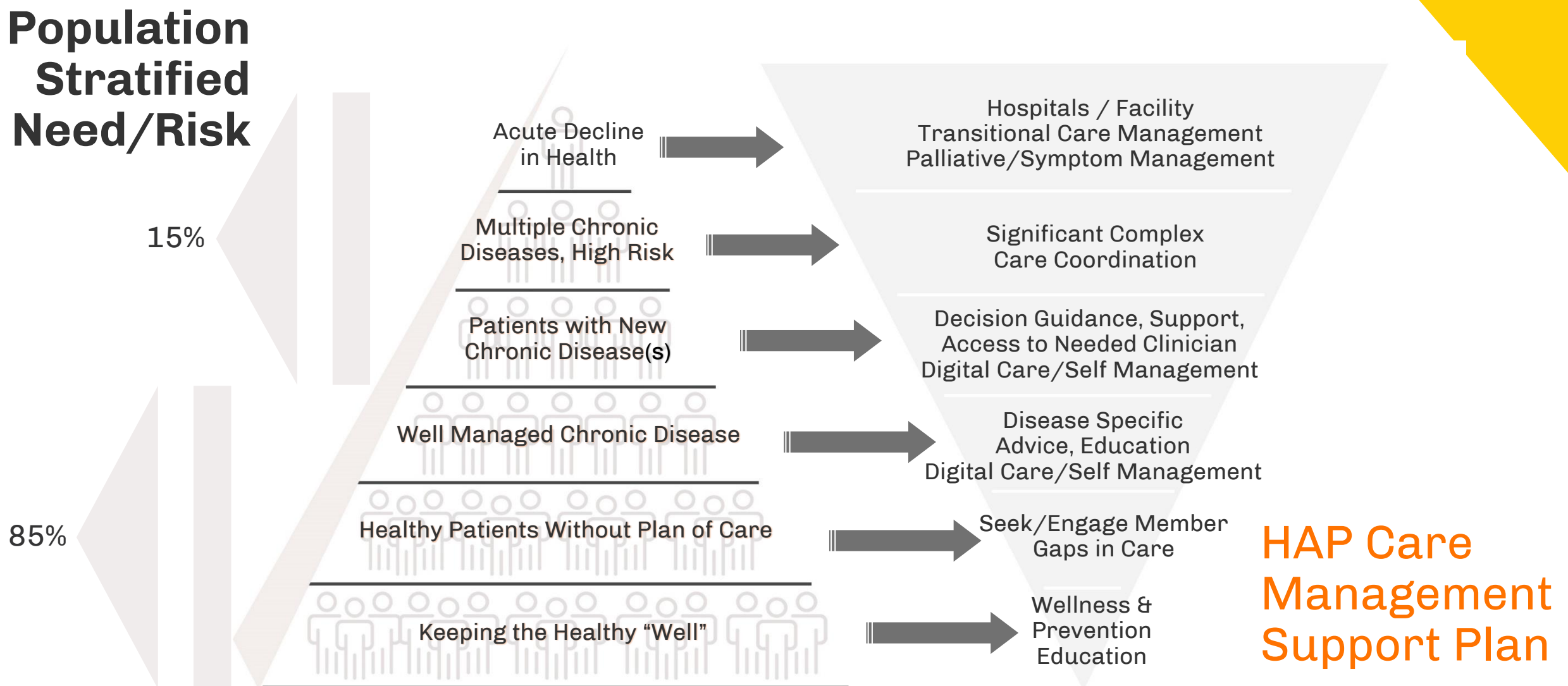
ZIP CODE
THE HIDDEN VITAL SIGN



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



Population Stratified Need/Risk



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 Medicare Complete 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 ”

