

# Provider Training

HealthSun MediSun Plus Dual Special  
Needs Plans (D-SNP)



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# Training Objectives

**After reviewing this training material you will be able to:**

- ✓ Explain what a D-SNP is
- ✓ Describe the D-SNP Populations served by HealthSun
- ✓ Describe HealthSun D-SNP Model of Care (MOC)
- ✓ Articulate healthcare provider responsibilities under the HealthSun D-SNP MOC
- ✓ Access resources for assisting dual-eligible patients

# HealthSun Health Plans Overview



- Founded in 2005, HealthSun is a local Medicare Managed Care Organization
- Service area includes Miami-Dade, Broward and Palm Beach Counties
- Serving more than 50,000 members in Dade, Broward and Palm Beach Counties, HealthSun is one of the fastest growing health plans in South Florida
- Fully accredited by AAAHC since 2008
- Florida's only 5-Star Plan for 4 years in a row



# Special Needs Plans (SNP) Background



- Established by Medicare Modernization Act (MMA) of 2003 and designed to provide targeted care to individuals with special needs
- In MMA, Congress identified special needs individuals as:
  - Dual SNP (D-SNP) – members eligible for Medicare + Medicaid.
  - Chronic Condition SNP (C-SNP) – members with severe or chronic conditions.
  - Institutional SNP (I-SNP) – members living in an institution for 90 days or longer, such as elderly home or long-term care or skilled nursing facility, OR member living in community that requires institutional level care or attention that equals that provided in any institution.
- Special Needs Plans (SNPs) are different from most Medicare Advantage Plans as focus is on beneficiaries who have special needs & would benefit from enhanced care coordination as described in Model of Care (MOC).

# HealthSun MediSun Plus Dual Special Needs Plan (D-SNP) 2021



- Effective January 1, 2021, HealthSun will be offering a Dual-Eligible Special Needs Plan (D-SNP) called **MediSun Plus**
  - Plan 015 MediSun Plus Miami-Dade & Broward Counties.
  - Plan 016 MediSun Plus Palm Beach County.
- D-SNP members qualify for Medicare due to being either aged and/or disabled (Title XVIII).
- D-SNP members eligible for medical assistance from State of Florida under Medicaid (Title XIX).
- HealthSun's D-SNP members must reside within the Plan's services areas.

# D-SNP Contract Information



- CMS requires HealthSun to contract with the State of Florida Agency for HealthCare Administration (AHCA) to provide health care services for Florida Medicaid recipients enrolled in Plan.
- HealthSun's **MediSun Plus D-SNP** is responsible for providing/arranging for Medicare/Medicaid benefits that a dually eligible member is entitled to receive.
- Medicaid recipients enrolled in a D-SNP are exempt from enrollment into Medicaid's Managed Care Managed Medical Assistance (MMA) & Dental Plans.
- Medicaid recipient can be enrolled in Medicaid Long-Term Care Plan & D-SNP at the same time.
- Since Medicare/CMS is the primary payer, providers must bill the D-SNP or Medicare accordingly For "Full Dual" recipients (who have Medicare & full Medicaid). Providers should also bill the D-SNP for any Medicaid-covered service not covered by Medicare.

# D-SNP Contract Information (Continued)



- D-SNPs are responsible for & cover costs for provision of Medicaid covered services found in the AHCA Medicaid Services Coverage and Limitations Handbooks located at: [https://ahca.myflorida.com/medicaid/review/specific\\_policy.shtml](https://ahca.myflorida.com/medicaid/review/specific_policy.shtml)
- D-SNPs must track & pay all eligible providers for cost-sharing obligations incurred on behalf of enrolled dually eligible beneficiaries with applicable Full Dual or QMB Medicaid eligibility categories.
- D-SNPs must ensure that claims are processed & comply with federal & state requirements set forth in 42 CFR 447.45 & 447.46 & Chapter 641, F.S.
- Hold Harmless Member Cost-Sharing. Section 1902(n)(3)(B) of the Social Security Act prohibits a Medicare provider from billing a Dual Eligible Member with QMB benefits for Medicare cost sharing amounts, including deductibles, coinsurance, and copayments.



# Florida Medicaid Covered Benefits



**In addition to Medicare-covered services, HealthSun’s D-SNP members qualify for the following services based on Medicaid level of coverage:**

Allergy Services	Cardiovascular Services	Evaluation & Mgmt Services	Lab Services
Ambulance Transportation Services	Child Health Services Targeted Case Mgmt	FQHC Services	Medical Foster Care Services
ASC Services	Chiropractic Services	GI Services	Mental Health Targeted Services
Anesthesia Services	County Health Dept Services	GU Services	Neurology Services
Assistive Care Services	Dental Services	Hearing Services	Non-Emergency Transportation Services
Behavioral Health (BH) Assessment Services	Dialysis Services	Home Health Services	Nursing Facility Services
BH Community Support Services	DME & Medical Supplies	Hospice Services	Occupational Therapy Services
BH Intervention Services	Early Intervention Services	Inpatient Hospital Services	Oral/Maxillofacial Surgery Services
BH Medication Mgmt Services	Emergency Transportation Services	Integumentary Services	Orthopedic Services

# Florida Medicaid Covered Benefits Con't



In addition to Medicare-covered services, HealthSun's D-SNP members qualify for the following services based on Medicaid level of coverage con't:

Medicaid Services	Medicaid Services	Medicaid Services	Medicaid Services
Outpatient Hospital Services	Prescribed Drug Services	Respiratory Therapy Services	Statewide Inpatient Psychiatric Program
Pain Management Services	Private Duty Nursing Services	Respiratory System Services	Transplant Services
Personal Care Services	Radiology/Nuclear Medicine Services	Rural Health Clinic Services	Visual Aid Services
PT Services	Regional Perinatal Intensive Care Services	Specialized Therapeutic Services	Visual Care
Podiatry Services	Reproductive Services	Speech-Language Pathology Services	

Visit <http://ahca.myflorida.com/Medicaid/flmedicaid.shtml> for eligibility rules & add'l information . Instances where the Medicare limit has been exhausted, HealthSun shall cover the difference for those eligible members.

# Dual Special Needs Plan (D-SNP) Categories



## D-SNP Medicaid Eligibility Categories Include:

- Full Medicaid (only)
- Qualified Medicare Beneficiary without other Medicaid (QMB Only)
- QMB Plus (Full Medicaid and QMB)
- Specified Low-Income Medicare Beneficiary without other Medicaid (SLMB Only)
- SLMB Plus (Full Medicaid and SLMB)
- Qualifying Individual (QI)
- Qualified Disabled and Working Individual (QDWI)

# Goals of HealthSun MediSun Plus Dual Special Needs Plan (D-SNP) & Model of Care (MOC)



- Improve access to affordable medical, behavioral health & social services
- Improve coordination of care through identified point of contact or gatekeeper
- Improve transitions of care across setting & providers
- Improve access to preventive health services
- Ensure appropriate utilization of services
- Improve member health outcomes & contribute to improved population health

**You as a provider are a critical partner in achieving these goals!**

**CMS Regulations at 42 CFR§422.101(f) (2) (ii) require that Health Sun conduct MOC training for their network of providers & AHCA contract (Attach 1, Sec II.B.12) requires training on benefits & services to ensure dual eligible receive benefits and services**

# What is a Model of Care (MOC)?



## The Model of Care (MOC):

- Provides the structure for implementation of processes & systems that permit HealthSun to provide coordinated care to members with special needs
- Vital quality improvement tool & integral component that ensures unique needs of each member enrolled in D-SNP are identified & addressed

# Basics of the Model of Care (MOC)

- **MOC 1: Description of SNP Population**
  - Target Population
  - Most Vulnerable Population
- **MOC 2: Care Coordination**
  - Mandated Health Risk Assessment and Annual Re-assessment
  - Individualized Care Plan (ICP)
  - Interdisciplinary Care Team (ICT)
  - Transitions of Care
- **MOC 3: Provider Network for D-SNP**
  - Specialized Expertise
  - Use of Clinical Practice Guidelines and Transitions of Care Protocol
  - Provider Network Training Initially and Annually
- **MOC 4: Quality Measurement & Performance Improvement.**

# Model of Care 1

Description of D-SNP Population



# MOC 1: D-SNP Population



**D-SNP population must meet ALL of the below criteria for enrollment:**

- Have active entitlement to Medicare Parts A, B & D
- Have both Medicare & Medicaid benefits
- Reside in the HealthSun's Service Area of Miami-Dade, Broward & Palm Beach Counties

**Potential Member profile:**

- Typical member will have multiple chronic conditions such as HTN, COPD, diabetes, and/or heart disease
- Typical member will be below the Federal Poverty Level
- Most vulnerable member typically will be over 65 & managing 4 + conditions with higher ER or inpatient utilization



# Model of Care 2:

Care Coordination

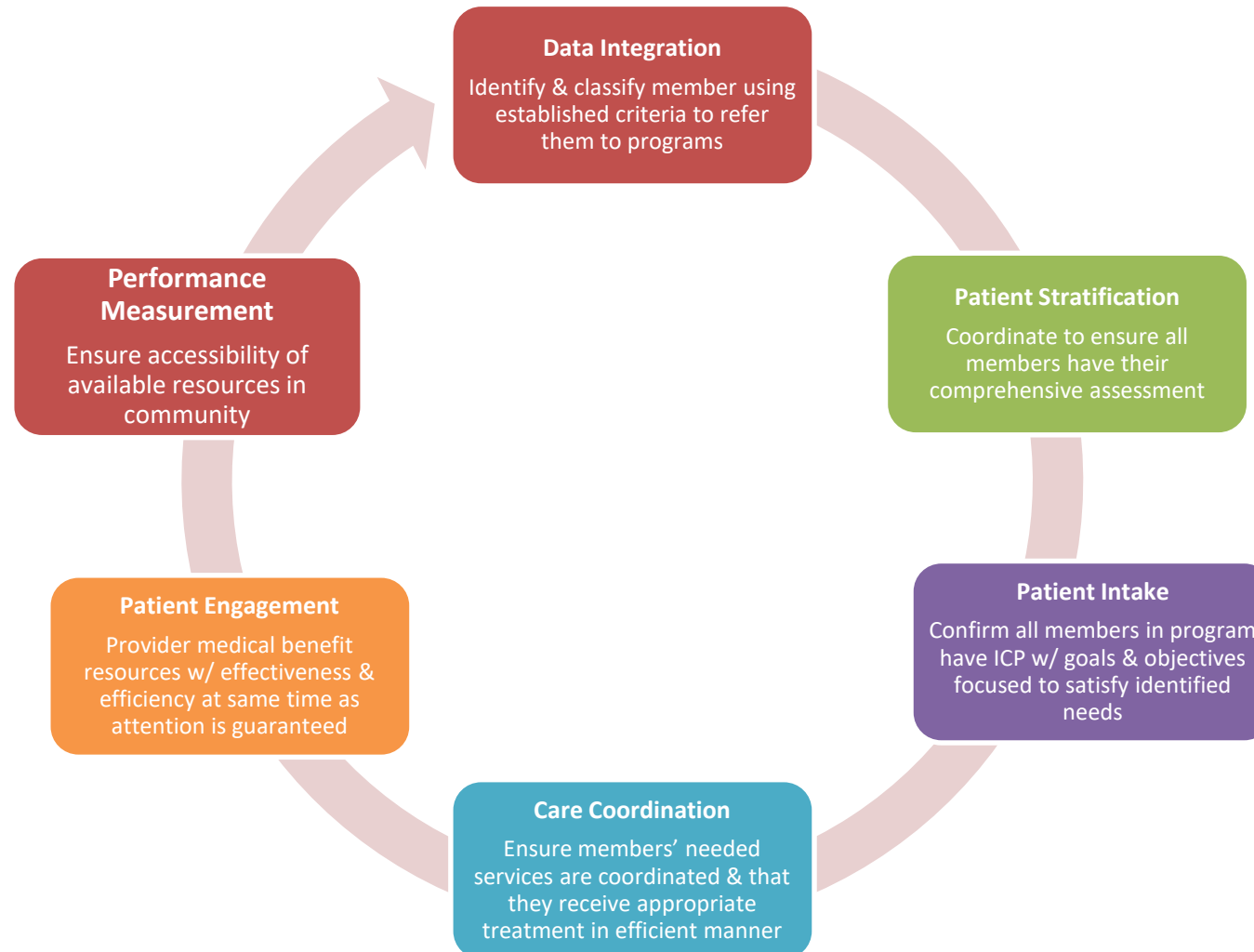


# MOC 2: Care Coordination



- Ensures health needs of beneficiaries of D-SNP are coordinated & health needs information is shared among inter-disciplinary staff of health plan and PCP
- Coordinates delivery of services & specialized benefits that meet needs of most vulnerable population in D-SNP
- HealthSun performs health risk assessments (HRAs)
- HealthSun develops an Individualized Care Plan (ICP) for all members
- All members have an established Inter-Disciplinary Care Team (ICT)
- HealthSun manages Care Transitions when members experience a significant change in health status

# Case Management Program Focus



# Health Risk Assessment (HRA)

- The HRA assesses information about a member's medical, psychosocial, cognitive, & functional needs of special needs individuals
- Goal is to ensure every D-SNP member is evaluated thru completion of a comprehensive Health Risk Assessment (HRA) within 90 days of enrollment & annually thereafter
- Is performed by telephone & may be performed face-to-face or paper-based
- Results classify member in various risk categories
- The data from the HRA is used to develop an individualized care plan (ICP) & the member is automatically enrolled in the Care Management Program unless he/she opts-out
- Results are communicated to members, inter-disciplinary care team, & PCP



# Individualized Care Plan (ICP)

- Once the unique needs of member have been identified, an individualized care plan (ICP) is developed with input from inter-disciplinary care team members
- The ICP ensures that the member's needs & preferences are addressed
- ICPs are reviewed/updated with each successful member contact according to level of intervention needed, as appropriate, but updated/revised *at least annually or when the member's health status changes* through ongoing member evaluation & coordination of services & benefits
- The ICP is provided to & reviewed with the member or caregiver & updates can be viewed real-time & shared with providers through HealthSun's Provider Portal



# Inter-Disciplinary Care Team (ICT)

## What is the Interdisciplinary Care Team (ICT)?

- The ICT is a member centered group that identifies care interventions, provides expertise, & coordinates delivery of services & benefits.
- ICT members include the member and/or caregiver as well as the member's care management team that includes - but is not limited to - the PCP, Specialty Providers, D-SNP Medical Director, Case Manager, Social Worker, Pharmacist & Behavioral Health Specialist, when needed.



## Providers' Responsibilities in the ICT:

- Participate in ICP discussion, including making recommendations
- Collaborate in goal setting
- Engage members in self-management & provide follow-up
- Integrate other physicians & providers into member's health care management
- Participate in ICT meetings when requested
- Communicate changes to ICT members through ICT meetings or telephone calls

# Inter-Disciplinary Care Team (ICT)



## Purpose of Care Transition processes:

- Establish process & protocols to maintain continuity of member's care
- Different units work collaboratively with PCPs & other providers to guide and support necessary coordinated care
- Discharge planning staff facilitates, communicates & coordinates necessary services for continuity of member's care & shares information with PCP

## Provider's Role in Care Transition:

- Re-assess member as soon as possible after inpatient discharge
- Work with HealthSun's Care Management team to facilitate delivery of newly identified needed services or to ensure continuation of services post-discharge





# Provider's Role in HealthSun D-SNP

- Re-assess members to identify health status changes
- Coordinate specialized services that meet the needs of the most vulnerable population
- Ensure health needs & necessary information documented in member's record is shared with the ICT
- Promote completion of HRA that contributes to the development of the member's Individualized Care Plan (ICP)
- Actively participate in Inter-disciplinary Care Team (ICT)
- Support HealthSun's quality initiatives



# Model of Care 3

Provider Network



HealthSun is responsible for maintaining an adequate network of providers comprised of specialized expertise to meet the needs of our members as the primary link in their care.

- Provider Network Responsibilities shared with HealthSun:
  - Monitors the use of clinical practice guidelines & protocols by practitioners
  - Ensures collaboration & active communication w/ Inter-disciplinary Care Team (ICT)
  - Ensures network providers are licensed & competent through formal credentialing/re-credentialing process
  - Monitors challenges associated with the completion of the D-SNP MOC training for improvement opportunities
  - Provides/tracks all network & out-of-network providers completion of the D-SNP MOC training by 12/31/2020 & annually thereafter
  - Takes action when the required D-SNP MOC training is deficient or has not been completed by a Provider
- Providers must complete the D-SNP-MOC Attestation after training & submit to HealthSun

# Model of Care 4

Quality Measurement & Performance Improvement



# Quality Measurement & Performance Improvement



- HealthSun has a Quality Improvement (QI) Program designed to detect whether overall the D-SNP MOC structure effectively accommodates members' unique healthcare needs.
- The D-SNP MOC goals include:
  - Improving access/availability of services for D-SNP population
  - Improving coordination of care across specialty & multi-setting care continuum through a central point of contact with direct alignment of Health Risk Assessment (HRA), an Individual Care Plan (ICP), & Interdisciplinary Care Team (ICT) structure
  - Ensuring seamless transition of care across settings, health care providers, & services
  - Maintaining appropriate utilization of health services for preventive health & chronic conditions
  - Improving health outcomes through reduction of hospitalizations, emergency room use, and readmissions, improved member health/functional status, & overall quality of life
  - Maintaining open communication with departments, provider network, delegated vendors to collaboratively promote & ensure continuous quality improvement & compliance with regulatory & quality improvement related accreditation standards

# Quality Measurement & Performance Improvement (Continues)



HealthSun's Quality Improvement Program will use the following process to evaluate effectiveness of D-SNP Model of Care:

- Analysis of member population
- Annual Surveys –
  - Consumer Assessment of Health Plan Study (CAHPS) survey, includes D-SNP satisfaction questions
  - Health Outcome survey (HOS)
- Focus Studies
- Quality Performance Indicators (HEDIS, Stars)
- Quantitative Analysis
- Barrier & Root Cause Analysis

# Questions & Resources



# For Questions:

- **Contact Your Provider Operations Representative, or**
- **Contact the HealthSun Provider Inquiry Line: (877) 999-7776**
- **Monday – Friday 8:00 am – 5:30 pm**



- 2021 HealthSun Health Plans D-SNP Model of Care
- HealthSun Health Plans, Inc. Website <https://www.healthsun.com/>
  - Provider Portal
  - HealthSun Plan Benefits
- The Centers for Medicare and Medicaid Services <https://www.cms.gov/>
- Agency for Health Care Administration (AHCA) Website <https://ahca.myflorida.com/>

- HealthSun Provider Portal <https://www.healthsun.com/providers>
- Medicare Managed Care Manual Chapter 5. Quality Assessment <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c05.pdf>
- Medicare Managed Care Manual Chapter 16b. D-SNP <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c16b.pdf>
- Agency for Health Care Administration (AHCA) Website <https://ahca.myflorida.com/medicaid/review/index.shtml>
- AHCA Medicaid Services Coverage and Limitations Handbooks [https://ahca.myflorida.com/medicaid/review/specific\\_policy.shtml](https://ahca.myflorida.com/medicaid/review/specific_policy.shtml)

*HS Provider Training Annual Attestation review.*

# Knowledge Check - Questions



## 1. What is the member criteria to enroll in a D-SNP Plan

- A. D-SNP members qualify for Medicare due to being either aged and/or disabled.
- B. D-SNP members eligible for medical assistance from State of Florida under Medicaid
- C. HealthSun's D-SNP members must reside within the Plan's services areas
- D. All the Above

## 2. The goals of HealthSun's D-SNPs include:

- A. Improve access to affordable medical, behavioral health and social services
- B. Improve coordination of care through identified point of contact or gatekeeper
- C. Improve transition of care across settings & providers
- D. All of the Above

## 3. A MOC stands for:

- A. Maximum Optimize Care
- B. Model of Care
- C. None of the Above

# Knowledge Check -Answers

## 1. What is the member criteria to enroll in a D-SNP Plan:

- A. D-SNP members qualify for Medicare due to being either aged and/or disabled.
- B. D-SNP members eligible for medical assistance from State of Florida under Medicaid
- C. HealthSun's D-SNP members must reside within the Plan's services areas.
- D. All of the Above**

## 2. The goals of HealthSun's D-SNPs include and are not limited to:

- A. Improve access to affordable medical, behavioral health and social services
- B. Improve coordination of care through identified point of contact or gatekeeper
- C. Improve transition of care across settings & providers
- D. All of the Above**

## 3. A MOC stands for:

- A. Maximum Optimized Care
- B. Model of Care**
- C. None of the Above



HealthSun Health Plans is an HMO plan with a Medicare contract and a Medicaid contract with the State of Florida Agency for Health Care Administration. Enrollment in HealthSun Health Plans depends on contract renewal. HealthSun complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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