Provider Training

HealthSun Special Needs Plans (SNP)

HealthSun
HEALTH PLANS

Training Objectives

After reviewing this training material you will be able to:

- Explain what a SNP is

- Describe the SNP Populations served by HealthSun

- Describe HealthSun SNP Model of Care (MOC)

- Articulate healthcare provider responsibilities under the HealthSun SNP MOC

- Access resources for assisting special needs plan members

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 7 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.
  - **HealthSun has D-SNP and C-SNP plans, but not I-SNP plans.**

- 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 Plans (D-SNP) 2023

- Beginning January 1, 2023, HealthSun has offered two Dual-Eligible Special Needs Plans (D-SNP) called **MediSun Plus and MediSun Extra**

  - Plan 016 MediSun Plus Palm Beach County.
  - Plan 019 MediSun Extra Miami-Dade & Broward Counties.

- 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.

HealthSun Chronic Special Needs Plans (C-SNP) 2024

- Beginning January 1, 2024, HealthSun has offered two Chronic-Eligible Special Needs Plans (C-SNP) called **VitalCare**

  - Plan 021 VitalCare Miami-Dade & Broward Counties.
  - Plan 022 VitalCare Palm Beach County.

- This C-SNP is designed for people living with diabetes mellitus, a cardiovascular disorder, and/or chronic heart failure.

- HealthSun's C-SNP members must reside within the Plan's services areas.

HealthSun SNP Enrollment Requirements

- **Chronic Enrollees**
  - Member elects Plan by stating they have the disease required to qualify
  - Member will be required to have <u>a physician complete a disease verification form and submit to Plan</u>
  - Members not verified by their Primary Care Physician (PCP) within 60 days of enrollment must be disenrolled

- **Dual-Eligible Enrollees**
  - Member qualifies by receiving both Medicare and Medicaid benefits
  - Member must retain Medicaid eligibility in order to remain in SNP

D-SNP Contract Information

- CMS requires all D-SNPs to have an active State contract, i.e. Agency for HealthCare Administration (AHCA) for Florida. to provide health care services for Florida Medicaid recipients enrolled in Plan.

- HealthSun's MediSun Plus and MediSun Extra D-SNP are responsible for providing/arranging for Medicare/Medicaid benefits that a dually eligible member is entitled to receive. This includes Medicaid covered services found in the AHCA Medicaid Services Coverage and Limitations Handbooks located at: https://ahca.myflorida.com/medicaid/review/specific_policy.shtml

- 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.

Goals of HealthSun Special Needs Plan (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 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 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.**

D-SNP population must meet <u>ALL</u> 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

C-SNP population must meet <u>ALL</u> of the below criteria for enrollment:

- Have active Medicare
- Have one or more of the specific qualifying chronic conditions
- Reside in the HealthSun's Service Area of Miami-Dade, Broward & Palm Beach Counties

D-SNP 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

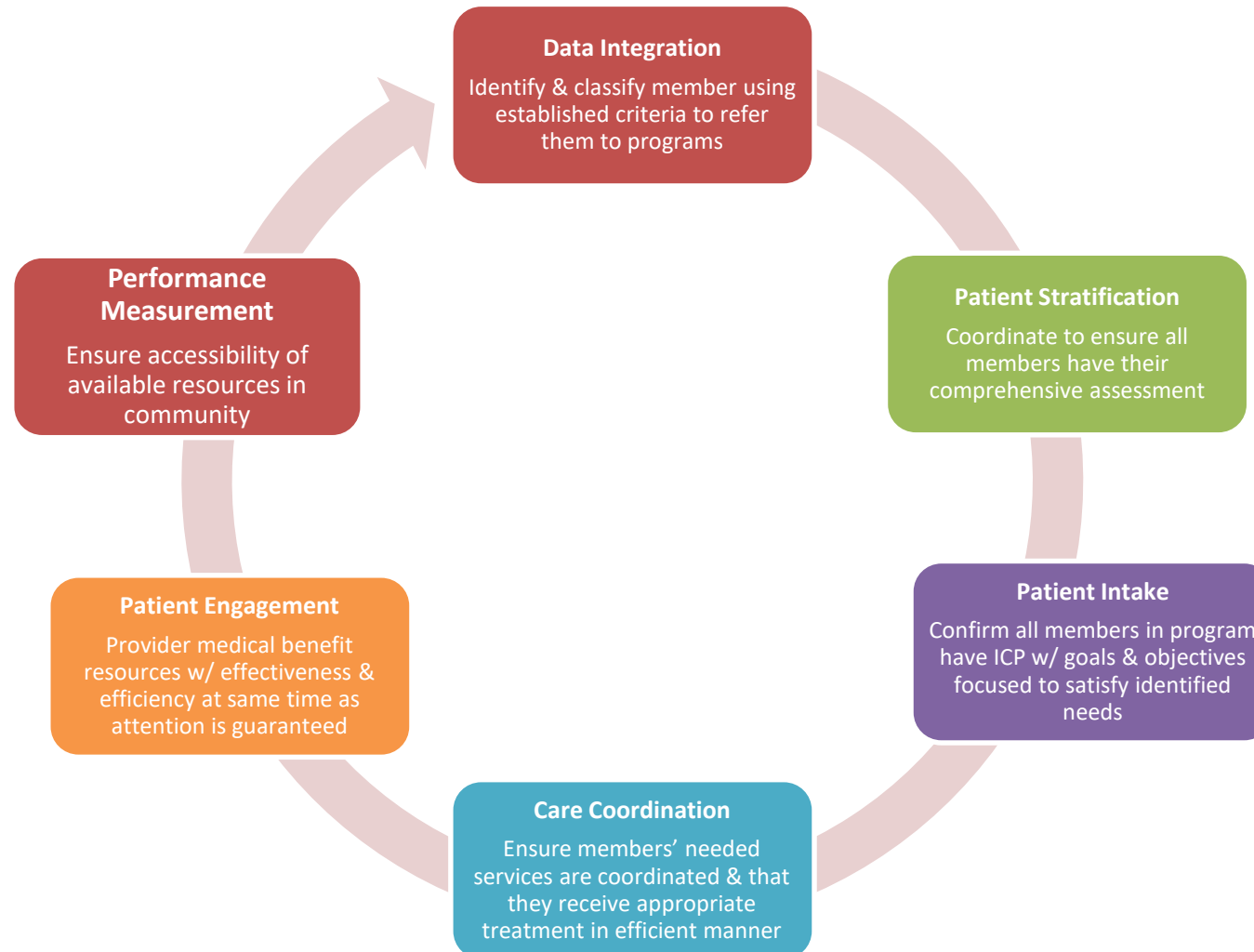**C-SNP Potential Member profile:**

- Typical member will have multiple chronic conditions such as diabetes, cardiovascular disorders and/or chronic heart failure
- Typical member will be those with severe or disabling health conditions

MOC 2: Care Coordination

- Ensures health needs of beneficiaries of 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 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

Data Integration
Identify & classify member using established criteria to refer them to programs

Patient Stratification
Coordinate to ensure all members have their comprehensive assessment

Patient Intake
Confirm all members in program have ICP w/ goals & objectives focused to satisfy identified needs

Care Coordination
Ensure members' needed services are coordinated & that they receive appropriate treatment in efficient manner

Patient Engagement
Provider medical benefit resources w/ effectiveness & efficiency at same time as attention is guaranteed

Performance Measurement
Ensure accessibility of available resources in community

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 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)

- 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 and/or caregiver & updates can be shared with providers via mail

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, 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)

Care Transition

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 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

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 SNP MOC training for improvement opportunities
    - Provides/tracks all network & out-of-network providers completion of the SNP MOC training by annually
    - Takes action when the required SNP MOC training is deficient or has not been completed by a Provider
- Providers must complete the SNP-MOC Attestation after training & submit to HealthSun.

Quality Measurement & Performance Improvement (Continues)

HealthSun's Quality Improvement Program will use the following process to evaluate effectiveness of 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

Quality Measurement & Performance Improvement

- HealthSun has a Quality Improvement (QI) Program designed to detect whether overall the SNP MOC structure effectively accommodates members' unique healthcare needs.

- The SNP MOC goals include:

  - Improving access/availability of services for 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

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

References

- HealthSun Health Plans 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/

Resources

- HealthSun Provider Portal https://provider.healthsun.com/

- 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. 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

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.