AGENDA

> SPECIAL NEEDS PLANS MODEL OF CARE PROVIDER TRAINING
> ISSUES/BARRIERS
> SPECIAL NEEDS PLANS
> SPECIAL NEEDS PLAN MODEL OF CARE (MOC): 4 DOMAINS, 14 ELEMENTS*
> CLINICAL GUIDELINES
> LINGUISTICS
> PHYSICIAN OBLIGATIONS
> RISK ASSESSMENT AND CASE MANAGEMENT
> CONTACT INFORMATION
The Affordable Care Act Section 2602 Requires the Federal Coordinated Health Care Office to integrate Medicare and Medicaid benefits in order to improve the quality of, and access to, care for dual eligible individuals in the counties in which the MMP will be implemented.

Improving the coordination between the federal and state governments for individuals eligible for both Medicare and Medicaid benefits.

Establishing one set of benefits for the enrollee that encompasses both Medicare & Medicaid benefits that is administered by one managed care organization (MCO) through the Medicare Medicaid Program (MMP).
ISSUES/BARRIERS

> Care for dual eligibles has been fragmented between Medicare and Medicaid.

> Need more coordination between Medicare acute care providers and their Medicaid counterparts.

> Achieve cost savings for the state and federal government through improvements in care and coordination.

> Encourage Nursing Facilities and hospitals to arrange for care in community settings.

> Need data sharing for health information between Medicare and Medicaid.
**SPECIAL NEEDS PLAN MODEL OF CARE (MOC): 4 DOMAINS, 14 ELEMENTS**

The SNP Model of Care document includes the following sections:

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<th>MOC 1: Description of the SNP Population</th>
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<td>• A. Sub-Population: Define how the most vulnerable beneficiaries will be identified</td>
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<th>MOC 2: Care Coordination</th>
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<td>• A. Cutline roles and responsibilities of staff responsible for the MMP Population</td>
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<td>• B. Comprehensive Health Risk Assessment Process</td>
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<th>MOC 3: SNP Provider Network:</th>
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<td>• A. Specialized Expertise</td>
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<td>• B. Use of Clinical Practice Guidelines &amp; Care Transitions Protocols</td>
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<td>• C. MOC Training for the Provider Network</td>
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<td>• D. Specialized and credentialed providers with expertise to manage the needs of the MMP population and to meet CMS network adequacy requirements</td>
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<th>MOC 4: MOC Quality Measurement &amp; Performance Improvement</th>
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<td>• A. MOC Quality Performance Improvement Plan</td>
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<td>• B. Measureable Goals &amp; Health Outcomes for the MOC</td>
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<td>• C. Measuring Patient Experience of Care (SNP Customer Satisfaction)</td>
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<td>• D. Ongoing Performance Improvement Evaluation of the MOC</td>
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<td>• E. Dissemination of SNP Quality Performance related to the MOC</td>
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* Determined and required by the Centers for Medicare and Medicaid Services
Evidence-based guidelines serve as the foundation of the care management program.

Evidenced based guidelines are reviewed, amended as needed to meet local practice by the Physician Advisory Committee and approved by the Quality Committee.

Cigna-HealthSpring’s CarePlan MMP approved clinical practice guidelines can be found in your provider manual. Link to manuals on the Cigna-HealthSpring’s CarePlan MMP website: http://www.cigna.com/medicare/healthcare-professionals/tx-mmp
> Currently all materials are available in English and Spanish

> Cigna-HealthSpring’s CarePlan MMP must make available handbooks in languages other than English when five (5) percent of the Cigna-HealthSpring’s CarePlan MMP enrolled population is non-English speaking and speaks a common language.

> The populations will be assessed by Service Areas and will only affect handbooks distributed in the affected Service Area.
SPECIAL NEEDS PLAN

> Our Contract with CMS requires that we have a CMS approved Medicare Special Needs Plan (SNP) for dual eligible members and an approved SNP Model of Care (MOC)

> All providers must receive training on the MOC initially and annually thereafter.
PHYSICIAN OBLIGATIONS

Interdisciplinary Care Team

> Cigna-HealthSpring’s CarePlan MMP PCPs who treat MMP Members are invited to actively participate in care team meetings and lead the development of the plan of care.

> Cigna-HealthSpring’s CarePlan MMP develops and maintains a functional care plan based on initial assessment and changes to the members health status and needs to provide assistance to the Interdisciplinary Care Team (ICT) in care coordination activities.

> We encourage all providers, members, and caregivers to participate in Interdisciplinary Care Team (ICT) meetings via teleconference based on each customer’s needs.

Communication

> Providers are expected to communicate and collaborate with all members of the Interdisciplinary Care Team (including customers and/or caregivers, other providers and plan staff, as applicable) to promote efficient, coordinated care and safe transitions of care.

> Cigna-HealthSpring’s CarePlan MMP is required to notify PCPs of their Cigna-HealthSpring’s CarePlan MMP patients’ transitions of care.

> Cigna-HealthSpring’s CarePlan MMP staff follows up with the member within 72 hours of discharge to review discharge instructions, reconcile medications and to assist with coordinating a follow up appointment with you within 7 days of discharge from an inpatient or emergency care facility.
Cigna-HealthSpring’s CarePlan MMP is responsible for Comprehensive Health Risk Assessment (HRA) completion for all MMP members. Providers play a role in documenting the members health history by completing a comprehensive annual physical exam and documenting health history.

The Comprehensive Health Risk Assessment serves as an additional source of information for the development of Individualized Care Plan maintained by the Plan.

Depending on the results the customer may be referred to Service Coordination for further assessment or to Disease Management for chronic care education and monitoring.

MMP Plans are required to report HEDIS measures which include completion rates of the Comprehensive Health Risk Assessment.
CONTACT INFORMATION

For Dual and Chronic SNP Customers

> MMP Providers may contact the Service Coordination Department at 1-877-725-2688.

> To discuss and/or request a copy of a patient’s care plan, refer a patient for an Interdisciplinary Care Team (ICT) meeting or participate in an Interdisciplinary Care Team meeting, please contact our Service Coordination Department.

> Member Services: 1-877-653-0327
Thank you for reviewing the Cigna-HealthSpring CarePlan MMP Special Needs Plan Training.

If you are ready to acknowledge completion and receive credit click **CONTINUE**.

If you would like to review the training again prior to acknowledging completion, then review again beginning at the first slide.