Introduction

• This course is offered to meet the CMS regulatory requirements for Model of Care Training for our Special Needs Plan at Network Health.

• It also ensures all Network Health associates and contracted providers who work with our Special Needs Plan members have the specialized training this unique population requires.

• NetworkCares Contacts
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What is a Medicare Advantage Special Needs Plan (SNP)?

- Special Needs Plans (SNPs) were created by Congress as part of the Medicare Modernization Act (MMA) of 2003 as a new type of Medicare managed care plan focused on certain vulnerable groups of Medicare beneficiaries.

- Network Health offers a dual eligible SNP, called NetworkCares, which includes individuals who are enrolled in Medicare and Medicaid either categorically or through optional coverage groups such as medically needy or special income levels.

- NetworkCares provides reimbursement for all medically necessary Medicare covered benefits.
NetworkCares (PPO SNP) Eligibility and Membership

- Members must live in Network Health’s 16-county northeast Wisconsin service area.
- Members must have Medicare Parts A and B.
- Members must have Medical Assistance (Medicaid) from the State of Wisconsin.
- Members are still in the Medicare program and still have Medicare rights and protections as well as receive all regular Medicare covered services.
Service Area

Network Cares is available in the following counties in 2017:

- Brown
- Dodge
- Green Lake
- Manitowoc
- Oconto
- Portage
- Sheboygan
- Waushara
- Calumet
- Fond du Lac
- Kewaunee
- Marquette
- Outagamie
- Shawano
- Waupaca
- Winnebago

Network Cares Service Area
Preferred Provider Organization

- Network Health contracts with a network of providers within our service area to provide Medicare covered services.
- Members can use any provider who accepts Medicare and Medicaid.
- Referrals are not required for members to see in- or out-of-network providers.
What is covered?

- NetworkCares follows Medicare’s coverage rules to decide which services are medically necessary.

- NetworkCares provides reimbursement for all medically necessary covered benefits whether they are received in- or out-of-network.

- Medicare Part D Prescription Drug benefits, premiums and/or copayments/coinsurance may change on January 1, 2018.
Supplemental Benefits

Bathroom safety adaptation
  • Up to $300 annually

Annual vision exam (non-Medicare covered)
  • $510 towards eyewear or contacts including enhancements

SilverSneakers® Fitness
  • Provides access to more than 13,000+ gyms nationwide

Health and wellness benefit
  • $50 towards approved classes like Stepping On

Coverage for set list of non-Medicare covered DME
  • Up to $170 annually
Supplemental Benefits

Dental plan

- Preventive cleanings and exams – one per six months
- X-rays bitewing – one per year
- Full mouth X-rays – one per three years
- Basic – fillings, extractions and repairs at 80%
- Major – periodontics and oral surgery at 50%
- No deductible
Coordination of Benefits

• Medicare (Network Cares) is the primary insurance.

• Medicare (Network Cares) pays first. Medicaid pays up to the Medicaid approved amount.

• Providers should not bill the member any unpaid balance.

• Members premium is paid by Medicare, and the Medicaid benefit should cover the cost sharing.
Personal Service

Network Cares health team includes the following roles.

• Social work (SW) care managers and registered nurses (RN) provide case management services to members which includes assisting members in accessing community services and coordinating medical care.

• Pharmacists and medical directors are available for case consultation and providing clinical guidance when appropriate.

• A HRA outreach representative contacts members to complete the Health Risk Assessment.
SNP Model of Care Goals

Network Health strives to ensure all Network Cares members have the following:

- Access to essential available services
- Access to affordable care
- Seamless care coordination and transitions of care
- Appropriate utilization of health care services
- Overall improved member health outcomes
Available Services

Network Health will improve NetworkCares members’ access to essential services through the following.

• Primary care physicians (PCP)
• Specialists
• Behavioral health (BH) services (psychiatrists, psychologists and social workers)
• Community services (community care partner and adult day care)
Access to Affordable Care

Network Health will improve member access to affordable care aimed at meeting the unique needs of the NetworkCares population.

- Ensure benefits with low out-of-pocket costs for covered services
- Provide benefits beyond Medicaid and Medicare (add-on benefits)
- Coordinate with community resources to provide non-covered benefits or supplement limited benefits
- Identify and implement other mechanisms to improve access to affordable care
Seamless Care Coordination and Transitions of Care

Network Health will improve seamless coordination and transition of medical and pharmaceutical care across health care settings, providers and health services.

- Promote centralized coordination of care through selection of a PCP upon enrollment
- Improve coordination of care through an identified point of contact
Appropriate Utilization of Health Care Services

Network Health will improve appropriate utilization of health care services to all members.

• Implement appropriate use of health services through a formalized medical and pharmacy utilization management program

• Develop and implement strategies to avoid over, under and/or misuse of medical and pharmaceutical services

• Maintain a Chronic Care Improvement Program (CCIP) to promote appropriate use of evidence-based best practices in populations with prevalent chronic conditions
Improved Member Health Outcomes

Network Health will improve member health outcomes relative to their individualized care plan and throughout the continuum of care.

- Administer an initial and annual Health Risk Assessment (HRA) to help identify individual risks and lay the foundation for the individualized care plan
- Improve the ability of members to reach their individual goals
- Improve use of preventive health and wellness services
Improved Member Health Outcomes

Network Health will improve member health outcomes relative to their individualized care plan and throughout the continuum of care.

- Reduce the need of acute care emergency room and hospitalization services
- Prevent nursing facility placement through care management programs
- Achieve use of evidence-based best practices for prevalent chronic conditions through the Chronic Care Improvement Project
- Educate on palliative care, if appropriate
SNP Interdisciplinary Care Team

To assist all Special Needs Plan members in proper coordination of care, each NetworkCares enrollee has an Interdisciplinary Care Team (ICT).

The member’s assigned SW or RN, the member’s primary care provider and the member/responsible party are core members of every member’s ICT.

Examples of providers who may be included in ICT
- Community care partner
- Restorative health specialist (physical, occupational, speech, etc.)
- Home care nurses, home health aides, community resources
- Pharmacist, dietitian, nutritionist
- Specialist physicians
SNP Interdisciplinary Care Team

Facilitating Participation of the Member

• Upon enrollment in case management a member/responsible party receives written communication including a welcome letter and care coordination brochure.

• While involved in active case management, members or their responsible party are contacted by an ICT team member.

How the ICT Operates and Communicates

• All members are assigned a RN or SW who is responsible for the case management plan and supporting the member through transitions.

• The RN or SW works with the member and other ICT participants to develop an individualized care plan.
SNP Interdisciplinary Care Team

Primary Care Model of Health Care

• NetworkCares operates under a primary care model of health care.
• The PCP is responsible for directing and coordinating specialty care. Members have access to all plan providers.
• Network Health’s Care Management is facilitating and encouraging communication between the member and member’s PCP.

Care Management

• The member’s RN or SW is responsible for coordinating health care management activities.
• The plan requires prior authorization or prior notification for the following services
  • Inpatient care (including rehab and SNF), home care and durable medical equipment
Pharmacy Management

- Express Scripts (ESI) analyzes claims data to identify members qualifying for the medication therapy management program.

- ESI also employs procedures and software that seek to promote cost effective and safe medication therapy. This is accomplished through such tools as step therapy, prior authorization and tiered cost-sharing.

- There are specific programs to assist in preventing over and under utilization. These include but are not limited to the following.
  - Poly-pharmacy program
  - Controlled substance program
  - Point of service software screening
Health Risk Assessments (HRA)

Network Health uses several Health Risk Assessment (HRA) tools for initial and annual assessments.

- The HRA tools serve the purpose of gathering information about NetworkCares members that is useful for the development or adjustment of the member’s plan of care.

- All NetworkCares members are mailed an initial Health Risk Assessment (IHRA) form upon enrollment and an annual HRA (AHRA) each year after.
Health Risk Assessments (HRA)

Topics assessed in both IHRA and AHRAs include the following.

- Medical history (chronic conditions, ER visits, hospitalizations, medications, etc.)
- Psychosocial (living situation, behavioral health, socio-economic needs, etc.)
- Functional status (activities of daily living, safety, etc.)
- Advance directives
Health Risk Assessments (HRA)

Personnel
• The member’s assigned SW or RN is responsible for reviewing, analyzing and stratifying health care needs of members to whom they are assigned.

Communication Mechanisms
• The member’s assigned SW or RN discusses with the member/responsible party, by phone or in person, the risk assessment results as a basis for developing or modifying their individualized care plan.

Plan of Care Development
• All NetworkCares members are assigned a SW or RN who is responsible for the case management plan and for supporting the member through transitions.
Individualized Care Plan (ICP)

ICP Development
Upon enrollment, the member is assigned to one of the following case groups based upon level of current needs

• Complex case management (Stratified as high or medium severity)

• Coordination of care case management (Stratified as low severity)

• Monitoring passive case management (When we are unable to contact a member or the member opts out of case management)
Individualized Care Plan

ICP Elements

• Individualized care plans include goals related to the following.
  • Risk for transition and gaps in care monitoring
  • Case management assessments
  • Program referrals as indicated
  • Transitions in care and provider and community care partner contact communication plan

• Setting and assessment of prioritized goals include the following.
  • Follow up on identified barriers to meeting goals
  • Monitor condition for red flags
  • Facilitate activation of advance directive, if needed
  • Resources to be utilized by member
  • Collaborative approaches for member and family participation
  • Follow up communication plan and schedule with members, providers and community partners
Individualized Care Plan

ICP Review
- The member’s assigned SW or RN reviews, updates and/or implements an ICP with the member/responsible party annually or as needed if the member’s conditions change.

ICP Communication
- The ICP and revisions are communicated by the member’s assigned RN or SW to the member/responsible party during the phone-based care planning session.
- The RN or SW may also contact the community care partner and/or network providers by phone as a result of the communications plan developed during the care planning session with the member or responsible party.
Case Management for the Most Vulnerable Populations

There are several ways to identify the most vulnerable individuals in-between regular reassessments.

• A member, responsible party or provider may contact any member of the care management team with a concern.

• Inpatient admissions to contracted hospitals and long-term care facilities are identified via utilization review authorization requirements.

• Claims data is also analyzed monthly via risk stratification software to identify members who are at risk of transition.
Summary

• NetworkCares is a Dual Eligible Special Needs Plan.
• To be eligible, members must live in Network Health’s 16-county northeast Wisconsin service area and be enrolled in Medicare and eligible for Medicaid from the State of Wisconsin.
• NetworkCares members have an interdisciplinary care team which consists of registered nurses, social workers, the member’s PCP, the member and/or responsible party and any other identified care partners as appropriate.
• Network Health strives to ensure all NetworkCares members have the following.
  • Access to essential available services
  • Access to affordable care
  • Seamless care coordination and transitions of care
  • Appropriate utilization of health care services
  • Overall improved member health outcomes
Network Cares (PPO SNP)
2017 Model of Care Training