

Prominence Health Plan Provider D-SNP Model of Care Training

Texas



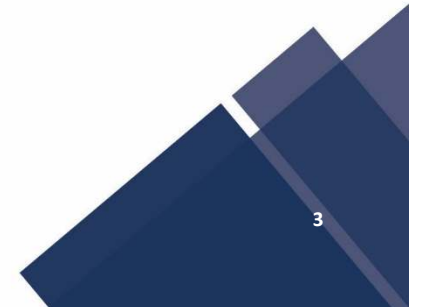


Objectives

- Dual Special Needs Plan (D-SNP) Overview and Offerings
- Description of our Prominence Health Plan Model of Care
- Review of Care Management Protocols
- Define Provider roles and responsibilities as it relates to the Prominence D-SNP
- Complete training and attestation to receive participation credit

CMS Requirements

- **The Centers for Medicare & Medicaid Services (CMS) requires all contracted medical providers and staff receive basic training about the Dual Special Needs Plans (D-SNPs) Model of Care (MOC).**
- **The Model of Care is the plan for delivering coordinated care and care management services to special needs Members enrolled with our plan.**
- **This training will describe how Prominence Health Plan and our contracted providers can work together to successfully deliver on the goals of our Model of Care.**



Dual Eligible Special Needs Plan (D-SNP)

- Prominence Health Plan's D-SNP plan is designed for people who qualify for both Medicare and Medicaid residing in our Service Area.
- D-SNP plans ensure Members have access to the full range of services from Medicare (Federal Program) and Medicaid (State Program).



Dual Eligible Special Needs Plan (D-SNP)

For D-SNP, Medicare is always the primary payor and Medicaid is the secondary payor, unless the service is not covered by Medicare, or the Medicare service benefit is exhausted.



D-SNP Members only have their Medicare coverage through Prominence Health Plan. Prominence is responsible for paying Medicare claims for D-SNP Members.



Providers cannot balance bill D-SNP Members for cost sharing amounts, including deductibles, coinsurance, and copayments

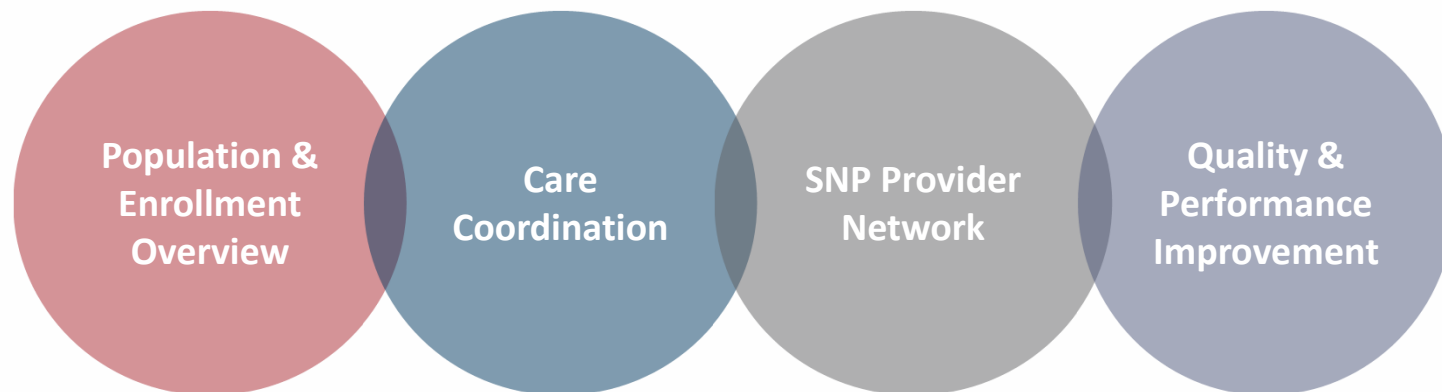
D-SNP Covered Services

- Prominence Health covers Medicare services for D-SNP Members in Texas.
- For D-SNP Members, Providers are prohibited from billing dual eligible Members for Medicare cost sharing, including deductibles, coinsurance, and copayments. Providers must accept the Prominence Medicare reimbursement as payment in full for services rendered to Dual Eligible Members.
- Our Prominence Health Summary of Benefits includes a full listing of covered benefits

[TX D-SNP 2023 Summary of Benefits](#)

D-SNP Model of Care

- The Model of Care (MOC) outlines Prominence Health Plan's D-SNP program and serves as the roadmap for ensuring high quality healthcare is provided to our most vulnerable Members.
- There are four components that makeup the Model of Care:



MOC 1: Description of the Population

D-SNP Program Eligibility

Population & Enrollment Overview

- To enroll in the Prominence Health D-SNP, individuals must meet the following criteria:
 - Reside in Brooks, Cameron, Hidalgo, Jim Hogg, Starr, Webb, Willacy, and Zapata Texas counties
 - Members must be Dual Eligible, meaning they qualify for Medicare and Medicaid or Medicare Savings Program (MSP)
 - Prominence Health Enrolls the individuals who qualify in one of the following categories:
 - Full Medicaid Beneficiary in the state of Texas
 - Qualified Medicare Beneficiaries (QMB)
 - Qualified Medicare Beneficiary, with full Medicaid Benefits (QMB+)
 - Specified Low-Income Medicare Beneficiary, with full Medicaid Benefits (SLMB+)

D-SNP Program Eligibility



Population & Enrollment Overview

- Characteristics of the Special Needs Plan Members:
 - More vulnerable group of Medicare recipients
 - Higher risk due to chronic conditions or comorbidities
 - Increased behavioral and mental health needs
 - More likely to face socioeconomic barriers
 - Increased utilization of services and prescription drugs
 - Higher costs associated with their healthcare needs
- Prominence Health evaluates the needs of all D-SNP Members and connects them to services, resources, providers, benefits and supports.

MOC 2: Care Coordination

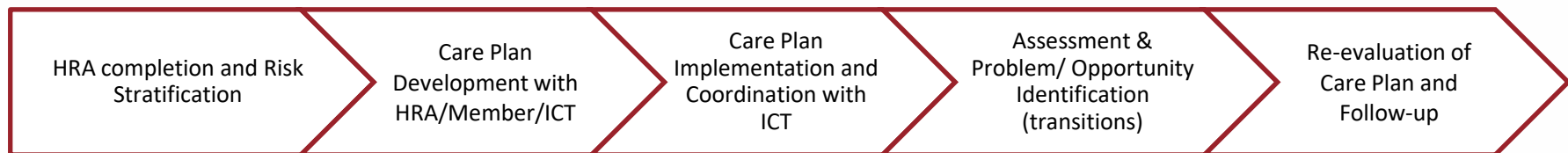
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D-SNP Care Management



Care
Coordination

- All D-SNP members are assigned a dedicated Care Manager for assistance in navigating their healthcare services
- Upon enrollment, a Health Risk Assessment (HRA) is conducted to identify the Member's health needs and determine the Member's level of risk
- The HRA is used to generate the Member's Individualized Care Plan (ICP)
- The Care Manager will work with the Member to define an Interdisciplinary Care Team (ICT)



Health Risk Assessment

Care
Coordination

The Health Risk Assessment (HRA):

- Is completed upon enrollment, annually thereafter and/or with changes in health status
- Is used for risk stratification
- Helps identify Members with the most urgent needs
- Is an important part of the Member's care management
- Contains Member self-reported information
- Is accessible on the Member and Provider Portal
- Informs the Member's Individualized Care Plan (ICP)
- Assesses the following needs of each Member:
 - Medical
 - Functional
 - Cognitive
 - Psychosocial
 - Behavioral
 - Financial



Did you
know?

PCPs can access the Member's
HRA via the Provider Portal

Individualized Care Plan

Care
Coordination

An Individualized Care Plan (ICP) is developed by the Care Manager in collaboration with the Member and the Interdisciplinary Care Team (ICT).

Care Managers and PCPs work closely together with the Member and their family to prepare, implement, evaluate and revise the ICP.

The ICP includes Member-centric concerns, goals, and interventions, including self-management activities and tailored services for the Member.

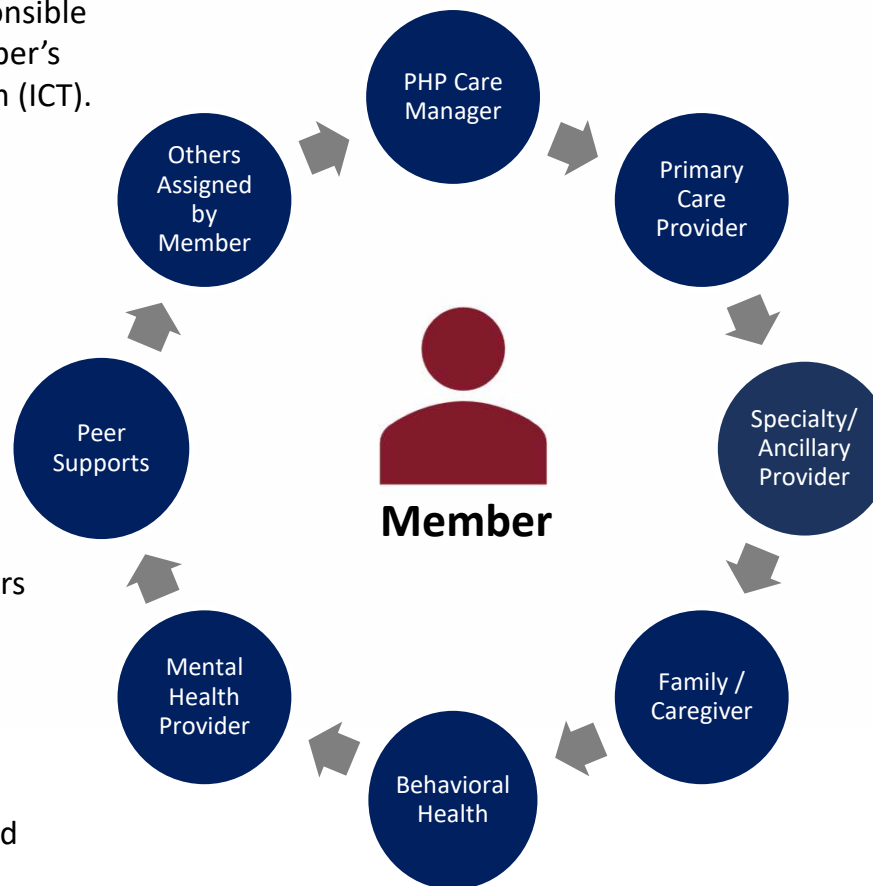
Did you
know?

PCPs can access the Member's
ICP via the Provider Portal

Interdisciplinary Care Team

Care
Coordination

- The Care Manager is responsible for coordinating the Member's Interdisciplinary Care Team (ICT).



- Prominence Care Managers work with the Member to encourage and promote self-management of their condition, as well as communicate the Member's progress toward these goals to the other Members of the ICT.

- ICT Members are based on Member preference and may include family/ caregivers, external providers, including the PCP, and other Prominence staff or vendors involved with the Member's care.

Interdisciplinary Care Team



Care
Coordination

It is the expectation that ICT Members:

- Actively participate with the Member's case, as applicable
- Collaborate with the PHP Care Manager and Member in development of the Care Plan
- Retain copies of the care plan, ICT meeting information and transition of care notifications within the Member's medical record
- Collaborate and actively communicate with:
 - Prominence Care Managers & Care Coordination team;
 - Members of the ICT; and
 - Members and/or their caregivers.

Transition of Care

During a Hospitalization

- A discharge plan is developed
- Assist with member's transition from hospital to appropriate care setting
- Coordinate with assigned Care Manager to update the Member's Care Plan if there is a change in health status
- Communicates updates with the Member's provider, caregiver, designated representative, etc.
- Identify any potential risks for readmission and assess for additional needs
- Supply discharge plan and transition information to Member's PCP

After a Hospitalization

- Follow up with Member within 2 business days of discharge
- Conduct Coaching Calls, which include:
 - Disease / condition specific education
 - Review of discharge plan and resources
 - Medication Reconciliation
 - Coordination of post-hospitalization appointments
 - Screening to identify and remove barriers that could impact a successful transition
- Coordinate with assigned Care Manager to update the Member's Care Plan if there is a change in health status
- Upon completion of post-discharge activities, case is handed back to assigned D-SNP Care Manager for ongoing support

MOC 3: Provider Network

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Provider Network



SNP Provider
Network

- Prominence is responsible for maintaining a specialized provider network that corresponds to the needs of our Members
- Our Providers play a critical role in supporting the goals and activities of our Model of Care. Provider Responsibilities include, but are not limited to the following:
 - Communicate and participate with care managers, ICT, Members and caregivers.
 - Collaborate on the ICP development.
 - Review and respond to patient-specific communication.
 - Review the HRA results and the ICP on the secure provider portal.
 - Remind the Member of the importance of the HRA.
 - Encourage the Member to work with your office, the care team, keep all appointments, and comply with treatment plans.
 - Complete the Model of Care training initially and annually thereafter.
 - Coordinate Medicaid services when applicable.

Provider Network



SNP Provider
Network

Prominence ensures Members can access the appropriate providers to support all their care needs by ensuring:

- Specialized expertise corresponding with the target population
 - Prioritize contracting with board-certified providers who are licensed and vetted through a formal credentialing process.
 - Ensure adequate network coverage for all specialties.
 - Collaboration with the ICT and contribution to the Members ICP related to specialized treatment and service needs.
- Monitoring of network providers to ensure the use of nationally recognized Clinical Practice Guidelines and Care Transition protocols
 - Use of guidelines and protocols “Right Care at the Right Time”
 - Exceptions/modification to use of guidelines
 - Communication to Members of the ICT when decisions are made outside of the recognized guidelines/protocols

MOC 4: Quality Measurement and Performance Improvement

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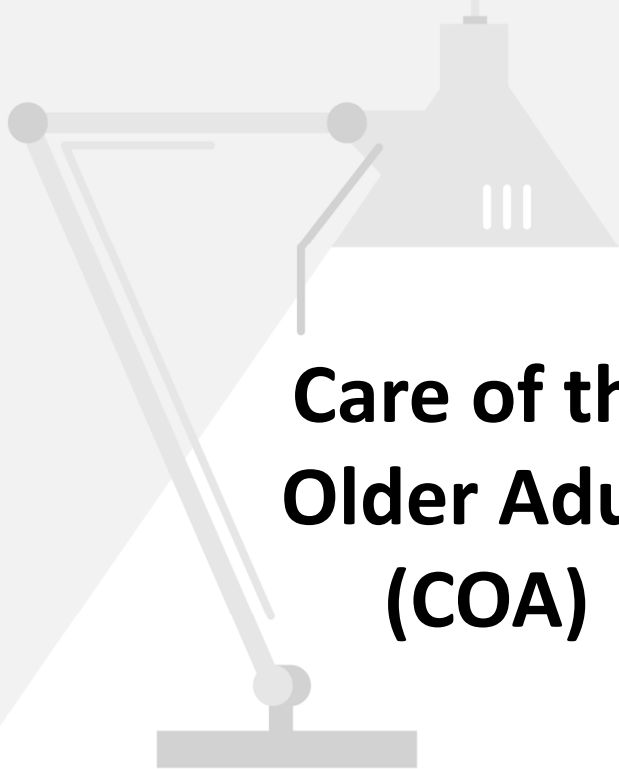
Quality & Performance Improvement



Quality &
Performance
Improvement

- Prominence has performance improvement and quality measurement plans in place to evaluate success, measure Member outcomes and monitor quality of care.
- The Model of Care is monitored throughout the year and the effectiveness of the program is reported on a quarterly and annual basis.
- Program goals align with Medicare regulatory agency performance measurement systems. Outcome goals are tracked at least annually.

Measure Spotlight



Care of the Older Adult (COA)

- This measure is required for all D-SNP Members, age 66 and older
- At least once per year, each qualifying Member should have a:
 - Pain Screening or review of a pain management plan
 - Review of all medications and supplements being taken by the Member

Pain Screening

1125F – Pain noted, pain present – **OR** –
1126F – No pain noted, no pain present

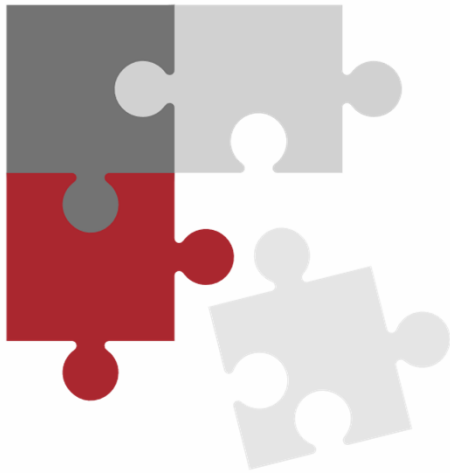
Medication Review

1159F – Med. list documented in record – **AND** –
1160F – Review meds by prescriber in Record

Summary and Next Steps

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D-SNP MOC Training Summary



Prominence values our partnership
with our physicians and providers

The MOC requires all of us to work
together to benefit our Members by:

- Collaboration across physicians, providers, Prominence and our Members.
- Using an interdisciplinary approach to the Member's special needs.
- Employing comprehensive coordination with all care partners.
- Supporting the Member's preferences in the plan of care.
- Reinforcing the Member's connection with their medical home.

Provider Attestation

Provider Attestation is Required

In order to get credit for completing this training, you must complete the attestation form at the link provided below:

[DSNP Provider Training Attestation](#)

Prominence D-SNP MOC Contact and Materials

General D-SNP MOC Contact:

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D-SNP Program Director

Prominence Health Plan

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PHP MAPD Website: <https://prominencemedicare.com/>

PHP Provider Portal: [For Providers | Prominence Health Plan](#)

- The Provider Manual is available on the Provider Portal

Regulatory References

- CMS' Medicare Managed Care Manual for Special Needs Plans (SNPs): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c16b.pdf>
- CMS' Requirements for Quality Assessment: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c05.pdf>
- CMS' SNP Model of Care (MOC) information: <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-MOC>
- NCQA MOC Approval Process: <https://snpmoc.ncqa.org/>

Thank You



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