Model of Care Training

Why am I taking this Model of Care Training?

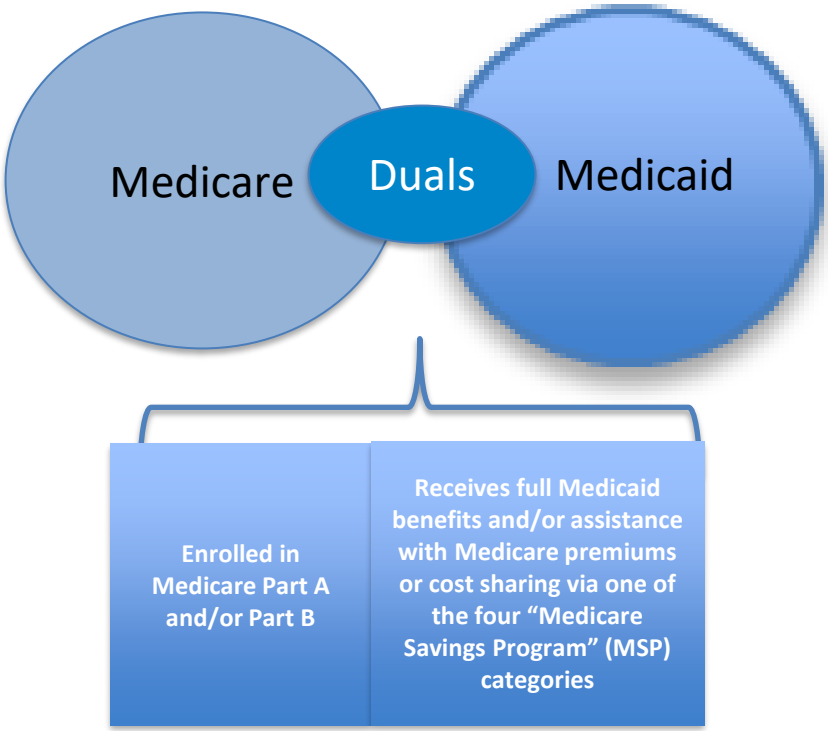
- CMS requires providers who are caring for Special Needs members to be trained on the Model of Care (MOC).
- Banner Medicare Advantage Dual HMO D-SNP provides benefits to members who qualify for both Medicare and AHCCCS (Medicaid) – known as a D-SNP plan.
- D-SNP plans are mandated by CMS to train providers regarding this program.

What is included in this training?

This MOC training will provide a high-level overview of:

- Which members are eligible for the Special Needs programs.
- What is a “Model of Care.”
- How a member’s needs are evaluated.
- Who is involved in an Interdisciplinary Care Team.
- The Individualized Care Plan that will be shared with you.

Who is eligible for the CMS Special Needs program?



Certain individuals who are eligible for both Medicare and Medicaid programs and thus are considered 'dually eligible'.

Primary Coverage for dual eligibles:

- Medicare is always primary
- Medicaid is the payer of last resort and supplements Medicare coverage

How do people become dual eligible?

- Meet State financial criteria for the State; and
- Be eligible for, or enrolled in Medicare Part A; or
- Have full Medicaid coverage groups (e.g. SSI) or optional coverage groups such as institutionalized, home and community based, or medically needy individuals

What is the D-SNP Model of Care?

- The MOC is a plan for delivering care management and care coordination designed to meet the specific needs of D-SNP members.
- Medicare mandates that all D-SNP Plans have a MOC plan, so each member receives the care and services necessary to help manage and improve their specific health needs.

Model of Care Goals

The goals of each MOC include:

1. Improve quality
2. Increase access
3. Create affordability
4. Integrate and coordinate care across specialties
5. Provide seamless transitions of care
6. Improve use of preventive health services
7. Encourage appropriate use and cost effectiveness
8. Improve members' health

Health Risk Assessment

- First step in developing the ICP is the Health Risk Assessment (HRA)
  - Done by the Health Plan within 90 days of member enrollment in a D-SNP, and annually thereafter.
- The standardized risk assessment tool evaluates the member's medical, mental, psychosocial, cognitive, and functional needs, and their Social Determinates of Health.
- The assessment is completed by Health Plans in various methods:
  - Members - mailing in the Health Risk Assessments
  - Telephone
  - Face-to-Face interview/meeting
- The results of the assessment are then used to develop an Individualized Care Plan for each member.

The Individualized Care Plan

- The Individualized Care Plan (ICP) is the mechanism used to deliver the appropriate care to the member as identified by the HRA.
- The ICP must include members self-management goals and objectives, personal healthcare preferences, a description of services specifically tailored to the member's needs and identification of goals (met or not met).
- The ICP is reviewed and revised annually, or when the member's health status changes.
- The ICP is shared with:
  - The member's Primary Care Physician (PCP)
  - The member, caregiver or representative
  - Relevant Interdisciplinary Care Team members as needed

The Interdisciplinary Care Team

The Interdisciplinary Care Team (ICT) includes but is not limited to the following health care professionals:

- Physicians
  - Primary Care and Specialists, and including Banner Dual Medical Director
- Case Managers
- Pharmacists
- Therapists
- Social Workers
- Disease Managers
- Health Educators

- The ICT assists in care coordination for high-risk members and assisting in the development of their Individualized Care Plan

The Provider's Role

As a Banner Dual provider, you play an important role in the delivery of the MOC. As a key partner in the MOC, your role is to:

- Know who your D-SNP members are
- Outreach and assist members with scheduling the annual wellness visit
- Communicate with the Banner Dual Case Managers regarding the care needs of your member
- Participate with the Banner Dual ICT as needed
- Contribute to the development of the member's ICP
- Maintain the ICP as part of the member's medical record
- Assist the member to navigate the health care delivery system, including transition of care
- Complete the MOC Training annually

Data Sharing

Based on their contract with The Centers for Medicare & Medicaid (CMS), Health Plans may collect and share relevant quality data.

Summary

- This information about the Model of Care has been shared with you as a provider that may care for the D-SNP members.
- You may be asked to participate in an ICT or you may receive an ICP that has been developed for your patient after the HRA has been completed.
- Your participation in this process is essential as it can create better outcomes for your patients.

Contact Information

Provider Experience Center (PEC) – (877) 874-3930 x 2

BUHPProviderInquiries@bannerhealth.com

For more information on the Model of Care,
you can access our Provider Manual at www.BannerUHP.com.

Attestation

After receiving your Model of Care Training, please complete your attestation online at https://bannerhealth.formstack.com/forms/moc_attestation.

Thank you!