



Signature 
Advantage

**Model of Care
Annual Training
2020**

Signature 
Advantage **COMMUNITY**

Your Edge to Better Health Care

OVERVIEW

- ❖ All Special Needs Plans (SNPs) must have a Model of Care (MOC) approved by the National Committee for Quality Assurance (NCQA).
- ❖ CMS requires MOC training that reviews the major elements of the MOC for new employees, providers, contractors, then annually thereafter.
- ❖ Purpose of this training is to comply with the statutory requirement of CMS that all SNPs provide a general understanding of the requirements of the MOC.

Training Objective

After the MOC training, participants will be able to:

- ✓ Understand I-SNP enrollment requirements
- ✓ Outline the basic elements of the MOC
- ✓ Describe the unique characteristics of Plans' population
- ✓ Explain how Care management staff coordinates care for special needs members.
- ✓ Explain the critical role of the practitioner(s) as part of the MOC required Interdisciplinary Care Team (ICT).

What is required in order to join an I-SNP?

- ✓ Entitled to Medicare Part A (Hospital Insurance)
- ✓ Enrolled in Medicare Part B (Medical Insurance)
- ✓ Live in Plan's service area
- ✓ Do not have End-Stage Renal Disease (ESRD) at enrollment
- ✓ Must reside, or be expected to reside, in a participating I-SNP nursing or assisted-living facility for greater than 90 days at time of enrollment

Signature Advantage Institutional Special Needs Plan (I-SNP)

- ❖ PY 2020 – Two I-SNP Plan Types
 - ✓ Signature Advantage Plan (SAP)
 - ✓ Signature Advantage Community (SAC) an Institutional-equivalent **effective January 1, 2020**
- ❖ I-SNPs restrict enrollment to MA eligible individuals who, for 90 days or longer, have had or are expected to need the level of services provided in a:
 - ✓ Skilled nursing facility (SNF)
 - ✓ Long-term care (LTC) nursing facility (NF)
 - ✓ Intermediate care facility for the mentally retarded (ICF/MR)
 - ✓ Inpatient psychiatric facility (IPF)
 - ✓ Assisted living facility (ALF)
- ❖ Enrollment accepted in one of two scenarios in accordance with Medicare Communications and Marketing Guidelines (MCMG):
 - ✓ Institutionalized and capable of consenting for themselves; or
 - ✓ Authorized/Legal representative to act upon a resident's behalf



What is a Model of Care (MOC)?

The MOC is Signature Advantage's detailed, written commitment to CMS on how the Plan will provide care to enrolled members:

The MOC is designed to:

- ✓ Reduce non-essential hospital admissions when care can safely and effectively be provided in the NF/ALF setting
- ✓ Maintain the residents at an optimal level of function
- ✓ Reduce avoidable re-admissions
- ✓ Increase compliance with appropriate screenings/testing
- ✓ Increase compliance with clinical practice guidelines
- ✓ Enhance identification and address problems earlier to optimize member function
- ✓ Decrease redundancy and confusion of medical care for this vulnerable population
- ✓ Improve communication

What are the elements of the Model of Care (MOC)?



Target
Population



Care
Coordination



Provider
Network



Quality
Measurement



MOC 1: The Plan's Target Population - 2020



The characteristics of the member population that Signature Advantage (SA) and its providers serve include social factors, cognitive factors, environmental factors, living conditions, and co-morbidities.

For SA, members are considered institutionalized with the following characteristics or conditions:

- Frail / vulnerable
- More likely to be a female
- Average age is 79 years old
- Typically widowed or single
- Primarily Caucasian
- English speaking
- No identified primary care physician (PCP)
- Unable to make care decisions or participate in their own care
- Likely reporting daily pain
- For ALF enrollees, may be more mobile
- May be confined to bed or wheelchair
- Multiple co-morbid chronic conditions (e.g. high blood pressure, heart disease, depression, diabetes, COPD)
- Likely prescribed one or more high-risk medications per month
- Needs help with 5 or more activities of daily living (ADL) including bed, mobility, dressing, eating, and toileting
- Moderate to severe cognitive impairment
- Overall low literacy
- Has socioeconomic issues creating barriers to care
- Lacks consistent, engaged caregiver/family support

MOC 2: Care Coordination – Staffing Model



- ❖ Care Coordination is how SA coordinates the health care needs and preferences of the member
- ❖ Both plan type (SAP and SAC) enrollees are required to choose a primary care physician
 - PCP/Nfist-driven care model
 - Dedicated medical specialty providers
- ❖ Supported by Advanced Nurse Practitioners (ANP)
 - On-site primary care support
 - Direct access to member's facility record
 - Access to initial health risk assessment tool (HRAT), MDS information and full history and physical
 - Serves as primary point of contact for comprehensive assessments, ICP, ICT, and all member care transitions
 - Centralized point of contact for members and families/caregivers
- ❖ All Specialist and certain diagnostic tests require PCP/Nfist referral

MOC 2: Care Coordination - Health Risk Assessment Tool (HRAT)

- ❖ All I-SNP members are required to receive a comprehensive history and physical exam and subsequent care plan within 90 days OF enrollment (before or after).
- ❖ Nurse Practitioners (NP) utilize a risk assessment tool that scores and rates each member’s medical conditioner. These scores are then stratified into groups listed here:

Risk Level	Risk Score
Low Risk	0 - 1000
Moderate Risk	1101 – 2000
High Risk	> 2000

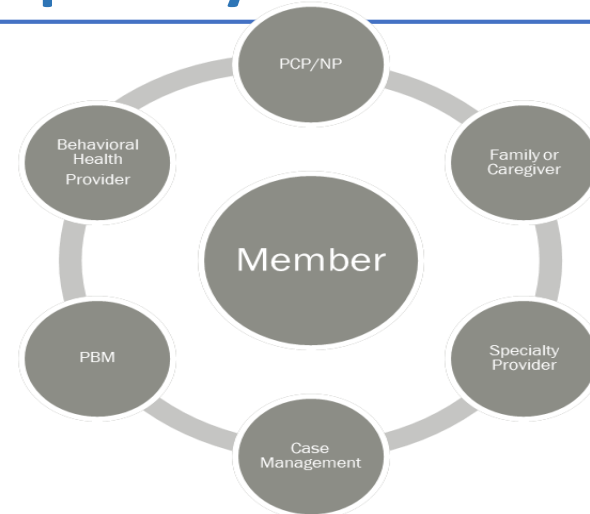
- ❖ Comprehensive Individual Care Plan (ICP) developed and the NP coordinates plan of care with facility. The frequency of visits is unique to each enrolled Member’s condition with the goal to reduce complications and prevent re-hospitalizations.
- ❖ At a minimum, NP clinical visit/monitoring frequency occurs as follows:

Risk Level	Nurse Practitioner Face-to-face Visits with Members	Nurse Practitioner “Rounds” with LTC Facility Nurses
Low	1x/month	1x/month
Moderate	2x/month	1x/week
High	1x/week (or more frequently as needed)	1x/week

MOC 2: Care Coordination - Individualized Care Plan (ICP)

- ✓ Member-centric
- ✓ Includes goals and intervention measures
- ✓ Interdisciplinary Care Team (ICT) reviews and approves
- ✓ Shared with the member (including condition-specific education), as well as the PCP/NFist, NP and ICT members
- ✓ Maintained electronically by each facility
- ✓ Triggers electronic referrals for clinical intervention to the appropriate care teams
- ✓ Evaluated and updated on a quarterly basis or when a significant change in condition or status is identified

MOC 2: Care Coordination - Interdisciplinary Care Team (ICT)



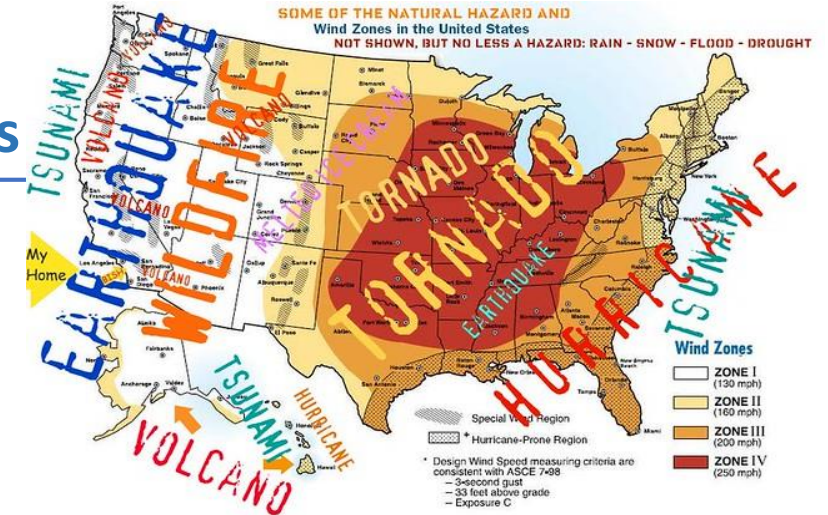
- ✓ Developed to ensure effective coordination of care
- ✓ Composition varies and is dependent on each members' unique circumstances, risk-level, and individual needs and preferences
- ✓ Includes the member and any designated representative(s)
- ✓ NP coordinate the member's care and leads the ICT
- ✓ Regular communications
- ✓ Continuous monitoring
- ✓ Meets quarterly, at a minimum, to review member goals
- ✓ All meetings/communications are documented and stored

MOC 2: Care Coordination - Transitions Process

- ❖ NP, PCP/Nfist and member's family/caregiver are notified of every acute care transition
- ❖ Prior to member's transition, facility staff complete a checklist/packet that includes"
 - ✓ Member's comprehensive history and physical notes
 - ✓ Most recent comprehensive or episodic note
 - ✓ Consult notes
 - ✓ Medication list
 - ✓ Advanced directives

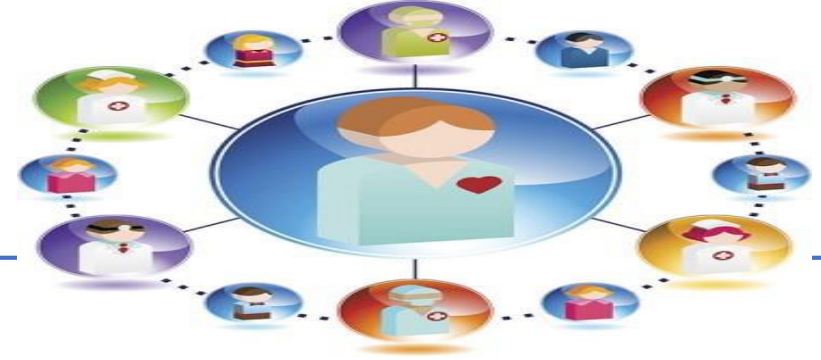
- ❖ **NP is responsible for coordinating the care transition process and is the POC for communication with the member, their family/caregiver, the doctors, and nursing staff**
 - ✓ NP sees the member within 48 hours of return to conduct comprehensive assessment. This includes review and signing of discharge summary as well as medication reconciliation.
 - ✓ NP timely (within 24 hours) updates the ICT/ALF on the member's status and transition plan to ensure continuity of care.

MOC 2: Care Coordination – Contingency Plans



- ❖ Natural disasters or emergencies can occur at any time. CMS requires I-SNPs to have a contingency plan to avoid disruption in care and services for their members
- ❖ Disruption can be avoided when:
 - ✓ Administrative and Clinical employees are cross-trained to ensure continuity, and have the ability to work remotely using web-based program on a secure network.
 - ✓ Calls diverted to back-up offices within the SA network during an emergency

MOC 3: Provider Network



- ❖ Signature Advantage provides a network of primary care providers, specialists, and facilities with specialized expertise pertinent to the care and treatment of its members to:
 - Collaborate with the ICT and contribute to a Member's ICP
 - Provide clinical consultation
 - Assist with developing and updating care plans
 - Provide pharmacotherapy consultation

- ❖ Signature Advantage evaluates provider adequacy with sufficient number of health care professionals with expertise in treating chronic conditions of the I-SNP population in order to provide services directly on the premises of the long term care/assisted-living facility, when appropriate.
 - ✓ Specialists: Geriatrics, Cardiology, Neurology, Nephrology, Pulmonology, Endocrinology, Rheumatology, Urology, Orthopedics, Podiatry, Behavioral Health
 - ✓ Licensed Clinicians: Nurse Practitioners, Physical Therapists, Occupational Therapists, Respiratory Therapists, Pharmacists, Registered Nurses, Social Workers
 - ✓ Inpatient Facilities: Acute Hospitals, Skilled Nursing and Rehabilitation, Behavioral Health

MOC 3: Provider Network - Clinical Practice Guidelines & Care Transition Protocols

- ❖ **Utilization Management Committee** evaluates and adopts clinical practice guidelines applicable to the needs of Signature Advantage's membership
- ❖ Signature Advantage will **annually review** adherence of selected clinical practice guidelines through data analysis
- ❖ When guidelines are not satisfactorily adhered to by individual network providers, Signature Advantage will intervene with the provider
- ❖ When a systemic problem is identified, Signature Advantage will undertake broader educational efforts with the network and then evaluate through additional data analysis



MOC 3: Provider Network - Pharmacy and Therapeutics (P&T) Committee

- ❖ The Signature Advantage Pharmacy Benefit Management (PBM) entity's Pharmacy and Therapeutics (P&T) Committee provides guidance on formulary development, and maintenance.
 - ✓ Utilize tools/techniques to evaluate use of evidence based clinical practice guidelines
 - ✓ Annual medical record review for high volume PCPs and specialists with a substantiated quality-of-care concern in the past year
 - ✓ Pharmacy data to identify potential care gaps or potential adverse events and compliance issues
 - ✓ Identify real and potential gaps in care and generates notice to physician and member while sending quarterly reports to the Plan for review
- ❖ NPs receive monthly reports that identify gaps or opportunities for evaluation and intervention

MOC 3: Provider Network - Training

Signature Advantage provides I-SNP Program and Model of Care training for its provider network:

- ✓ Initially and annually
- ✓ Training must be documented and tracked
- ✓ Training is posted to website

MOC 4: Quality Improvement Plan



- ❖ Continuous improvement and monitoring of medical care, patient safety, behavioral health services, and the delivery of services
- ❖ Annual Quality Improvement Work Plan uses data analysis and standard reporting
- ❖ Board of Directors review and approval
- ❖ Plan performance shared across the Plan and with key Providers
- ❖ Network and membership provided with updates **regarding goals** related to improvement in quality of care that members receive, performance measures and/or changes in the MOC
- ❖ High-volume physicians receive reports on individual performance against expectations and benchmarks
- ❖ Goals also include alignment with Medicare’s performance measurement systems:
 - **Star Ratings Program**
 - **Healthcare Effectiveness Data and Information Set (HEDIS)**
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 - Health Outcomes Survey (HOS)

Who is responsible for Compliance with the MOC?

Everyone!

Compliance with CMS requirements and the ethical administration of the Signature Advantage I-SNP MOC is an enterprise-wide, shared responsibility and requires all of us to work together to benefit our members/patients.





POST TEST

Your Name _____

Score _____

	QUESTION	YOUR RESPONSE	CORRECT (Y/N)
1	Signature Advantage is a Medicare Advantage Plan: True or False		
2	Nurse Practitioners (NP) utilize a health risk assessment tool that scores and rates each member's medical conditions: True or False		
3	Members can enroll in an I-SNP if they have or are expected to reside in a long-term care/nursing/assisted-living facility for how many days?		
4	All Members must receive a comprehensive assessment: True or False		
5	The 4 MOC elements are target population, provider network, quality measurement and what?		
6	How often will Signature Advantage review compliance with selected clinical practice guidelines through data analysis?		
7	The acronym ICT stands for what?		
8	You must receive MOC of care training annually? True or False		
9	Nurse practitioners collaborate with providers and the ICT to contribute to a Member's individualized _____.		
10	Who is responsible for compliance with the Model of Care?		