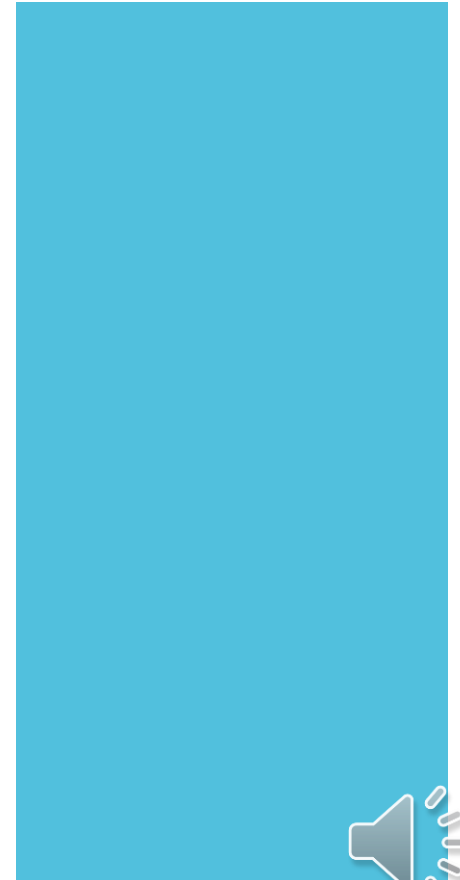




# Annual Model of Care Training

*Your Edge to Better Health  
Care*



## + Overview

- Centers for Medicare and Medicaid Services (CMS) requires all Medicare Advantage Special Needs Plans (SNPs) to have a Model of Care (MOC)
- Information about the program must be available for submission to CMS or for review during monitoring visits
- CMS requires all SNPs to conduct initial and annual training that reviews the major elements of the MOC for providers
- 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



# + Institutional Special Needs Plans (I-SNPs)

- 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)
  - LTC nursing facility (NF)
  - Intermediate care facility for the mentally retarded (ICF/MR)
  - Inpatient psychiatric facility

Missouri  
Medicare Select



## + Who Can Join an I-SNP?

- Entitled to Medicare Part A (Hospital Insurance)
- Enrolled in Medicare Part B (Medical Insurance)
- Live in Plan 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 facility for greater than 90 days at time of enrollment
- **Missouri Medicare Select (SA) is a Medicare Advantage SNP for institutionalized long-term care nursing facility residents**



# + What is a Model of Care (MOC)?

- I-SNP MOC is Missouri Medicare Select's detailed, written commitment to CMS on how we will provide care to enrolled members:
- MOC is designed to:
  - Reduce non-essential hospital admissions when care can safely be provided in the nursing facility
  - Maintain the residents at an optimal level of function
  - Reduce avoidable 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



# + Elements of the MOC

- **MOC 1: Description of the I-SNP Population**
- **MOC 2: Care Coordination**
  - Staffing
  - The ICP
  - The ICT
- **MOC 3: Provider Network**
- **MOC 4: MOC Quality Measurement & Performance Improvement**

Missouri  
Medicare Select



# + MOC 1: Missouri Medicare Select Target Population

- Institutionalized in a LTC facility
- Frail / vulnerable
- More likely to be Female
- Average age is 79 years old
- Typically widowed or single
- Primarily Caucasian
- English-speaking
- Has no identified primary care physician (PCP)
- Often unable to make care decisions and participate in their own care
- May be Confined to a bed or wheelchair
- Has 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 (ADLs) including bed, mobility, dressing, eating and toileting
- High likelihood of reporting daily pain
- Has moderate to severe cognitive impairment
- Overall low health literacy
- Has socioeconomic issues creating barriers to care
- Lacks consistent, engaged caregiver / family support



# + MOC 2: Missouri Medicare Select Staffing Model

- All members required to choose a primary care physician
  - PCP/NFist-driven care model
  - Dedicated medical providers physically located at the contracted nursing facilities to enhance and provide bedside care management and coordination
  - Supported by Nurse Practitioners (NP)
    - On-site primary care support
    - Have access to the member's facility record, and along with initial risk assessment tools, MDS information and a full history and physical
    - Serve as the 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 a PCP/NFist referral





## + MOC 2: Health Risk Assessment Tool

- All I-SNP members receive a comprehensive history and physical exam and care plan within 90 days of enrollment
- NPs utilize a risk assessment tool that rates each member's medical condition:
  - Low risk: 0-10
  - Moderate risk: 11-20
  - High risk: > 20
- Risk score dictates the NP's visit schedule
- Risk score framework used at each visit and tracked over time via encounter data



# + MOC 2: Individualized Care Plan (ICP)

- Member-centric
- Includes goals and measures
- Interdisciplinary Care Team (ICT) reviews and approves
- Shared with the member, as well as the PCP/NFist, NP and ICT members
- Maintained electronically in Align360
- 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

Missouri  
Medicare Select



# + MOC 2: 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 leads the ICT
- Regular communications
- Continuous monitoring
- Meets quarterly, at a minimum, to review member goals

Missouri  
Medicare Select



## + MOC 2: Care Transitions Process

- Missouri Medicare Select NP, PCP/NFist and member's family/caregiver 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



## + MOC 2: Care Transitions Process

- NP is responsible for coordinating the care transition process
  - POC for communication with the member, their caregiver/family, the doctors, and nursing staff
- Upon return to the SNF, the NP must see the member within 48 hours
  - Comprehensive assessment conducted; discharge summary reviewed and signed; medication reconciliation performed
- NP updates the ICT on the member's status and transition plan no later than 72 hours after the transition event



# + MOC 3: Provider Network

- Missouri Medicare Select provides network of providers, specialists, and facilities with specialized expertise pertinent to the care and treatment of its members
- Evaluates provider adequacy with sufficient number of professionals to provide services directly on the premises of the long term care facility such as:
  - Board Certified specialists - Geriatrics, Cardiology, Neurology, Nephrology, Pulmonology, Endocrinology, Orthopedics, Behavioral Health
  - Clinicians - Nurse Practitioners, Physical Therapists, Occupational Therapists, Respiratory Therapists
  - Inpatient facilities - Acute Hospitals and Rehabilitation and Psychiatric

Missouri  
Medicare Select



## + MOC 3: Clinical Practice Guidelines

- Clinical Guidelines Committee evaluates and adopts clinical practice guidelines applicable to the needs of Missouri Medicare Select's membership
- Annually, Missouri Medicare Select will review compliance with selected clinical practice guidelines through data analysis
- When guidelines are not satisfactorily adhered to by individual network providers, Missouri Medicare Select will intervene with the provider
- When a systemic problem is identified, Missouri Medicare Select will undertake broader educational efforts with the network and then evaluate through additional data analysis



# + MOC 3: Pharmacy & Therapeutics

- Pharmacy and Therapeutics (P&T) Committee provides guidance on formulary development, maintenance and opportunities for enhancing member experience with the Plan
- 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 compliance

Missouri  
Medicare Select





# + MOC 4: Quality Improvement Plan

- Continuous improvement and monitoring of medical care, patient safety, behavioral health services, and the delivery of services
- All data analysis and standard reporting is used in the Annual Quality Improvement work plan
  - Presented to the Board of Directors for their review and approval
- Elements reflecting Plan performance are shared across the Plan and with key Providers
- Missouri Medicare Select educates its network and membership with updates regarding performance measures and/or changes in the MOC
- High-volume physicians receive reports on individual performance against expectations and benchmarks



# + MOC Compliance

- Who is Responsible for Compliance with the MOC?

**Everyone!**

- Compliance with CMS requirements and the ethical administration of the Missouri Medicare Select I-SNP MOC is an enterprise-wide, shared responsibility

Missouri  
Medicare Select



# + Post Test

■ Please use the attached presentation to answer the questions below:

1. Missouri Medicare Select is a Medicare Advantage Plan: True or False
2. Medicare Advantage Plans do not cover hospital services: True or False
3. Members are eligible if they have or are expected to reside in a Long term Care facility for how many days?  
\_\_\_\_\_
4. All Members receive a comprehensive assessment utilizing which tool within Align360?  
\_\_\_\_\_
5. All specialist and certain diagnostic tests require a PCP/NFist referral                      True or False
6. How often will Missouri Medicare Select review compliance with selected clinical practice guidelines through data analysis? \_\_\_\_\_
7. The acronym ICT stands for \_\_\_\_\_
8. The Plan Individualized Care Plan is maintained electronically in \_\_\_\_\_
9. Who is responsible for compliance with the Model of Care? \_\_\_\_\_

Email responses to [tena@allyalign.com](mailto:tena@allyalign.com)

