GOLD KIDNEY HEALTH PLAN

www.GoldKidney.com

Model of Care Training

2023

GOLD KIDNEY HEALTH PLAN

Model of Care Training Objectives

Educate all Gold Kidney Health Plan staff, providers and delegated vendors about our Special Needs Plan (SNP) Models of Care (MOC).

Describe how we will work together to enhance member health outcomes through an integrated care delivery system.

After completing this training, attendees will be able to:

Understand	Convey	Describe	Explain	Define
Understand the components of Gold Kidney's MOC.	Convey how Gold Kidney's medical management team coordinates care of SNP members.	Describe the essential role of providers in the implementation of the MOC program.	Explain the critical role of the provider as part of the MOC.	Define the Individualized Care Plan ICP) and the Interdisciplinary Care Team (ICT).

What is a Special Needs Plan?

Gold Kidney contracts with CMS to provide SNPs to members with specific chronic or disabling conditions.

Special Needs Plans (SNPs) were created by Congress in the Medicare Modernization Act (MMA) of 2003

- A Medicare managed care plan focused on certain groups of Medicare beneficiaries with special health care needs.
- The Centers for Medicare and Medicaid Services (CMS) has established three types of SNPs serving the following types of members:
  - Institutionalized (I-SNP): members who live in institutions such as nursing homes or long-term care facilities.
  - Dual-eligible (D-SNP): members who have both Medicare and Medicaid benefits.
  - **Chronic Condition (C-SNP): members with specific chronic or disabling conditions like diabetes, End-Stage Renal Disease (ESRD), HIV/AIDS, chronic heart failure, or dementia.**

Chronic Condition Special Needs Plans (C-SNPs)

Gold Kidney has C-SNPs for:

- End-Stage Renal Disease (ESRD).
- Diabetes mellitus, chronic heart failure and cardiovascular disorders.

Our C-SNPs strive to improve the coordination and continuation of care for members through Models of Care (MOC).

Gold Kidney conducts initial and annual MOC training for its staff, providers and delegated vendors and maintains training records as evidence of completion.

Areas of Coverage

Gold Kidney has identified the following counties as regions requiring specialized kidney care in Arizona:

- Gila
- Maricopa
- Pima
- Pinal

What is a Model of Care?

The Model of Care (MOC) is Gold Kidney's plan for delivering our integrated care management program for members enrolled in our Chronic Condition Special Needs Plans (C-SNPs).

Our MOC promotes quality health care through Gold Kidney's care management policies and procedures, operational systems and qualified resources.

The Affordable Care Act requires the National Committee for Quality Assurance (NCQA) to review and approve all SNP MOCs using criteria established by CMS.

Why is our Model of Care Important?

It provides the right health care for individuals with multiple health conditions by facilitating access to needed resources and affordable quality care including:

- A central point of contact through a Gold Kidney Case Manager.
- Preventive health services.
- Medical services.
- Mental health services.
- Social services.
- Added value services.

The Gold Kidney MOC Program is outcomes focused, seeking to:

- Ensure preventive care milestones are met.
- Facilitate control of chronic illness.
- Support sustained recovery from acute illness.
- Optimize the functional status of members in the community or institution.

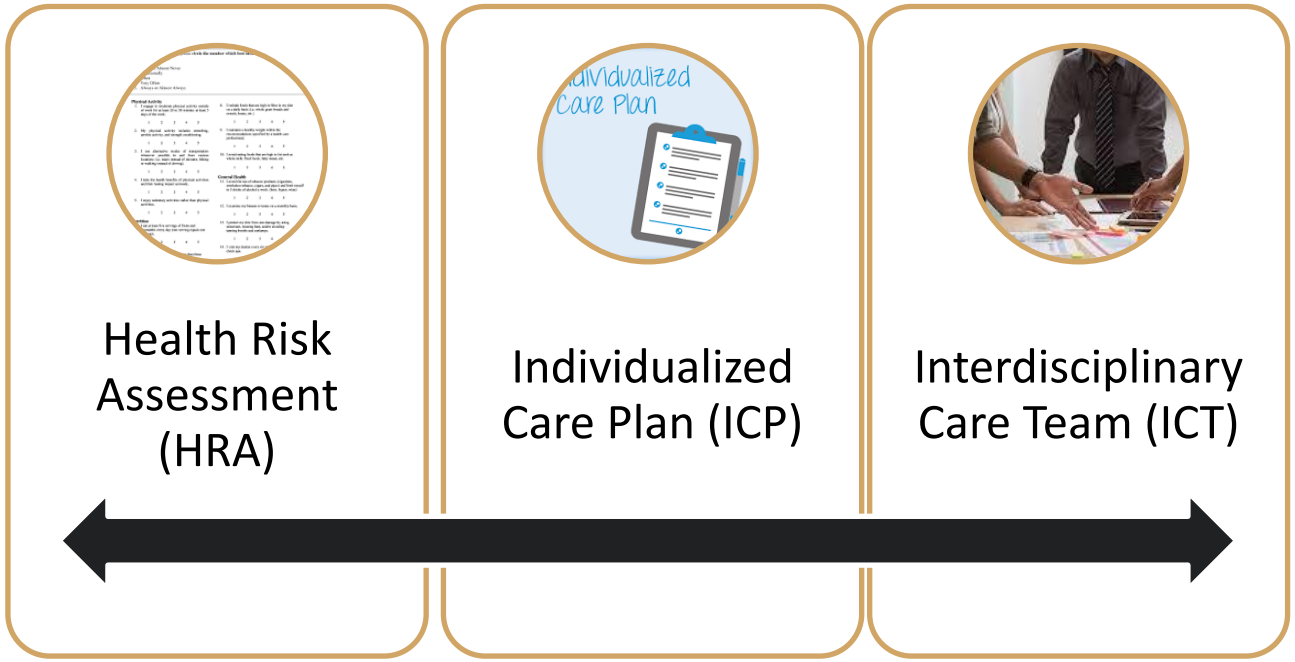
Elements of the Model of Care

The MOC is comprised of four clinical and non-clinical elements:

1. Description of the SNP Population.
2. Care Coordination.
3. SNP Provider Network.
4. Quality Measurements & Performance Improvement.

Model of Care Requirements

CMS requires each SNP member to have the following:



Model of Care Training Requirements

All staff, providers and delegated vendors who interact with SNP members are required by CMS to complete initial (within 90 days) and annual MOC training.

This training course is offered to meet the CMS regulatory requirements for a SNP MOC.

Our MOC training also serves as a quality improvement tool to ensure the unique needs of each member is identified and addressed.

Completing this training allows our staff, providers and delegated vendors who work with our members the specialized training this unique population requires.

- This training is maintained on Gold Kidney's website and may be used for initial training, annual training and as an ongoing resource.
- If challenges occur and training is not completed, reminders and education on importance will be provided.
- In the event training is not completed as required, Gold Kidney will engage its leadership, implement a Corrective Action Plan (CAP), or take other disciplinary action as needed.

MOC Element 1:

Description of the SNP Population

Description of Member Population

The characteristics of the member population Gold Kidney and providers serve include:

Demographics	Social Factors
Cognitive Factors	Environment Factors
Living Conditions	Co-morbidities

Member population also includes:

- Determining and tracking eligibility.
- Description of the most vulnerable population.
- Specially tailored services for members.
- How Gold Kidney works with community partners.

MOC Element 2:

Care Coordination

Care Coordination

Care Coordination is how Gold Kidney coordinates the health care needs and preferences of the member and shares this information with the Interdisciplinary Care Team (ICT).

Gold Kidney conducts care coordination by using:

- A Health Risk Assessment (HRA),
- Assigning a Case Manager,
- Preparing an Individualized Care Plan (ICP),
- Compiling an ICT for the member.

Care Coordination also includes:

- Explanation of all people involved in the member's care.
- Coordinating transitions of care.
- Contingency plans to avoid disruption in care.
- Training required for all involved in the member's care and how it is provided.

Health Risk Assessment

A Health Risk Assessment (HRA) is conducted to identify medical, psychosocial, cognitive, functional and mental health needs and risks of members.

- Gold Kidney attempts to complete the initial HRA within 90 days of enrollment, within 3 days of transition of care or a significant event as needed, and within 355 days after the initial HRA.
- HRA responses are used to identify needs that are incorporated into the member's ICP and communicated to the ICT.
- Members are reassessed if there is a change in their health condition.
- Changes in the member's health condition and annual updates are used to update the ICP.
- Providers should encourage members to complete their HRA to better coordinate their care and create an ICP.
- Members have the right to refuse to complete the HRA.

Face-to-Face Encounters

- CMS requires all SNPs to provide face-to-face encounters for the delivery of health care, care management or care coordination services.
- Gold Kidney requests consent from the member to participate in face-to-face and/or virtual encounters.
- If the member refuses face-to-face or virtual encounters, it is documented in the ICP.
- Gold Kidney's Case Managers conduct face-to-face encounters and are licensed health care professionals.
- Face-to-face encounters will include HRAs, home safety reviews and counseling, disease specific health questionnaires, preventive screenings, assistance with scheduling appointments or transportation.
- A member's ICP is updated to reflect face-to-face and virtual encounters.

Benefits of Face-to-Face Encounters

Benefits of face-to-face encounters include:

- Case Manager and Member develop a professional and trusting relationship.
- Case Managers can assess the member's home environment.
- Provides interaction which may combat loneliness and positively impact mental health.
- Case Manager can identify changing needs of the member that may not be identified telephonically.
- Assist with and confirm medications are being taken correctly.

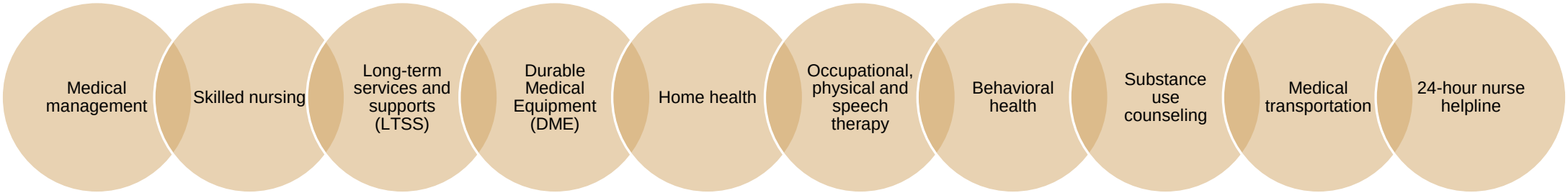
Individualized Care Plan

- An Individual Care Plan (ICP) is developed by the Integrated Care Team (ICT) in collaboration with the SNP member.
- Case Managers and Primary Care Physicians (PCPs) work closely with the SNP member and their caregivers to prepare, implement and assess the ICP.
- The ICP Includes:
  - Member-centric problems
  - Interventions
  - Measurable goals
  - Services the member will receive

Individualized Care Plan

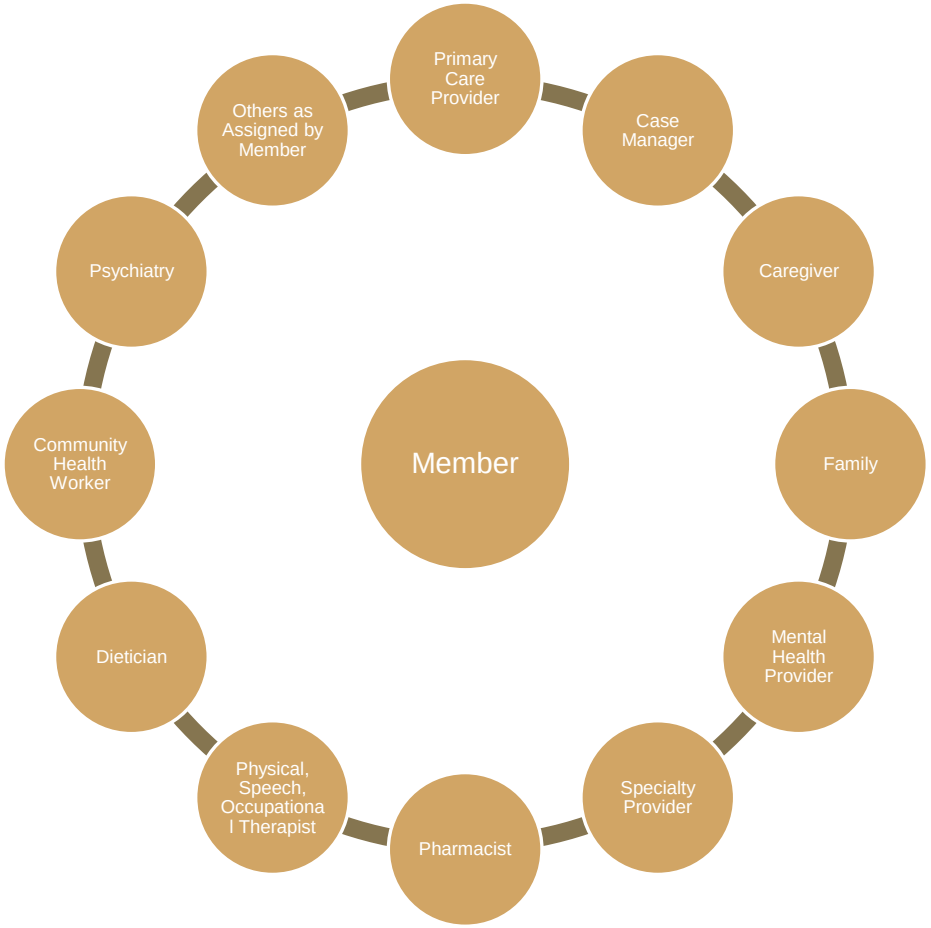
Members receive monitoring, service referrals, and condition-specific education based on their individual needs. Gold Kidney Case Managers are responsible for initiating and developing the ICP, working closely with the member, ICT, primary caregivers and PCP.

The ICP addresses member-centric problems, interventions and goals. It also includes services the member will receive, including:



Interdisciplinary Care Team

- Gold Kidney composes the Interdisciplinary Care Team (ICT) through an assessment of the member's individual needs. This includes reviewing current and historical information from medical management, pharmacy, behavioral health, public health and social needs.
- The member is the central focus of the ICT.
- The member's PCP is an essential member of the ICT as they are responsible for coordinating the member's care.
- Gold Kidney's Case Manager works closely with the PCP and ICT and ensures the ICP is updated.

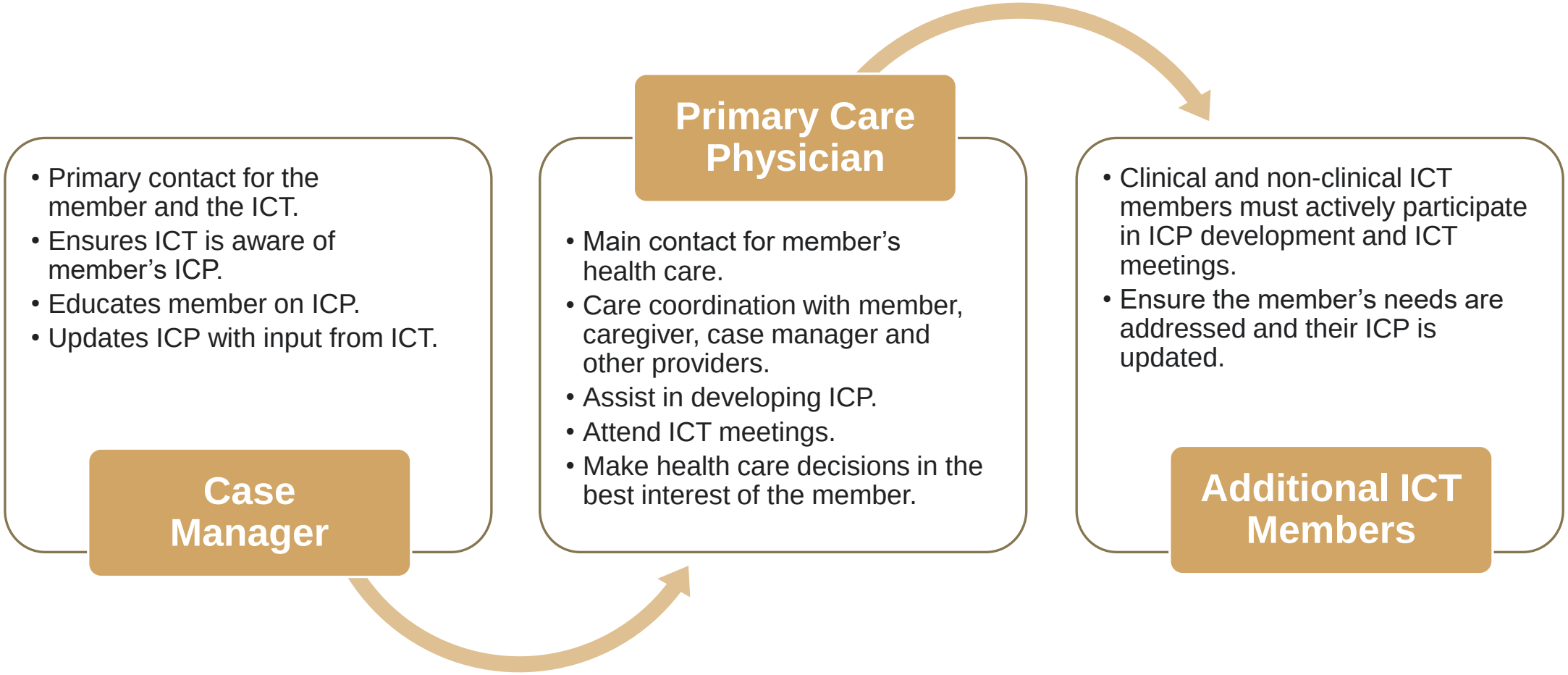


Interdisciplinary Care Team Responsibilities

Gold Kidney works with each member to:

- Identify needs and coordinate services as appropriate.
- Develop personal goals and interventions to achieve health outcomes.
  - Make modifications to the ICP based on barriers, effectiveness of current structure, needs and preferences of the member.
- Anticipate problems and communicate with PCP.
- Educate member on ICP and medication(s) to achieve improved health outcomes.
- Facilitate transition of care, both planned and unplanned. This includes communication of member status, updating ICP collaboratively and assisting with providing appropriate documentation to the receiving facility.

Interdisciplinary Care Team Responsibilities



Interdisciplinary Care Team Communications

- ICT meetings occur at least annually, when requested by the member, or when changes or events occur requiring evaluation of the member's needs.
- ICT meetings and communications can occur in person, on the telephone, virtually, and/or in a written form.
- Members with hearing impairments, language barriers, and/or cognitive deficits receive appropriate communication accommodations.
- Gold Kidney uses the following communication tools:
  - Member's ICP which is available real-time for the ICT.
  - Provider web portal.
  - Member web portal.

CMS Expectations of the Interdisciplinary Care Team

All care complies with the member's preferences.

Family members and caregivers are included in health decisions as requested by the member.

Continual communication between the ICT regarding the member's care.

All ICT meetings occur at least annually, are documented and documentation is retained.

Maintain a current contingency plan to avoid disruption in member care and services.

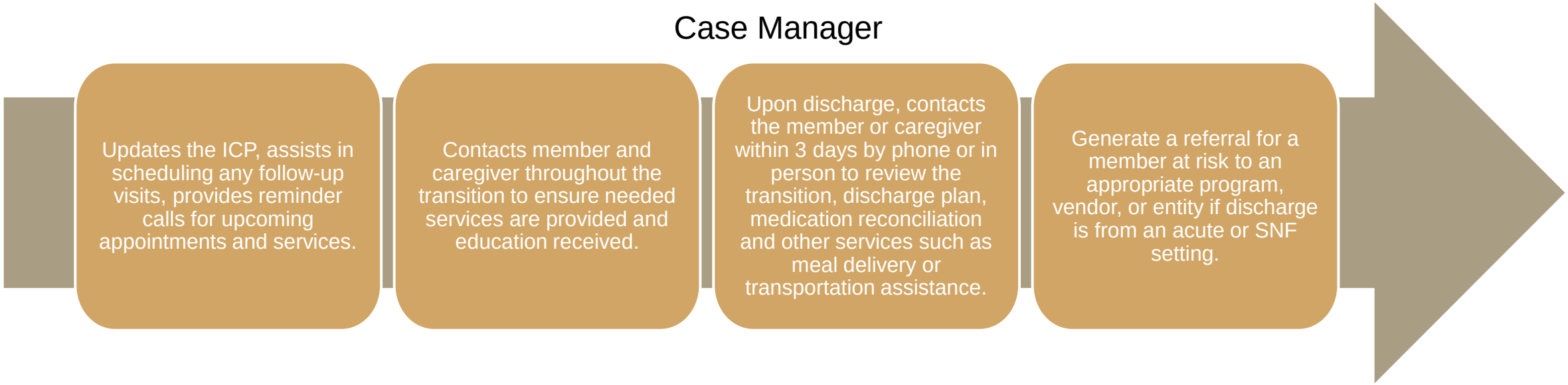
Gold Kidney's contingency plan includes:

- Corporate and Regional offices are trained to back up administrative and executive staff.
- Clinical employees are cross-trained to ensure continuity of operations.
- Remote access is available to all Gold Kidney applications in a web-based secured manner.
- A list of contracted vendors able to provide Case Management, Home Health or other services as needed is maintained.

Transitions of Care

Gold Kidney focuses on effectively managing safe transitions of care.

The Case Manager is the main contact during transitions and ensures the PCP and ICT has the most current information.



MOC Element 3:

Provider Network

Provider Network

Gold Kidney is required to maintain a provider network with specialized clinical expertise for our member's needs.

Our provider networks, at a minimum, meet CMS access standards and the specific needs of our members.

Gold Kidney ensures all covered services are available and accessible to members.

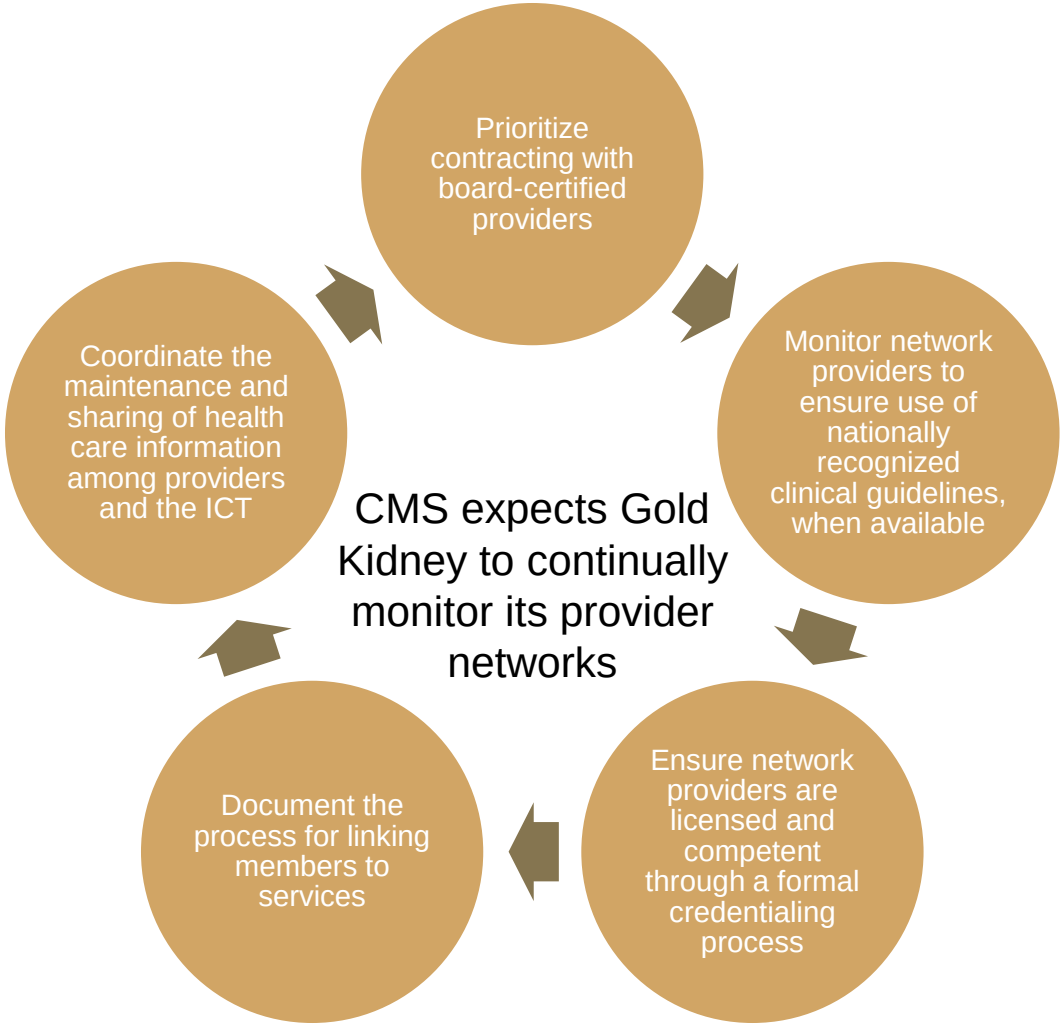
Our providers represent culturally diverse backgrounds of our special needs population and are in communities where our members live.

Gold Kidney's provider network meets established eligibility criteria to participate, including credentialing, state and federal regulations and NCQA standards.

Gold Kidney coordinates care and ensures providers:

- Collaborate with the ICT,
- Contribute to a member's ICP through development and updates,
- Provide clinical and pharmacotherapy consultation.

CMS Expectations of Provider Networks



MOC Element 4:

Quality Measurement and Performance Improvement

Quality Measurement and Performance Improvement

Gold Kidney is required to have quality measurement and performance improvement plans in place.

To evaluate success, Gold Kidney uses a comprehensive Quality Management Program which monitors many inputs, including:

- Acute, complex and chronic care management
- Behavioral health care
- Compliance with member confidentiality and laws
- Compliance with preventive health and clinical practice guidelines
- Continuity and coordination of care
- Delegated entity oversight
- Clinical and non-clinical performance and services
- Employee and provider cultural competency

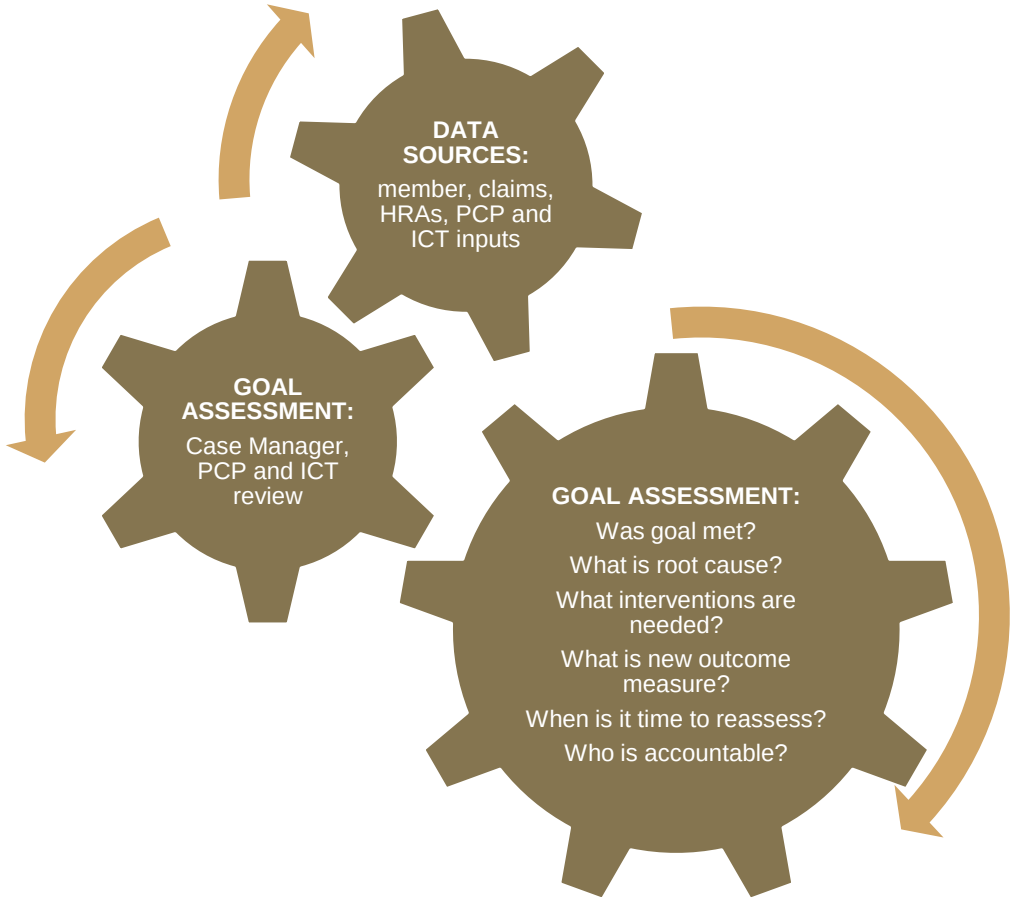
Model of Care Goals and Data Sources

Gold Kidney determines goals related to improving the quality-of-care members receive.

Goals reflect all current state and/or federal requirements and are aligned to performance measurement systems:

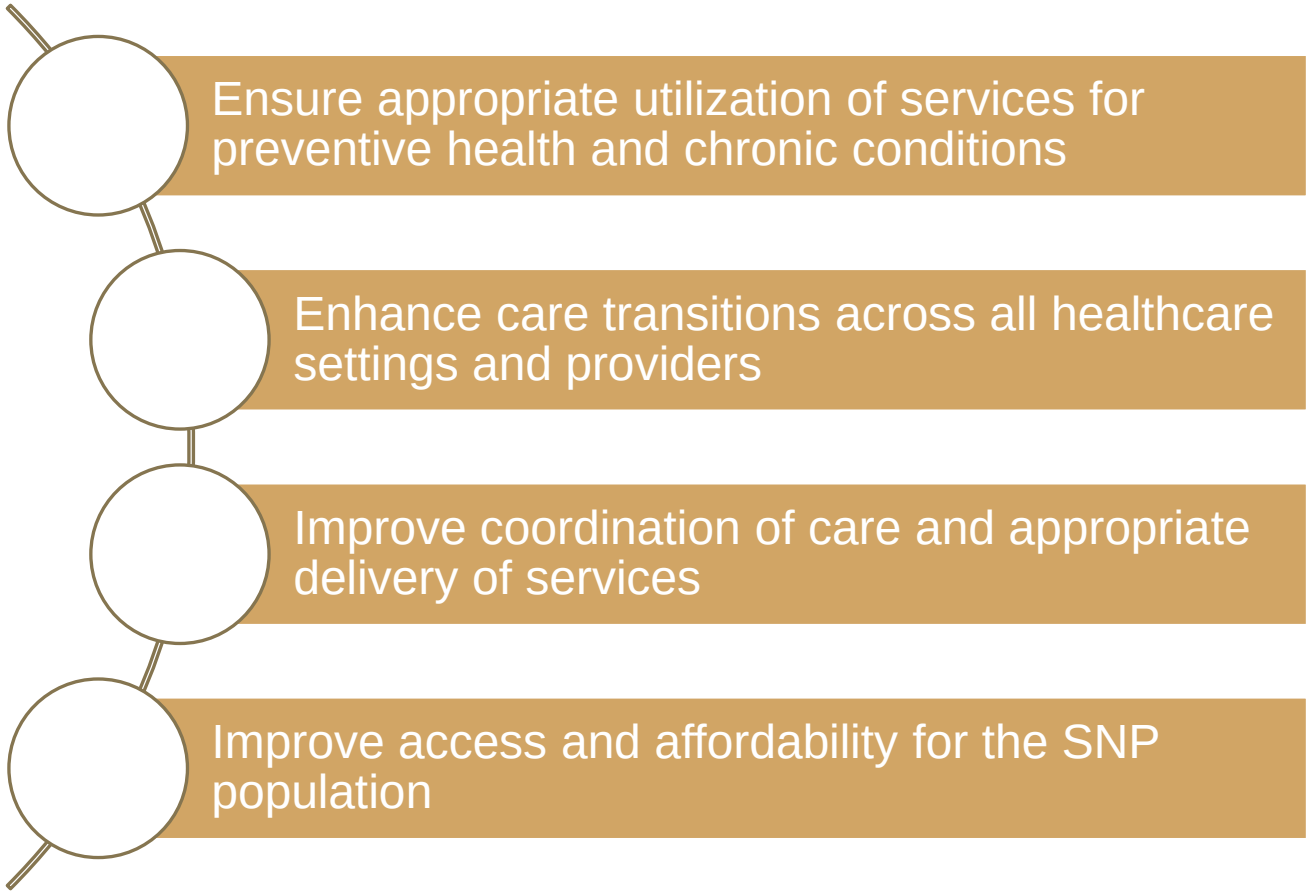
- Healthcare Effectiveness Data and Information Set (HEDIS).
- Consumer Assessment of Healthcare Providers and Systems (CAHPS).
- Star Ratings.
- Health Outcomes Survey (HOS).

Gold Kidney tracks each member's progress through a Quality Work Plan that is shared with the ICT.



Model of Care Goals

Gold Kidney's MOC goals are centered around achieving its mission: *Become the preferred insurance solution for all by improving the health of all enrolled members*.

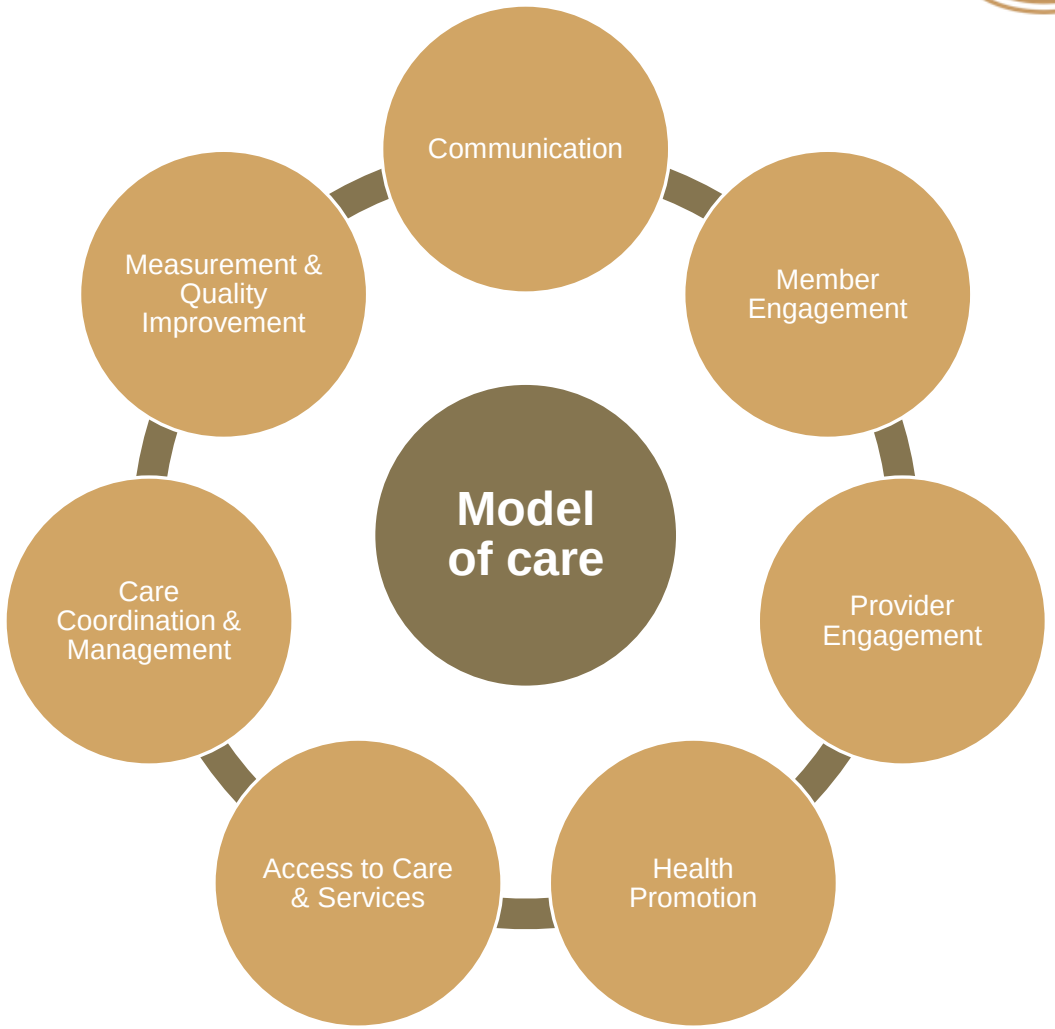


Model of Care Training Summary

Gold Kidney values our partnership with all staff, providers and delegated vendors.

The MOC requires all of us to work collaboratively to benefit our members by:

- Enhancing communication between members, physicians, providers and Gold Kidney.
- Using an interdisciplinary approach to address the member's needs.
- Employing comprehensive coordination with every care partner.
- Supporting the member's preferences in their care plan.
- Reinforcing the member's connection with their health care team and support services.



Gold Kidney Model of Care Contact and Materials

What Resources do I have available?

- General Gold Kidney SNP Contact:
  - Kirsten Sorensen (E: kirsten.sorensen@goldkidney.com, M: 512-585-3376)
- Model of Care power point training
- Resources on Member and Provider Portal – Care Management and Living Healthy Information sections
  - http://www.goldkidney.com/providerservices
  - http://www.goldkidney.com/livehealthy
- Contact Clinical Services – (844) 294 6535

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Thank you!

Please reach out if you have any questions.