

IEHP DualChoice Model of Care Training 2016



Reviewed 06/23/2015

Revised 06/23/2015

Model of Care Training

- The Centers for Medicare & Medicaid Services (CMS) Model of Care (MOC) Program require that **ALL** IEHP staff and **ALL** its contracted delegates, practitioners/providers receive annual training on the MOC.
- This generalized training covers:
 - ✓ What is the Model of Care?
 - ✓ Description of our Dual-Eligible Population
 - ✓ Our Medicare Line of Business
 - ✓ Care Coordination
 - ✓ Provider Network
 - ✓ Quality Measurement & Performance Improvement

What is the Model of Care?

Background

- **Models of Care (MOCs)** are considered a vital quality improvement tool and integral component for ensuring that the unique needs of dual-eligible beneficiaries are identified and addressed.
- In 2010, the **Patient Protection and Affordable Care Act (ACA)** reinforced the importance of the MOC as a fundamental component of healthcare quality improvement by requiring the National Committee for Quality Assurance (NCQA) to execute the review and approval of MOCs based on standards and scoring criteria established by CMS.

What is the Model of Care?

Mission

- The mission of the Model of Care (MOC) Program is to have a **systematic healthcare delivery process, integrated and coordinated** for all dual-eligible Members.
- The MOC Program therefore, is intended to **provide and manage the delivery of specialized services and benefits** for dual-eligible Members.



What is the Model of Care?

Program Goals

- Improve **access** to medical, mental health, social services, affordable care, preventive health services, and Home & Community Based Services (HCBS);
- Improve **coordination of care** through a single point of contact;
- Ensuring adequate **provider network**;
- Improve seamless **transitions of care** across healthcare settings, providers, and **Home & Community Based Services (HCBS)**;
- Ensure **appropriate utilization of services**;
- Improve **Member health outcomes**; and
- Ensure **cost-effective** service delivery.

Clinical and Non-Clinical Elements

CMS has determined that all Models of Care (MOCs) must include the following **elements** when documenting their MOC program:

1. Description of the Dual-Eligible Population
2. Care Coordination
3. Provider Network
4. Quality Measurement & Performance Improvement

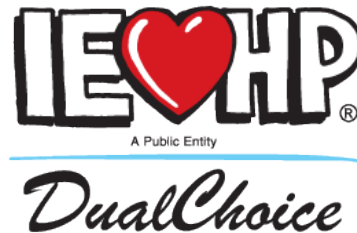


Our IEHP DualChoice Population

- Our IEHP DualChoice population is composed of individuals who are **dual-eligible**, i.e., eligible for both Medicare and Medicaid by age 65 or by disability or medical condition.
- This population is characterized as follows:
 - Likely to have **multiple co-morbidities**;
 - Likely to suffer from **behavioral conditions**;
 - May **need help with at least 2 activities of daily living**; and
 - As a result are **more likely to be sick, have higher utilization rates and need more intensive care**.

Medicare Line of Business

IEHP DualChoice Cal MediConnect Plan was created by IEHP as part of the Coordinated Care Initiative (CCI) to enhance health outcomes and Member satisfaction. We currently have **over 22,233*** Cal MediConnect Members.



Visit IEHP's website (www.iehp.org) "For Members" page for this year's Summary of Benefits.

*Source: IEHP Intranet Membership Report – 06/01/2015

Care Coordination

Care Management Staff Structure & Role

- IEHP employs licensed clinical and non-clinical staff to assist Members as their single point of contact.
- Nurses perform assessments, initiate and utilize the individual care plans to meet the Member's specific health needs.
- Nurses provide education and make referrals to Health Education programs as indicated by Member-specific health needs.
- Care Coordinators provide care coordination activities such as arranging transportation, checking on Member referral status, scheduling or arranging for interpreter services, and assisting Members with resources.

Care Coordination

Health Risk Assessment

A Health Risk Assessment (HRA) is a survey tool used to assess the Member's medical, functional, cognitive, and psychosocial status.

- IEHP contracts with a vendor to perform the HRA by mail, phone and online. IEHP will conduct the HRA in-person, if requested.
- IEHP will also make every effort to complete an HRA for Members that have not had one completed by the vendor.
- Completion of the HRA is not delegated to the IPAs. IEHP is responsible for conducting the HRA and providing results to the Member's IPA.

Care Coordination

Health Risk Assessment

IEHP DualChoice Members are separated into High Risk and Low Risk categories based on initial health data.

- **HIGH RISK** - HRA will be conducted within forty-five (45) calendar days of the Member's enrollment into the health plan.
- **LOW RISK** - HRA will be conducted within ninety (90) calendar days of the Member's enrollment into the health plan.

Care Coordination

Health Risk Assessment

- The HRA is performed initially upon enrollment and then annually, or sooner if the Member's condition or health status changes.
- HRA results are collected, analyzed and used in developing an initial care plan for all Members, regardless of their risk stratification.
- The HRA results are **available for the PCP and IPA via the IEHP provider web portal.**



DualChoice

Attachment 12 - IEHP DualChoice Model of Care Training
**Health Survey for
Inland Empire Health Plan Members**

At IEHP, we want to give you the best care we can. Please complete this survey so we know what your health care needs are. Your answers will not affect your benefits in any way. Answer the questions by checking the box. You may be told to skip over some questions.

SAMPLE HRA

1. On most days is your health:

- Excellent Very Good Good Fair Poor

2. On a normal day, does your health limit you from doing any of these tasks? If so how much?

a. **Daily tasks**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- Yes, limited a lot Yes, limited a little No, not limited at all

b. Climbing **many** flights of stairs?

- Yes, limited a lot Yes, limited a little No, not limited at all

3. During the past 4 weeks, have you had any of these problems with your work or other normal daily tasks **as a result of your physical health**?

a. Did **less** than you would like.

- No, none of the time Yes, most of the time
 Yes, a little of the time Yes, all of the time
 Yes, some of the time

b. Were limited in the **kind** of work or other tasks.

- No, none of the time Yes, most of the time
 Yes, a little of the time Yes, all of the time
 Yes, some of the time

4. During the past 4 weeks, have you had any of these problems with your work or other normal daily tasks **as a result of any problems with your feelings** (such as feeling depressed or anxious)?

a. Did **less** than you would like.

- No, none of the time Yes, most of the time
 Yes, a little of the time Yes, all of the time
 Yes, some of the time



Inland Empire Health Plan

SAMPLE HRA RESULTS PACKET

Cover Letter

[REDACTED]

Dear [REDACTED]

Thank you for filling out the assessment survey about your health. Your answers in the survey helped us know your health care needs so we can work with you to improve your overall health. We have created a care plan for you based on your answers in the health assessment survey.

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) has a Care Management Team that can help you with your health care needs. The Care Management Team can also help you:

- Find a doctor;
- Get answers to health questions;
- Find IEHP programs that may help you; and
- Find support and services in the community.

If you would like to request an Interdisciplinary Care Team (ICT) meeting, would like the care plan in another format, or have questions, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347) 8am – 8pm (PST), 7 days a week, including holidays. TTY/TDD users should call 1-800-718-4347.

We look forward to helping you get the health care services you need through IEHP DualChoice.

Sincerely,

Chief Medical Officer

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a Health Plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

SAMPLE HRA RESULTS PACKET

HRA Results

Date: 05/04/15

Gender: Female

Age: 61

Member Name: [REDACTED]
IEHP ID Number: [REDACTED]

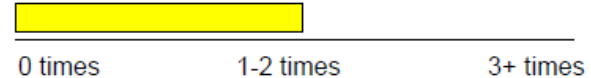
Take this report to your next doctor visit to talk about any health risks you may have.

Thank you for responding to a Health Risk Assessment survey! The following pages contain some feedback for the person listed above based on the questions answered.

Your general health: You said your health is fair. Talk to your doctor about any changes in your health.

Your emotional health: You said that the way you feel is about the same as last year. If you need help in the future, please talk to your doctor about getting the appropriate care you need.

Emergency room visits:



You told us that you have visited the emergency room 1-2 times in the last 6 months. If you need medical advice, please call the Nurse Advice Line at 1-888-244-IEHP (4347) or 1-866-577-8355 (for TTY users), 24 hours a day, 7 days a week, including holidays.

Number of prescriptions per month: 3-5

Take medicines prescribed by your doctor the way he or she tells you. Taking them with other over-the-counter medicines or drugs can be harmful to your health. Tell your doctor about all the medicines or drugs you take on a normal basis.



SAMPLE HRA RESULTS PACKET

HRA Results

You told us that you..	We suggest...
Have been treated in the last six months for the following condition(s): Chronic wound, Heart problems and Other	Talk to your doctor about the best ways to take care of your conditions.
Have had the following screening(s) in the last 12 months: Physical exam, Colon cancer screening, Pap smear and Diabetes testing	Talk to your doctor about other tests people your age should get. The last page of this care plan lists other tests and shots you may need to stay healthy.
Have NOT had the following screening(s) in the last 12 months: Flu shot, Pneumonia shot in the past 5 years and Mammogram	Talk to your doctor about the tests people your age should get. The last page of this care plan lists tests and shots you may need to stay healthy.
Do not Smoke	Smoking can lead to major health problems.
Have NOT drunk more than you meant to in the past year.	Abusing alcohol can lead to major health problems.
Have NOT used drugs more than you meant to in the past year.	Drug abuse can lead to major health problems.
May not have a living will / Advance Healthcare Directive	A living will or Advance Healthcare Directive helps your loved ones make healthcare decisions according to your wishes when you are unable to make them. Talk to your doctor about how to put one in place.
Need help with at least one self-care skill (such as feeding, bathing, or dressing yourself).	Talk to your doctor to find out if IEHP or a community based agency can help you.

RESOURCES

Inland Empire Health Plan (IEHP) wants to help you take care of your health.

For more help and information, call the IEHP Member Services at 1-877-273-IEHP (4347) or 1-800-718-4347 (for TTY users), from 8am to 8pm PST, 7 days a week, including holidays. Call 2-1-1 for information and referral to other community resources.

SAMPLE HRA RESULTS PACKET

Preventive Health Guidelines

Adult Wellness Goals

Adult Physical Exams	21-64 years	65 and over
All adults	Every 1-3 years as recommended by your doctor.	Every year.
Adult Screening Recommendations	21-64 years	65 and over
Blood Pressure	Screening at least every 2 years or as recommended by your Doctor.	Screening at least every 2 years or as recommended by your Doctor.
Chlamydia and other STDs	Screening for all sexually active women at each woman's health visit. Test for men as recommended by your Doctor.	As recommended by your Doctor.
Cholesterol	Men aged 35 years and older. Women aged 45 years and older. Or as recommended by your Doctor for high-risk patients.	As recommended by your Doctor for high-risk patients.
Depression	As recommended by your Doctor.	As recommended by your Doctor.
Fecal Occult Blood Test	Every year age 50 and over.	Every year or as recommended by your Doctor.
Flexible Sigmoidoscopy	Every 5 years age 50 and over as recommended by your Doctor.	Every 5 years until age 75.
Height, Weight, and BMI	Every 1-3 years.	Every 1-3 years.
Fasting Plasma Glucose	Recommended by Doctors for Members age 45 and over and for those under 45 with risk factors like high blood pressure & hyperlipidemia	As recommended by your Doctor.
Colonoscopy	Every 10 years age 50 and over as recommended by your doctor.	Every 10 years until age 75.
For Women Only	21-64 years	65 and over
Clinical Breast Exam	Every 1-3 years. Every year age 40 and over.	Every year.
Mammogram	Every year age 40 and over.	Every year up to the age of 75.
Osteoporosis	As recommended by your Doctor for high-risk.	Starting at age 65.
Medically accepted cancer screening tests including the human papillomavirus screening test and Pap Smear	Recommended annually until 3 successive normal results, then every 1-3 years, according to risk.	As recommended by your Doctor.
For Men Only	21-64 years	65 and over
Prostate Exams	Digital Rectal exam every year for men 40 and over. PSA as recommended by Doctor for men 40 and over.	PSA as recommended by Doctor.
Abdominal Aortic Aneurysm	One-time screening for Members who have	
Immunizations		
Hepatitis A vaccine	As determined by risk.	As determined by risk.
Hepatitis B vaccine	As determined by risk.	As determined by risk.
Influenza vaccine	As determined by risk; 1 dose yearly for age 50+.	1 dose yearly.
Measles-mumps rubella vaccine	1 or 2 doses for those born after 1957 who lack evidence of immunity and those with risk factors.	1 dose for those with risk factors.
Meningococcal	1 or 2 doses for those with risk factors.	1 dose.
Pneumococcal vaccine	As determined by risk: re-vaccination may be needed.	As determined by risk: re-vaccination may be needed.
Tetanus-diphtheria (Td) booster	Every 10 years.	Every 10 years.
Varicella	2 doses for those without evidence of immunity and who are not pregnant.	As determined by risk.
HPV	Female Members age 26 and younger.	
Zoster	As determined by risk for Members age 60 and over.	As determined by risk.
Pertussis Booster (Tdap)	As determined by risk (priority for women of childbearing age, individuals with close contact of infants and health care professionals).	1 dose.

Care Coordination

Individualized Care Plan (ICP)

- An Individualized Care Plan (ICP) serves as the initial and ongoing tool for documenting each Member's medical history, evaluating their current health status and care, and for formulating an action plan to address areas of concern. The ICP is developed with input from Members, caregivers, their families, and participants of the Interdisciplinary Care Team (ICT). The Member may determine the caregivers' level of involvement.
- Individualized Care Plans are re-evaluated and updated at least annually and as the Member's health status undergoes a substantial change.
- Completion of the ICP is delegated to IPAs. The IPA is responsible for incorporating the HRA results into an ICP in collaboration with Members.

SAMPLE ICP



Member Name: [REDACTED] IEHP #: [REDACTED] DOB: [REDACTED]
 LOB: CCI Duals - Medicare Member IPA: JJJ88 PCP Name: [REDACTED]
 PCP Phone: [REDACTED] Enrollment Date: 01/14/2015

Care Plan: Care Management/Basic CM Nurse: [REDACTED] (800) 440-4347 / (800) 718-4347 *TTY

Primary Condition: Primary Diagnosis: SICCA SYNDROME

Date	Problems	Goals	Barriers	Interventions	Intervention Notes	Target Date	Status/ Term	Focus on Goal/ Date Complete
	Inability to manage or maintain healthy life style behaviors	Member will understand how to utilize available resources						

SAMPLE ICP



Date	Problems	Goals	Barriers	Interventions	Intervention Notes	Target Date	Status/ Term	Focus on Goal/ Date Complete
				Generate referral for behavioral health and health education such as substance abuse programs or health education programs (i.e., smoking cessation)			InProg.	
	Sensory deficits related hearing loss, visual or speech impairment	Member will receive assistive devices needed for optimal hearing or vision		Make appropriate referrals for hearing and/or vision exam			InProg.	
	Life Planning							

Care Coordination

Provider Access to the HRA & ICP

Care Plans and HRAs are available for providers to access in the **Provider Alerts** section after successfully logging in to the **Provider secure site**.



You are currently logged in as:

Announcement from The Department of Public Health:

- **Hepatitis A Outbreak Associated with Townsend Farms Organic Blend Frozen Berries**

San Bernardino: Two cases of hepatitis A have been confirmed in San Bernardino County linked with the consumption of the Townsend Farms Organic Antioxidant Blend of frozen berries sold through Costco. Consumers are being warned not to eat the frozen berries as they may be linked to the multistate outbreak of hepatitis A infections. The County Department of Public Health is collaborating with the California Department of Public Health (CDPH) and other public health officials to investigate the multistate outbreak of hepatitis A illness. [Read More...](#) **NEW!**

Reminder:

- The technical difficulties that impeded Providers from completing their 2012 attestations has been resolved. DHCS has received federal authorization to extend the 2012 attestation deadline to April 30, 2013. For more details, [click here](#) or visit <http://www.cmanet.org/news/detail/?article=medi-cal-extends-2012-ehr-attestation-deadline>. **NEW!**

Provider Alerts:

- (11) Members have accessed the [Nurse Advice Line](#) in the past 5 days.
- (2) Members have seen a [Behavioral Health Specialist](#) in the past 30 days.
- (55) Members have accessed [Hospital/ER Services](#) in the past 5 days.
- (1352) Members have [Care Plans/HRA's](#) available.
- (67) Members need a [DualChoice Annual Visit](#).

*Click the links above to view activity.

Care Coordination

Interdisciplinary Care Team (ICT)

- The MOC Interdisciplinary Care Team (ICT) was developed to provide a multi-disciplinary approach to assessing and monitoring our IEHP DualChoice Members.



- The ICT strives to address the multiple issues that affect these Members (e.g., medical, behavioral health, psychosocial, cognitive, and functional issues).
- IEHP or the Member's assigned IPA ensures that all IEHP DualChoice Members are appropriately assigned to an ICT.

Care Coordination

Interdisciplinary Care Team (ICT)

- At a minimum, the ICT shall consist of the IEHP or IPA care manager, the Member, Member's caregiver (or authorized representative), Member's PCP, the County In-Home Supportive Services (IHSS) Social Worker (if the Member participates in IHSS), and at the Member's direction:
 - Medical Director
 - Mental Health/Behavioral Health expert (MSW/LCSW)
 - Pharmacist
 - Community Based Organization Representatives
 - Health Educator
 - Disease management specialist
 - Nutrition specialist
 - Restorative therapist
 - Pastoral specialist

Care Coordination

How Does the ICT Communicate?

- IEHP or the IPA has regular case conferences and ad hoc meetings with members of the ICT to discuss the needs, challenges and successes of the Members.
- The Members discussed at these meetings are selected based on various criteria, including high risk status, issues with Members that are not meeting their goals, education and/or sharing of best practices.
- Outcomes are documented in the medical management system (MedHOK for Members in IEHP Direct) and communicated to ICT Members.

Provider Network

- IEHP performs a semi-annual review of our provider network status and adequacy to ensure that the network of providers and facilities caring for our Members have specialized clinical expertise pertinent to this population.
- The provider network collaborates with the ICT, assists in the development of care plans, provides clinical consultation as needed, and adheres to nationally recognized clinical practice guidelines.



Quality Measurement & Performance Improvement

- IEHP does an annual evaluation of the MOC program to measure its effectiveness and identify areas of improvement.
- For this, IEHP utilizes specific methodologies to collect and analyze data relating to the MOC, and acts on the results to evaluate the MOC.
- IEHP has a MOC Steering Committee that oversees MOC activities, reviews the results of the MOC evaluation and guides the future direction of MOC quality improvement.



Please contact the following for more information:

If you are an **IEHP Team Member**,
email DG Model of Care.

If you are an **IEHP Provider**,
call the Provider Relations Team
at (909) 890-2054, 8am-5pm, Monday-Friday
or email providerservices@iehp.org