

Medicare Advantage Special Needs Plans (SNP) Model of Care Training

CY 2024

SNP Model of Care Training Requirement

- The Centers for Medicare & Medicaid Services (CMS) requires Brand New Day/ Central Health Plan (BND/CHP) employees, contractors and providers who serve Medicare Advantage Special Needs Plan (SNP) members to complete annual training on the SNP Model of Care (MOC)
- The MOC provides the framework for how the SNP will identify and address the unique needs of its members
- Annual MOC training ensures that relevant providers and staff are educated, aware and will leverage the SNP MOC to deliver care and services to SNP members

Objectives

- Provide an overview of Medicare Advantage Special Needs Plans (SNPs)
- Review SNP eligibility requirements
- Review key SNP benefits for CY 2024
- Review components of the SNP Model of Care (MOC)
- Review the provider's role in the SNP MOC
- Review components of the SNP MOC program evaluation
- Provide links to additional resources
- Complete training attestation

SNP Overview

What is a Special Needs Plan (SNP)?

- A type of Medicare Advantage Plan that focuses on certain vulnerable groups of Medicare beneficiaries
- SNPs must implement additional clinical and care coordination services to meet the special needs of members
- There are three types of SNPs:

Dual Eligible SNPs
(D-SNPs)

- Enroll beneficiaries eligible for both Medicare and some level of Medicaid

Chronic Condition SNPs
(C-SNPs)

- Enroll beneficiaries with certain chronic or disabling conditions

Institutional SNPs
(I-SNPs)

- Enroll beneficiaries who are institutionalized or require an institutional level of care

Brand New Day/Central Health Plan (BND/CHP) CY 2024

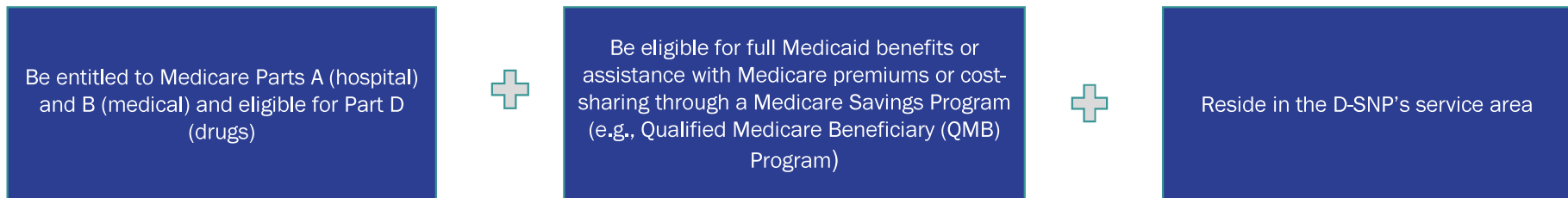
- In 2024, Brand New Day and Central Health Plan are offering:
 - Dual Eligible SNPs (D-SNPs)
 - Chronic Condition SNPs (C-SNPs) (two types)
 - Diabetes, Congestive Heart Failure & Cardiovascular Disease C-SNP

| Org | D-SNP | DM/CHF/CVD C-SNP |
|---------------------|-------|------------------|
| Brand New Day | X | X |
| Central Health Plan | X | X |

*See Appendix for H-contract – PBP numbers and Plan names

What is a D-SNP?

- A Medicare Advantage (MA) plan available to individuals eligible for both Medicare and Medicaid
- Enrollees must:



- Medicare coverage is primary; Medicaid coverage supplements Medicare coverage
- Some D-SNPs are “integrated,” meaning they administer Medicare *and* Medicaid benefits
 - **Note:** All D-SNPs must assist members with accessing both Medicare and Medicaid benefits, even if the D-SNP does not administer the Medicaid benefit

What is a C-SNP?

- An MA plan available to individuals with certain chronic and disabling conditions
- CMS has identified 15 chronic conditions that can be the focus of a C-SNP:

- Chronic Alcohol & Other Drug Dependence
- Certain Autoimmune Disorders
- Cancer
- **Certain Cardiovascular Disorders (CVD)***
- **Congestive Heart Failure (CHF)***

- Dementia
- **Diabetes Mellitus***
- End-Stage Liver Disease
- End-Stage Renal Disease (ESRD) requiring dialysis
- Certain Severe Hematologic Disorders

- HIV/AIDS
- Certain Chronic Lung Disorders
- Certain Chronic and disabling mental health conditions
- Certain Neurologic Disorders
- Stroke

- C-SNPs may focus on one chronic condition or a group of commonly co-morbid and clinically-linked conditions (e.g., diabetes, congestive heart failure & cardiovascular disease)

*Focus of BND/CHP 2024 C-SNPs

What is an I-SNP?

- An I-SNP is an Institutional Special Needs Plan.
- This is a Medicare managed care plan for individuals who for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- ISNPs may also enroll community-dwelling individuals who regarding institutional level of care, prior to having at least 90 days of such care, if:
 - A CMS –approved needs assessment is conducted by an independent entity
 - The results indicate the Individuals condition make it likely that either the length of stay or the need for an institutional level of care will be at least 90 days.

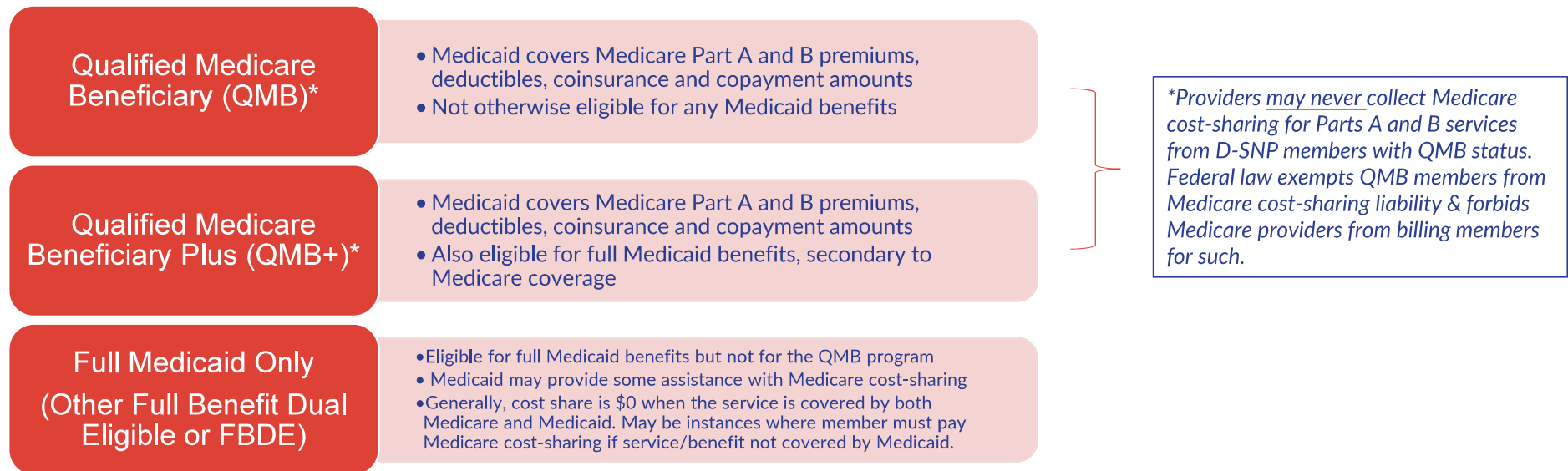
SNP Eligibility & Enrollment

CY 2024 D-SNPs: Medicaid Eligibility Requirements

- To enroll in a D-SNP, must be eligible for both Medicare and Medicaid. The D-SNP chooses the eligible types of Medicaid coverage.
- BND/CHP D-SNPs are open to Medicare beneficiaries whose Medicaid coverage is:
 - Qualified Medicare Beneficiary (QMB); or
 - Qualified Medicare Beneficiary Plus (QMB-Plus); or
 - Full Medicaid Only (Other Full Benefit Dual Eligible or FBDE)
- BND/CHP must verify a member's Medicaid eligibility before processing the enrollment and on a monthly basis thereafter.

CY 2024 D-SNPs: Medicaid Eligibility Requirements

- A member’s Medicaid coverage tells you the type of Medicaid benefits or assistance they receive
- BND/CHP D-SNPs only enroll beneficiaries with QMB, QMB+ or Full Medicaid Only coverage
- BND/CHP is responsible for covering **Medicare** covered services and supplemental benefits offered under the D-SNP. Members receive their **Medicaid** coverage through a Medicaid managed care plan and/or Medicaid fee-for-service.



D-SNP Billing

- Medicare is the primary payer for services covered by both Medicare and Medicaid. Medicaid is always payer of last resort.
- For **Medicare** covered services:
 - First, bill BND/CHP
 - Second, bill Medicaid for Medicare cost-sharing, as applicable
 - **QMB & QMB+ D-SNP Members:** Have Medicare cost-sharing protection – should bill Medicaid for Medicare Part A and B deductibles, copayments and coinsurance. **May not** collect any Medicare cost-sharing from member- must accept Medicaid payment as payment in full even if payment is for less than the full Medicare cost-share amount.
 - **Other FBDE D-SNP Members:** Medicaid typically covers Medicare cost-sharing. May not collect any Medicare cost-sharing from member that is the responsibility of the State to pay. Member may have to pay Medicare cost-sharing if the benefit/service is not covered by Medicaid.
- If D-SNP member has full Medicaid benefits, bill Medicaid for any services covered **only** by Medicaid

Note: Providers must participate in Medicaid in their state to be able to bill Medicaid for Medicare cost share reimbursement. If you do not participate in Medicaid, you give up your ability to seek the secondary payer reimbursement for a D-SNP member.

D-SNP Service Area

BND only

- Alameda
- Contra Costa
- Fresno
- Imperial
- Kern
- Kings
- Madera
- Orange
- Placer
- Riverside
- Sacramento
- San Francisco
- San Joaquin
- Solano

- Stanislaus
- Tulare
- Yolo

CHP and BND

- Los Angeles
- San Bernardino

CHP only

- Ventura



D-SNP Enrollment Process

- Applicant completes D-SNP enrollment form
 - Similar to other MA enrollment forms
 - Difference: Asks about Medicaid eligibility
- Enrollment must verify Medicaid eligibility before processing enrollment



| Section 1 - All fields on this page are required (unless marked optional) | | | |
|---|--|---------------------------------|-----------|
| FIRST Name: | LAST Name: | Middle Initial (Optional): | |
| Birthdate (MM/DD/YYYY): __ / __ / ____ | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Phone Number: ____-____-____ | |
| Permanent Residence Street Address (Don't enter a P.O. Box): | | | |
| City: | County (Optional): | State: | ZIP Code: |
| Mailing Address, if different from your Permanent Address (P.O. Box allowed): | | | |
| City: | State: | ZIP Code: | |
| Your Medicare information: | | | |
| Medicare Number: _____-_____-_____ | | | |
| Answer these important questions: | | | |
| Will you have other prescription drug coverage (like VA, TRICARE) in addition to Bright HealthCare Medicare Advantage plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of other coverage: | Member number for this coverage: | Group number for this coverage: | |
| <p>To qualify for a Bright Advantage Embrace Chronic Condition Special Needs Plan (C-SNP), you must have one or more of the below chronic conditions. Have you been diagnosed with one of the following? Please check all that apply.</p> <p><input type="checkbox"/> Congestive heart failure (CHF) <input type="checkbox"/> Cardiovascular disease (CVD) <input type="checkbox"/> Diabetes mellitus (DM)</p> <p>Please also complete the Pre-Enrollment Qualification Assessment Tool (PQAT) included with this form before submitting your application. The PQAT must be submitted with your enrollment form.</p> | | | |
| <p>To qualify for Bright Advantage Dual Access Plan (HMO D-SNP), Medicaid eligibility must be verified. Your Medicaid eligibility status must be QMB, QMB-Plus or Full Medicaid Only.</p> <p>Do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your Medicaid Number? _____</p> | | | |

Diabetes, Heart Failure & Cardiovascular C-SNPs (“Embrace & Focus” Plans)

- To enroll in a C-SNP, the member must have a qualifying chronic condition
- BND/CHP Diabetes, Heart Failure & Cardiovascular C-SNPs are open to members with one or more of the following conditions:
 - Diabetes Mellitus (not pre-diabetes)
 - Congestive or Chronic Heart Failure (CHF)
 - Cardiovascular Disorder (CVD) – must be one of the following CVDs:
 - Cardiac arrhythmias
 - Coronary artery disease
 - Peripheral vascular disease
 - Chronic venous thromboembolic disorder
- All DM/CHF/CVD C-SNPs have “Embrace & Focus” in the plan name

DM/CHF/CVD C-SNP Service Area

BND only

- Imperial
- Kern
- Kings
- Madera
- Placer
- Riverside
- Sacramento
- San Diego
- San Francisco
- San Mateo
- Solano
- Stanislaus
- Tulare
- Yolo

CHP and BND

- Alameda
- Contra Costa
- Fresno
- Los Angeles
- Orange
- San Bernardino
- San Joaquin
- Santa Clara



C-SNP Enrollment Process

- Beneficiary completes C-SNP application (2 key pieces):
 - Enrollment Form
 - Similar to other MA enrollment forms
 - Difference: Asks about C-SNP qualifying condition
 - Pre-enrollment Qualification Assessment Tool (PQAT)
 - More detailed questions about the C-SNP qualifying conditions
 - Beneficiaries indicate if they have one of the conditions
 - Also provide contact information for provider(s) who can verify the beneficiary's chronic condition
- May enroll a member based on the PQAT responses but must verify the member's chronic condition within the first month of enrollment

Section 1 - All fields on this page are required (unless marked optional)

Proposed Effective Coverage Date:

Select the plan you want to join:

| | |
|--|---|
| <p>Bright Advantage Dual Access Plan (HMO D-SNP) H7853-011</p> <p><input type="checkbox"/> Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Elbert, Jefferson, Summit, and Teller counties \$0 per month* <small>*Your premium may be more if you are not receiving Extra Help</small></p> <p>Bright Advantage Embrace Care Plan (HMO C-SNP) H7853-012</p> <p><input type="checkbox"/> Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Elbert, Jefferson, Summit, and Teller counties \$0 per month</p> | <p>Bright Advantage Embrace Assist Plan (HMO C-SNP) H7853-015</p> <p><input type="checkbox"/> Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Elbert, Jefferson, Summit, and Teller counties \$0 per month* <small>*Your premium may be more if you are not receiving Extra Help</small></p> <p>Bright Advantage Embrace Choice Plan (HMO C-SNP) H7853-013</p> <p><input type="checkbox"/> Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Elbert, Jefferson, Summit, and Teller counties \$0 per month* <small>*Your premium may be more if you are not receiving Extra Help</small></p> |
|--|---|

Bright HealthCare Pre-Enrollment Qualification Assessment Tool

IMPORTANT: Complete if Enrolling in a Bright Advantage Embrace Chronic Condition Special Needs Plan

Bright Advantage Embrace Chronic Condition Special Needs Plans (C-SNPs) are for individuals with diabetes, congestive heart failure and certain cardiovascular disorders. To enroll in these plans, Medicare requires that Bright HealthCare verify your chronic condition. This is a two-step process:

Step One
Please complete this form and return it to us with your completed enrollment application. If you can answer "yes" to at least one of the chronic condition questions, you may pre-qualify for enrollment in a Bright Advantage Embrace C-SNP.

Step Two
Bright HealthCare must verify your chronic condition within one month of your enrollment. Note: If we are unable to verify your chronic condition, we must disenroll you from the C-SNP. That is why it is important to give us contact information for a doctor or clinic that can verify your condition (see page 3 of this form).

Applicant information

C-SNP Enrollment Form

- One question on qualifying conditions
- Instructs beneficiary to complete PQAT & submit with enrollment form



| Section 1 – All fields on this page are required (unless marked optional) | | | |
|--|--|----------------------------------|-----------|
| FIRST Name: | LAST Name: | Middle Initial (Optional): | |
| Birthdate (MM/DD/YYYY): ___ / ___ / _____ | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Phone Number: ____-____-_____ | |
| Permanent Residence Street Address (Don't enter a P.O. Box): | | | |
| City: | County (Optional): | State: | ZIP Code: |
| Mailing Address, if different from your Permanent Address (P.O. Box allowed): | | | |
| City: | State: | ZIP Code: | |
| Your Medicare Information: | | | |
| Medicare Number: _____-_____-_____ | | | |
| Answer these important questions: | | | |
| Will you have other prescription drug coverage (like VA, TRICARE) in addition to Bright HealthCare Medicare Advantage plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of other coverage: | Member number for this coverage: | Group number for this coverage: | |
| To qualify for a Bright Advantage Embrace Chronic Condition Special Needs Plan (C-SNP), you must have one or more of the below chronic conditions. Have you been diagnosed with one of the following? Please check all that apply. <input type="checkbox"/> Congestive heart failure (CHF) <input type="checkbox"/> Cardiovascular disease (CVD) <input type="checkbox"/> Diabetes mellitus (DM) | | | |
| Please also complete the Pre-Enrollment Qualification Assessment Tool (PQAT) included with this form before submitting your application. The PQAT must be submitted with your enrollment form. | | | |

C-SNP Pre-Enrollment Qualification Assessment Tool (PQAT)

- Chronic condition questions
- Provider contact information
- Authorization for provider to release information to BND/CHP.
- Example PQAT shown for DM/CHF/CVD C-SNP

| Chronic Condition Questions | |
|---|--|
| Diabetes Mellitus (DM) (Note: a pre-diabetes diagnosis does <u>not</u> qualify for this plan) | |
| 1. Have you ever been told by a doctor that you have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you take or has your doctor prescribed insulin or another medication for diabetes treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been put on a special diet by your doctor or a registered dietician to treat your diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Congestive Heart Failure (CHF) | |
| 1. Have you ever been told by a doctor that you have congestive heart failure (CHF)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you take medication to prevent fluid build-up in your lungs or have you had problems with fluid in your lungs or swelling in your legs, accompanied by shortness of breath, due to a heart problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, have you been counseled or educated by a health care professional about weighing yourself daily to monitor a heart problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cardiovascular Disorder (CVD) | |
| 1. Have you ever been told by a doctor that you have any of the following? | |
| a. Cardiac arrhythmia (heart rhythm problems like atrial fibrillation ("AFib") or rapid or irregular heartbeats) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Coronary artery disease (heart disease) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Blood clots or blood circulation problems in your legs (peripheral vascular disease) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Chronic venous thromboembolic disorder (blood clots in your veins) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever had a stroke? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever had a heart attack or a stent placement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Health care provider(s) who can verify your chronic condition(s) | |
|---|---------------------------------|
| Provider #1 | Provider #2 |
| Provider Name: | Provider Name: |
| Provider Phone Number: _____ | Provider Phone Number: _____ |
| Provider Fax Number: _____ | Provider Fax Number: _____ |
| Clinic Location: | Clinic Location: |
| Authorization for use and disclosure of health information to verify chronic condition(s) for purpose of health plan eligibility | |
| I authorize the providers listed above to disclose my health information to Bright HealthCare to verify that I have been diagnosed with a chronic condition that qualifies me for enrollment in a Bright HealthCare Chronic Condition Special Needs Plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above. | |
| Note: Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth above, consistent with state and federal law concerning the privacy of such information. | |
| Applicant Name (printed): _____ | |
| Applicant/Authorized Representative Signature: _____ | |
| Date: _____ | |

C-SNP Chronic Condition Verification

- Must verify a member’s chronic condition by the end of the first month of enrollment
- Allowable verification methods
 - Provider documentation/attestation (verbal or written)
 - CMS Model Output Report (MOR) identifies a qualifying diagnosis

| To be completed by provider or provider representative | |
|--|--|
| Provider Attestation | |
| For the purpose of confirming eligibility to enroll in a Chronic Condition Special Needs Plan, I hereby attest that the Applicant identified above has the following health condition(s): | |
| • Diabetes Mellitus (DM) (pre-diabetes excluded) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Congestive Heart Failure (CHF) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Cardiovascular Disorder (please specify the CVD): | |
| – Cardiac arrhythmia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| – Coronary artery disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| – Peripheral vascular disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| – Chronic venous thromboembolic disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Provider Name (printed): _____ | |
| Provider or Provider Representative Signature: _____ | |
| Today's Date: _____ | |
| Please return this form to Bright HealthCare within three (3) business days of receipt | |
| By Fax: 1-877-346-0321 ATTN: Bright HealthCare Medicare Advantage – Enrollment | |
| By Mail: Bright HealthCare Medicare Advantage – Enrollment P.O. Box 1731 Portland, ME 04104 | |
| If you have any questions about this form, please call: 1-844-926-4522 , 8 a.m. to 8 p.m. local time, 7 days a week; Oct. 1 - March 31; 8 a.m. to 8 p.m. local time, Monday - Friday, April 1 - Sept. 30, excluding Federal holidays. | |

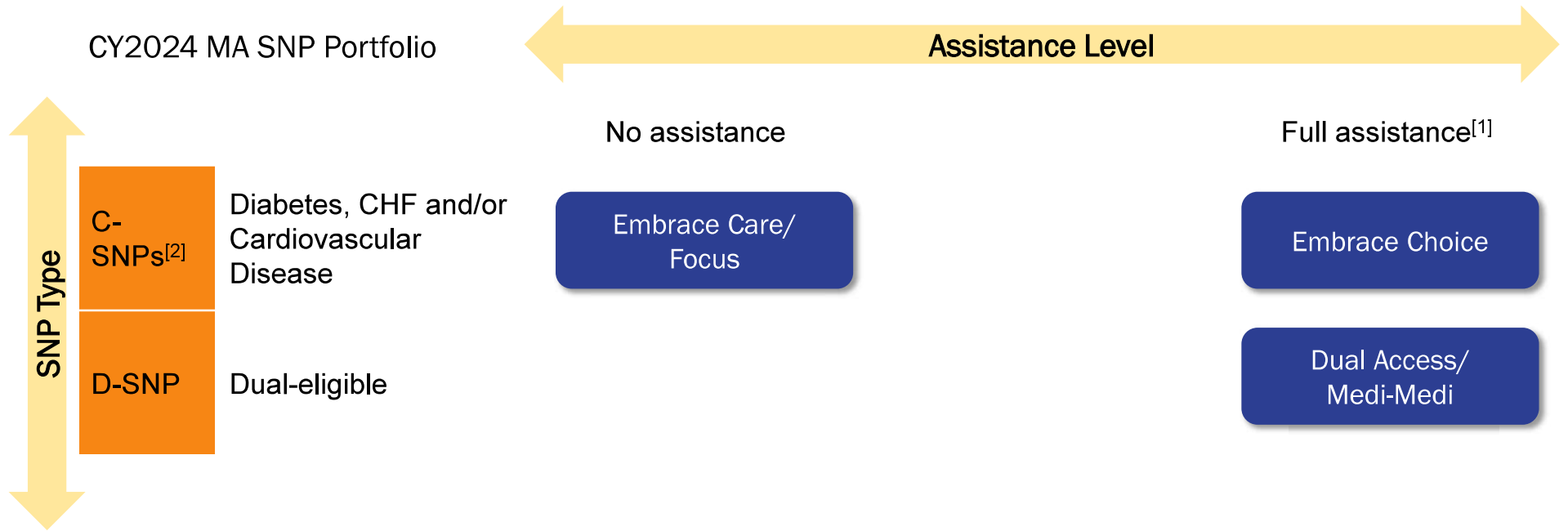
C-SNP Chronic Condition Verification

- If unable to verify a member's chronic condition by the end of the first month of enrollment:
 - Must send member written notice within first seven calendar days of second month of enrollment
 - Notice must explain that if unable to verify chronic condition, member will be disenrolled at the end of the second month of enrollment
- Will continue to try and obtain verification during the second month of enrollment
 - If successful, member may stay enrolled in C-SNP
 - If unsuccessful, member is disenrolled at end of second month and has SEP

2024 SNP Benefits

BND/CHP SNP Portfolio CY2024

BND/CHP designed its SNPs to meet the diverse needs of its member populations



CY 2024 BND/CHP-MA product portfolio

BND/CHP is reducing SNP offerings for CY2024

| Category | Product Name | BND | CHP |
|----------|----------------------------------|-----|-----|
| C-SNP | Embrace Care Plan (DM/CHF/CVD) | ✓ | N/A |
| | Embrace Choice Plan (DM/CHF/CVD) | ✓ | N/A |
| | Focus Plan (DM/CHF/CVD) | N/A | ✓ |
| D-SNP | Dual Access Plan | ✓ | N/A |
| | Medi-Medi Plan | N/A | ✓ |

*See Appendix for H-contract – PBP numbers and full plan names

CY 2024 Product Headlines for BND

Key benefits and differentiators

| Global Benefits | C-SNP Benefits | D-SNP Benefits |
|---|--|---|
| \$0 PCP and urgent care | Personal nurse and care managers | Personal nurse and care managers |
| Worldwide emergency – includes transportation and urgent care | Meals as Medicine – up to 168 meals available | Meals as Medicine – up to 168 meals available |
| \$0 T1/T6 through the gap + excluded drug coverage | Healthy Foods Allowance (Embrace Choice plans only) | Healthy Foods Allowance |
| Embedded comprehensive dental, vision, and hearing | \$0 scales | \$0 scales |
| Member incentives | \$0 insulins | |
| Routine chiro/acupuncture | \$0 for all covered drugs through VBID (Embrace Choice plans only) | |
| | In-Home Support Services | |

CY 2024 Product Headlines for CHP

Key benefits and differentiators

| Global Benefits | C-SNP Benefits | D-SNP Benefits |
|---|----------------------------------|---|
| \$0 PCP and urgent care | Personal nurse and care managers | Personal nurse and care managers |
| Worldwide emergency – includes transportation and urgent care | \$0 insulins | Larger OTC allowance |
| \$0 T1/T6 through the gap + excluded drug coverage | Part B Rebate | Meals as Medicine – up to 168 meals available |
| Embedded comprehensive dental, vision, and hearing | Healthy Foods Allowance | Healthy Foods Allowance |
| Member incentives | \$0 scales | \$0 scales |
| Unlimited acupuncture & Herbal Medicine Catalog | In-Home Support Services | In-Home Support Services (CHP plan 2 only) |

SNP Model of Care

What is a Model of Care (MOC)?

- Unique CMS requirement for Special Needs Plans
- All SNPs must develop and implement a MOC that has been approved by NCQA
- The MOC provides the framework for how the SNP will identify and address the unique needs of its members
- Overall goals of the MOC include:
 - Ensure access to affordable healthcare services
 - Ensure coordination of care across payers and care settings (e.g., coordination with Medicaid for D-SNP members)
 - Improve health outcomes
 - Reduce avoidable hospitalizations
 - Facilitate appropriate utilization of services

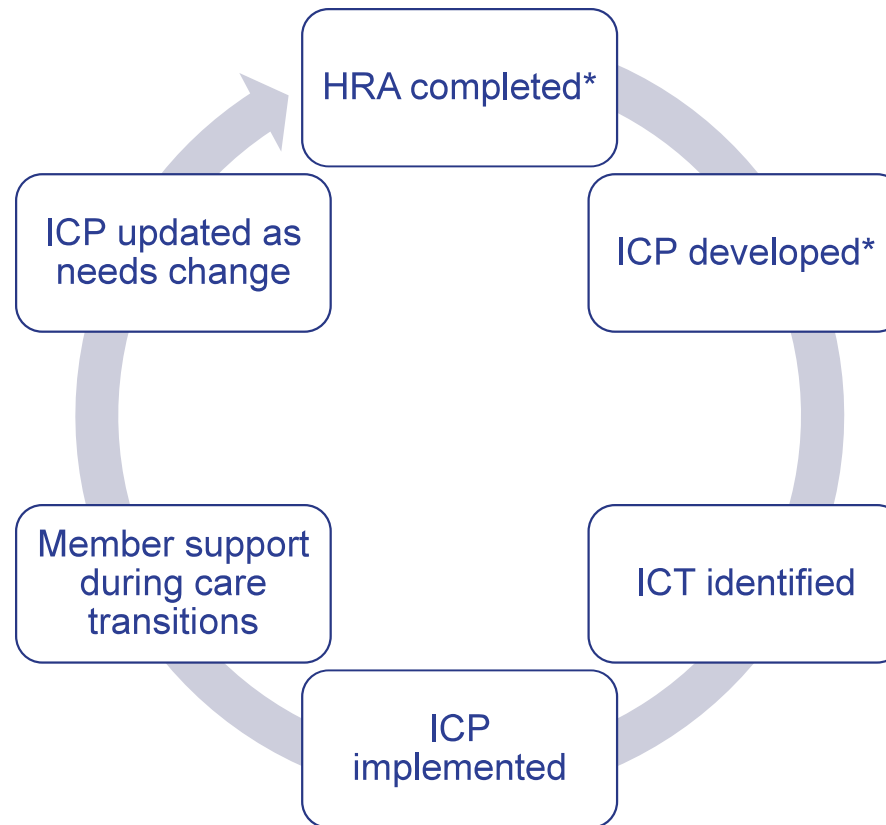
BND/CHP SNP Models of Care

Key Components

- All SNP members:
 - Are assigned a **Care Manager** who is the member's primary point of contact
 - Complete a **Health Risk Assessment (HRA)** to identify medical, psychosocial, behavioral, cognitive and functional needs
 - Have an **Individualized Care Plan (ICP)** that addresses the needs identified in the HRA
 - Have an **Interdisciplinary Care Team (ICT)** that helps manage the member's care. The PCP/MCP plays a key role in the ICT.
 - Receive follow-up by a BND/CHP nurse/discharge planner after a **transition of care** (e.g., hospitalization, ER visit)

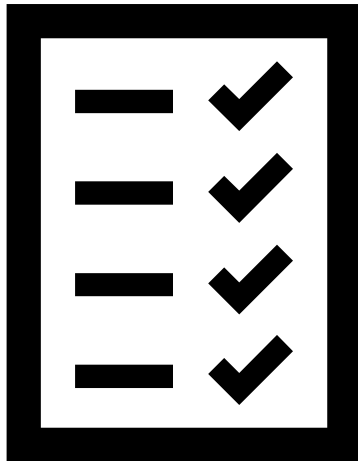
SNP Member Experience

Assigned Care Manager works with member throughout enrollment in SNP



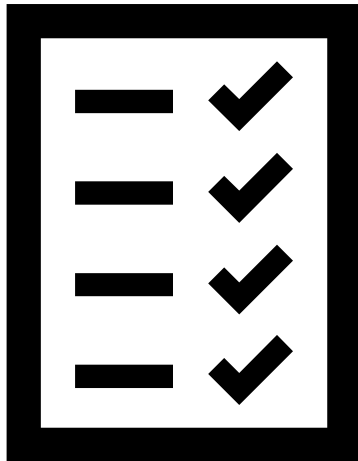
**HRA & ICP completed upon enrollment & updated at least annually*

Health Risk Assessment (HRA)



- The HRA is a comprehensive assessment completed within 90 days of enrollment and at least annually thereafter (or sooner if there is a significant change in condition) via system generated, phone, virtually, and or face to face encounter.
- The Care Team and/or member of ICT team may conduct more frequent face-to-face encounters based on the Member's health status and care needs. Face-to-face encounters may be completed in person or via telehealth (video + audio).
- HRA assesses the member's needs/risk in the following areas:
 - Medical
 - Psychosocial
 - Behavioral/Mental Health
 - Cognitive
 - Functional
- HRA results drive development of the member's Individualized Care Plan (ICP)

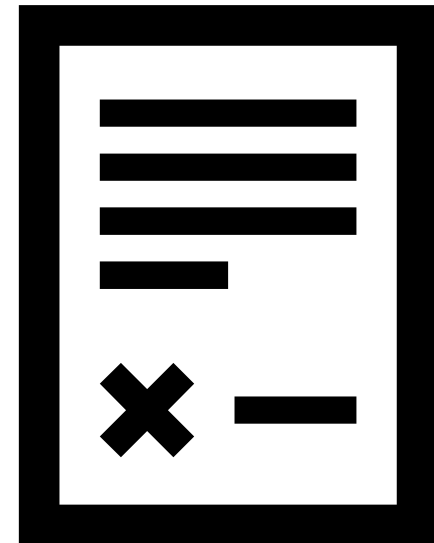
Health Risk Assessment (HRA)



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- The Care Team and/or member of ICT team may conduct more frequent face-to-face encounters based on the Member's health status and care needs. Face-to-face encounters may be completed in person or via telehealth (video + audio).
- HRA assesses the member's needs/risk in the following areas:
 - Medical
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 - Functional
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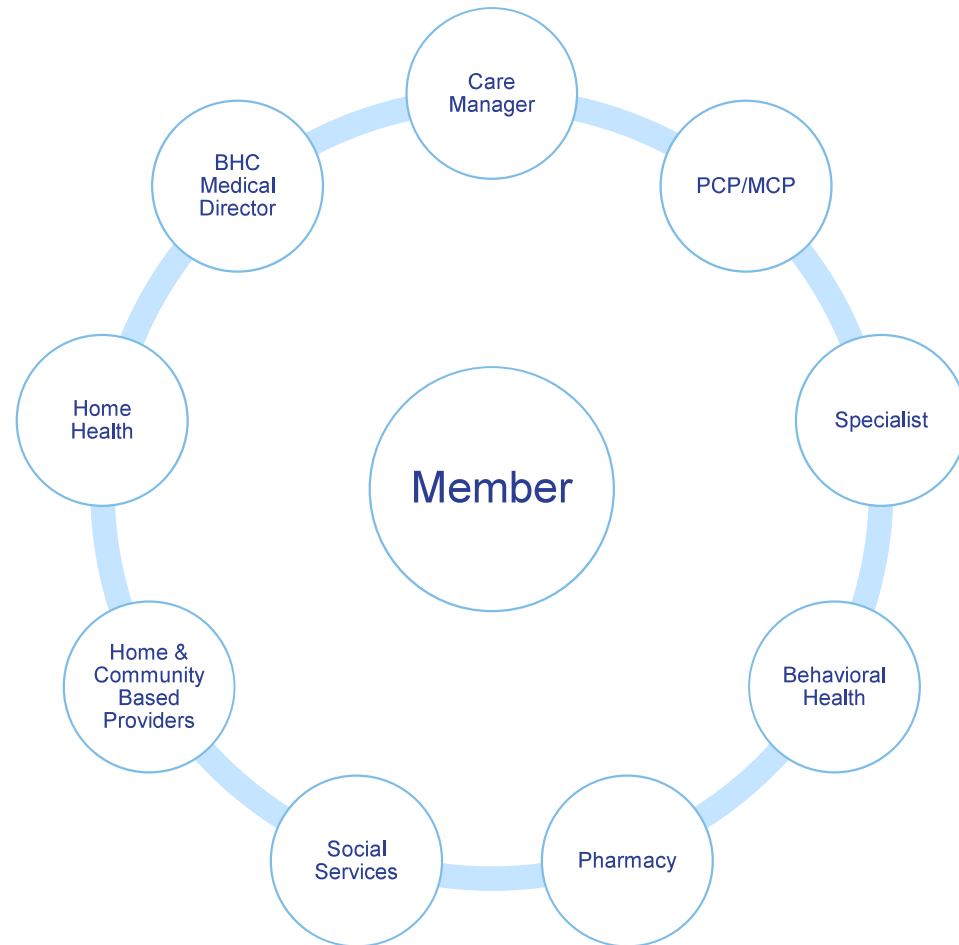
Individualized Care Plan (ICP)

- All SNP members have an Individualized Care Plan (ICP)
- ICP is driven by the HRA results
- ICP contains member-specific needs, measurable goals and interventions. It addresses:
 - Member's self-management goals & objectives
 - Member's personal healthcare preferences
 - Member's progress toward goals
 - Services & supports to meet the member's needs
- ICP assists Care Manager in coordinating services and supports specifically tailored to the member's needs
- ICP is shared with member, PCP/MCP and other members of ICT
- ICP is dynamic document that is updated as the member's needs change
- All members must have an ICP, even if BND/CHP is unable to reach them or they refuse to participate in the HRA and ICP process
- To obtain a copy of a patient's ICP, contact the BND/CHP MA Care Management Department via email BrightMACM@brighthealthcare.com or by calling member services at Brand New Day (BND) at 1-866-255-4795 and Central Health Plan (CHP) 1-866-314-2427.



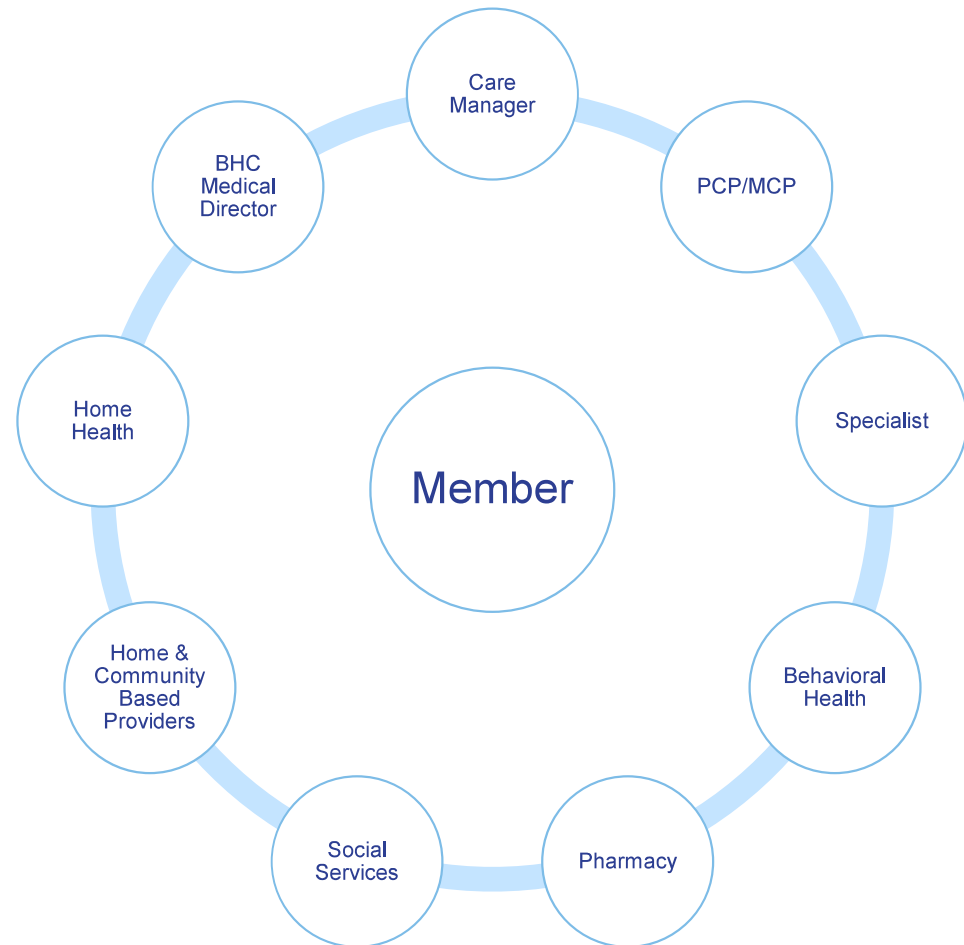
Interdisciplinary Care Team (ICT)

- Each member is managed by an Interdisciplinary Care Team (ICT)
- Composition of ICT depends on the member's needs. PCP/MCP are key participants.
- Care Manager facilitates communication with ICT to address member's needs, coordinate care and implement member's Individualized Care Plan (ICP)

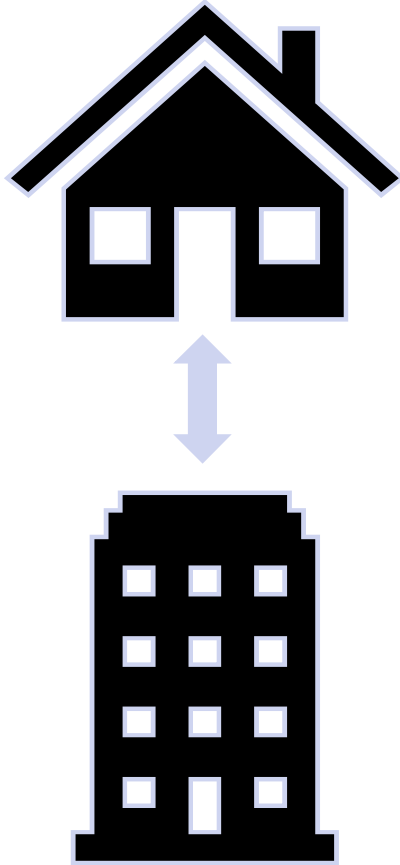


Providers' Role in the Interdisciplinary Care Team (ICT)

- Review and contribute to the member's Individualized Care Plan (ICP)
- Offer expertise regarding the member's medical needs
- Communicate recommendations for preventive care and treatment
- Work directly with the member to help make health care decisions
- Work with the BND/CHP Care Manager, member and other ICT members to manage and coordinate the member's care
- Participate in ICT meetings



Member Support During Transitions of Care



- When a SNP member experiences a transition in care (e.g., admitted to the hospital), a BND/CHP discharge planner helps coordinate care across settings and providers
 - Notifies member's PCP/MCP of the transition
 - Reaches out to receiving setting to assist with coordination of care
 - Works with member throughout the transition to ensure needs are addressed
 - Ensures member understands discharge instructions and any medication changes
 - Facilitates follow-up appointments
 - Helps coordinate any needed services and supports
 - Educates member on new or existing conditions to help avoid readmissions
 - Updates ICP as necessary and shares with member, PCP/MCP & other members of ICT

Dementia Care Aware



The Dementia Care Aware training and resources may be used to support D-SNP providers when detecting cognitive impairment for D-SNP Members. We encourage all providers to leverage Dementia Care Aware resources for any primary care visit to detect cognitive impairment. When detected, a full diagnostic workup should be conducted. Providers can leverage tools presented in the California Alzheimer’s Disease Centers’ “Assessment of Cognitive Complaints Toolkit for Alzheimer’s Disease.”



Note that Medicare covers an additional Cognitive Assessment when cognitive impairment is detected. Any clinician eligible to report evaluation and management services can offer a 50-minute cognitive assessment service.



Dementia care specialists must be trained in: understanding Alzheimer’s Disease and Related Dementias (ADRD); symptoms and progression; understanding and managing behaviors and communication problems caused by ADRD; caregiver stress and its management; and community resources for Members and caregivers.

Dementia Care Aware

- Dementia Care Aware provides a statewide standard of care for dementia screening in California, through equity-focused, culturally appropriate training for primary care providers across all payers, including Medicare, Medi-Cal, and other coverage.
- The Dementia Care Aware Warmline is available to health care providers at 1-800-933-1789, from Monday to Friday between 9 a.m. and 5 p.m. The warmline offers education and decision-making consultation for clinicians and primary care teams in California, covering topics related to dementia screening, assessment, diagnosis, management, and care planning. Consultants are available to answer provider questions that may arise during any stage of dementia care, how to make systems changes in their practice, and related medical legal considerations.
- For online training and additional resources visit www.dementiacareaware.org



Provider Role – Summary

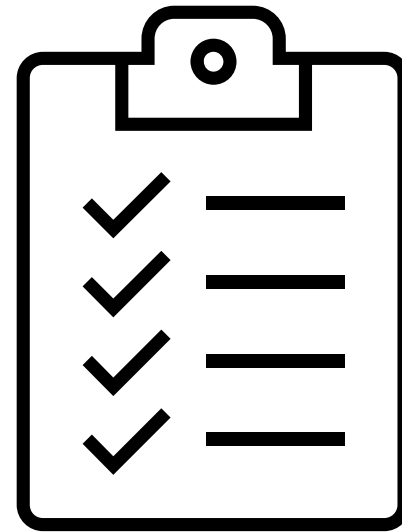
- **Collaborate** with the BND/CHP Health Coach on patients' Individualized Care Plans (ICPs)
 - The Care Manager is the member's primary point of contact and is responsible for communicating with the PCP and ICT:
 - At least annually
 - When any updates are made to the member's HRA or ICP and/or after a member experiences a transition in care
- **Participate** in the Interdisciplinary Care Team (ICT)
- **Encourage** patients to work with their BND/CHP Care Manager
- To contact a patient's Care Management services available to your patients, contact the **BND/CHP MA Care Management Department**:
 - **Email:** BrightMACM@brighthouse.com
 - **Call:** Brand New Day (BND) at 1-866-255-4795 and Central Health Plan (CHP) 1-866-314-2427.



SNP MOC Evaluation

SNP Model of Care Evaluation

- CMS requires SNPs to have a comprehensive quality program that evaluates the effectiveness of the MOC
- For each of its SNPs, BND/CHP has identified process and outcome measures tied to four focus areas:
 - Access and affordability
 - Coordination of care and appropriate delivery of services
 - Care transitions
 - Appropriate utilization of services for preventive health and chronic conditions



SNP MOC Goals – Access & Affordability

| Goal Focus Area | Desired Health Outcomes |
|--------------------------|--|
| Access and Affordability | <p>Demonstration of members' ability to access affordable care as evidenced by utilization data, including:</p> <ul style="list-style-type: none">• Medical Encounters• ER visits• Hospital admissions |

SNP MOC Goals – Coordination of Care

| Goal Focus Area | Desired Health Outcomes |
|---|--|
| Coordination of Care & Appropriate Delivery of Services via Alignment of HRA, ICP & ICT | Demonstration of alignment of the HRA, ICP and ICT as evidenced by: <ul style="list-style-type: none">• Timely completion of initial and annual HRAs• Timely completion of ICP addressing member's needs• Timely review of HRA and ICP upon a member's change in health status |

SNP MOC Goals – Care Transitions

| Goal Focus Area | Desired Health Outcomes |
|------------------|--|
| Care Transitions | <p>Demonstration of supported care transitions across health settings and providers as evidenced by:</p> <ul style="list-style-type: none">• Timely completion of visits between member and a BND/CHP nurse following a transition of care• Hospital readmission rates• Medication reconciliation post-discharge rates |

SNP MOC Goals – Appropriate Utilization

| Goal Focus Area | Desired Health Outcomes |
|--|---|
| Appropriate Utilization of Services for Preventive Health and Chronic Conditions | <p>Demonstration of appropriate utilization of services for preventive health and chronic condition management as evidenced by rates on targeted HEDIS® and Star measures, including:</p> <ul style="list-style-type: none">• Diabetes care and screening (e.g., HbA1c testing & control, and eye exam)• Blood pressure control• Adherence to medications for chronic condition management (e.g., diabetes, hypertension) |

MOC Training Attestation

Thank you for completing the BND/CHP SNP Model of Care Training

To acknowledge completion and receive credit, please click the link below to complete the **MOC Training Attestation** (hold control + click to follow link)

BHC: [SNP Model of Care Training Attestation Form \(office.com\)](#)

BND: <https://www.bndhmo.com/providers/provider-compliance-training>

CHP: <https://www.centralhealthplan.com/cpa/Home/SNP>

Remember to hit **“Submit”** at the bottom of the attestation form to complete the Attestation

To learn more

- Additional Resources
 - NCQA Website: <https://snpmoc.ncqa.org/about-the-program/>
 - CMS Website: <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans>
- Questions? Email: The MA Care Management Mailbox: BrightMACM@brighthouse.com or contact member services Brand New Day (BND) at 1-866-255-4795 and Central Health Plan (CHP) 1-866-314-2427.

Thank you for completing the BND/CHP SNP Model of Care Training!

Appendix

CY2024 BND SNPs

| H-Contract - PBP | Plan Name | Counties | State | Plan Type | SNP Type | SNP Detail |
|------------------|---|---|-------|-----------|----------|------------|
| H0838-024-000 | Brand New Day Dual Access Plan (HMO D-SNP) | Fresno; Sacramento; Kern; Imperial; Los Angeles; Tulare; Alameda; Orange; Contra Costa; San Joaquin; San Francisco; Madera; Kings; San Bernardino; Riverside; Solano; Stanislaus; Yolo; Placer; | CA | HMO | D-SNP | Dual |
| H0838-039-001 | Brand New Day Embrace Care Plan (HMO C-SNP) | San Diego; Kern; Riverside; San Bernardino; Orange; Los Angeles | CA | HMO | C-SNP | DM/CHF/CAD |
| H0838-039-002 | Brand New Day Embrace Care Plan (HMO C-SNP) | Santa Clara; Imperial; Sacramento; San Mateo; Tulare; Madera; San Francisco; Kings; San Joaquin; Alameda; Stanislaus; Placer; Yolo; Fresno | CA | HMO | C-SNP | DM/CHF/CAD |
| H0838-040-001 | Brand New Day Embrace Choice Plan (HMO C-SNP) | Riverside; San Diego; Orange; Kern; San Bernardino; Los Angeles | CA | HMO | C-SNP | DM/CHF/CAD |
| H0838-040-002 | Brand New Day Embrace Choice Plan (HMO C-SNP) | Fresno; Imperial; Santa Clara; Sacramento; Tulare; San Mateo; Kings; Madera; San Francisco; Alameda; San Joaquin; Contra Costa; Stanislaus; Placer; Solano; Yolo; | CA | HMO | C-SNP | DM/CHF/CAD |
| H0838-047-000 | Brand New Day Embrace Care Plan (HMO C-SNP) | Contra Costa; Solano; | CA | HMO | C-SNP | DM/CHF/CAD |

CY2024 CHP SNPs

| H-Contract - PBP | Plan Name | Counties | State | Plan Type | SNP Type | SNP Detail |
|------------------|---|--|-------|-----------|----------|------------|
| H5649-002-000 | Central Health Medi-Medi Plan (HMO D-SNP) | Los Angeles; San Bernardino | CA | HMO | D-SNP | Dual |
| H5649-006-000 | Central Health Focus Plan (HMO C-SNP) | Alameda; Contra Costa; Fresno; Los Angeles; Orange; San Bernardino; San Joaquin; Santa Clara | CA | HMO | C-SNP | DM/CHF/CAD |
| H5649-009-000 | Central Health Ventura Medi-Medi Plan (HMO D-SNP) | Ventura | CA | HMO | D-SNP | Dual |

California Medi-Cal Resources

| Topic | Link |
|---|---|
| Medicaid Consumer Medicaid Helpline | 1-800-541-5555 See: Medi-Cal Member and Provider Hotline |
| Local Departments of Social Services (by county) Contact Information | California Department of Public Health |
| Information on Medicaid Managed Long Term Care (MLTC) | https://www.medi-cal.ca.gov/ |
| Provider & Health Plan Search Tool | CA Provider & Health Plan Search Tool |
| In home support services | Search the county website to find the nearest in-home support services. You can apply online or call to learn more. |
| Dementia Care Awareness | www.dementiacareaware.org |
| CDPH Assessment of Cognitive Complaints Toolkit for Alzheimer's Disease | https://www.cdph.ca.gov/Programs/CCDPPH/DCDIC/CDCB/CDPH%20Document%20Library/Alzheimers'%20Disease%20Program/ACCT-AD%20Toolkit%2012%2027%2018.pdf |