

SNP 4: Care Transitions

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Element A: Managing Transition




- The organization facilitates safe transitions by either conducting or assigning to providers the following tasks and monitoring system performance:

Element A: Managing Transition




1. For planned transitions from members' usual setting of care to the hospital and transitions from the hospital to the next setting, identifying that a planned transition is going to happen
2. For planned and unplanned transitions from members' usual setting of care to the hospital and transitions from the hospital to the next setting, sharing the sending setting's care plan with the receiving setting within one business day of notification of the transition

Element A: Managing Transition 


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3. For planned and unplanned transactions from any setting to any other setting, notifying the patient's usual practitioner of the transition within a specified timeframe
4. For all transitions, conducting an analysis of the organization's aggregate performance on the above aspects of managing transitions at least annually

Element B: Supporting Members Through Transitions 

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- The organizations facilitates safe transitions by either conducting or assigning to providers the following tasks and monitoring system performance:

Element B: Supporting Members Through Transitions 

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1. For planned and unplanned transitions from any setting to any other setting, communicating with the member or responsible party about the care transitions process within a specified timeframe
2. For planned and unplanned transitions from any setting to any other setting, communicating with the member or responsible party about changes to the member's health status and plan of care within a specified timeframe

Element B: Supporting Members Through Transitions



3. For planned and unplanned transitions from any setting to any other setting, providing each member who experiences a transition with a consistent person or unit within the organization who is responsible for supporting the member through transitions between any points in the system within a specified timeframe
4. For all transitions, conducting an analysis of the organization's aggregate performance on the above aspects of managing transitions at least annually

Element C: Identifying Unplanned Transitions




- The organization identifies transitions by reviewing the following for facilities in its network:


Element C: Identifying Unplanned Transitions



1. Reports of hospital admissions within one business day of admission
2. Reports of admissions to long-term care facilities within one business day of admission


Element D: Reducing Transitions 

• The organization minimizes unplanned transitions and works to maintain members in the least restrictive setting possible by:

Element D: Reducing Transitions 

1. Analyzing data at least monthly, to identify individual members at risk of transition

2. Coordinating services for members at high risk of having a transition

Element D: Reducing Transitions 

3. Educating members or responsible parties about transitions and how to prevent unplanned transitions

4. Analyzing rates of all member admissions to facilities and ED visits at least annually to identify areas for improvement


SPECIAL NEEDS PLAN 

MEDI-MEDI WORKGROUP

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Inland Empire Health Plan (IEHP)


Jamie Ueoka
Care1st Health Plan

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Dynamic Healthcare Systems

SNP MEDI-MEDI WORKGROUP 

Workgroup Objectives

- Develop tools that promote coordination of Medicaid/Medi-Cal and Medicare benefits
 - CMS Summary of Benefits – Section IV Comprehensive Written Statement
- Focus on NCQA Structure and Process (S&P) Measure (SNP 6) – Coordination of Medicare and Medicaid Coverage
 - Provider Training

NCQA S&P SNP 6 Elements 


A. Coordination of Benefits for Dual SNPs (D-SNPs)

B. Administrative Coordination of D-SNPs


C. Relationships with State Medicaid/Medi-Cal Agency

D. Administrative Coordination for Chronic and Institutional SNPs

E. Service Coordination


NCQA Survey Process 

- **Annual Survey**
 - 2010: August
 - 2011: February
 - Training starting November 2010 – January 2011
- **Look-back period (3 months prior to survey date)**
- **Data Sources:**
 - Documented processes
 - Reports
 - Other documentation (e.g. job descriptions)
- **Scoring: 0% - 100% based on number of factors met**

Element A Factors
Coordination of Benefits for D-SNPs 

The organization coordinates Medicare and Medicaid benefits by:


1. **Giving prospective members information about benefits they are eligible to receive from both programs**
2. Informing members about maintaining their Medicaid eligibility
3. Providing information to members about benefits they are eligible to receive from both programs

Element A Factors
Coordination of Benefits for D-SNPs 

The organization coordinates Medicare and Medicaid benefits by:

4. Giving members access to staff who can advise them on using both Medicare and Medicaid
5. Giving members clear explanations of benefits and of any communications they receive regarding claims or cost sharing from Medicare, Medicaid or providers
6. Giving members clear explanations of their rights to pursue grievances and appeals under Medicare Advantage and under the state Medicaid program

Element B Factors
Administrative Coordination of D-SNPs




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The organization coordinates Medicare and Medicaid benefits by:

1. Using a process to identify changes in members' Medicaid eligibility
2. Coordinating adjudication of Medicare and Medicaid claims for which the organization is contractually responsible.


Element C
Relationship with State Medicaid Agency



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The organization maintains a documented relationship with the state Medicaid agency to foster coordinated care, by having or working toward a contract or agreement for administering any part of the Medicaid benefit package.


Element E Factors
Service Coordination



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The organization coordinates delivery of services covered by Medicare and Medicaid through the following:


1. Helping members access network providers that participate in both the Medicare and Medicaid programs or providers that accept Medicaid patients
2. **Educating provider about coordinating Medicare and Medicaid benefits for which members are eligible and about members' special needs**
3. Helping members obtain services funded by either program when assistance is needed
4. Assessing adequacy of the network for providing member access at least semiannually.

**Comprehensive Written Statement
Summary of Benefits Section IV** 

Goal: Develop a “Comprehensive Written Statement” template that D-SNPs may utilize to meet the Summary of Benefits, Section IV requirement.

Purpose: To meet CMS requirement, D-SNPs must develop a comprehensive written statement that provides prospective beneficiaries with information on the Medicaid and Medicare benefits


- A uniform reference will simplify plan to plan benefit comparison for beneficiaries, providers, and plans
- Facilitate CMS and DHCS review and approval

**Comprehensive Written Statement
Summary of Benefits Section IV** 

Medi-Cal developed comprehensive template that lists 62 Medi-Cal benefits at \$0 copay; however:

- Members must qualify for programs to get some benefits (e.g. HCBS)
- Other benefits were eliminated for majority of Medi-Cal members (e.g. Podiatry)


STATE OF CALIFORNIA MEDICAID (MEDI-CAL) PROGRAM COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID) BENEFICIARIES		
Benefit Category	Medicaid (Medi-Cal)	Test Health Plan (HMO) Benefits
1. Inpatient hospital services	\$0 copay for Medicaid-covered services	
2. Outpatient hospital services	\$0 copay for Medicaid-covered services	
3. Rural health clinic services	\$0 copay for Medicaid-covered services	
4. Federally qualified health center services	\$0 copay for Medicaid-covered services	

**Development of
Comprehensive Written Statement** 

Success achieved through collaboration!!!!

- Draft template developed by Medi-Medi Workgroup
 - Delineated Medi-Cal benefits by eligibility criteria
- CMS Region IX review, feedback and modification
- CMS Region IX – DHCS collaboration
- DHCS review, feedback, modification, and approval
- Approved Comprehensive Written Statement template posted on ICE website

Comprehensive Written Statement Summary of Benefits Section IV



All Members Who Qualify for Full Medi-Cal May Receive the Following Medi-Cal and Health Plan Services:

State of California Medi-Cal Program Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)		
Benefit Category	Medi-Cal	[Health Plan]
1. Inpatient hospital services	\$0 copay for Medi-Cal covered services	
2. Outpatient hospital services	\$0 copay for Medi-Cal covered services	


Members Who Qualify for Medi-Cal Waiver Programs or Meet Specific Medical Eligibility Criteria May Also Receive the Following Medi-Cal Services:

State of California Medi-Cal Program Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)		
Benefit Category	Medi-Cal	[Health Plan]
1. Private duty nursing (Waiver only)	\$0 copay for Medi-Cal covered services	
2. Home and community care for functionally disabled elders (Waiver only)	\$0 copay for Medi-Cal covered services	

Certain Members Who Have Full Medi-Cal May Also Receive the Following Benefits:


State of California Medi-Cal Program Covered Benefits for Dual Eligible (Medicare and Medi-Cal Beneficiaries)		
Benefit Category	Medi-Cal	[Health Plan]
1. Podiatry services	\$0 copay for Medi-Cal covered services	
2. Chiropractic services	\$0 copay for Medi-Cal covered services	
3. Podiatry services	\$0 copay for Medi-Cal covered services	

ICE Approved Documents




Template and other documents posted on www.iceforhealth.org

- Library>Approved ICE Documents>MAPD Special Needs Plan (SNP) Requirements Team>Approved Documents



Provider Training




Goal: Develop Provider Training Tool that health plans may utilize

Purpose: To satisfy SNP 6 Element E, Factor 2: Educating provider about coordinating Medicare and Medicaid benefits for which members are eligible and about members' special needs

Next Steps:

1. Define training needs by surveying providers and plans
2. Develop PowerPoint training tool
3. Request feedback from providers and plans
4. Finalize training tool and post on ICE website


**CMS SNP Medi-Medi Workgroup
Future Projects** 

Goal: Solicit input from MA plans and providers to identify future projects aimed at promoting compliance with CMS, NCQA and State Medicaid requirements.


Goal: Develop templates or other documents that may be used for multiple purposes.

Examples include:

- Develop provider training materials that meet both NCQA SNP 6 and CMS Model of Care requirements
- Develop member materials that meet CMS and State Medicaid requirements

**CONCLUSION
Medi-Medi Workgroup** 


- Input
- Questions




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**ICE SNP Complex Case Management
Workgroup**

Stacie Oakley, RN
Director, Medical Management
Easy Choice Health Plan



SNP Complex Case Management Workgroup 

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- Element A – Identifying Members for Case Management
- Element B – Access to Case Management
- Element C – Case Management Systems
- Element D – Frequency of Member Identification
- Element E – Providing Members with Information
- Element F – Case Management Process
- Element G – Informing & Educating Practitioners

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Element A – Identifying Members for Case Management


Policies & Procedures
Protocols
Process Flow Charts
System Reports



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Element B – Access to Case Management

- Policies & Procedures
- Protocols
- Process Flow Charts
- System Reports

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Element C – Case Management Systems

- Policies & Procedures
- System Screen Prints of Software Program

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Element D – Frequency of Member Identification


- Policies & Procedures
- Process Flow Charts
- System Reports

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Element E – Providing Members with Information


- Policies & Procedures
- Member Newsletter
- Website
- Welcome Letter
- Phone Scripts
- New Member Packet

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Element F – Case Management Process


- Policies & Procedures
- Welcome Letter
- Assessment Form
- Case Management Progress Notes

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Element G – Informing & Educating Practitioners


- Policies & Procedures
- Provider Manual
- Website
- Provider Newsletter
- Physician Meetings

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Areas of Deficiency

- Element C – Factor 2 – Automatic Documentation
- Element C – Factor 3 – Automated Prompts
- Element E – Factor 1- How to Use Services
- Element E – Factor 2 – Member Eligibility
- Element E – Factor 3 – Opt In / Opt Out

SNP Complex Case Management Workgroup 

Workgroup Next Steps

- Welcome Letters
- Health Risk Assessment / Stratification
- Care Plans
