

2017
**TexanPlus® Star (HMO SNP)
Annual Model of Care Training**



TexanPlus® Star (HMO SNP) Model of Care [MOC] Training Overview

This Model of Care (MOC) training manual meets the Centers for Medicare and Medicaid Services (CMS) regulatory requirements of MOC training for the TexanPlus® Star (HMO SNP) [H0174] Plan. It serves as Universal American's plan for delivering coordinated care and case management to special needs members with both Medicare and Medicaid.

The MOC is a very important quality improvement tool. It helps ensure that the unique needs of each dual eligible member are identified and addressed and meet Universal American's care management policy, procedures, and operational systems goals.

Through distribution of this manual, and collection of attestation forms, Universal American will ensure all employees and providers who work with TexanPlus® Star (HMO SNP) dual eligible members have the specialized training this population requires.



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Model of Care training educates providers and employees who serve dual eligible members in the TexanPlus HMO Special Needs Plan.

TexanPlus® Star (HMO SNP) Model of Care [MOC] Annual Training

CMS requires all TexanPlus® Star (HMO SNP) staff and contracted medical providers to receive basic training about the MOC. This manual will describe how TexanPlus and its contracted providers work together to successfully deliver the MOC program for dual eligible members.

After reading this manual, providers will be able to:

- Describe the basic components of the TexanPlus® Star (HMO SNP) MOC.
- Explain how TexanPlus® Star (HMO SNP) medical management staff coordinates care for dual eligible 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 required Interdisciplinary Care Team (ICT).

Special Needs Plans (SNPs)

Medicare Advantage Special Needs Plans (SNPs) are designed for specific groups of members with special health care needs. CMS has defined three types of SNPs that serve the following types of members:

- Dual eligible members (D-SNP)
- Individuals with chronic conditions (C-SNP)
- Individuals who are institutionalized or eligible for nursing home care (I-SNP)

Health plans may contract with CMS for one or more programs. Of the three types of SNPs, Universal American (UA) currently contracts for D-SNP only. UA's D-SNP product is called **TexanPlus® Star (HMO SNP)**, a Dual-eligible Special Needs Medicare Advantage Prescription Drug plan.

It is important to verify coverage prior to serving the member. This is because D-SNP members may have both Medicare and Medicaid provided by the TexanPlus® Star (HMO SNP), but not always. Providers may see members with TexanPlus Medicare HMO coverage who have their Medicaid under another health plan or traditional Fee-For-Service (FFS) Medicaid.

Acute care services for D-SNP members are paid as follows:

- The member's Medicare plan - TexanPlus® Star (HMO SNP) is always the primary payor.
- Texas Medicaid (HHSC) is secondary.

About TexanPlus® Star (HMO SNP) Plan

TexanPlus® Star (HMO SNP) is designed for Dual Eligible beneficiaries who are enrolled in Original Medicare (Parts A and B) and receive additional benefits from Medicaid through the Texas Health and Human Service Commission (HHSC). Eligible individuals may enroll in our plan at any time, year-round.

The plan has a highly qualified and compassionate group of in-network providers and specialists who collaborate to help our Members stay healthy, active and independent. Keep in mind, referrals made to out-of-network providers will increase Member cost. Members are provided with:

- Comprehensive medical, hospital coverage
- Prescription drug coverage, and
- Additional benefits not provided by Original Medicare or Medicaid.

While Members of the plan enjoy open access, they are highly encouraged to use in-network hospitals and PCP's for scheduled, routine and specialty care. In all cases, PCP's oversee, authorize, refer, and facilitate Member care except in a life-threatening situation or when there are provider access issues.

Member ID Cards

TexanPlus® HMO-SNP
Medicare Advantage Health Plans

2017

TexanPlus Star (HMO-SNP)
Health Plan ID (80840): <XXXX XXX XXX>

Member ID: 123456789
Member: FIRST M LAST
PCP Name: FIRST M LAST
PCP Phone: 000-000-0000
Subgroup: <XXXXXXXX Dual Eligible>

RX BIN 004336
RX PCN MEDDADV
RX GRP HMOMAPD

MedicareRx
Prescription Drug Coverage

IPALPO: Beaumont

Copayments
PCP \$XX SPEC \$XX ER \$XX UC \$XX MH/SA IP \$XX

H0174-001

IMPORTANT PHONE NUMBERS:

Member Services: 1-800-000-0000 (TTY 711)
24/7 Health Line: 1-800-000-0000 (TTY 711)
Mental Health/Substance Abuse: 1-800-000-0000
Provider Customer Service: 1-800-000-0000
Pharmacy Provider Help Desk: 1-800-000-0000

www.TexanPlusSNP.com

Providers may send claims to:
Medical: Claim Department, P.O. Box 741107
Houston, TX 77274
Pharmacy: CVS Caremark, P.O. Box 52066
Phoenix, AZ 85072-2066

Print Date: 00/00/16

What is a Model of Care (MOC)?

The Model of Care is TexanPlus® Star (HMO-SNP)'s plan for delivering an integrated care management program for members with special needs. It is the architecture for care management policy, procedures and operational systems.

MOC Goals

The goals of the MOC are to:

- Improve access to medical, mental health and social services.
- Improve access to affordable care.
- Improve coordination of care through an identified point of contact.
- Improve transitions of care across health care settings and providers.
- Improve access to preventive health services.
- Assure appropriate utilization of services.
- Assure cost-effective service delivery.
- Improve beneficiary health outcomes.

Model of Care Elements

TexanPlus® Star (HMO-SNP) Model of Care (MOC) key elements include:

- Completion of a Health Risk Assessment (HRA)
- Development of an Individualized Care Plan (ICP)
- Creation of an Interdisciplinary Care Team (ICT)

Health Risk Assessment (HRA)

Every dual member is evaluated with a comprehensive Health Risk Assessment (HRA) within 90 days of enrollment. Members are evaluated annually or more frequently with any significant change in condition or transition of care. The HRA collects information about the member's medical, psychosocial, cognitive and functional needs, as well as medical and behavioral health history. Members are then triaged to the appropriate TexanPlus® Star (HMO-SNP) case management program for follow-up.

Individualized Care Plan (ICP)

An Individualized Care Plan (ICP) is developed with input from all parties involved in the member's care.

The TexanPlus® Star (HMO-SNP) ICP includes:

- Identified member-specific Problems, Goals and Interventions.
- Specified services and benefits to be provided.
- Documented coordination of care efforts.
- Measureable outcomes.
- Condition-specific education.
- And, documented collaboration between Case Managers and PCPs work closely together with the member and the member's family to prepare, implement and evaluate the ICP.

Interdisciplinary Care Team (ICT)

TexanPlus® Star (HMO-SNP) case managers coordinate the member's care with the Interdisciplinary Care Team (ICT), which includes TexanPlus® Star (HMO-SNP) staff, the member, the member's family/caregiver and external practitioners and vendors involved in the member's care. The ICT participants are based on the member's unique needs.

TexanPlus® Star (HMO-SNP) case managers work with the member to encourage self- management of the member's condition. They also communicate the member's progress toward these goals to the other members of the ICT.

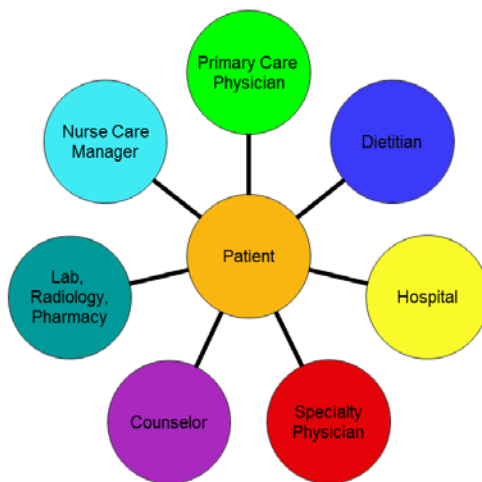
ICT and Inpatient Care

TexanPlus® Star (HMO-SNP)'s case managers:

- Coordinate with facilities to assist members in the hospital or in a skilled nursing facility to access care at the appropriate level.
- Work with the facility and the member or the member's representative to develop a discharge plan.
- Proactively identify members with potential for readmission and enroll them in case management.
- Notify the Primary Care Provider (PCP) of the transition of care and anticipated discharge date and discharge plan of care.

In order to prevent re-admissions, TexanPlus® Star (HMO-SNP) staff manages transitions of care to ensure members have appropriate follow-up care after a hospitalization or change in level of care.

When members are ill they may receive care in multiple settings, which often results in fragmented and poorly executed transitions.



ICT and Transition of Care (TOC)

Transition of Care coordinates the delivery of care for Members through an integrated and systematic care coordination process. This collaborative effort provides Members with continuity of care, thereby improving quality, access and value.

Case Management staff will place a post-discharge call to Members who are high-risk or have unresolved discharge needs. The call may include:

- Confirmation that follow-up appointments are made
- Verification that prescriptions are filled
- Confirmation that discharge services are completed
- Case management goals are to support Members and providers across the continuum by:
 - Helping Members make transitions safely
 - Facilitating and supporting close connections to their PCP
 - Providing an ongoing nursing plan of care

Transitions of Care services are available to all plan Members who require a multidisciplinary approach to their care. Nurses and social workers assist Members with needs spanning various aspects of social services and the medical community

The TexanPlus® Star (HMO-SNP) Care Manager is the primary lead in coordinating the care transition process. In collaboration with facility discharge staff, primary care, specialty care and community-based services, the Member's Case Manager, through direct coordination and using supporting clinical and professional staff, leads all activities and communication with the Member/caregiver.

TexanPlus® Star (HMO-SNP)'s program is member-centric with the PCP being the primary ICT point of contact. TexanPlus® Star (HMO-SNP) staff works with all members of the ICT in coordinating the plan of care for the member.

ICT TexanPlus® Star (HMO-SNP) Responsibilities

TexanPlus® Star (HMO-SNP) works with each member to:

- Coordinate care and services between the member's Medicare and Medicaid benefit.
- Develop personal goals and interventions for improving health outcomes.
- Provide education about their health conditions and medications, while empowering the member to make good health care decisions.
- Identify and anticipate problems, and act as the liaison between the member and the member's PCP.
- Monitor implementation and barriers to comply with the physician's plan of care.
- Identify member needs and coordinate services.
- Make referrals to community resources as identified.

ICT Provider Responsibilities

Provider responsibilities include:

- Accepting invitations to attend member's ICT meetings whenever possible and actively communicating with TexanPlus® Star (HMO-SNP) case managers, members of the ICT, the member and their caregiver(s).
- Maintaining copies of the ICP, ICT worksheets and transition of care notifications in the member's medical record when received.
- Ensuring that STARS measures such as Functional Assessments, Advance Care Planning, Medication Reviews and Pain Assessments are completed and documented in member's medical record.

CMS General Expectations for ICT

CMS expects the following related to the ICT:

- All care is based on member preference.
- Family members and caregivers are included in health care decisions as the member desires.
- Continual communication between all members of the ICT regarding the member's plan of care.
- All team meetings/communications are documented and stored.
- All team members are involved and informed in the coordination of care for the member.
- All team members are advised on the ICT program metrics and outcomes.
- All internal and external ICT members are trained annually on the current MOC.

CMS Expectations for Provider Network

TexanPlus® Star (HMO-SNP) is responsible for maintaining a specialized provider network that corresponds to member needs. TexanPlus® Star (HMO-SNP) coordinates care and ensures that providers:

- Collaborate with the ICT.
- Provide clinical consultation.
- Assist with developing and updating care plans.
- Provide pharmacotherapy consultation.

CMS Expectations for TexanPlus® Star (HMO-SNP)

- Prioritize contracting with board-certified providers.
- Monitor network providers to assure they use nationally recognized clinical practice guidelines when available.
- Assure that network providers are licensed and competent through a formal credentialing process.
- Document the process for linking members to services.
- Coordinate the maintenance and sharing of member's health care information among providers and the ICT.

Summary

TexanPlus® Star (HMO-SNP) values provider partnerships. The MOC requires collaboration to benefit members in the following ways:

- Enhanced communication between members, caregivers, providers and TexanPlus® Star (HMO-SNP).
- Interdisciplinary approach to the member's special needs.
- Comprehensive coordination with all care partners.
- Support for the member's preferences in the plan of care.
- Reinforcement of the member's connection with their medical home.

Attestation of Completion of TexanPlus® Star (HMO-SNP) Annual of Care Training for 2017

Annual MOC training is a CMS Regulatory requirement. By signing below, you are attesting to the fact that this training has been reviewed and understood by you.

Please print and complete the form below then email this page back to TexanPlus® Star (HMO-SNP) Clinical Education Department at: ClinicalEd@UniversalAmerican.com

Date Training Completed:

Printed Name:

Title:

Address:

Phone:

Provider Tax ID(s) if applicable:

Signature:

Practice Name if applicable:
