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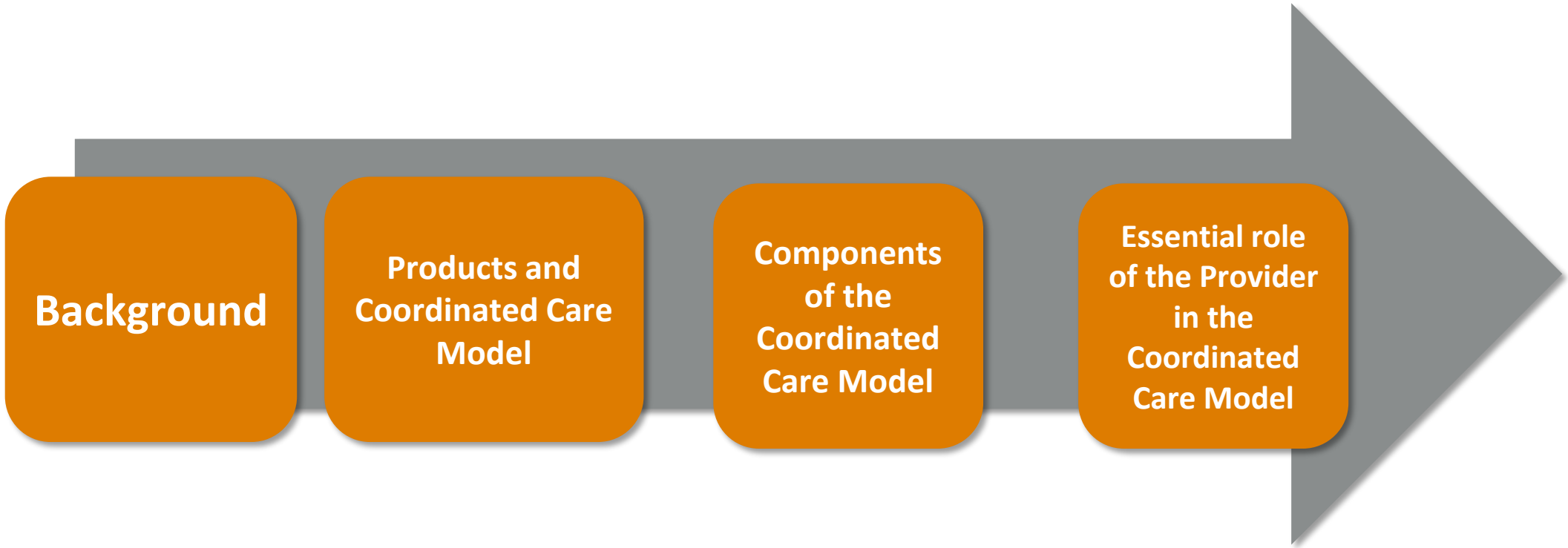
Coordinated Care Model 2024

Objectives



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Model of Care: Training

Developed to meet the guidelines of the

Centers for Medicare and Medicaid Services (CMS)

Every MAO must provide and document training on the Coordinated Care Model to all employees, contracted personnel, and providers.

- It is an annual requirement.
- Methodology or types of intervention:
  - Face-to-face
  - Interactive (Internet, audio/video)
  - Self-study (printed material or electronic media)

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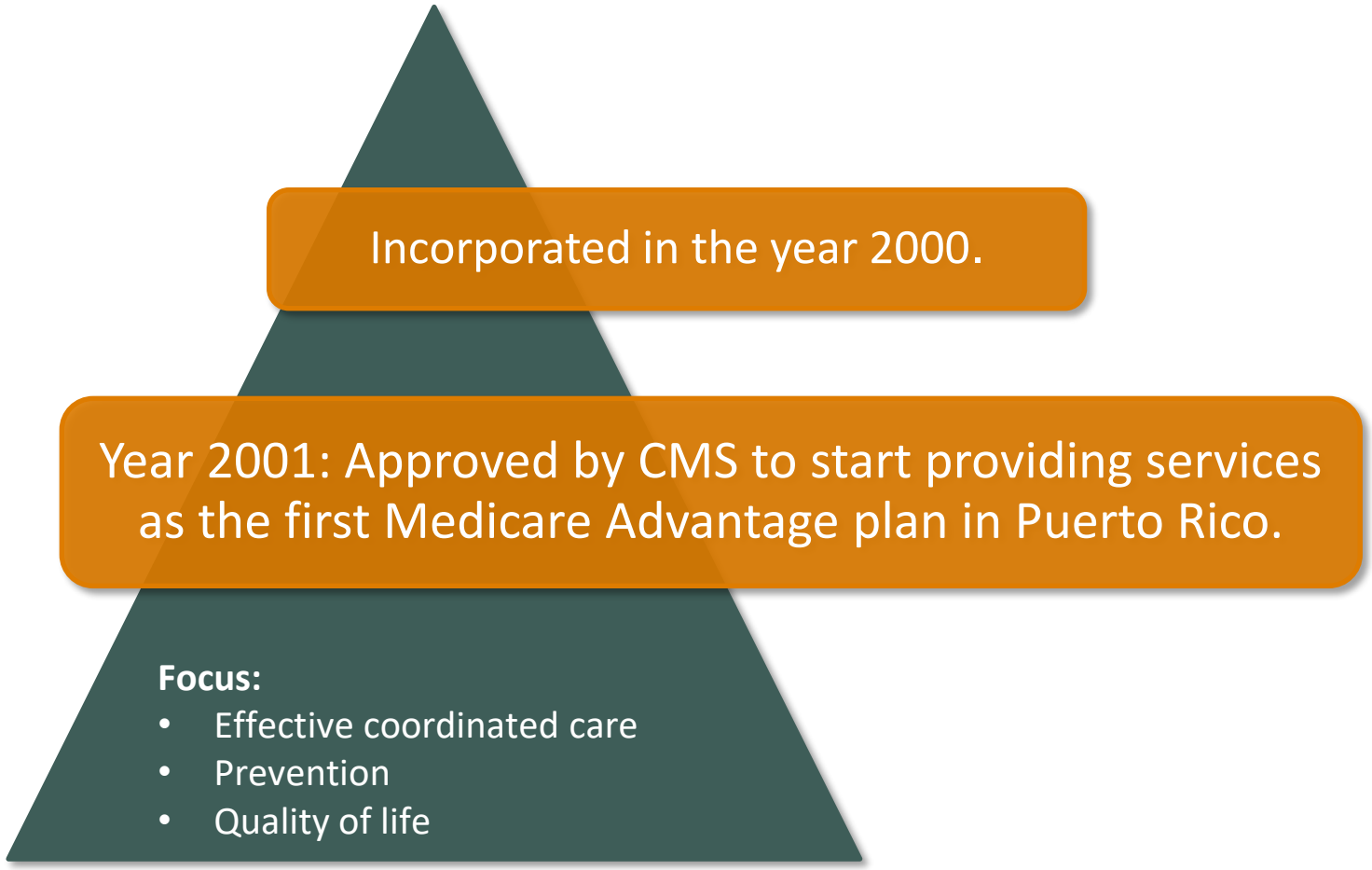
Background



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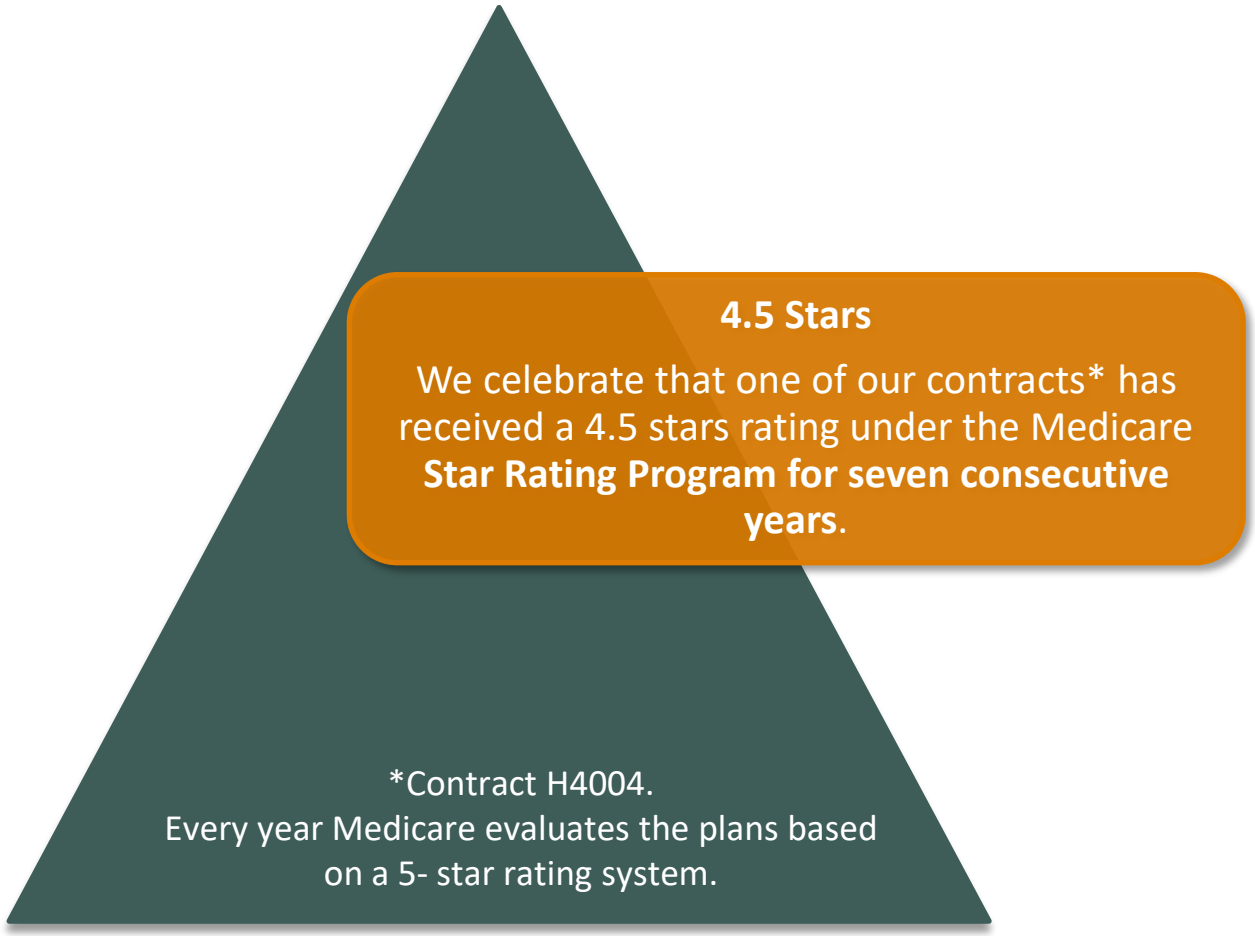
Background



4.5 Stars

We celebrate that one of our contracts* has received a 4.5 stars rating under the Medicare **Star Rating Program for seven consecutive years**.

*Contract H4004.
Every year Medicare evaluates the plans based on a 5- star rating system.

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What is the Coordinated Care Model?

- A structure to ensure coordinated care is performed efficiently
- Focused on beneficiaries with special needs

- Essential tool
- Improves quality
- Ensure that needs are met under SNP*

*SNP – Special Needs Plan

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MMM
COVERAGE
2024

Special Needs Plans

C-SNP (Chronic Condition Special Needs Plan)	

MMM Supremo (HMO-C SNP)	Members with chronic or disabling conditions:
	• Diabetes
	• Chronic Heart Failure (CHF)
	• Cardiovascular diseases:
	  ○ Cardiac arrhythmia
	  ○ Peripheral vascular disease
	  ○ Coronary artery disease
	  ○ Chronic Venous Thromboembolic Disorder

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Special Needs Plans

D-SNP (Dual Eligible Special Needs Plan)	
MMM Diamante Platino (HMO-SNP)	Members eligible for Medicare and Medicaid.
MMM Relax Platino (HMO-SNP)	
MMM Valor Platino (HMO-SNP)	
MMM Dorado Platino (HMO-SNP)	
MMM Plus Platino (HMO-SNP)	
PMC Premier Platino (HMO-SNP)	

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Elements of the MOC

Description of Special Needs Population (SNP)

Coordinated Care

- Mandatory Assessment of Health Risks and Reevaluation (HRA)
- Medical Visits (Face-to-Face)
- Individual Care Plan (ICP)
- Interdisciplinary Team (ICT)

Providers Network

Quality Metrics and Performance Improvement

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MOC 1: Description of the Population with Special Needs (SNP)

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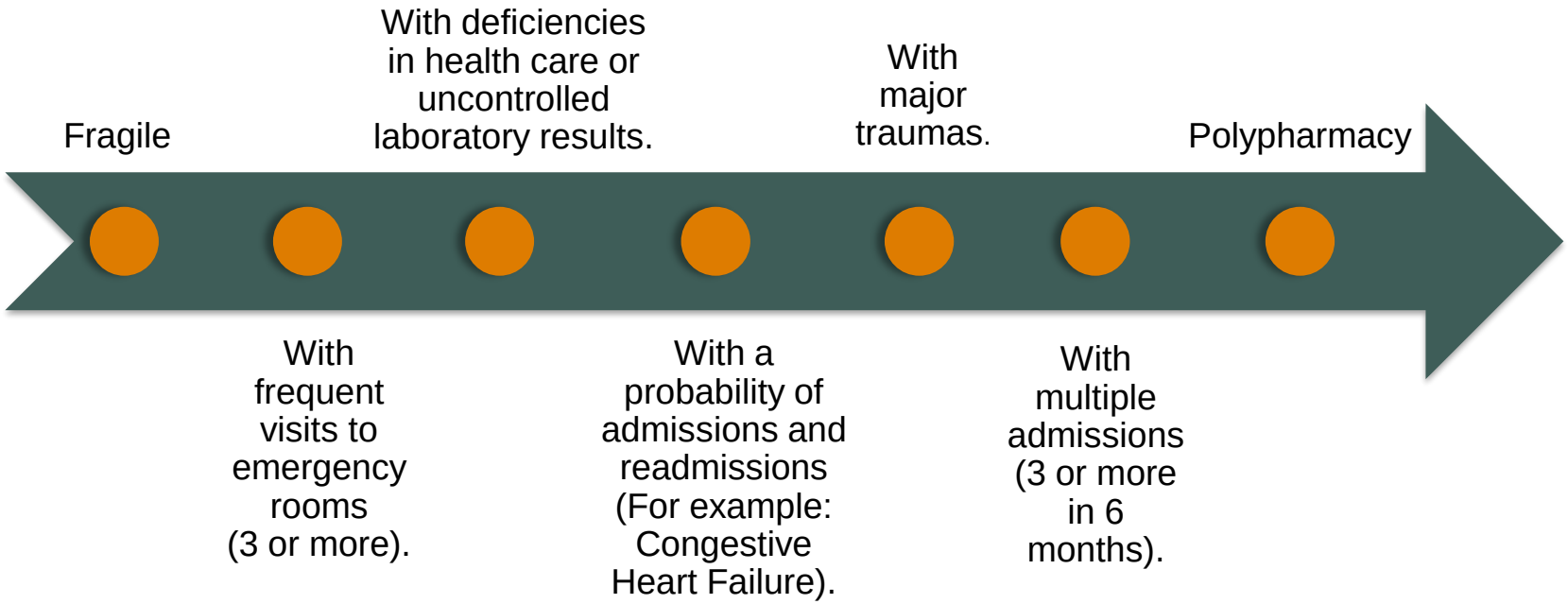
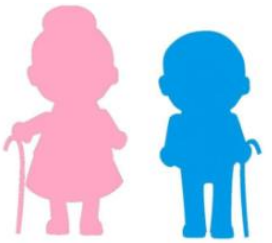
The Most Vulnerable

Identify those members with the greatest vulnerability.





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The Most Vulnerable

Members with uncontrolled chronic conditions:

- COPD (Chronic Obstructive Pulmonary Disease)
- Asthma
- CHF (Congestive Heart Failure)
- Cardiovascular disease/ Arteriosclerosis
- HTN (Hypertension)
- Diabetes

Members with disabilities

Members that require complex procedures and/or care transition:

- Organ transplant
- Bariatric surgery

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MOC 2:
Coordination of Services

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Coordinated Care

Ensures the attention of the health needs of beneficiaries of an SNP. The information is shared among interdisciplinary staff.

Coordinates the delivery of specialized services and benefits that meet the needs of the most vulnerable population.

Performs Health Risk Assessments, Individualized Care Plan and has an established Interdisciplinary Team.

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Focus of the Program

Guarantees members **access** to **resources** available in the **community**.

Ensures that members **identify** and qualify for the program, using established criteria.

Provides **resources** of effective medical **benefits** while guaranteeing quality care.

Ensures that every member of the program has a **comprehensive evaluation** of needs.

Ensures that the care services of the members are **coordinated**, and that they are given the **appropriate treatment** in an efficient way.

Ensures that every member active in the program has an **individualized care plan** with interventions aimed at meeting the identified needs.

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Health Risk Assessment (HRA)

It is done to identify medical, psychosocial, cognitive and functional needs of people with special needs.

Initial HRA – 90 days after the affiliation to complete it. Annual HRA starting 365 days after the most recent HRA.

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Health Risk Assessment (HRA)

It is done by phone or on paper.

Results → Individualized Care Plan:

* Problems, goals, and interventions with an Interdisciplinary Team.

HRA refers to → Care Management Programs

* Case management, among others.

Care Plan is shared with:

Member + PCP and Interdisciplinary Team

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Medical Visits (Face-to-Face)

Essential elements:

- Effective management of preventive care.
- Establish treatment plans to control chronic diseases and improve overall health.
- Support members in the active participation of their medical care.
- Identify members who can qualify and benefit from case management programs established by the medical plan.
- Promote effective coordinated care.

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Individualized Care Plan (ICP)

- The interdisciplinary team develops an ICP for each SNP member, identifying the needs of the member from the results obtained in the HRA.

- The ICP guarantees that the needs are met, the course of evaluation and coordination of services, and the benefits of the member.

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Individualized Care Plan (ICP)

- ICP is communicated to the member or caregiver and is shared with the Provider through our InnovaMD portal.

- Review annually or when health status changes.

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Interdisciplinary Team (ICT)

Group focused on the member. Discusses the state of health and interventions for the patient

Responsabilities of providers in the ICT:

1. Participate in ICP discussion.
2. Collaborate in setting goals.
3. Involve members in the management of self-management and follow up.
4. Integrate other physicians and providers.
5. Participate in ICT meetings.
6. Communicate changes to ICT components through meetings or phone calls.
7. Refer to the management programs available through the plan.

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Transition of Care

- Transition processes and protocols are established to maintain continuity of care.
- The different units work in collaboration with primary doctors and providers to guarantee and support the coordinated care the member deserves.
- Staff available in the Discharge Planning Unit facilitates communication between care centers, the primary physician, and the member or their caregiver.
- The member's ICP is shared with member and their primary physician when a transition of care occurs.

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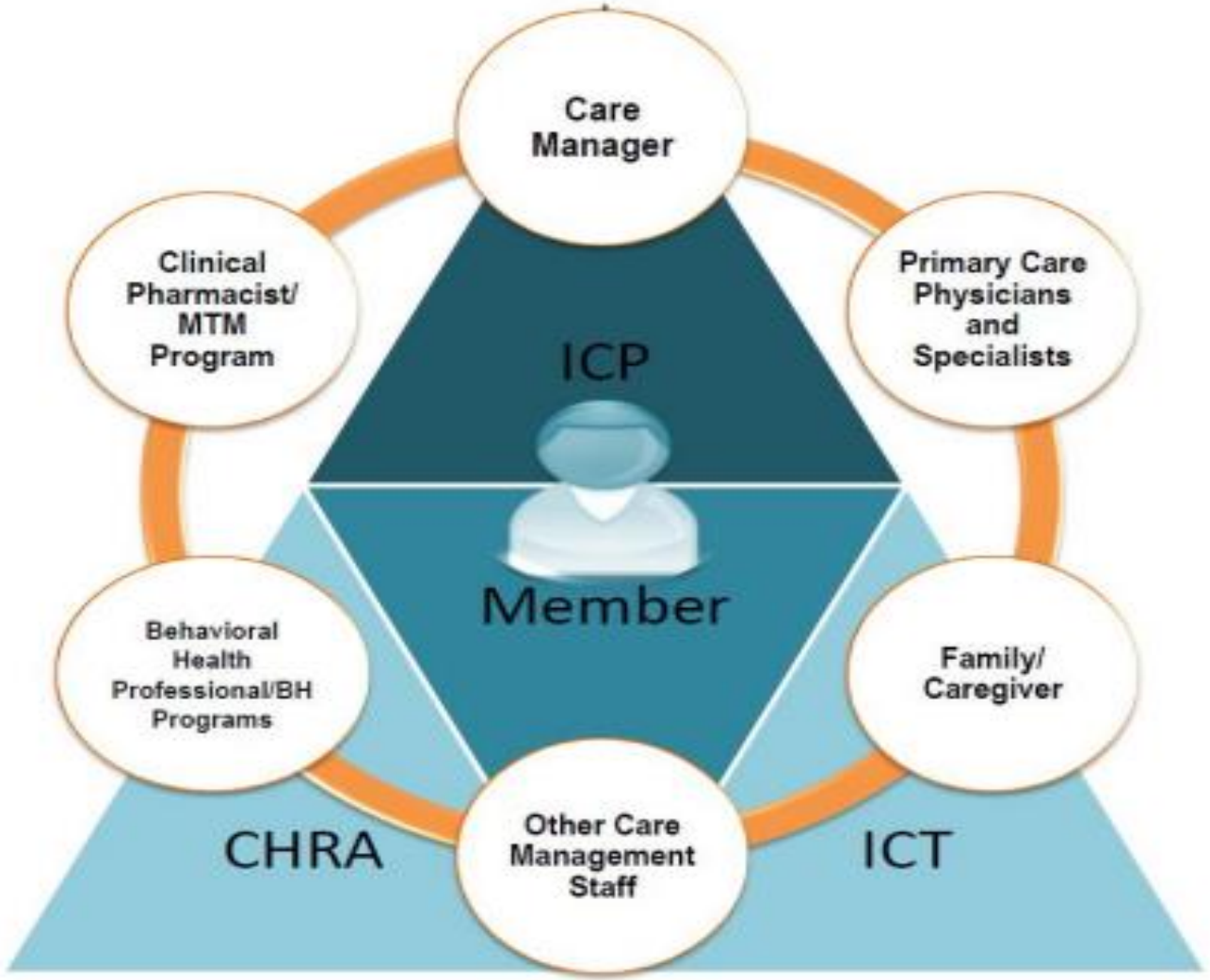
Protocols for Care Transition



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Provider's Role in the Model of Care

- Ensures continuous access to services and verify what needs and information are shared among staff.
- Promotes follow-up visit seven days after patient is discharged from the hospital
- Coordinates specialized services to the most vulnerable population.
- Promotes Health Risk Assessment for the Individualized Care Plan.
- Actively participates as part of the Interdisciplinary Team.
- Performs an Annual Health Assessment.

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MOC 3:
Specialized Provider Network in the Care Plan

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Focus

Maintain a network of specialized providers to meet the needs of our members by being the primary link in their care.

The Provider Network monitors:

- ✓ Use of clinical practice guidelines and protocols.
- ✓ Collaboration and active communication with ICT and case administrators.
- ✓ Assistance in the preparation and updating of care plans.
- ✓ Guarantee that all providers in the network are evaluated and qualified through a credentialization process.

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MOC 4:
Quality measurement and Performance Improvement

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Quality Evaluation and Improvement

The plans establishes a Quality Improvement Program to monitor health outcomes and performance of the care model to through:

- Data collection and follow-up of the specific SNP Five Stars Program Measures (HEDIS, Healthcare Effectiveness Data and Information Set).
- Implementation of the Annual Quality Improvement Project, which focuses on improving the clinical aspect or service that is relevant for the SNP population.
- Measurement of the SNP member satisfaction.

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Quality Evaluation and Improvement

The plans establish a Quality Improvement Program to monitor health outcomes and performance of the care model through:

- Chronic Care Improvement Program (CCIP) for chronic disease, which identifies eligible members, and intervention to improve disease management and evaluates the effectiveness of the program.
- The collection of data to evaluate if the objectives of the SNP program are met.
- Sharing performance results every year with members, employees, vendors, and the general public.

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References

1. *Model of Care Scoring Guidelines for Contract Year 2024*. Obtain from: https://snpmoc.ncqa.org/static/media/MOCScrngGdlnsCY2024.98e746cc5222b535a5f4.pdf
2. *Medicare Managed Care Manual*. Chapter 5 - Quality Assessment, section 20.2 Additional Quality Improvement Program Requirements for Special Needs Plans (SNPs). Obtain from:

   https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326

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Our commitment to quality

Today we are proud to see that MMM special needs coverage will continue to improve the quality of life for thousands around the island.

For more information:
787-993-2317 (Metro Area)
1-866-676-6060 (toll free)
Monday through Friday from 7:00 a.m. to 7:00 p.m.

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