Annual Medicare Model of Care Training 2019-2020

Health Choice Generations

CMS Contract H5587

Introduction

Thank you for taking the time to learn more about our members. We appreciate your collaboration.

The Health Choice Model of Care (MOC) training includes an overview of our general approach to care coordination and describes the guiding principles we apply to drive improved outcomes for the members that we serve.

An annual review of the Model of Care is conducted by Health Choice's Medical Management department in conjunction with the Quality Management department and the Quality Management Committee.

The Centers for Medicare and Medicaid (CMS) require all Health Choice staff, designated vendors, and contracted and non-contracted medical providers to receive basic training about the D-SNP Model of Care (MOC).

Learning Objectives

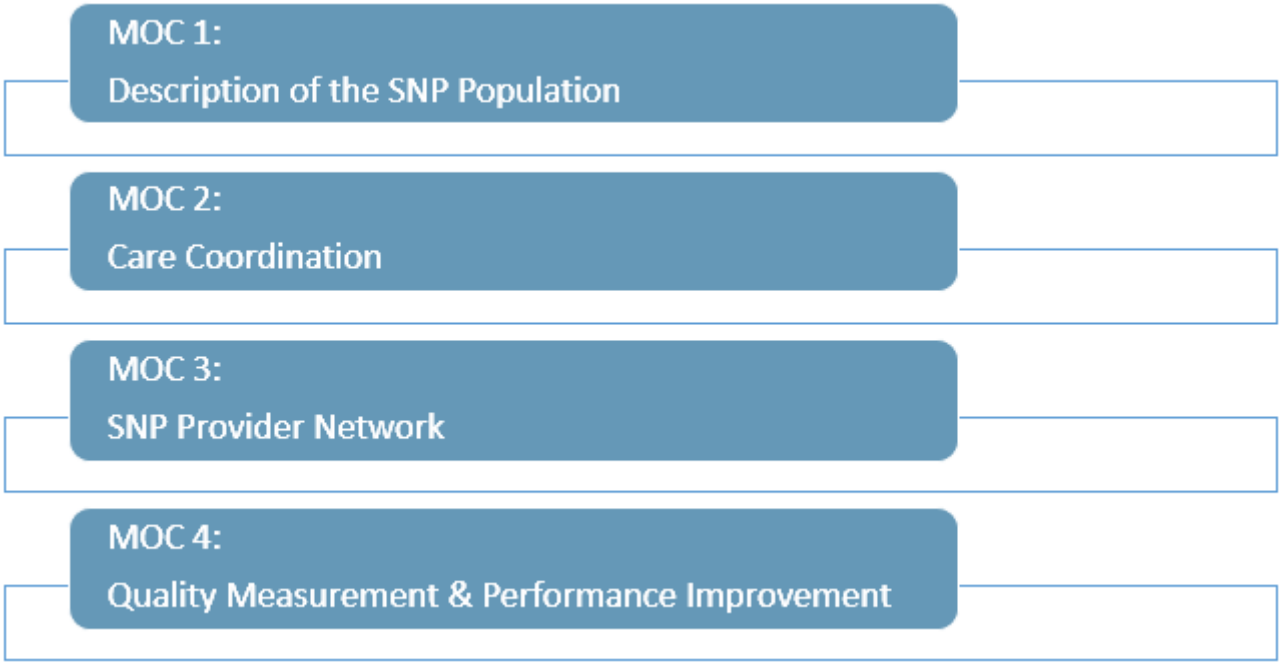
- Understand the goals of the MOC and how your role in them
- Understand key elements of the MOC and role of Health Choice regarding care coordination and CMS requirements

Goals of the Special Needs Plan (SNP)

- Health Choice Generations HMO Special Needs plan is a Dual Eligible Special Needs Plan (D-SNP). The MOC is designed to ensure the provision and coordination of specialized services that meet the needs of the dual eligible beneficiaries by:
  - Improving member Health Outcomes
  - Improving Seamless Transitions of Care Across Healthcare Settings, Providers, and Health Services
  - Improving Access to Preventive Health Services
  - Assuring Appropriate Utilization of Services

MOC Elements

- There are 4 elements to the MOC of which each contain multiple sub-elements



Element 1 – SNP Population in Arizona

- As a dual eligible plan, Health Choice Generations D-SNP serves both physical health and behavioral health needs of beneficiaries in the following counties:

Eligible Beneficiaries	Counties in Which Program Offered
Full benefit Medicaid-Medicare eligible (Duals) beneficiaries enrolled in the Arizona Medicaid ACC program	• Apache • Coconino • Gila • Maricopa • Mohave • Navajo • Pinal • Yavapai
Full benefit Medicaid-Medicare eligible (Duals) beneficiaries with Serious Mental Illness enrolled in an Arizona Medicaid integrated behavioral health/acute care plan (RBHA)	• Apache • Coconino • Gila • Mohave • Navajo • Yavapai

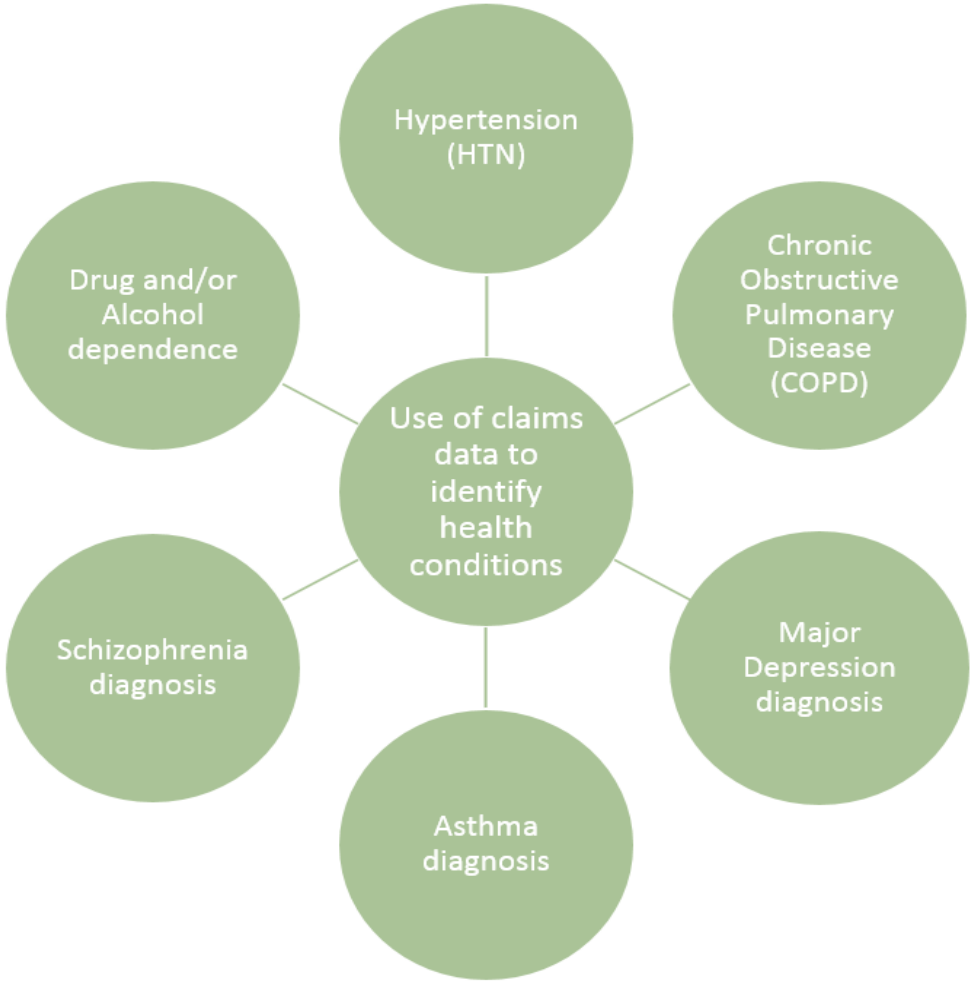
HCG Population Analysis – HOS Survey

- The Health Choice Generations Dual population is especially vulnerable because of multiple challenges impacting their ability to manage their health: socioeconomic barriers, low health literacy, multiple chronic physical and behavioral health conditions.
- In reviewing 2019 plan data [e.g. The Healthcare Effectiveness Data and information set (HEDIS), Health Outcome Survey (HOS) Cohort 18 (2015-2017)] the following describes some characteristics of the population as noted in the affixed table:

Table 9: *2015-2017 Cohort 18 Performance Measurement* Demographics for MAO H5587 and HOS Total at Baseline and Follow Up

	MAO H5587		HOS Total	
	Baseline	Follow Up	Baseline	Follow Up
Age	(N=108)	(N=108)	(N=87,982)	(N=87,982)
65-69	39.8%	25.9%	30.5%	17.1%
70-74	29.6%	34.3%	28.2%	30.8%
75-79	17.6%	19.4%	19.7%	23.2%
80-84	8.3%	12.0%	12.7%	15.4%
85+	4.6%	8.3%	8.9%	13.5%
Gender	(N=108)	(N=108)	(N=87,982)	(N=87,982)
Male	34.3%	34.3%	41.2%	41.2%
Female	65.7%	65.7%	58.8%	58.8%
Race	(N=108)	(N=108)	(N=87,982)	(N=87,982)
White	70.4%	70.4%	82.8%	82.8%
Black	7.4%	7.4%	9.6%	9.6%
Other/Unknown	22.2%	22.2%	7.6%	7.6%
Marital Status	(N=104)	(N=105)	(N=86,775)	(N=84,868)
Married	18.3%	18.1%	55.5%	53.0%
Widowed	27.9%	26.7%	23.4%	26.1%
Divorced or Separated	42.3%	45.7%	16.5%	16.2%
Never Married	11.5%	9.5%	4.7%	4.6%
Education	(N=103)	(N=102)	(N=85,798)	(N=84,381)
Did Not Graduate HS	44.7%	39.2%	17.7%	17.3%
High School Graduate	19.4%	24.5%	32.6%	32.4%
Some College	21.4%	22.5%	25.5%	25.9%
4 Year Degree or Beyond	14.6%	13.7%	24.2%	24.4%
Annual Household Income	(N=101)	(N=100)	(N=80,130)	(N=78,735)
Less than $10,000	44.6%	46.0%	10.4%	10.6%
$10,000-$19,999	27.7%	29.0%	17.0%	16.5%
$20,000-$29,999	7.9%	8.0%	15.4%	15.4%
$30,000-$49,999	4.0%	3.0%	21.3%	21.3%
$50,000 or More	1.0%	0.0%	24.7%	24.9%
Don't Know	14.9%	14.0%	11.2%	11.3%
Medicaid Status	(N=108)	(N=108)	(N=87,979)	(N=87,974)
Medicaid	100%	99.1%	16.7%	17.2%
Non-Medicaid	0.0%	0.9%	83.3%	82.8%

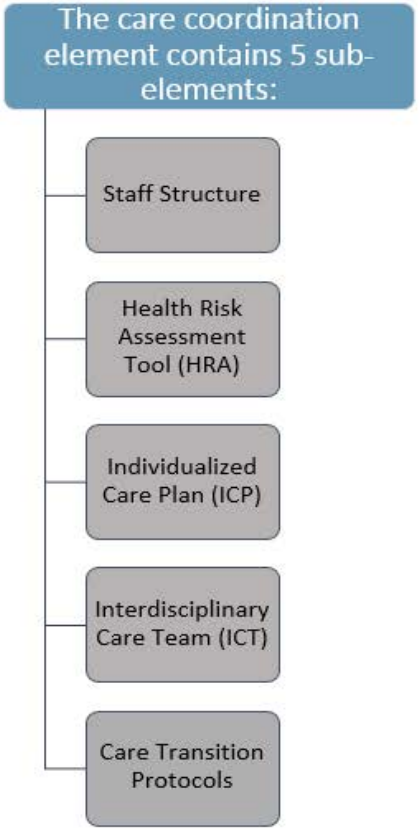
Vulnerable Sub-Populations



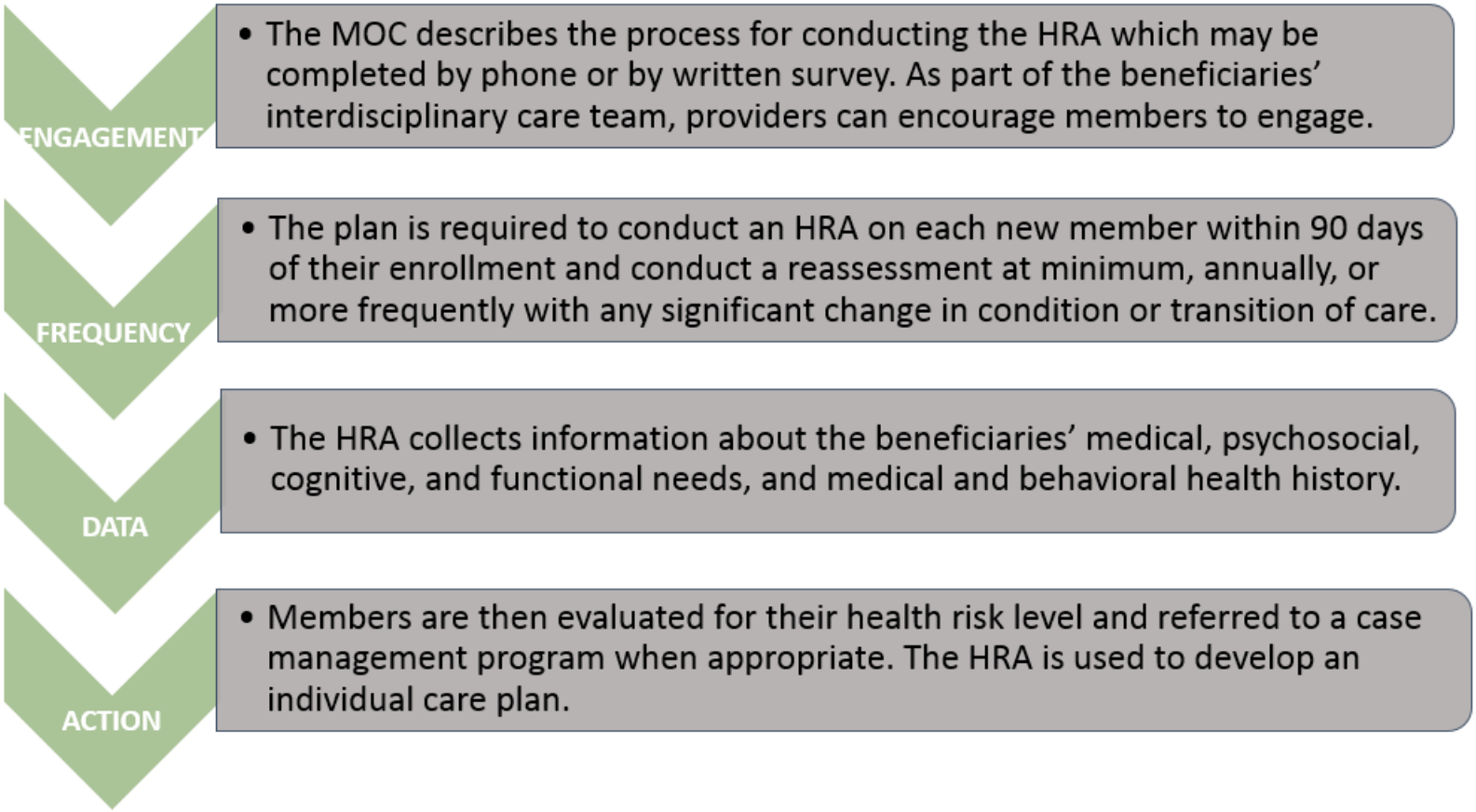
Health Choice Generations has programs specifically tailored for vulnerable beneficiaries. Currently in place are care management programs that address diabetes, heart disease, asthma, hepatitis C, and HIV. Still, the overall characteristics of these beneficiaries make them particularly vulnerable, requiring both specialty care management programs and collaboration with behavioral health and community resources.

Element 2 – Care Coordination

The care coordination team supports our SNP members and providers by helping to ensure our member's healthcare needs are met over time using high quality services that ultimately lead to improved health outcomes



Health Risk Assessment (HRA)



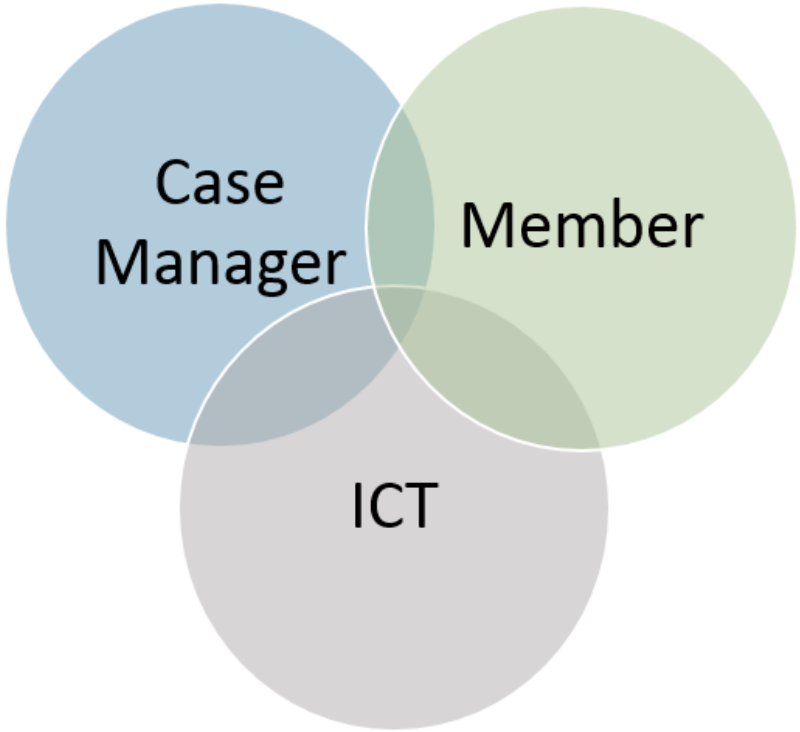
Individual Care Plan (ICP)

- Another a sub-element of the MOC describes the process for developing an Individualized Care Plan based on information received from the HRA

Key points about the ICP:

- It is a summary of the needs and service options identified in the HRA process
- It is developed with the participation of the member, their assigned care manager, and the member's preference on other participants
- Member's health care goal(s) and objectives are identified
- It is tailored to meet the member's needs and preferences
- It is communicated with all members of the care team including primary care providers
- Revised annually OR when the member has a health status change

Interdisciplinary Care Team (ICT)



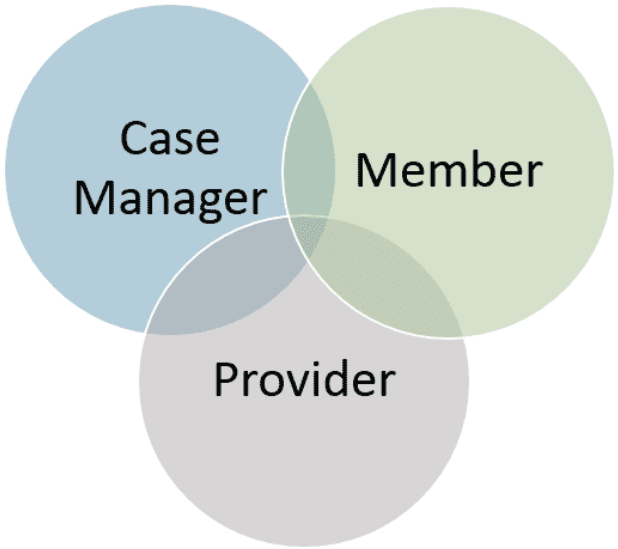
Care Coordination

- The Provider's role in managing and improving health outcomes is done by:
  - Reassessing the member to identify health status changes with routine visits
  - Support Quality Initiatives by providing preventive care and services
  - Document in the member's record to support accuracy of data used in the care plans
  - Respond to requests for information for Health Choice Case Managers
- The Interdisciplinary Care Team (ICT) offers member-centric delivery of care that focuses on the needs of the member by encouraging and incorporating the member's active participation which includes personal preferences and feedback into the creation of an individualized care plan
- All members of the ICT, which includes the member, receive a copy of the ICP to ensure everyone is following the same plan for continuity of care purposes

Use of Clinical Practice Guidelines

- Health Choice Generations' Medical Management Committee evaluates and adopts clinical practice guidelines and nationally recognized protocols applicable to the needs of the Plan's membership.
- These guidelines are intended to drive quality improvement and consistency of care our members receive from network providers for both preventive services and chronic conditions.
- These guidelines are available to the plan provider network via the plan's website.

Transitions of Care

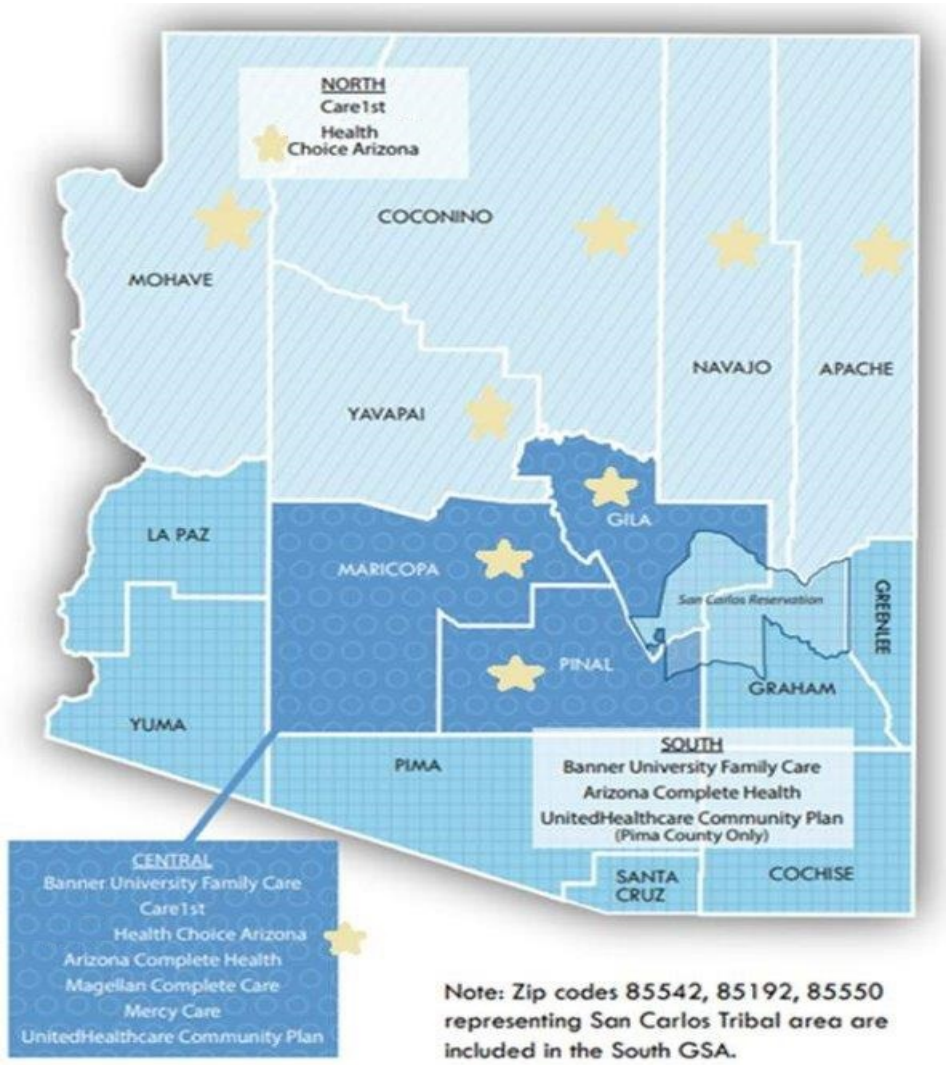


Coordination of Care

- Improving care transitions between care settings is critical to improving individuals' quality of care and quality of life and their outcomes. Effective care transitions:
  - Prevent medical errors
  - Identify issues for early intervention
  - Prevent unnecessary hospitalizations and readmissions
  - Support enrollee preferences and choices
  - Avoid duplication of processes and efforts to more effectively utilize resources
- Care transitions include the coordination of medical and behavioral services when an individual is:
  - Admitted to a hospital for acute medical care
  - Discharged from a hospital to an institutional long-term care (LTC) setting, such as a skilled nursing facility/nursing facility (SNF/NF), inpatient rehabilitation facility (IRF), or intermediate care facility (ICF)
  - Discharged to home
  - Discharged from an institutional LTC care setting to community LTC or vice versa

Element 3 – Arizona Provider Network

- As a SNP plan, Health Choice Generations is responsible for ensuring the MOC identifies, describes, and implements an extensive network of qualified healthcare providers with demonstrated clinical expertise to meet the needs of our target populations' specialized needs and who do not discriminate against our most vulnerable beneficiaries
- Health Choice Generations' network is comprised of over 2,500 primary care providers and more than 14,000 specialists
- Health Choice Generations providers are trained and capable of meeting the special needs of patients with AIDS, Hepatitis C, Diabetes and a variety of other chronic/complex diseases difficult to effectively treat in rural and/or underserved Arizona



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

Element 4 – Performance & Health Outcome Measurement

- The goal of performance improvement and outcome measurement as it relates to the MOC is to improve the plan's ability to deliver healthcare services and benefits to its members in a high quality manner
- Through routine analysis, goals are developed and targeted strategies are deployed. Providers support these efforts through surveys, initiatives such as avoiding readmissions or following evidenced based guidelines
- Health Choice Generations utilizes the Plan, Do, Study, Act (PDSA) for all quality improvement initiatives

Element 4 - continued

- Through analysis, Health Choice Generations has established priorities for clinical and care management including the Quality Improvement Plan (QIP), Star Metrics, Chronic Care Improvement Program (CCIP), and internal Quality Improvement Programs:
  - Care for Older Adult Focus: Pain Screening, Functional Status Assessment, and Medication Review
  - Member Satisfaction
  - Use of High Risk Medications
  - Early detection of chronic diseases
  - Reducing hospital readmissions
  - Medication Adherence
  - Appropriate timely and proactive medical services

Member Satisfaction

- Providers can encourage their members to participate with surveys
- Health Choice Generations acknowledges our members face complexities in navigating the Medicare and Medicaid systems, so our teams strive to provide the best service to enhance the member experience
- Health Choice Generations focuses on member satisfaction from an internal and external perspective. Specifically, Health Choice Generations analyzes our annual CAHPS survey results and identifies areas of improvement

Thank you for participating in the MOC training.