OPTIMUM HealthCare, Inc.

Care Plan Manual

2021

www.youroptimumhealthcare.com

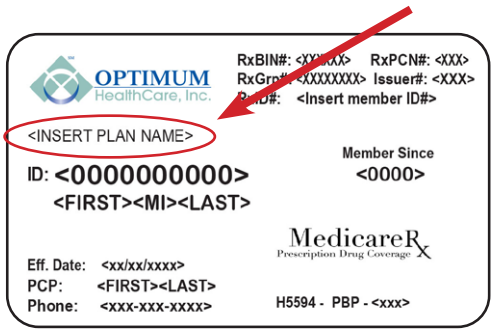
Dear Optimum HealthCare Provider,

You currently have members that have chosen a Special Needs Plan (SNP) offered by Optimum HealthCare Plan. As part of the requirements for administering a SNP, Optimum HealthCare must complete a number of administrative tasks. This package is part of the administrative tasks required of Optimum HealthCare by the Centers for Medicare & Medicaid Services (CMS).

To Determine which of your Optimum HealthCare Members is in a SNP/ID Card:

To determine which of your Optimum HealthCare patients is in a SNP please refer to the plan name on their member identification card as illustrated below. The associated table shows the type of SNP by plan name. As the patient's treating physician you know which chronic disease is applicable to your patient. Whenever possible please review the Care Plan with patients during office visits.

Plan Name	Plan Type	Disease
Optimum Diamond Rewards	Chronic SNP	CHF; CVD, Diabetes
Optimum Diamond Rewards COPD	Chronic SNP	Pulmonary Disease
Optimum Emerald Partial	Dual SNP	Not applicable
Optimum Emerald Full	Dual SNP	Not applicable



What is a SNP?

Under the Medicare Modernization Act of 2003 (MMA), Congress created a new type of Medicare Advantage coordinated Care Plan focused on individuals with special needs. Special needs plans (SNPs) were allowed to target enrollment to one or more types of special needs individuals identified by Congress as: 1) institutionalized; 2) dually eligible; and/or 3) individuals with severe or disabling chronic conditions.

SNPs offer the opportunity to improve care for Medicare beneficiaries with special needs, primarily through improved coordination and continuity of care. Dual-eligible SNPs also offer the opportunity of enhanced benefits by combining those available through Medicare and Medicaid. SNPs focus on monitoring health status, managing chronic diseases, avoiding inappropriate hospitalizations and helping beneficiaries move from high risk to lower risk on the care continuum. Specific legislative and regulatory provisions allow SNPs to focus on specific subsets of the Medicare population with the intent to improve care and control costs for these beneficiaries.

What are included in SNP conditions?

Within our SNP, Optimum HealthCare has identified five major disease states represented most frequently. These include: Diabetes, Cardiovascular Disease, Congestive Heart Failure, and Pulmonary diseases such as COPD and Asthma.

What are the CMS requirements for SNP's?

Centers for Medicare & Medicaid Services (CMS) require Plans to provide individualized Care Plans for each member enrolled in a SNP in order to help the member maintain/improve their health.

In addition to the Care Plan, CMS has created a number of administrative requirements to offer a SNP program:

- SNPs must have a Model of Care. This is the Plan's document delineating how it will deliver the specialized services and benefits to our SNP members.
- SNPs are required to have specialized providers necessary to meet the intensive needs of these patients.
- An initial and yearly comprehensive assessment of the member is also required.
- Optimum HealthCare must gather information, as available, from the patient, the patient's caregivers and the patient's physicians.
- The information is to be reviewed by an interdisciplinary care team that develops a Care Plan specifically tailored to each SNP member.
- Coordinated Care must be provided through transitions from Hospital to SNF to Home.
- To monitor the effectiveness and improve the Care Plan, CMS requires that Optimum HealthCare create a quality improvement program.

What is a Care Plan and how it is developed?

Every member enrolled into a Special Needs Plan (SNP) has a Care Plan developed specifically from the responses given on the Disease Specific Assessment. Member responses on the Initial Health Assessment Tool will also provide the Plan with information regarding their health as well as functional and emotional needs. From those responses, members are placed into one of three "tiers".

Tier 1 Care Plans

Tier 1 Care Plans are assigned to all SNP members due to their qualifying disease (C-SNP) and /or dual-eligible status (D-SNP). Members stratifying into Tier 1 receive a disease-specific Care Plan that is appropriate for all individuals with the same or similar diagnosis as these individuals share similar healthcare challenges. For Dual Members without a known disease stratifying into Tier 1, the Health Plan has developed a Dual-eligible specific Care Plan that addresses common barriers and challenges incurred by Members sharing similar socio-economic backgrounds (unmet transportation needs, difficulty with copays, etc.). Tier 1 Care Plans are especially helpful during initial care transitions prior to receiving clinical assessment, updates, and subsequent claims experience as well as for new members. These Care Plans also serve as a safeguard to those members we are unable to contact, and those not completing Health Assessment Tools.

The next 5 pages are the Plan developed Tier 1 Care Plans.

CARDIOVASCULAR DISEASE CARE PLAN

Problems

1. Patient has Cardiovascular Disease

Interventions

1. Plan will mail educational packet four times a year and/or newsletters twice a year containing the following information:

- Importance of medication adherence
- Importance of blood pressure control
- Importance of diet
- Importance of exercise
- Importance of weight control
- Importance of smoking cessation
- Information of use of their Medical Home

2. Physician monitoring of outcomes for compliance with regimen goals following the selected evidence-based clinical guidelines:

- 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines, September 2019 http://www.onlinejacc.org/content/74/10/e177
- 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: Report of the American College of Cardiology Foundation/American Heart Association Task Force on Clinical Practice Guidelines, November 2018. https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2018/11/09/14/28/2018-guideline-on-management-of-blood-cholesterol
- Monitor timely and appropriate medication refills
- Monitor laboratory data for with above guidelines as applicable
- Monitor progress to determine if further interventions need to be developed and addressed
- Monitor Emergency Department and inpatient hospital admissions and encourage more frequent patient Medical Home visits and interventions

3. Other important interventions: See your patient within 7 days of all inpatient hospitalizations. Complete medication reconciliation during follow-up visit. Include documentation that the medications prescribed/ordered at discharge were reconciled with the patient's current medications.

At least annually, address the following with your patients and document in patients' records:

- Advance Care Planning
- Medication Review
- Functional Status Assessment
- Comprehensive Pain Screening
- Behavioral Health, Substance Abuse and Mood Disorders

Goals

1. Maintain timely and appropriate medication refills
2. Primary care provider visit at least two (2) times a year
3. Obtain annual lipid profile, LDL-C
4. Obtain annual influenza immunization
5. Obtain pneumococcus immunization
6. Patient understands use of their Medical Home
7. Reduce the need for Emergency Department utilization through promotion of Medical Home
8. Decrease inpatient admissions

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CONGESTIVE HEART FAILURE CARE PLAN

Problems

1. Patient has Congestive Heart Failure

Interventions

1. Plan will mail educational packet four times a year and/or newsletters twice a year containing the following information:

- Importance of daily weights
- Importance of blood pressure control
- Importance of reducing salt intake
- Importance of smoking cessation
- Early signs of exacerbation of condition
- Importance of dietary compliance
- Information of use of their Medical Home

2. Physician monitoring of outcomes for compliance with regimen goals following the selected evidence-based clinical guidelines:

- 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America. Circulation. April 2017. http://circ.ahajournals.org/content/early/2017/04/26/CIR.0000000000000509
- Monitor timely and appropriate medication refills
- Monitor Emergency Department and inpatient hospital admissions and encourage more frequent Medical Home visits and interventions
- Monitor progress to determine if further interventions need to be developed and addressed

3. Other important interventions: See your patient within 7 days of all inpatient hospitalizations. Complete medication reconciliation during follow-up visit. Include documentation that the medications prescribed/ordered at discharge were reconciled with the patient's current medications.

At least annually, address the following with your patients and document in patients' records:

- Advance Care Planning
- Medication Review
- Functional Status Assessment
- Comprehensive Pain Screening
- Behavioral Health, Substance Abuse and Mood Disorders

Goals

1. Maintain timely and appropriate medication refills
2. Obtain a baseline ejection fraction measurement
3. Obtain annual lipid profile, LDL-C
4. Obtain annual influenza immunization
5. Obtain pneumococcus immunization
6. Primary care provider visit at least two (2) times a year
7. Patient understands use of their Medical Home
8. Reduce the need for Emergency Department utilization through promotion of Medical Home
9. Decrease inpatient admissions

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DIABETES CARE PLAN

Problems
1. Patient has diabetes identified by HbA1c value
Interventions
1. Plan will mail educational packet four times a year and/or newsletters twice a year containing the following information: • Importance of adhering to medication regimen • Importance of an annual eye exam, foot care, blood glucose, and blood pressure control • Importance of smoking cessation • Importance of dietary compliance • Information of use of their Medical Home
2. Physician monitoring of outcomes for compliance with regimen goals following guidelines: • Standards of Medical Care in Diabetes – American Diabetes Association, January 2021. http://professional.diabetes.org/content/clinical-practice-recommendations • Monitor timely and appropriate laboratory data for compliance and recommended testing of HbA1c, LDL-C level, and other profiles as needed • Monitor Emergency Department and inpatient hospital admissions and encourage more frequent patient Medical Home visits and interventions • Monitor progress to determine if further interventions need to be developed and addressed
3. Other important interventions: See your patient within 7 days of all inpatient hospitalizations. Complete medication reconciliation during follow-up visit. Include documentation that the medications prescribed/ordered at discharge were reconciled with the patient's current medications. At least annually, address the following with your patients and document in patients' records: • Advance Care Planning • Medication Review • Functional Status Assessment • Comprehensive Pain Screening • Behavioral Health, Substance Abuse and Mood Disorders
Goals
1. Obtain HbA1c at least two (2) times a year 2. Maintain HbA1c at less than 7.0% (target HbA1c goals may be higher in the frail elderly) a. HbA1c poor control > 9.0% b. HbA1c limited control ≥7.0% and ≤9.0% c. HbA1c control < 7.0% 3. Maintain timely and appropriate medication refills 4. Primary care provider visit at least two (2) times a year 5. Obtain annual lipid profile, LDL-C 6. Maintain LDL-C level, < 100mg/dL or use of appropriate statin 7. Obtain annual influenza immunization 8. Obtain pneumococcus immunization 9. Obtain annual retinal exam, retinopathy 10. Obtain annual foot exam, neuropathy 11. Patient understands use of their Medical Home 12. Reduce the need for Emergency Department utilization through promotion of Medical Home 13. Decrease inpatient admissions

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DUAL ELIGIBLE MEMBER CARE PLAN

Problems

1. Patient is socioeconomically disadvantaged which may negatively impact patient's ability to access needed and preventive healthcare services.

Interventions

1. Plan will identify the chronic condition. When the condition is diagnosed, the plan will provide accessibility, via mail, point of contact (PCP, and service providers), and other communication methods, such as an educational packet four times a year and/or newsletters twice a year containing the following information:

- Information of use of their Medical Home, which includes access and support to Social and Behavioral Services
- Importance of smoking cessation
- Importance of immunization
- Importance of medication adherence
- Early signs of exacerbation of condition
- Importance of dietary compliance

2. Physician monitoring of outcomes for compliance with regimen goals following the selected evidence-based clinical guidelines:

- Recommendations of the U.S. Preventive Services Task Force https://uspreventiveservicestaskforce.org/uspstf/

Additional considerations:

- Monitor timely and appropriate medication refills
- Monitor Emergency Department and inpatient hospital admissions and encourage more frequent patient Medical Home visits and interventions
- Monitor progress to determine if further interventions need to be developed and addressed

3. Other important interventions: See your patient within 7 days of all inpatient hospitalizations. Complete medication reconciliation during follow-up visit. Include documentation that the medications prescribed/ordered at discharge were reconciled with the patient's current medications.

At least annually, address the following with your patients and document in patients' records:

- Advance Care Planning
- Medication Review
- Functional Status Assessment
- Comprehensive Pain Screening
- Behavioral Health, Substance Abuse and Mood Disorders

Goals

1. Maintain timely and appropriate medication refills
2. Primary care provider visit at least two (2) times a year
3. Obtain annual influence immunization
4. Obtain pneumococcus immunization
5. Patient understands use of their Medical Home
6. Assist with Social Services and Behavioral Health Services
7. Educate patient on the program eligibility requirements
8. Reduce the need for Emergency Department utilization through promotion of Medical Home
9. Decrease inpatient admissions

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PULMONARY CARE PLAN

Problems
1. Patient has poor, intermediate, or at-risk pulmonary health
Interventions
1. Plan will mail educational packet four times a year and/or newsletters twice a year containing the following information: • Importance of smoking cessation • Importance of immunization • Importance of medication adherence • Early signs of exacerbation of condition • Importance of dietary compliance • Information of use of their Medical Home
2. Physician monitoring of outcomes for compliance with regimen goals following the selected evidence-based clinical guidelines: • Global Initiative for Chronic Obstructive Lung Disease (GOLD); Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease, 2021 Report. https://goldcopd.org/gold-reports/ • Monitor timely and appropriate medication refills • Monitor Emergency Department and inpatient hospital admissions and encourage more frequent patient Medical Home visits and interventions • Monitor progress to determine if further interventions need to be developed and addressed
3. Other important interventions: See your patient within 7 days of all inpatient hospitalizations. Complete medication reconciliation during follow-up visit. Include documentation that the medications prescribed/ordered at discharge were reconciled with the patient's current medications. At least annually, address the following with your patients and document in patients' records: • Advance Care Planning • Medication Review • Functional Status Assessment • Comprehensive Pain Screening • Behavioral Health, Substance Abuse and Mood Disorders
Goals
1. Maintain timely and appropriate medication refills 2. Primary care provider visit at least two (2) times a year 3. Obtain a baseline Spirometry measurement 4. Obtain annual influenza immunization 5. Obtain pneumococcus immunizationt 6. Patient understands use of their Medical Home 7. Reduce the need for Emergency Department utilization through promotion of Medical Home 8. Decrease inpatient admissions

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Tier 2 Care Plans

Tier 2 Care Plans are developed utilizing member input, pharmacy data and claims experience. First, members are sent a disease specific assessment questionnaire specific to their reported condition. The answers to the self-assessment questionnaire are translated into the self-reported problem statements. Next, the answer to a particular question on the Health Assessment Tool (HAT) generates a disease-specific problem with an intervention and a goal. The Care Plan includes the disease specific problem statement, interventions and goals followed by the self-reported health assessment and lastly the Member Summary. The Member Summary is developed from a number of sources including demographic data, claims data, pharmacy data, and lab data.

What is a Disease Specific Health Assessment Tool (DS HAT)?

Disease Specific Health Assessment Tool or DS HAT is a set of questions developed by the medical team at Optimum Health specific to a disease. These questions are designed keeping in mind that a member will be answering them based on their self-knowledge of their condition. As part of our SNP program requirements, we send CMS required health assessments to our members. These questionnaires both address general health issues, and, if a member reported a chronic condition, members were sent an assessment specific to their reported condition. The chronic conditions covered in our SNP include — Diabetes, Cardiovascular Disease, Congestive Heart Failure and Pulmonary Care.

Here are the examples of DS HATs:

Diabetes Health Assessment Form

P.O. Box 153178, Tampa, FL 33684
Health and Wellness Material

Date: Date of Birth:

Member Name: Phone#:

Member Address:

City State Zip: ID#:

Please complete the following assessment and return to us in the supplied envelope. These answers will help us determine your health status and ensure you are properly managing your health.

Have you been admitted to or been to a clinic at a VA (Veteran's Affairs) Hospital in the last 12 months? ❑ Yes ❑ No

If you received this form in error and don't have this disease, check the box and return the form to us in the supplied envelope without answering any of the questions below. ❑ **No, I don't have Diabetes.**

1. Which type of medication do you take for your Diabetes? (check one) ❑ Pills only ❑ Insulin only ❑ Both pills and insulin ❑ Other medicine by shot ❑ None
2. If you take insulin, how often do you take it: (check one) ❑1 time a day ❑ 2-3 times a day ❑ More than 3 times a day ❑ On an insulin pump
3. How many times in the past year have you had to go to the hospital due to your Diabetes? (check one) ❑ 0 ❑ 1 time ❑ 2-3 times ❑ More than 3 times
4. How often do you see your doctor about your Diabetes? (check one) ❑ 0 ❑ 1 time a year ❑ 2 times a year ❑ 3 times a year or greater
5. How often do you have your blood A1C checked? (check one) ❑ 0 ❑ 1 time a year ❑ 2 times a year ❑ Never ❑ Don't know what this is?
6. What was your last HgbA1C result? (check one) ❑ 6.5 or less ❑ Between 6.6 and 7.5 ❑ 7.6 to 9.0 ❑ More than 9.0 ❑ Don't know
7. Do you use a glucometer (blood sugar testing device)? ❑Yes ❑ No
8. On a daily basis, how often do you check your blood sugar? (check one) ❑ 1 time ❑ 2 times ❑ 3 times ❑ 4-5 times ❑ More than 5 times ❑ Never
9. What does your fasting (first one in the morning) blood sugar usually run? (check one) ❑ 110 or less ❑ 111-120 ❑ 121-140 ❑ More than 140 ❑ Don't know
10. What does your blood sugar usually run if taken 2 hours after eating? (check one) ❑ 110 -120 ❑ 121-140 ❑ 141-180 ❑ More than 180 ❑ Don't know

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Diabetes Health Assessment Form *(continued)*

11. During a week, how often does your blood sugar drop below 70?
(check one) ❑ Never ❑ 1 time a week ❑ 2-3 times a week ❑ More than 3 times a week ❑ Don't know

12. How do you change your diet in order to control your blood sugar?
(check one) ❑ Control my carbohydrate intake ❑ Control only my sugar intake ❑ Don't follow a diet

13. When was the last time you attended Diabetes self management education classes?
(check one) ❑ Less than 1 year ago ❑ 1-2 years ago ❑ 3-5 years ago ❑ More than 5 years ❑ Never

14. Do you have any wounds that are not healing properly? ❑ Yes ❑ No

15. Do you have any of the following problems: (Check all that apply)
❑ Cramping/pain in legs or buttocks after walking ❑ Pins/needles/burning to legs and/or feet
❑ Redness/swelling in legs ❑ Lack of feeling in fingers or toes

16. How often do you have your feet checked? ❑ 1 time a year ❑ 2 times a year ❑ Never

17. How often do you have a dilated eye exam? ❑ 1 time a year ❑ Never

18. How often do you have your urine checked? ❑ 1 time a year ❑ 2 times a year ❑ Never

19. Does having Diabetes keep you from being active or socializing as much as you would like? ❑ Yes ❑ No

20. Does having Diabetes make you feel depressed? ❑ Yes ❑ No

21. How often do you exercise?
(check one) ❑ 1-2 days a week ❑ 3-4 days a week ❑ 5-7 days a week ❑ Not routinely

22. Do you take any medicine for high blood pressure? ❑ Yes ❑ No

23. Does your blood pressure usually run higher than 140/90? ❑ Yes ❑ No ❑ Don't know

24. Do you take any medicine for high cholesterol? ❑ Yes ❑ No

25. Do you take any medicine for chest pain? ❑ Yes ❑ No

26. If yes, has your chest pain been getting worse or more often? ❑ Yes ❑ No

27. Do you think your Diabetes has become better or worse over the past year?
(check one) ❑ Better ❑ Worse ❑ Stayed the same

28. How would you rate your ability to take care of yourself with the support you have in place?
(check one) ❑ Excellent ❑ Good ❑ Fair ❑ Poor

Cardiovascular Assessment Form

P.O. Box 153178, Tampa, FL 33684
Health and Wellness Material

Date: Date of Birth:

Member Name: Phone#:

Member Address:

City State Zip: ID#:

Please complete the following assessment and return to us in the supplied envelope. These answers will help us determine your health status and ensure you are properly managing your health.

Have you been admitted to or been to a clinic at a VA (Veteran's Affairs) Hospital in the last 12 months? ❑ Yes ❑ No

If you received this form in error and don't have this disease, check the box and return the form to us in the supplied envelope without answering any of the questions below. ❑ No, I don't have Coronary Artery Disease.

1. Do you experience shortness of breath? ❑ Yes ❑ No **If yes, then how often do you get short of breath?** (check one) ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
2. Do you experience chest pain? ❑ Yes ❑ No **If yes, how often do you have chest pain?** (check one) ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
3. Do you have swelling in your feet, ankles, or legs? ❑ Yes ❑ No **If yes, then how often do your feet, ankle or legs swell?** (check one) ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
4. Have you ever had a Heart Attack? (check one) ❑ Yes ❑ No
5. If yes, how long ago was your Heart Attack? (check one) ❑ Less than 1 year ❑ 2-3 years ago ❑ More than 3 years ago
6. Have you ever had heart surgeries, ex. bypass, stents? ❑ Yes ❑ No
7. Does your Blood Pressure usually run higher than 140/90? (check one) ❑ Yes ❑ No ❑ Don't Know

Cardiovascular Assessment Form *(continued)*

8. Do you have any of the following? ❑ High Cholesterol ❑ Diabetes ❑ High Cholesterol & Diabetes ❑ Problems with circulation in your legs
9. What type of diet do you follow? (check one) ❑ Low Salt ❑ Low Fat ❑ Heart Healthy ❑ No specific diet
10. Do you smoke? ❑ Yes ❑ No
11. Do you use Oxygen at home? ❑ Yes ❑ No
12. How often do you exercise per week? (check one) ❑ 1-2 days ❑ 3-4 days ❑ 5-7 days ❑ Don't exercise regularly
13. Does your heart condition prevent you from enjoying your life? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
14. How often have you seen your PCP in the last year for your heart condition? (check one) ❑ 0 ❑ 1 time ❑ 2 times ❑ 3-4 times ❑ More than 4 times
15. How often have you seen your Cardiologist in the last year? (check one) ❑ 0 ❑ 1 time ❑ 2 times ❑ 3-4 times ❑ More than 4 times
16. How often in the past year have you been to the Emergency Room due to your heart condition? (check one) ❑ 0 ❑ 1 time ❑ 2-3 times ❑ More than 3 times
17. How often in the past year have you been hospitalized due to your heart condition? (check one) ❑ 0 ❑ 1 time ❑ 2-3 times ❑ More than 3 times
18. Do you think your heart condition has become better or worse over the past year? (check one) ❑ Better ❑ Worse ❑ Stayed the same
19. How would you rate your ability to take care of yourself with the support you have in place? (check one) ❑ Excellent ❑ Good ❑ Fair ❑ Poor

Congestive Heart Failure Assessment Form

P.O. Box 153178, Tampa, FL 33684
Health and Wellness Material

Date: Date of Birth:

Member Name: Phone#:

Member Address:

City State Zip: ID#:

Please complete the following assessment and return to us in the supplied envelope. These answers will help us determine your health status and ensure you are properly managing your health.

Have you been admitted to or been to a clinic at a VA (Veteran's Affairs) Hospital in the last 12 months? ❑ Yes ❑ No

If you received this form in error and don't have this disease, check the box and return the form to us in the supplied envelope without answering any of the questions below. ❑ **No, I don't have Congestive Heart Failure.**

1. Do you experience shortness of breath? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
2. Do you get tired or short of breath when walking? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
3. Do you have swelling in your feet, ankles, or legs? ❑ Yes ❑ No
4. If you answered yes to #3, how deep a print does it leave? (check one) ❑ ¼ inch ❑ ½ inch ❑ More than ½" ❑ None
5. Do you experience abdominal pain or swelling? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
6. Does your Blood Pressure usually run higher than 140/90? (check one) ❑ Yes ❑ No ❑ Don't Know
7. Do you weigh yourself daily? ❑ Yes ❑ No **If no, do you have access to a scale?** ❑ Yes ❑ No
8. How much does your weight change in a week? (check one) ❑ 1 lb. ❑ 2 lbs. ❑ 3-4lbs. ❑ More than 4 lbs.
9. Do you take a Diuretic? (i.e: water pill) (check one) ❑ Once a day ❑ Twice a day ❑ More than twice a day ❑ None

Congestive Heart Failure Assessment Form *(continued)*

10. How often in the past year have you been to the Emergency Room due to your Congestive Heart Failure (CHF)?
(check one) ❑ 0 ❑ 1 time ❑ 2-3 times ❑ More than 3 times

11. How often in the past year have you been hospitalized due to your CHF?
(check one) ❑ 0 ❑ 1 time ❑ 2-3 times ❑ More than 3 times

12. What type of diet do you follow?
(check all that apply) ❑ Low Salt ❑ Low Fat ❑ High Potassium ❑ High Fiber ❑ No specific diet

13. Do you smoke? ❑ Yes ❑ No

14. Do you use Oxygen at home? ❑ Yes ❑ No
If yes: ❑ 1-2 liters ❑ 3-4 liters ❑ > 4 liters

15. How often have you seen your PCP in the last 6 months?
(check one) ❑ 0 ❑ 1 time ❑ 2 times ❑ 3-4 times ❑ More than 4 times

16. How often have you seen your Cardiologist in the last year?
(check one) ❑ 0 ❑ 1 time ❑ 2 times ❑ 3-4 times ❑ More than 4 times

17. Does your Congestive Heart Failure interfere with your daily activities?
(check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always

18. Do you think your Congestive Heart Failure has become better or worse over the past year?
(check one) ❑ Better ❑ Worse ❑ Stayed the same

19. Who treats you for your Congestive Heart Failure?
(check all that apply) ❑ PCP ❑ Cardiologist ❑ Other

20. How would you rate your ability to take care of yourself with the support you have in place?
(check one) ❑ Excellent ❑ Good ❑ Fair ❑ Poor

P.O. Box 153178, Tampa, FL 33684
Health and Wellness Material

COPD Assessment Form

Date: Date of Birth:

Member Name: Phone#:

Member Address:

City State Zip: ID#:

Please complete the following assessment and return to us in the supplied envelope. These answers will help us determine your health status and ensure you are properly managing your health.

Have you been admitted to or been to a clinic at a VA (Veteran's Affairs) Hospital in the last 12 months? ❑ Yes ❑ No

If you received this form in error and don't have this health, check the box and return the form to us in the supplied envelope without answering any of the questions below. ❑ No, I don't have COPD.

1. How often do you experience shortness of breath? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
2. Do you have an ongoing cough? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
3. Has the doctor ordered Oxygen for you to use at home? ❑ Yes ❑ No
4. If you answered yes to question #3, how often do you use your Oxygen? (check one) ❑ Never ❑ Occasionally ❑ During the day ❑ All the time
5. If you answered yes to question #3, do you use oxygen as ordered by your doctor? ❑ Yes ❑ No
6. If you answered yes to question #5, how many liters of Oxygen do you use? (check one) ❑ 0 liters ❑ 1-2 liters ❑ 3-4 liters ❑ More than 4 liters
7. Do you use a hand-held nebulizer at home? ❑ Yes ❑ No
8. Do you use different breathing methods (ex. pursed-lips) when short of breath or anxious? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
9. How many inhalers do you use? (check one) ❑ 1 inhaler ❑ 2-3 inhalers ❑ More than 3 inhalers ❑ Don't use an inhaler
10. Do you take any of the following oral medications for your Chronic Obstructive Pulmonary Disorder (COPD)? (check one) ❑ Montelukast/Singulair ❑ Prednisone/Steroids (every day) ❑ Theophylline ❑ None
11. Do you smoke? ❑ Yes ❑ No
12. Does anyone in your household smoke? ❑ Yes ❑ No
13. How many times in the past year have you seen your doctor for your COPD? (check one) ❑ 0 ❑ 1-2 times ❑ 3-4 times ❑ More than 4 times
14. How many times in the past year have you been to the Emergency Room due to your COPD? (check one) ❑ 0 ❑ 1-2 times ❑ 3-4 times ❑ More than 4 times
15. How many times in the past year have you been hospitalized due to your COPD? (check one) ❑ 0 ❑ 1-2 times ❑ 3-4 times ❑ More than 4 times
16. Does your COPD prevent you from enjoying your life? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
17. Does your COPD prevent you from getting a good night's sleep? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
18. Have your eating habits changed over the last year? (check one) ❑ Better ❑ Worse ❑ Stayed the same
19. Do you think your COPD has become better or worse over the past year? (check one) ❑ Better ❑ Worse ❑ Stayed the same
20. How would you rate your ability to take care of yourself with the support you have in place? (check one) ❑ Excellent ❑ Good ❑ Fair ❑ Poor

P.O. Box 153178, Tampa, FL 33684
Health and Wellness Material

Asthma Disease Management Assessment

Date: Date of Birth:

Member Name: Phone#:

Member Address:

City State Zip: ID#:

Please complete the following assessment and return to us in the supplied envelope. These answers will help us determine your health status and ensure you are properly managing your health.

Have you been admitted to or been to a clinic at a VA (Veteran's Affairs) Hospital in the last 12 months? ❑ Yes ❑ No

If you received this form in error and don't have this health, check the box and return the form to us in the supplied envelope without answering any of the questions below. ❑ No, I don't have Asthma.

1. How often do you experience shortness of breath? (check one) ❑ Daily ❑ 1-2 times a week ❑ 2-4 times a month ❑ Never
2. How often do you experience wheezing? (check one) ❑ Daily ❑ 1-2 times a week ❑ 2-4 times a month ❑ Never
3. In the past 4 weeks, how often did your Asthma interfere with your daily activities? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
4. Does your Asthma prevent you from getting a good night's sleep? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
5. How many medications do you take for your Asthma? (check one) ❑ None ❑ 1 ❑ 2-3 ❑ 4 or more
6. How often do you use a rescue inhaler (ex. Albuterol or ProAir)? (check one) ❑ Daily ❑ 1-2 times a week ❑ 2-4 times a month ❑ Never
7. Are you on a daily inhaled steroid? (ex. Advair or Pulmocort) ❑ Yes ❑ No
8. How many times in the past year did you need to take steroids by mouth (ex. Prednisone)? (check one) ❑ Daily ❑ 1-2 times a week ❑ 2-4 times a month ❑ Never
9. How many pills do you take for your Asthma? (check one) ❑ 0 ❑ 1-2 pills ❑ 3-4 pills ❑ More than 4 pills
10. What doctor takes care of your Asthma? (check all that apply) ❑ Primary Care Doctor ❑ Allergist ❑ Pulmonologist
11. How many times in the past year have you seen your doctor for your Asthma? (check one) ❑ None ❑ 1-2 times ❑ 3-4 times ❑ 5 times or more
12. How many times in the past year have you been to the emergency room due to your Asthma? (check one) ❑ None ❑ 1-2 times ❑ 3-4 times ❑ 5 times or more
13. How many times in the past year have you been hospitalized due to your Asthma? (check one) ❑ None ❑ 1-2 times ❑ 3-4 times ❑ 5 times or more
14. How often do you use your peak flow meter? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
15. How often do you have to give yourself a breathing treatment with a nebulizer? (check one) ❑ Never ❑ Rarely ❑ Sometimes ❑ Very Often ❑ Always
16. Do you smoke? ❑ Yes ❑ No
17. Does someone in your household smoke? ❑ Yes ❑ No
18. Do you think your Asthma has become better or worse over the past year? (check one) ❑ Better ❑ Worse ❑ Stayed the same
19. Do you have a written plan from your doctor of what to do when you start to wheeze? ❑ Yes ❑ No
20. How would you rate your ability to take care of yourself with the support you have in place? (check one) ❑ Excellent ❑ Good ❑ Fair ❑ Poor

What are the National Guidelines used to develop the Care Plan?

To further help guide care for our SNP member, Optimum HealthCare's Medical Advisory Committee has adopted a number of nationally accepted care guidelines. The guidelines are:

Disease Process	Guidelines
Asthma	CDC's National Asthma Control Program, 9/2020. https://www.cdc.gov/asthma/nacp.htm
Cardiovascular Disease	2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines, September 2019. http://www.onlinejacc.org/content/74/10/e177 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology Foundation/ American Heart Association Task Force on Clinical Practice Guidelines, November 2018. https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2018/11/09/14/28/2018-guideline-on-management-of-blood-cholesterol
Chronic Obstructive Pulmonary Disease	Global Initiative for Chronic Obstructive Lung Disease (GOLD); *Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease*, 2021 Report. https://goldcopd.org/gold-reports/
Congestive Heart Failure	2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America. Circulation. April 2017. https://www.ahajournals.org/doi/abs/10.1161/CIR.0000000000000509
Diabetes	Standards of Medical Care in Diabetes – American Diabetes Association, January 2021. http://professional.diabetes.org/content/clinical-practice-recommendations
Preventive Health	Recommendations of the U.S. Preventive Services Task Force. https://uspreventiveservicestaskforce.org/uspstf/

QMSC Approved 02/2021

How to read a Tier 2 Care Plan

The Care Plan is comprised of the following 3 sections: 1) individualized Care Plan, 2) Self-Reported Problems and 3) Member Summary Report.

I. INDIVIDUALIZED CARE PLAN

The Care Plan for each member is based on their disease. Each Care Plan includes the reference to the Optimum HealthCare's Medical Advisory Board Committee's adopted and nationally accepted care guidelines, which define normal or optimal targets.

The Care Plan has four headers:

1. HAT #
2. Problem
3. Interventions
4. Goals

1. HAT # references the question number on the self-reported disease-specific Health Assessment Tool (HAT). Disease Specific Health Assessment Tool is a set of questions with possible answers developed by the Medical Team at Optimum HealthCare and answered by the member with the best information they have about their condition and disease (Please see the attached DS HAT for reference).

2. Problem is the self-reported answer to the HAT question stating the member problem/condition.

3. Interventions are designed by our medical staff to inform you of the possible measures and adherence to National Guidelines to be considered for the members health status.

4. Goals are finally what are expected of the member's health after a possible intervention.

OPTIMUM HEALTH CARE PLAN

Run Date:

Provider: Mbr Name:
Provider County: Home Phone: Gender: DOB:
PCP Phone: Subscriber ID: Plan:

CVD

Freedom Health's Medical Advisory Committee has adopted a number of nationally accepted care guidelines, which define normal or optimal targets referenced in the below care plan. For CVD, we reference the following:

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease
https://www.onlinejacc.org/content/74/10/e177

2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/APhA/ASPC/NLA/PCNA Guidline on the Management of Blood Cholesterol: A Report of the American College of Cardiology Foundation/American Heart Association Tas Force on Clinical Practice Guidelines, November2018. https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2018/11/09/14/28/2018-guideline-on-management-of-blood-cholesterol

All problems listed below are self-reported by member on a CVD Health Assessment Tool and should be validated by PCP.

HAT #	Problem	Interventions	Goals
1A	Moderate Symptom: shortness of breath.	Assess etiology of symptom and treat as necessary.	Reduction of Moderate Symptom: Shortness of Breath.
2	Member reports Chest Pain.	Educate member regarding disease process: symptoms.	Member understands action plan for chest pain episodes.
5	History: MI < 1 year ago.	Minimize cardiac risk factors and ensure appropriate post-MI therapy. Educate member with information regarding current treatment plan.	Reduction in cardiac risk/events.
6	History: Heart Surgeries.	Minimize cardiac risk factors and ensure appropriate post-operative therapy. Educate member with information regarding health maintenance after incident.	Member understands health condition maintenance & control.
7	Self-reported Blood Pressure > 140/90.	Evaluate and treat for effective Blood Pressure control.	Maintain targeted Blood Pressure.
8	Self-reported co-morbid condition: Hyperlipidemia & Diabetes.	Assess for hyperlipidemia. If necessary, monitor lipid profile. Assess and review need for diabetes care management.	Reduce cardiovascular risk/events.
8	Self-reported co-morbid condition: lack of blood circulation in legs.	Assess for PVD.	Reduce cardiovascular risk/events; prevent exacerbations of conditions.
9	Diet Regimen: Low Salt.	Evaluate diet regimen used by member and modify as necessary.	Member understands diet benefit for CVD.
13	CVD Impact on Quality of Life.	Assess Member's daily activities impacted by CVD	Improve impact of CVD on Quality of Life
15	Cardiology Consults: once/year.	Coordinate care management with Cardiology	Effective Cardiac Care Management
17	Frequent Hospitalization due to CVD: 2-3 times/year.	Evaluate current CVD treatment plan	Decrease number of Hospital visits due to CVD
19	Concerns noted RE: Ability to self-manage.	Assess self-management concerns	Reduce/Eliminate self-management care gaps

SELF REPORTED PROBLEM STATEMENTS

The self reported problem statements are the answers to the question on DS HAT as reported by the member regarding their health.

Please be aware—THIS DOCUMENT IS DEVELOPED FROM MEMBER'S SELF-REPORTED RESPONSES. ALL RESPONSES MUST BE CONFIRMED WITH THE MEMBER AND INTERVENTIONS AND GOALS ARE PLAN-GENERATED SUGGESTIONS. FURTHERMORE, THIS INFORMATION IS A ONE-TIME SNAPSHOT WHICH CAN CHANGE. PLEASE VERIFY ALL INFORMATION WITH YOUR PATIENT.

OPTIMUM HEALTH CARE PLAN

Run Date:

Provider: Mbr Name:
Provider County: Home Phone: Gender: DOB
PCP Phone: Subscriber ID: Plan:

Self Reported Health Assessment **Confidential and Proprietary**

CVD

1. Member has experienced shortness of breath.
1. Member sometimes experiences shortness of breath.
2. Member experiences chest pain.
4. Member had a heart attack.
5. Member had a heart attack less than a year ago.
6. Member has had heart surgeries, ex. bypass, stents.
7. Member's blood pressure usually runs higher than 140/90.
8. Member has high Cholesterol and Diabetes.
8. Member has problems with circulation in his/her legs.
9. Member is on a low salt diet.
10. Member does not smoke.
11. Member does not use oxygen at home.
12. Member exercises 3-4 days per week.
13. Member stated that heart condition sometimes prevents him/her from enjoying life.
14. Member has seen PCP once in the last year for Heart condition.
15. Member has seen Cardiologist once in the last year.
16. Member has not been to the Emergency room due to his/her heart condition in the past year.
17. Member has been hospitalized 2 - 3 times in the past year due to his/her heart condition.
18. Member thinks his/her heart condition has stayed the same over the past year.
19. Member has a poor ability to take care of themselves.

SELF REPORTED HEALTH ASSESSMENT

The self reported problem statements are the answers to the question on DS HAT as reported by the member regarding their health.

Please be aware—THIS DOCUMENT IS DEVELOPED FROM MEMBER'S SELF-REPORTED RESPONSES. ALL RESPONSES MUST BE CONFIRMED WITH THE MEMBER AND INTERVENTIONS AND GOALS ARE PLAN-GENERATED SUGGESTIONS. FURTHERMORE, THIS INFORMATION IS A ONE-TIME SNAPSHOT WHICH CAN CHANGE. PLEASE VERIFY ALL INFORMATION WITH YOUR PATIENT.

MEMBER SUMMARY

This includes member's past diagnosis, prior date of service, any medications prescribed to the member, their continuity to the specified regimen, and any surgery or treatment provided.

The information on the Member Summary is pulled from claims information. The report includes:

1. HCC Group History & Disease Type
2. Eligibility History
3. Claim Activity – Primary Care Physician
4. Claim Activity - Specialty
5. Claim Activity - Hospital
6. Claim Activity - Pharmacy
7. Claim Activity – Lab

1. HCC Group History & Disease Type: CMS pays Medicare Advantage plans based on the age/sex, demographic, county, and disease conditions of each particular member. This payment model is called the DCG/HCC Model and uses diagnoses identified for a patient within a given year to predict health risks for the following years along with potential resource utilization. A member's HCCs identify the type of disease the member was treated for in the past.

2. Eligibility History showing the effective date of election of the plan and its past history with the HMO.

3. Claim Activity – Primary Care Physician with ICD-10 Codes and CPT Codes

4. Claim Activity – Specialty with ICD-10 Codes and CPT Codes

5. Claim Activity – Hospital with ICD-10 Codes and CPT Codes

6. Claim Activity – Pharmacy

7. Claim Activity and Results – Lab

OPTIMUM HEALTH CARE PLAN

Provider:
Provider County:
PCP Phone:
Mbr Name:
Home_Phone:
Subscriber ID:
Gender: F
Plan:
Run Date:
HICN:
DOB:

Member Summary — **Confidential and Proprietary**

CMS HCC History

HCC GROUP	DISEASE TYPE

Eligiblity History

Year	Effective Range
2020	09/01/2020 - CURRENT

Information and data included in claims based records relating to sensitive health conditions including, drug, alcohol or substance abuse, mental health, sexually transmitted diseases, HIV/AIDS have been suppressed. There may, however, be the inclusion of some information regarding sensitive conditions. Also, please refer to the HEDIS/MRA Portal for complete HCC member specific data.

Claim Activity - PCP/Specialty

DOS	ICD10	ICD10 Description	HCC Grp	CPT/Rev	CPT/Rev Description	Specialty
10/1/2020	I25.118	Atherosclerotic heart dis	88	3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM) (HTN CKD CAD)	FAMILY PRACTICE
10/1/2020	I25.118	Atherosclerotic heart dis	88	3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG (HTN CKD CAD) (DM)	FAMILY PRACTICE
10/1/2020	Z23	Encounter for immunizatio		90674	INFLUENZA VIRUS VACCINE QUADRIVALENT (CCIIV4) DERIVED FROM CELL CULTURES SUBUNIT PRESERVATIVE AND AN	FAMILY PRACTICE
10/1/2020	M17.11	Unilateral primary osteoa		99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES T	ORTHOPEDIC SURGERY
10/1/2020	I25.118	Atherosclerotic heart dis	88	1[illegible]F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD (COA)	FAMILY PRACTICE

Claim Activity - Other Health Care Providers

DOS	ICD10	ICD10 Description	HCC Grp	CPT/Rev	CPT/Rev Description	Specialty

Claim Activity - Hospital

DOS	ICD10	ICD10 Description	HCC Grp	CPT/Rev	CPT/Rev Description	Specialty

Claim Activity - Skilled Nursing Facility (SNF)

DOS	ICD10	ICD10 Description	HCC Grp	CPT/Rev	CPT/Rev Description	Specialty

Claim Activity - Pharmacy

DOS	Supply	Drug Name	Prescriber	Generic
10/5/2020	67	BRIMONIDINE SOL 0.1% OP		BRIMONIDINE TARTRATE OPHTH SOL
10/5/2020	90	LATANOPROST SOL 0.005%		LATANOPROST OPHTH SOLN 0.005%

Claim Activity - Lab

DOS	Vendor	Result Name	LOINC	Result

Tier 3 Care Plans

Tier 3 Care Plans are generated following telephonic interview and assessment between at-risk members and specific Nurse/Social Work Case Managers. The in-depth assessment results from the HAT/DSHAT responses or other Case Management/Disease Management referral triggers. The Care Plan is developed, discussed, and shared with the PCP, member/ caregiver and other necessary providers during finalization and ongoing updates. Tier 3 Care Plans are additive to Tier 1 and 2 Care Plans. These Care Plans are the highest level of care and is for the most vulnerable beneficiaries. These Care Plans are dynamic in nature, often changing more than weekly.

What Next?

Optimum HealthCare is required by CMS to work with the SNP population in an individualized fashion to improve their health status. This document was created with that goal in mind. Please be aware the majority of this information is based on self-reported member information. Thus, its accuracy needs to be confirmed. As such, our goals and interventions must be verified and then implemented if necessary.

We ask that you review the information that we have provided as a resource to help improve the health status of our members. More specifically, please:

- Review all claims to ensure that all of the members' diagnoses have been recorded in the current year.
- Write prescriptions for any therapeutic interchanges listed in the pharmacy section that are indicated.
- Review the problem list and consider the interventions suggested. If needed, please schedule an appointment with the member to discuss any issues.
- Review the plan-suggested goals both now and in the future to ensure the member has maximally improved their health status.
- Review the self-reported answers the member supplied to all questionnaires to gather a comprehensive picture of the member's perception of their disease.
- Communicate with Optimum HealthCare to discuss any patients you feel could benefit from additional resources.

Sincerely,

Optimum HealthCare