

# **Special Needs Plan (SNP) Education**

# Special Needs Plan (SNP) Learning Goals

- What is a Special Needs Plan (SNP)?
- What differentiates a SNP from other Medicare Advantage (MA) Plans?
- What SNPs are offered by Optimum HealthCare
- What are the SNP Model Care (MOC) and SNP MOC elements?

# Special Needs Plans (SNPs)

- **Special Needs Plans** were created by Congress in the *Medicare Modernization Act (MMA) of 2003* as a new type of Medicare Advantage plan focused on certain vulnerable groups of Medicare beneficiaries:
  1. Beneficiaries with severe or disabling **Chronic Conditions**
  2. **Dual-Eligible** members (those eligible for both Medicare and Medicaid)
  3. **Institutionalized/Institutional Equivalents** residing in the community
  
- The Centers for Medicare & Medicaid (CMS) guide and the National Committee for Quality Assurance (NCQA) develops the strategy to evaluate the quality of care provided by SNPs.

# Vulnerable Groups

- Vulnerable members are those members who could benefit from additional specialized monitoring.
- For example, members with the following issues or diagnoses would be considered more “vulnerable”:
  - Frail
  - Disabled
  - End-stage renal disease diagnosis after enrollment
  - End-of-life
  - Multiple and complex chronic conditions

# Special Needs Plan Characteristics

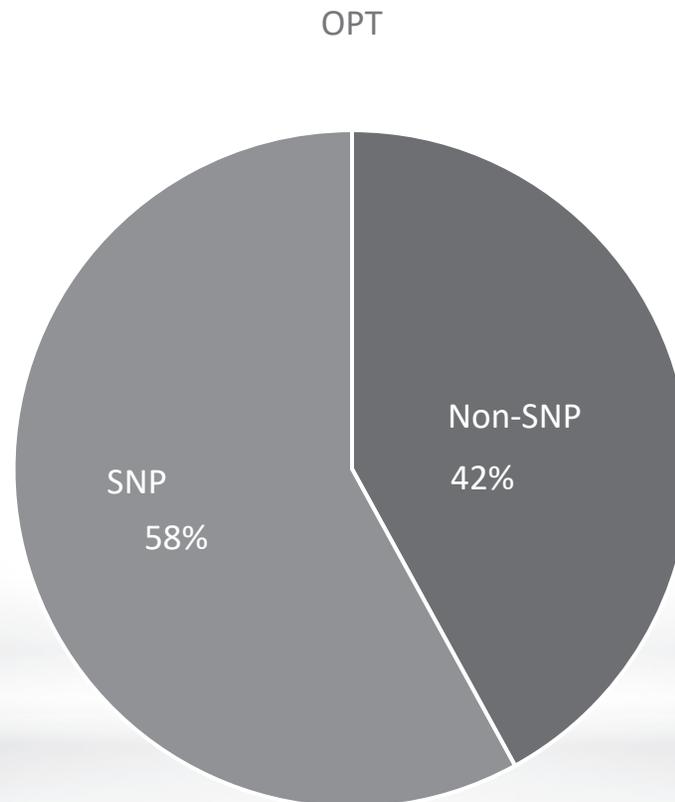
- Limited enrollment. Qualifying condition or Medicaid status.
- Beneficiaries are typically older, with multiple conditions and are more challenging and costly to treat.
- SNP benefit plans are custom designed to meet the needs of the designated population.
- SNP members normally have additional election periods to change their Medicare coverage.
- Plan must have a comprehensive Model of Care (MOC) based on evidence-based guidelines.

# Sample SNP Benefits

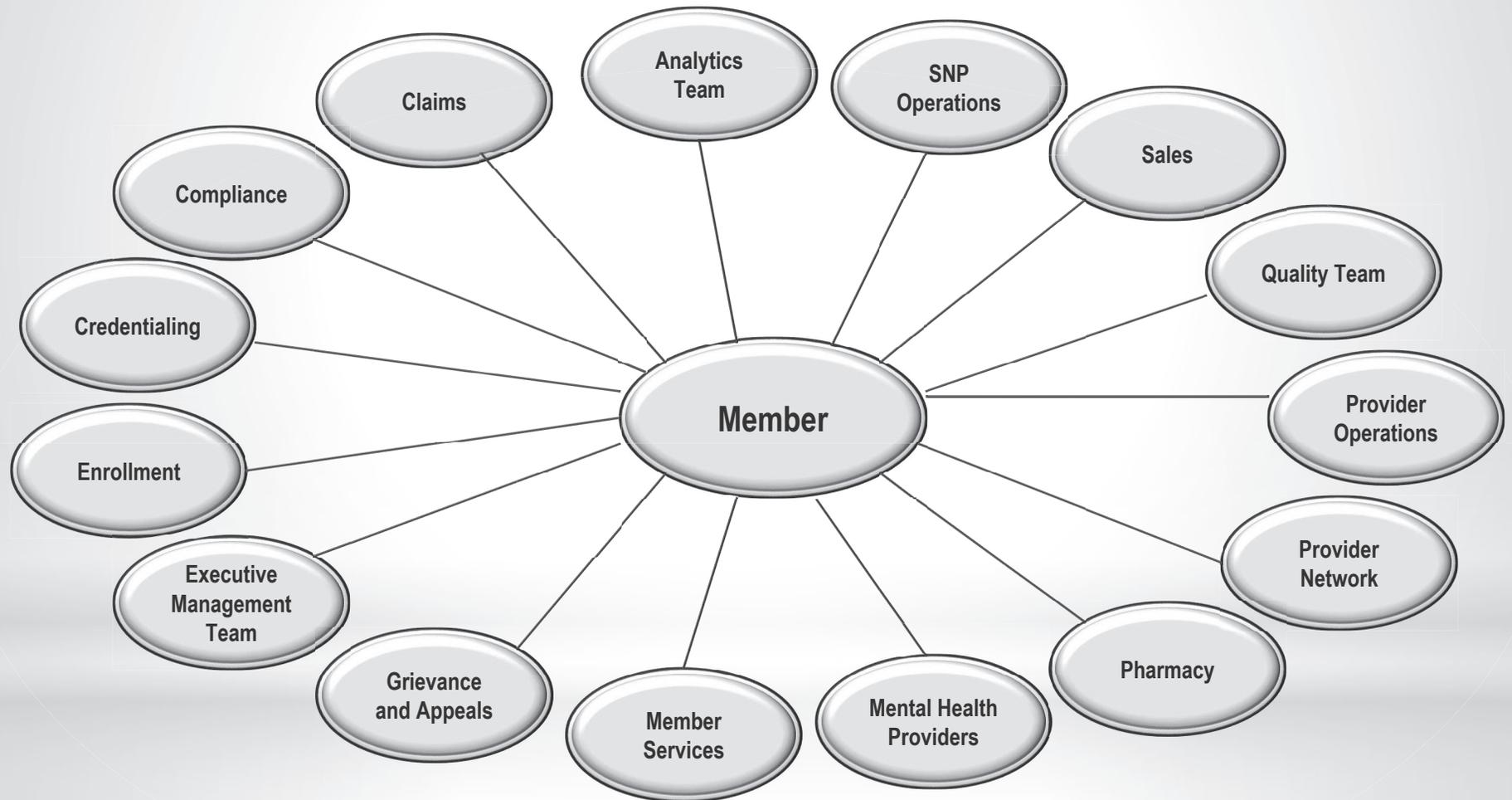
- No or low co-pays to encourage use of preventive and ambulatory services (e.g., \$0 PCP co-pay)
- Transportation services to increase access to care
- Post-hospitalization meal benefit to support frail member needs
- Over-the-counter (OTC) benefit
- Grocery Cards to improve nutritious food access
- Free health club membership and 24/7 Nurse Advice Line

# SNP Population Distribution

➤ The SNP population is a significant portion of our Medicare membership.



# Personnel Impacting Members



All Health Plan staff members interact with SNP beneficiaries to facilitate and provide coordinated care.

# Enrollment Process for SNPs

## ➤ **Chronic/Pulmonary Enrollees**

- ❖ Member elects Plan by stating they have the disease required to qualify
- ❖ Member will request a physician to complete a verification form and submit to Plan
- ❖ Members not verified by their Primary Care Physician (PCP) within 60 days of enrollment must be disenrolled

## ➤ **Dual-Eligible Enrollees**

- ❖ Member qualifies by receiving both Medicare and Medicaid benefits
- ❖ Member must retain Medicaid eligibility in order to remain in SNP

# Coordination of Benefits

## ➤ **Optimum - Chronic/Pulmonary SNP**

- ❖ Member receives all services from the Plan utilizing Plan providers
- ❖ Explanation of Coverage and Summary of Benefits are provided to member and available on Plan website

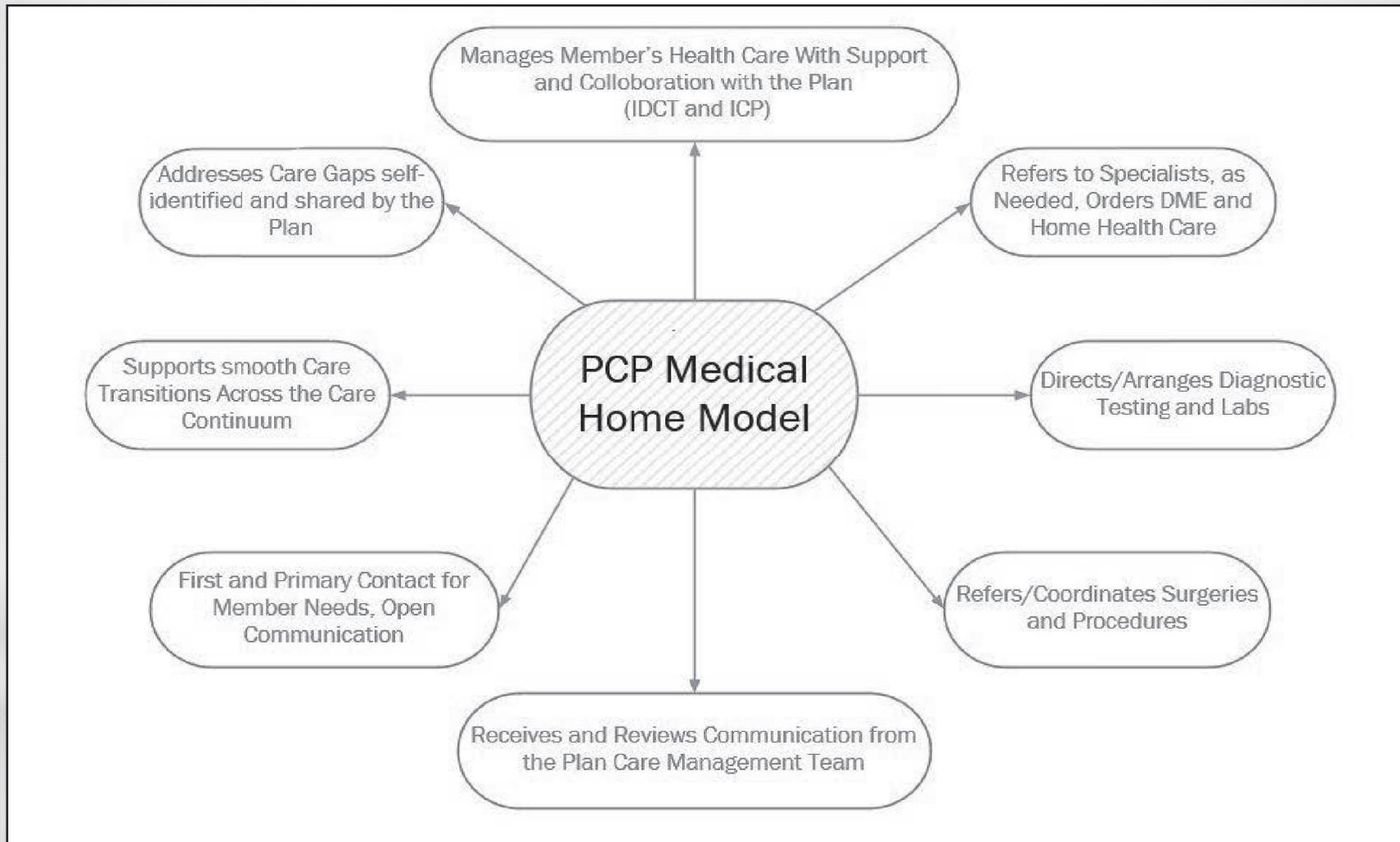
## ➤ **Optimum Dual Eligible SNP**

- ❖ Member receives all services from the Plan utilizing Plan providers
- ❖ Explanation of Coverage and Summary of Benefits are provided to member and available on Plan website
- ❖ While enrolled in SNP Plan, there is no coordination of services through Medicaid and no billing of any services to Medicaid
- ❖ Plan provides all services and adjudicates all claims

# Our SNP Model of Care Philosophy

- Primary Care Physician (PCP) is Medical Home
- Tiered Care Plans representing hierarchy of disease severity
- Chronic condition management through integrated benefits, network, and care management activities
- Facilitates access to necessary care especially for Dual Eligibles

# PCP Medical Home Model



# SNP - Specific Target Population

## Optimum HealthCare:

Medicare Eligible members with the following **chronic conditions:**

- Congestive Heart Failure
- Cardiovascular Disease
- Chronic Obstructive Pulmonary Disease/Asthma
- Diabetes

Medicare and Medicaid Dual Eligible members.



# SNP Measurable Goals

- Improving access to essential services such as medical, mental health, and social services
- Improving access to preventive health services & affordable care
- Improving coordination of care through an identified point of contact (partnership & collaboration with PCPs)
- Improving seamless transitions of care across healthcare settings, providers, and health services
- Enhancing quality of care and quality of life including promotion of health equity through the removal of barriers from negative social determinants of health
- Ensuring appropriate utilization of services (reducing hospitalization & readmission rates)

# Health Risk Assessment

Annual Health Assessment sent to all SNP members:



- **By mail upon enrollment**
- **Annually to all SNP members**

- **Disease specified for chronic SNP enrollment**
- **Or mailed based on general HAT responses**
- **DSHAT with higher level of severity referred to Disease/Case Management**

- **Nurse /Social Services interview & care planning**

# Individual Care Plans

All Care Plans use a problem, intervention, goal format. Clinical Practice Guidelines are cited in the Care Plans.

## Tier 1

• Applicable to all members in the SNP population  
• Health Plan provides to PCP  
• Based on general disease information or dual eligible status  
• Supplemental English or Spanish Health Appraisal Profile provided to member based on HAT responses/preferred language for self-management & health tracking

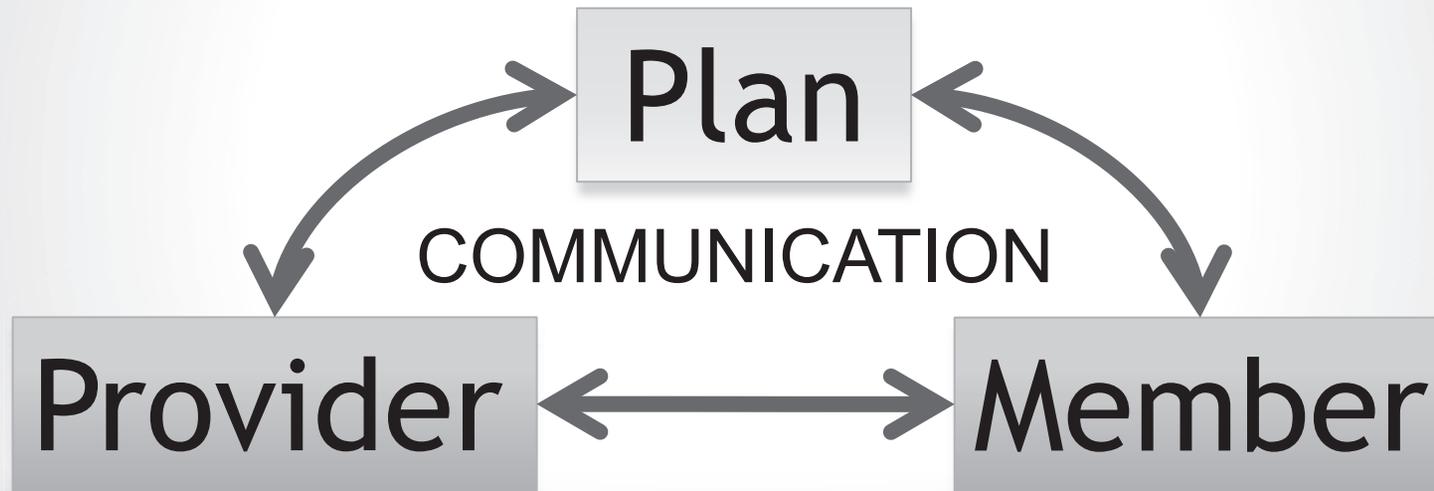
## Tier 2

- Developed from DSHAT responses specific to member (claims and pharmacy data included)
- Health Plan provides to PCP
- More specific with member response

## Tier 3

- Results from extensive Nurse and/or Social Service Case/Disease Management assessment
- Generates member-specific care plan
- Health Plan provides to PCP
- Jointly developed and updated throughout the Case and Disease Management process

# Communication Network



## Communication Avenues:

- Health Plan web-based Provider Portal
- Provider manual
- Member-specific written care plans
- Faxes and email communication from the Plan
- Face-to-face utilizing Provider Relations Reps.
- Provider phone line
- Web-based meetings and conference calls
- Call in line for provider inquiries
- Participation in standing/ad hoc committee meetings

## Communication Avenues:

- Health Plan website
- Health Plan member portal
- Educational information and SNP member newsletters
- Member services phone lines
- Emails and calls with care team members
- Written care plans
- Call in line for member inquiries, complaints, & grievances
- Access to toll-free communication
- Direct access to SNP Case/Disease Management through a toll-free phone number with TTY/TDD
- Conference call communication

Additional Communication Avenues/Health Plan Services: Regulatory Agencies, CMS, Community based services, IDCT

# SNP Educational Mailings - Optimum

**Optimum LIVING** Member Newsletter SUMMER 2021

PLEASE PROTECT YOURSELF  
scams to watch out for

**Semglin (liraglutide)**  
NOW AVAILABLE

MAKE HEALTH AND WELLNESS YOUR TOP PRIORITY

AND much more!

DO MORE ONLINE WITH OUR MEMBER PORTAL See inside for details

4.5 out of 5 Stars for 2021

Approved by Medicare Quality and Performance

## LIVING WITH DIABETES



Eating Healthy



Medication Management



Staying Active

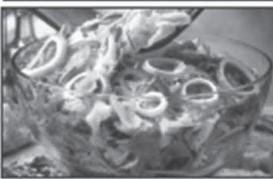
### Eating Healthy

#### Nutrition Matters



- Eat more whole grains, fruits, vegetables and lean protein.
- Eliminate trans fats and added sugar.
- Monitor your blood glucose regularly.
- Eat smaller portions, spread throughout the day.
- Limit alcohol consumption.
- Be mindful of your carbohydrates.

**What You Eat Matters**  
It's important for your blood glucose to stay in a healthy range. Most doctors agree that your blood glucose range should be 80-130 mg/dl before a meal and less than 180 mg/dl one to two hours after a meal.



**1. Talk To Your Doctor.**  
A dietician consultant is a great source of information about healthy eating for individuals diagnosed with diabetes. Speak to your doctor about a referral.

**Some Helpful Tips on Staying Focused on Your Health**

**2. Plan Your Meals.**  
Making food choices when you're already hungry can lead to unhealthy choices. Try to plan ahead to make a healthy meal.



**3. Monitor Your Blood Glucose.**  
Our bodies are unique and that means everyone responds in a unique way to different foods - even healthy foods. Monitoring your glucose as suggested by your doctor can help you learn how your body responds to different foods.

# Final Comments

- SNP online annual training (Comprehensive MOC)
- Clinical Practice Guidelines
  - ❖ [https://www.youroptimumhealthcare.com/clinical\\_health\\_guidelines](https://www.youroptimumhealthcare.com/clinical_health_guidelines)
- Reference materials on Plan website
  - ❖ Newsletters and educational materials
  - ❖ Care Plan samples