DualAccess Plans Provider Training

Information about MVP's Dual Special Needs Program (D-SNP) Plans

CY 2023

Overview

This training is designed to inform Providers how MVP serves Members dually eligible for Medicare and Medicaid.

It is intended to give Providers the information needed to successfully treat these members, including:

- Introduction to MVP DualAccess Plan
- Overview of Program Benefits, Goals, and Objectives
- Review the Four Elements of the Model of Care (MOC)
  - Description of the DualAccess Population
  - DualAccess Model of Care Overview
  - DualAccess Provider Network
  - DualAccess Quality Measurement and Performance Improvement Plan

CMS Mandated Training

CMS requires Providers to complete an annual D-SNP training and attest to its completion.

The network team at MVP appreciates your time and dedication to treating this special population of patients.

The MVP D-SNP Plan is known as the DualAccess Plan

What is a D-SNP?

- Special Needs Plans (SNPs) are a type of Medicare Advantage (MA) plan designed for individuals with special needs focusing on intensive care coordination.
- SNPs are offered by Medicare Advantage Organizations (MAOs) that enroll individuals dually eligible for Medicare and Medicaid (D-SNP).
- Medicare Advantage Plans must have existing, executed contract(s) with the State Medicaid Agency (SMA).
- D-SNPs must coordinate all services, including:
  - Enrollment
  - Mandatory benefits
  - Enhanced Care Coordination (Model of Care)
  - Long-term care services
  - Grievance and Appeals

MVP DualAccess Program Highlights

January 1, 2022 MVP began offering a D-SNP product (Medicare only) to individuals who qualify.

Target Population

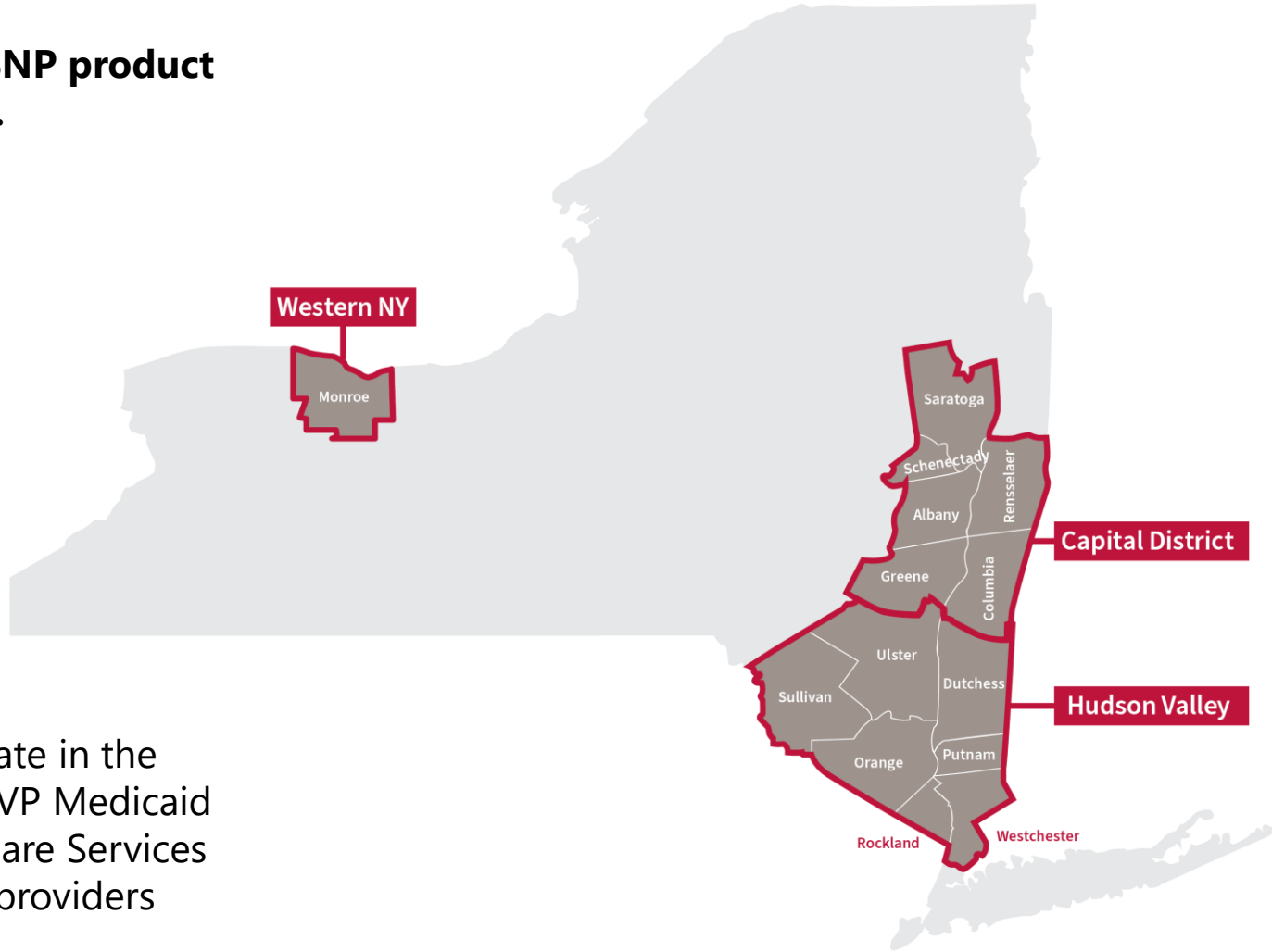
- Full dual-eligible individuals age 65+
- Capital District & Hudson Valley has approximately 33,000 D-SNP enrollees*

Service Area

- 14 counties in NY
- Monroe county added in 2023

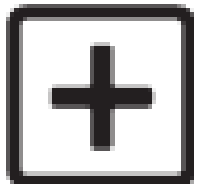
Network

- Existing network of providers that participate in the MVP Medicare Advantage network and MVP Medicaid Managed Care network, plus Long-Term Care Services (LTCS) and Skilled Nursing Facilities (SNF) providers



*CMS, Monthly Enrollment of CPSC

MVP DualAccess Plan Benefits



Part A Benefits

- Inpatient Hospitalization
- Skilled Nursing Facility & Rehabilitation Facility Services
- Imaging and Laboratory Services
- Home Health Care and Hospice
- Hospital Care, Including Emergency Services

Part B Benefits

- Routine Physicals and Vaccinations
- Physician Services
- Durable Medical Equipment
- Ambulance Services
- Mental Health and SUD Treatment
- Specialty Health Visits (i.e., Dental, Podiatry, Physical Therapy)
- Specialty Diagnostic Services (i.e., Audiology, Optometry)

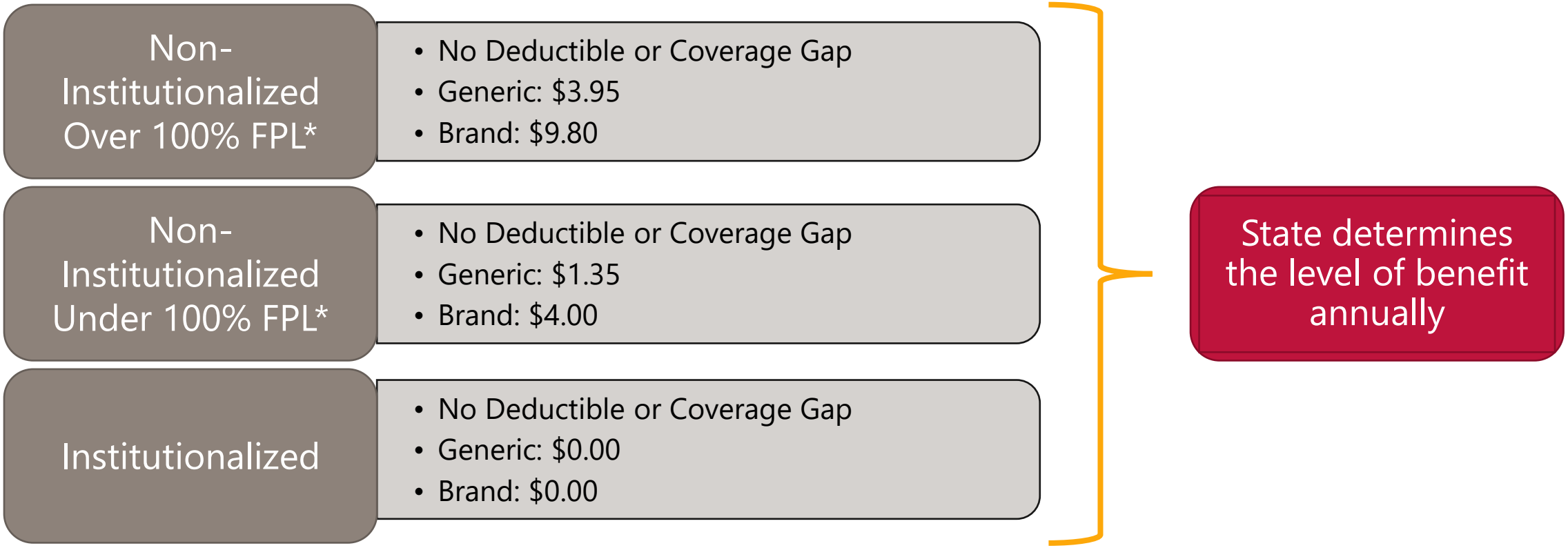
Part C Benefits

- Fitness Membership
- Telehealth Services
- Health Promotions Programming

Supplemental Benefits

- $200 Eyewear Allowance
- $0 Co-pay Preventive Dental Care
- $1,000 Dental Allowance
- $75 Quarterly Over-the-Counter Medicine & Health-Related Purchases Benefit Card
- $50 Monthly Grocery Benefit
- Transportation to Medical Care
- Post-Discharge Meal Delivery
- Joint Replacement Recovery Care Kit

Part D Prescription Benefits



*Federal Poverty Level

Please Note: This information is based on 2022 numbers. Low Income Subsidy numbers are updated annually.

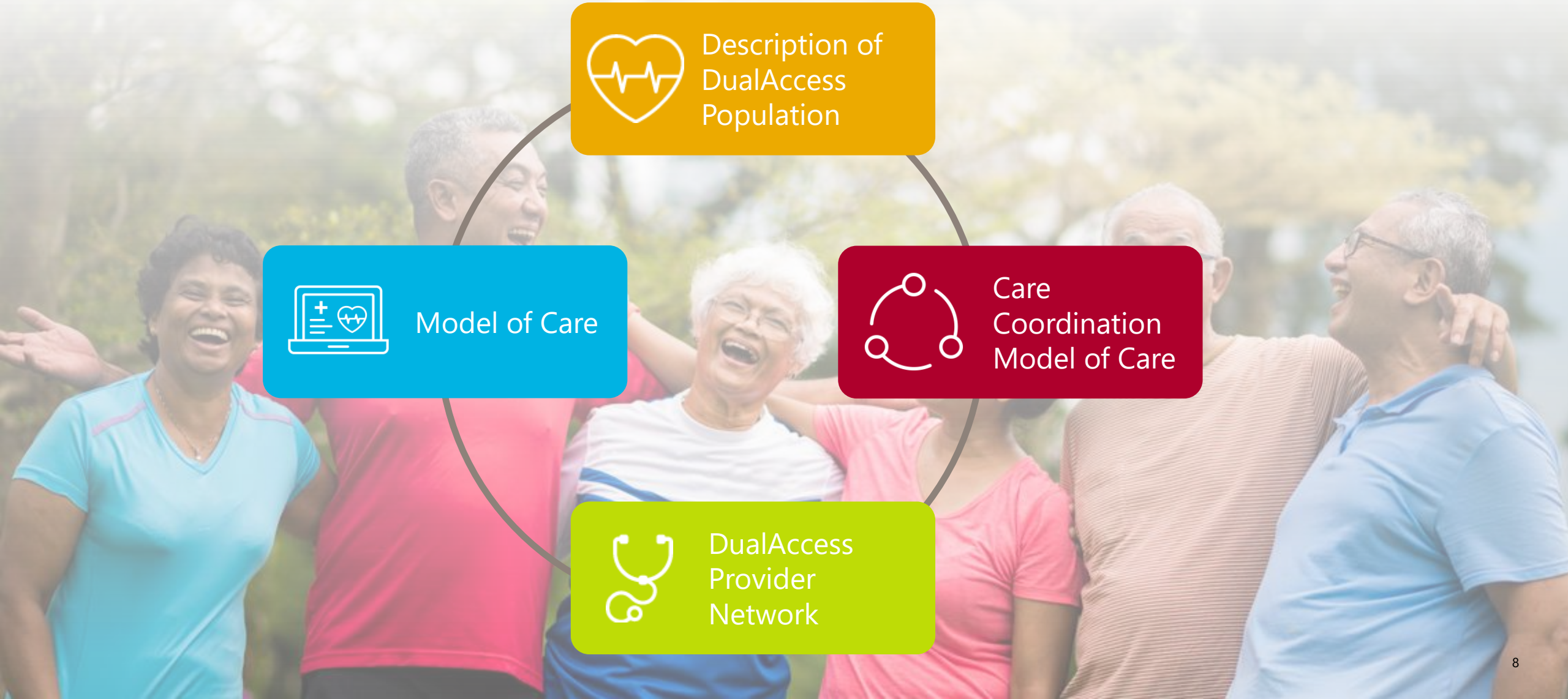
Special Considerations

- Providers cannot collect **any** cost share from DualAccess members
- Bill and send prescriptions to the pharmacy using the Member **Medicare** ID card
- Submit prior authorization requests using the Member **Medicare** ID card
- Follow **Medicare** billing and coverage practices, including billing for immunizations through the Part D benefit where applicable
- Submit in-office administered vaccine claims through **TransactRx** Part D Vaccine Manager

As a reminder, Providers must participate in both the MVP Medicare Advantage network and MVP Medicaid Managed Care network to care for DualAccess Members. Some exceptions exist for Providers who offer Medicaid-only services.

Sample Member I.D. Card

Four Pillars of the Model of Care



Description of the DualAccess Population

Population Overview

- Designed for individuals with **special needs** focusing on **intensive care coordination**
- To be eligible for MVP DualAccess, the member must be fully dually eligible for Medicare and Medicaid

MVP's DualAccess Plan is Designed to Support this Specialty Population

- MVP DualAccess Members will have access to necessary specialized services, including:
  - Geriatric Medicine
  - Habilitation
  - Specialists with expertise in treating this population
  - Programs and other resources designed to improve and enhance health
- MVP will coordinate care for DualAccess Members between PCPs and specialists, including behavioral health providers

MVP DualAccess Goals

- Enhance Member experience
- Support quality outcomes
- Maximize benefits and resources administration
- Streamline membership opportunities and transitions of care from Medicaid eligible to Dual eligible
- Enhance and integrate use of technology
- Promote delivery system innovation

Model of Care Overview

- Care Management Team
- Member Health Risk Assessment (HRA)
- Individual Care Plan (ICP)
- Integrated Interdisciplinary Care Management Team (IICMT)
- Transition of Care (TOC) Process

DualAccess Care Management Team

RN Care Manager (RNCM)

- MVP employee; Identifies the medical and psycho-social needs of designated members
- Acts as a proactive partner
- Provides appropriate education, resources, and health care coaching telephonically or in person
- Engages individual members and communicates with an established interdisciplinary team to create an individualized person-centered care plan

Community Services Care Coordinator (CSCC)

- MVP employee who works directly with members, members' families and/or advocates, providers, and community service organizations to ensure members have access to the range of supportive services needed to promote quality of life and the achievement of member identified desired outcomes
- Addresses the needs and wishes of the member, and his or her family and/or advocate
- Supports changes as they affect the member's desired outcomes, quality of care and quality of life
- Collaboratives with the RNCM to implement the individual care plan (ICP) and assist members in reducing/resolving challenges or barriers so that the member may achieve their optimal level of health, independence, safety, and well-being

DualAccess Care Management Team (cont)

Integrated Interdisciplinary Care Management Team (IICMT)

- Responsible for developing the ICP based upon assessments, discussions with member, recommendations by RNCM, and input from Primary Care Physician (PCP) and other providers treating the member
- Ensures ICP includes measurable and clear goals and objectives, measurable outcomes, and all appropriate services for the member
- Member and their provider are at the center of the care team
- RNCM assists member and provider in achieving the goals outlined in the ICP and is responsible for:
  - Documenting the draft ICP, informed by the HRA and available clinical data
  - Reviewing the draft ICP with the member and PCP
  - Identifying team members based on the member's needs, and member and PCP requests, as indicated from the HRA and ICP
  - Forming the IICMT and scheduling the IICMT meetings
  - Updating the ICP to reflect their evaluation of member's progress toward ICP goals and changes recommended by the IICMT
  - Distributing the ICP to the IICMT when changes occur and in advance of each IICMT meeting

IICMT

IICMT team members include but are not limited to:

- Member, family and/or caregiver
- Medical Expert / PCP
- MVP Medical Director
- MVP RNCM
- MVP CSCC
- Social Services Expert (from MVP or the community)
- Behavioral Health Specialist (from MVP or a provider)
- Pharmacist (from MVP and/or the community)
- Restorative Health Specialist
- Nutrition Specialist
- Disease Management Health Coach

Role of IICMT:

- Provides collaborative subject matter expertise support and promotes interdisciplinary dialogue to develop plan of care for at-risk Members
- Team is convened at the request of the RNCM and Medical Director
- MVP will make every effort to include the member and/or his or her caretaker in the development of the ICP and IICMT meetings
- IICMT meeting attendance is open to members, families, caregivers, PCP and/or other Specialist, as appropriate and when available and willing to participate in meaningful discussion concerning the member

Health Risk Assessment (HRA)

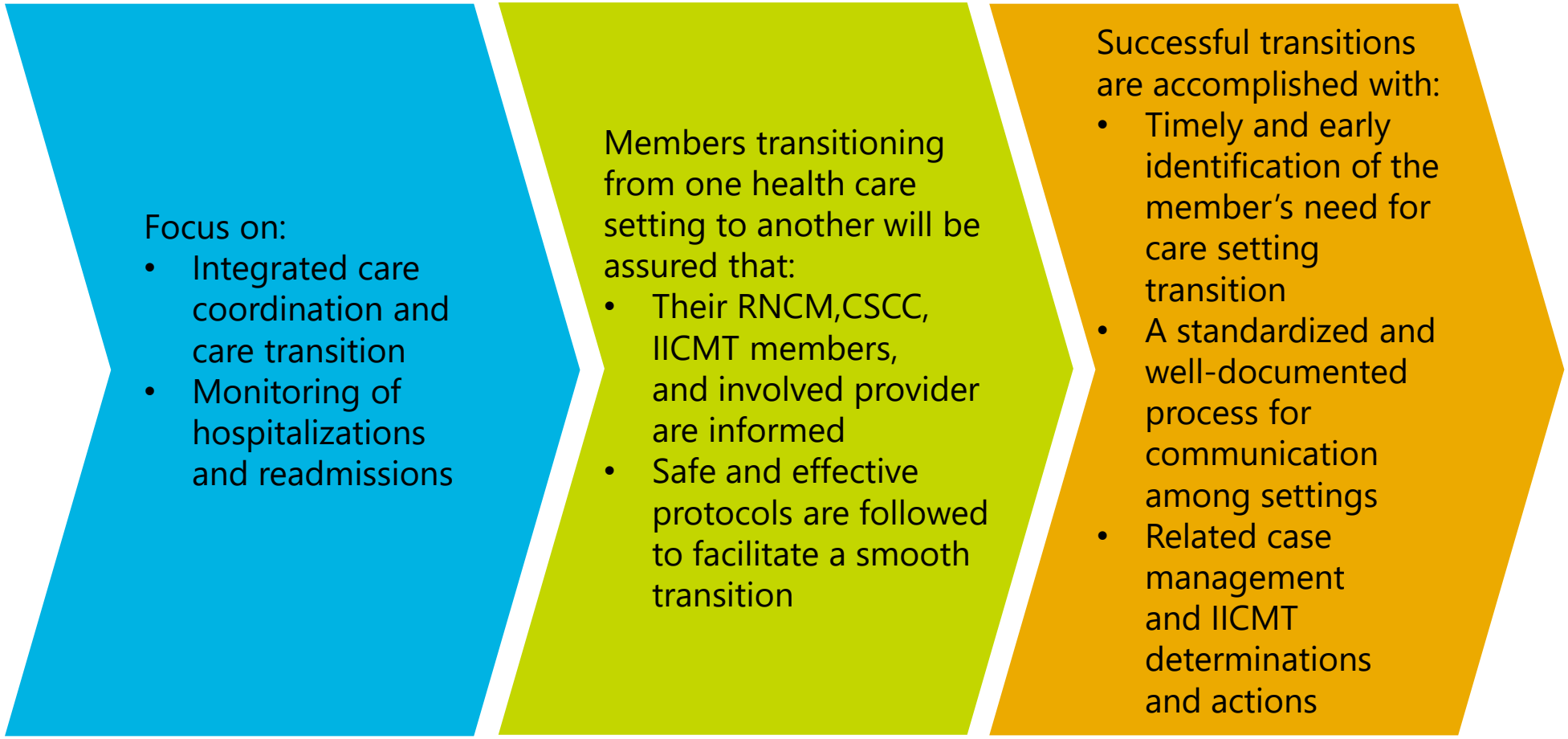
- Care team will conduct an initial and annual HRA for all DualAccess members
- HRA must be conducted within 90 days of enrollment, readministered annually, and administered upon change in health status
- HRA provides a holistic overview of each Member's specific needs:
  - Medical
  - Functional
  - Cognitive
  - Social
  - Psychosocial
  - Mental Health
- Information obtained via the HRA is used in developing ICP

ICP Development and Implementation

- HRA results inform the ICP
- Each ICP includes:
  - Documentation of the Member's current clinical, social, and psychological needs
  - Documentation of action plans to address the Member's current and anticipated needs
- The following individuals contribute to the development of the ICP:
  - Member, family, and/or caregiver
  - Member's PCP
  - Specialty providers, as necessary
  - RNCM
  - CSCC
- Care plans managed frequently by RNCM and CSCC

Transition of Care (TOC) Process

Goal: Support the improved health care outcomes of our covered members.



Network Requirements & Resources

Unique Provider Network Requirements

The MVP DualAccess network includes providers with expertise in treating this population, including but not limited to gerontologists, habilitation specialists, and other specialists.

- MVP continuously evaluates our network to ensure members have access to specialty care

Participation in IICMT Meetings

- Providers are expected to participate in IICMT meetings for DualAccess members along with MVP's Medical Directors and RNCM to develop a member specific care plan

Clinical Practice Guidelines

- As with all plans, Providers must follow MVP's clinical practice guidelines
  - Access MVP's clinical guidelines at **mvphealthcare.com/providers/quality-programs**
  - In the *Provider Quality Improvement Clinical Guidelines and Supporting Resources* section, select the desired topic under *View Guidelines and Documents*

Quality Measurement and Performance Improvement Plan (QI/PIP)

The MVP QI/PIP is designed to improve the quality, safety, and efficiency of clinical care, enhance satisfaction, and improve the health of MVP members and the communities it serves.

- Content of QI/PIP is established annually by the MVP Board of Directors, who is accountable for:
  - Oversight of the quality of care and services provided to all members
  - Development, implementation, measurement, and outcome of the QI/PIP
- QI Program requires regular reporting (at least annually) and establishes mechanisms (HEDIS, CAHPS, HOS) for monitoring and evaluating quality, utilization, and risk
- MVP continually monitors and analyzes data to measure performance against established benchmarks and to identify and prioritize improvement opportunities
- Interventions are developed and implemented to improve performance and the effectiveness of each intervention is measured at specific intervals, applicable to the intervention

Quality Measures

MVP focuses monitoring efforts on the priority performance measures that **align with the mission and goals** outlined previously, as well as required additional measures.

MVP reports all required measures in a **timely, complete, and accurate manner** as necessary to meet federal and state reporting requirements.

Performance Measures

Includes all HEDIS measures required for the NCQA Health Plan Ratings and the designated set of CMS Adult and Child Core measures, which are measured across six domains of care:

1. Effectiveness of Care
2. Access and Availability of Care
3. Experience of Care
4. Utilization and Risk Adjusted Utilization
5. Health Plan Descriptive Information
6. Measures Collected Using Electronic Clinical Data Systems

Continuous Measurement of Member Experience

MVP actively monitors:

- member inquiries
- complaints/grievances and appeals
- member satisfaction surveys
- member call center performance
- direct feedback from member focus groups and other applicable committees

The Quality Improvement and Operations departments analyze findings related to member experience and presents results to the QIC and appropriate subcommittees.

CAHPS assesses patient experience in receiving care:

CAHPS results are reviewed by the QIC and applicable subcommittees, with specific recommendations for performance improvement interventions or actions. In addition to any federal or state required CAHPS measures, MVP focuses on the following measures required for the NCQA Health Plan Ratings:

- Getting Care Quickly
- Getting Needed Care
- Coordination of Care
- Customer Service
- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often

Continuous Measurement (cont)

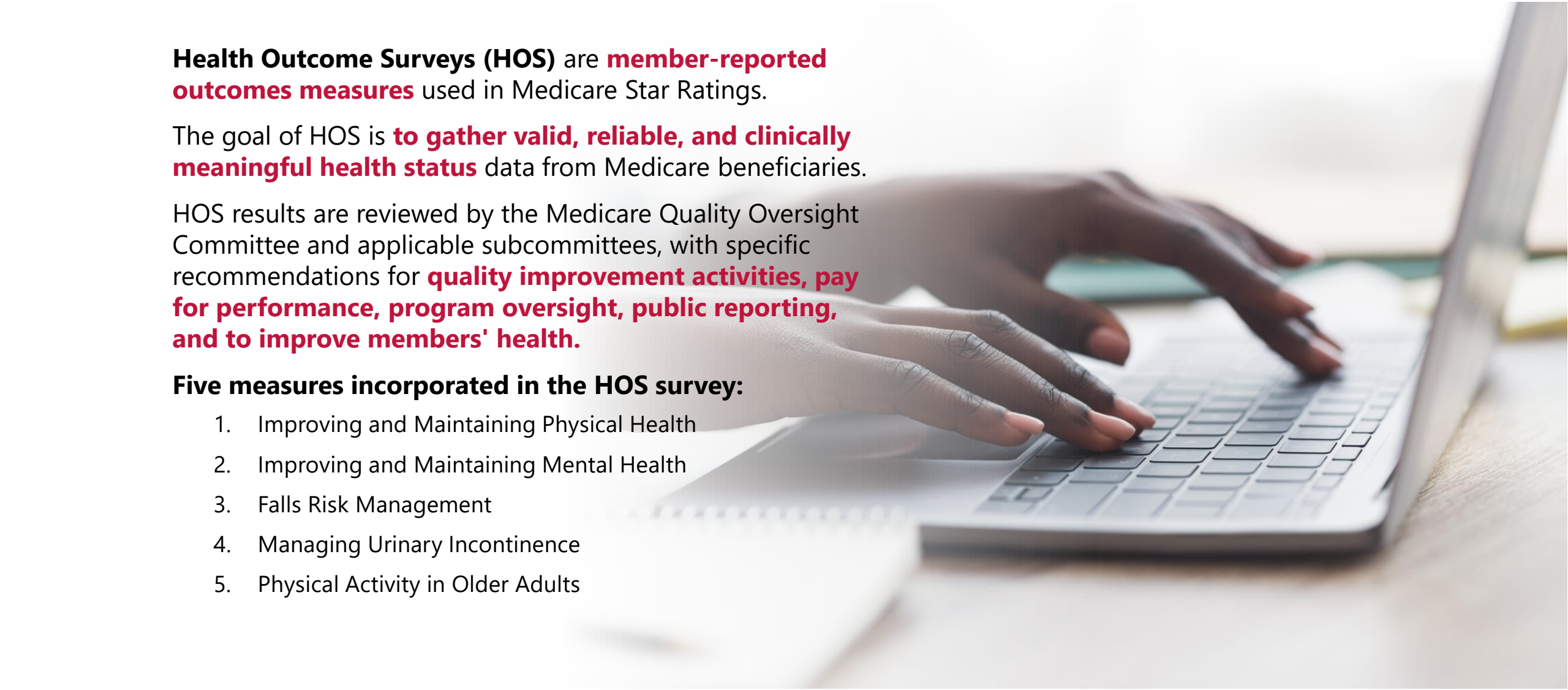
Health Outcome Surveys (HOS) are **member-reported outcomes measures** used in Medicare Star Ratings.

The goal of HOS is **to gather valid, reliable, and clinically meaningful health status** data from Medicare beneficiaries.

HOS results are reviewed by the Medicare Quality Oversight Committee and applicable subcommittees, with specific recommendations for **quality improvement activities, pay for performance, program oversight, public reporting, and to improve members' health.**

Five measures incorporated in the HOS survey:

1. Improving and Maintaining Physical Health
2. Improving and Maintaining Mental Health
3. Falls Risk Management
4. Managing Urinary Incontinence
5. Physical Activity in Older Adults



Thank you

Questions?

Please contact your Professional Relations Representative.