

# Blue Shield Promise Health Plan Staff and Provider Model of Care Training

Special Needs Plan (D-SNP)

2019-2020



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Promise Health Plan

# D-SNP Model of Care (MOC)

- The Medicare Act of 2003 established a Medicare Advantage coordinated care plan that is designed to provide targeted care to individuals with special needs.
- Blue Shield Promise Health Plan MOC is designed to ensure the provision and coordination of specialized services that meet the needs of the D-SNP eligible beneficiaries.

# Elements of the D-SNP Model of Care (MOC)

- Description of the Special Needs Population
- Care Coordination
- Provider Network
- MOC Quality Measurement and Performance Improvement

# Description of the Overall D-SNP Population

- Blue Shield Promise Health Plan provides services to Special Needs Plan members in Los Angeles, San Bernardino, Orange, and San Diego counties.
- Blue Shield Promise Health Plan performs a population assessment of these members in order to build a Model Of Care that will properly serve their needs.

# Description of the Overall D-SNP Population (continued)

- Some of the factors we identify include but are not limited to the following:
  - Age
  - Gender
  - Ethnicity
  - Incidence and prevalence of major diseases and chronic conditions
  - Language barriers and health literacy
  - Significant barriers to health care services associated with cultural beliefs or socioeconomic status

# Most Vulnerable Beneficiaries

- Sub-population of the special needs population at highest risk of poor health outcomes
- Identification based on multiple hospital admissions, high pharmacy utilization, high cost, or combination of medical, psychosocial, cognitive and functional challenges
- Identify how various demographic factors combine to adversely affect health status of these members

# Most Vulnerable Beneficiaries (continued)

- Identify and develop special services to meet the needs of the most vulnerable members
- Blue Shield Promise Health Plan has developed relationships with a number of community partners such as Multipurpose Senior Service Programs (MSSP), Alzheimer's Association, Areas Agency on Aging (AAA) and In-Home Support Services (IHSS) in order to provide specialized resources and maximize care coordination

# Staff Structure and Care Coordination Roles

- Blue Shield Promise Health Plan staff is organized and aligned to support essential care coordination roles
- The staff is either contracted or employed and performs the following functions:
  - Administrative (enrollment, eligibility verification, claims processing and administrative oversight)
  - Clinical Functions (case managers, social workers, pharmacists, behavioral health providers and clinical oversight)



# Staff Structure and Care Coordination Roles (continued)

- Blue Shield Promise Health Plan has a contingency plan to avoid disruption in care when existing staff is absent
- All providers and staff are trained on the MOC initially upon hire and annually

# Health Risk Assessment (HRA) Tool

- Blue Shield Promise Health Plan has a standardized HRA tool
- HRA assesses the medical, cognitive, functional, psychosocial and mental health of each beneficiary
- The HRA may be completed face-to-face, telephonic, or paper-based by mail
- Initial HRA is completed within 90 days of enrollment and at least annually thereafter

# Health Risk Assessment (HRA) Tool (continued)

- Member is reassessed as needed when there is a change in health status
- Answers to the HRA are used to:
  - develop and/or update the members' Individualized Care Plan (ICP)
  - stratify member into risk categories for care coordination
- Member is provided with a copy of the ICP and encouraged to visit the PCP
- Provider is given a copy of the ICP and the answers to the HRA

# Individualized Care Plan (ICP)

- An initial ICP is developed upon completion of the HRA
- Essential components of the ICP include:
  - Member focused problem identification, goals and objectives
  - Healthcare preferences
  - Specific services tailored to the member as needed
  - Identification of goals met/not met

# Individualized Care Plan (ICP) (continued)

- ICP is reviewed and updated at least annually or when a member health status changes
- ICP updates and modifications are communicated to member and/or caregivers and providers, and other stakeholders as necessary
- ICP is maintained and stored to assure access by all care providers
- Records of the ICP are stored per HIPAA and professional standards

# Interdisciplinary Care Team (ICT)

- ICT facilitates care management, assessment, care planning, authorization of services and care transitions
- Composition of ICT is dependent on the members medical and psychosocial needs as determined by the HRA and ICP. It typically includes Case Managers, Social Workers, Pharmacists, Medical Directors and treating Physicians
- Members and caregivers are encouraged to participate
- The ICTs are aligned with the delegated delivery system. PCPs and specialty physicians are active participants
- Each member of the ICT has specific defined roles and responsibilities based on their expertise

# Interdisciplinary Care Team (ICT) (continued)

- Review and analyze available data to ensure improvement in the member's health status
- Blue Shield Promise Health Plan has a communication system in place to facilitate information flow between members of the ICTs, members/caregivers, physicians, such as:
  - Documentation in the care management system which is member centric
  - Regular telephonic communication with member/caregiver and providers
  - Written ICT meeting minutes
  - Documentation in the member's ICP
  - Member data dashboard that includes utilization and pharmacy data that can be shared via portal or by fax

# Care Transition Protocols

- Care transition is
  - Movement of a member from one care setting to another as the member's health status changes
- Blue Shield Promise Health Plan is committed to manage planned and unplanned transitions for our members as they move from one health care setting to the next
- Within 1 day of notification of an admission to a hospital, a copy of the most current ICP is faxed to the hospital



# Care Transition Protocols (continued)

- Within 1 day of discharge from a hospital to a skilled nursing facility, the discharge orders/care plan are faxed to the skilled nursing facility
- When the member is being transitioned to the usual setting of care (typically the home), the Case Manager will discuss the discharge plan with the member and/or caregiver. This will be followed within 2 business days with a phone call to ensure the member is familiar with the appropriate self management tools and to assist with scheduling a follow up appointment with the Primary Care Physician
- The Primary Care Physician will be notified by fax within 3 business days of all care transition episodes

# Provider Network

- Blue Shield Promise Health Plan has a specialized network of providers to meet the needs of its D-SNP members including but not limited to:
  - Internist, geriatrician, endocrinologist, cardiologist, oncologist, pulmonologist
  - General and subspecialty surgeons
  - Behavioral Health Providers
  - Ancillary health providers such as physical, speech and occupational therapists
  - Tertiary care physicians

# Provider Network (continued)

- Blue Shield Promise Health Plan, through policies and procedures ensures that network providers:
  - Have active licenses and certification
  - Are part of the member's ICT as needed
  - Incorporate relevant clinical information in member's ICP
  - Follow transition of care protocols
  - Use clinical practice guidelines
  - Can request exception to clinical practice guidelines for members with complex healthcare needs
  - Receive MOC training initially on joining the network and annually thereafter
- Blue Shield Promise Health Plan has policies and procedures to address network providers non-compliance with MOC training

# Use of Clinical Practice Guidelines (CPGs)

- Blue Shield Promise Health Plan ensures use of clinical practice guidelines:
  - Requires all medical groups to use evidence-based nationally approved CPGs for making UM decisions
  - Approves all CPGs annually
  - Approved guidelines are communicated to the network via provider news letters and the provider website
  - Member education materials are reviewed annually to ensure consistency with approved CPGs

# Use of Clinical Practice Guidelines (CPGs) (continued)

- Blue Shield Promise Health Plan has a process for management of exceptions to available CPGs when a member has complex healthcare needs by utilizing outside independent board certified physician
- Compliance with approved guidelines is monitored through:
  - An annual review of delegated group utilization decisions
  - The member appeals process
  - Review of patient medication profiles in the Medication Therapy Management (MTM) Program
  - HEDIS reporting

# MOC Quality Measurement and Performance Improvement

- Blue Shield Promise Health Plan has a Quality Improvement Plan (QIP) that is specific to the MOC and designed to meet the health care needs of its members
- Blue Shield Promise Health Plan collects, analyses, and evaluates various data sources in order to report on the MOC quality performance improvement
- Specific HEDIS health outcome measures are identified in order to measure the impact that the MOC has on the D-SNP members

# MOC Quality Measurement and Performance Improvement (continued)

- D-SNP member satisfaction surveys are utilized in order to assess overall satisfaction with the MOC
- All health outcomes and satisfaction survey findings are utilized to modify the MOC QIP on an annual basis
- The annual evaluation of the QIP is shared with providers and stakeholders via the Blue Shield Promise Health Plan website

# Questions?



Thank you



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