

***Annual Medicare Model
of Care Training***

Health Choice Generations

Introduction

- The Medicare Act of 2003 established a Medicare Advantage coordinated care plan that is designed to provide targeted care to individuals with special needs.
- The Health Choice Model of Care (MOC) includes an overview of our general approach to care coordination, describes the guiding principles we apply to drive improved outcomes for the members that we serve.

Goals of the Special Needs Plan

- Health Choice Generations HMO Special Needs plan is a URAC accredited 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

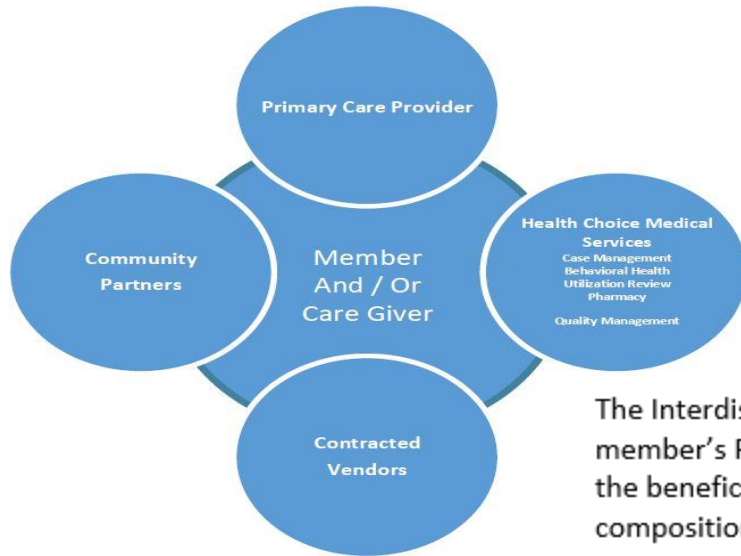
- There are 4 elements to the MOC of which each contain multiple sub-elements.
- The 4 elements are:
 1. Description of the SNP Population;
 2. Care Coordination;
 3. SNP Provider Network; and
 4. Quality Measurement and Performance Improvement.

Care Coordination

- Health Choice conducts initial and annual health risk assessments (HRA) on all special needs beneficiaries to identify needs and ensuring continuity of care throughout the delivery system-i.e. case management.
- The HRA is utilized in the development of the beneficiaries Individualized Care Plan (ICP) which incorporates gaps in care and health concerns.
- For members who chose to participate in an Interdisciplinary Care Team (ICT) the ICP is shared with the ICT.
- The ICT composition is determined based on member choice and contents of the ICP.

Interdisciplinary Care Team (ICT)

Figure 2.3 Member-Centric Care



The Interdisciplinary Care Team is composed of a Health Choice case manager, the member, the member’s PCP, and as appropriate ancillary and specialty care providers who are involved in the beneficiary’s chronic medical and/or behavioral health conditions. Examples of ICT composition may include disciplines listed in Table 2.1 (list is not all inclusive):

Table 2.1: Example of the Interdisciplinary Care Team (ICT) members	
Primary Care Provider	Specialist
Social Worker/Community Resources	Dietitian/Nutritionist
Behavioral Health Professional	Pharmacist
Nurse Case Manager / Disease Manager	Caregiver/Family Member

Interdisciplinary Care Team (ICT)

- Health Choice Case Managers coordinate the member's care with the Interdisciplinary Care Team (ICT) which includes appropriately involved Health Choice staff, the member and their family/caregiver, external practitioners and vendors involved in the member's care based on the member's preference of who they wish to attend
- 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.

Member Satisfaction

- Health Choice acknowledges that 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 focuses on member satisfaction from an internal and external perspective. Specifically, Health Choice analyzes our annual CAHPS survey results and identifies areas of improvement.

Thank you for participating in the MOC training.

The Model of Care training may be found on the HCG Provider Intranet site:

<http://www.hcgenerations.com/wp-content/uploads/2016/06/MOC2017training.pdf>