



# Model of Care Training

**Training for:**

LIBERTY Dental Plan Employees and  
Dental Provider Network

**Special Needs Plans (SNP)  
Medicare/Medicaid Plans (MMP)**

# Training Objectives

This course describes how LIBERTY Dental Plan (LIBERTY) and its contracted providers work together to successfully deliver the Model of Care (MOC) program.

After the training, attendees will be able to:

- Outline the basic components of LIBERTY's MOC
- Explain how LIBERTY's Case/Care Management staff coordinates care for Special Needs members
- Describe the essential role of providers in the implementation of the MOC program
- Define the critical role of the provider as part of the MOC required Interdisciplinary Care Team (ICT)

# Training Requirements

All employees and providers who interact with Special Need Plan (SNP) members are required by CMS to complete annual MOC training.

This also includes all members of the Interdisciplinary Care Team (ICT).

This course is offered to meet the CMS regulatory requirements for MOC Training for LIBERTY Dental Plan's SNPs.

# What is Model of Care?

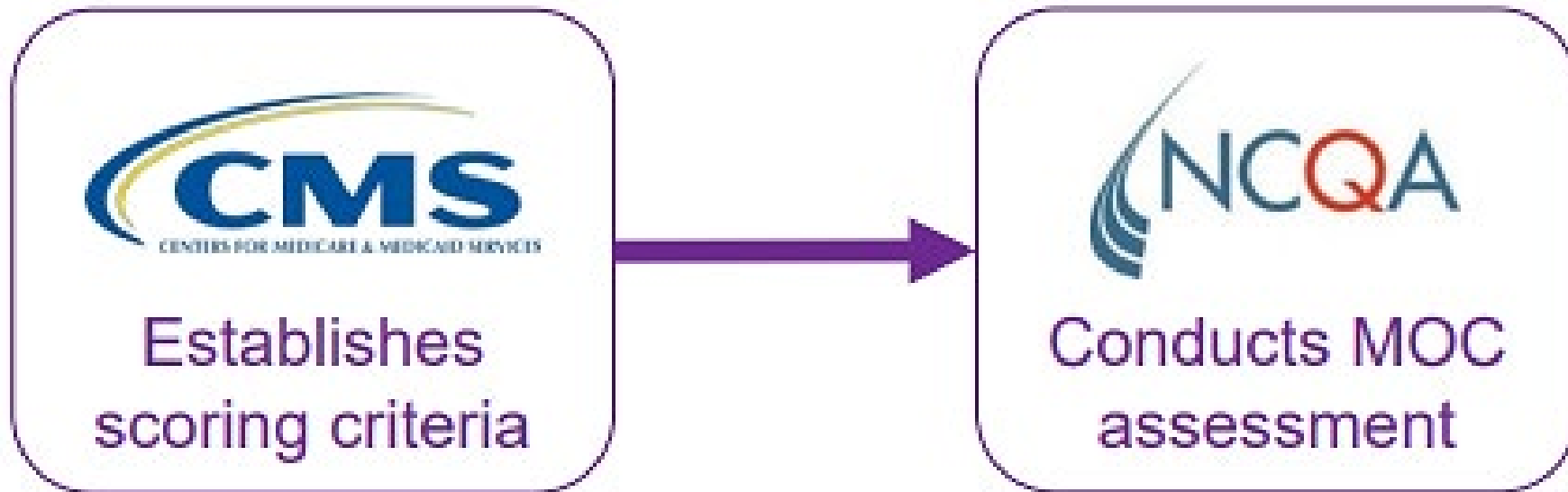
The Model of Care (MOC) is a quality improvement tool that ensures the unique needs of each member enrolled in a Special Needs Plan (SNP) are identified and addressed

It is LIBERTY's comprehensive plan for delivering our integrated care management program for members with special needs

It promotes quality measures, care management policy and procedures and operational systems

# Model of Care

The Affordable Care Act requires the National Committee for Quality Assurance (NCQA) to review and approve all Special Needs Plan Models of Care using standards and scoring criteria established by Centers for Medicare and Medicaid (CMS).



# What is a Special Needs Plan (SNP)?

Medicare Advantage Special Needs Plans (SNPs) are designed for specific groups of members with special health care needs. CMS has defined three types of SNPs that serve the following types of members:

## Dual Special Needs Plans (DSNP)

- Members must have both Medicare and Medicaid benefits

## Chronic Condition Special Needs Plans (CSNP)

- Members with a specific chronic illness disabling condition

## Institutional Special Needs Plans (ISNP)

- Members who live in institutions such as nursing homes or long-term care facilities

# What is DSNP?

A Medicare Advantage plan available to members who are eligible for both Medicare and Medicaid. Members must:

01

Be entitled to Medicare Parts A (hospital), B (medical) and eligible for Part D (drugs)

02

Be eligible for Medicaid

03

Reside in the DSNP's service area

# What is CSNP?

A Medicare Advantage plan available to members with a specific chronic illness or disabling condition. CMS has identified the following 15 eligible chronic conditions for CSNP.

- Chronic Alcohol & Other Drug Dependence
- Certain Autoimmune Disorders
- Cancer
- Certain Cardiovascular Disorders (CVD)
- Dementia
- Congestive Heart Failure (CHF)
- Diabetes Mellitus
- End-stage Liver Disease
- End-stage Renal Disease (ESRD)
- Certain Severe Hematologic Disorders
- HIV/AIDS
- Certain Chronic Lung Disorders
- Certain Chronic & Disabling Mental Health Conditions
- Certain Neurologic Disorders
- Stroke

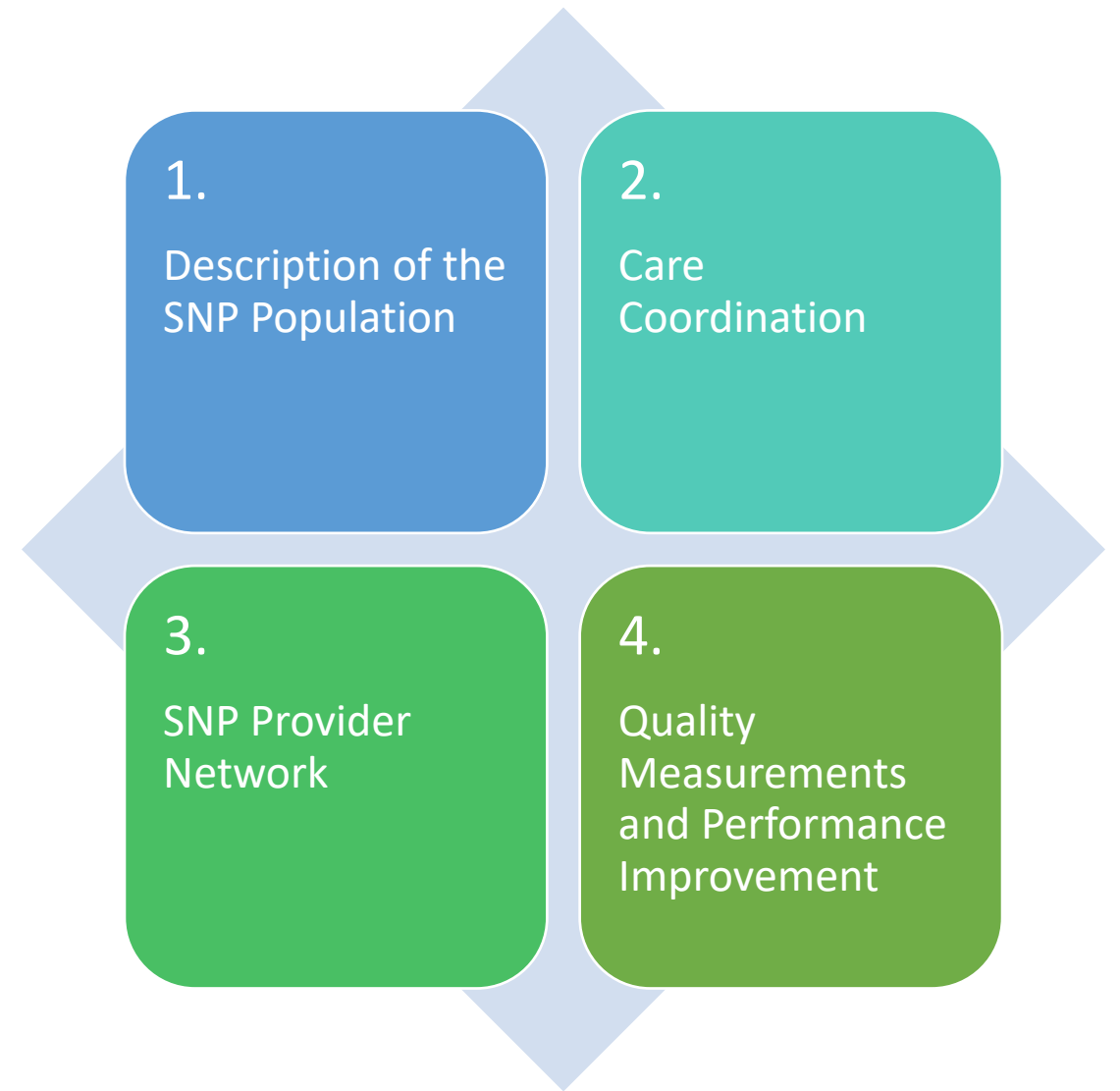
CSNP may focus on one chronic condition or a group of co-morbidities and clinically linked conditions.



## What is ISNP

A Medicare Advantage plan available to members who reside in **institutions** such as nursing homes or long-term care facilities with no immediate plans for discharge.

Model of Care is  
comprised of  
**clinical** and  
**non-clinical**  
elements



# Description of SNP Population

Element 1

# Description of Member Population

MOC includes characteristics related to the membership that LIBERTY and providers serve including demographics, social factors, cognitive factors, environmental factors, living conditions and co-morbidities.

This element also includes:

- Description of most vulnerable population
- Determining and tracking eligibility
- Specially tailored services for members
- How LIBERTY works with community partners

# Care Coordination

Element 2

# Care Coordination

The Care Coordination element includes detailed descriptions of the following:

- How the SNP will coordinate the care of health needs and preferences of the member, and how care coordination information is shared with members of the Interdisciplinary Care Team (ICT)
- Listing and explanation of roles of all the persons involved in the care of the member
- Contingency plans to avoid disruptions in care
- Training for all involved in member care and how it is administered

# Coordinating Care

LIBERTY conducts care coordination using an Oral Health Risk Assessment (OHRA), Individualized Care Plan (ICP), and participating in an Interdisciplinary Care Team (ICT).

Basic components of care coordination required by CMS include:



# Oral Health Risk Assessment (OHRA)

An OHRA is conducted to identify a member's medical, psychosocial, cognitive, functional and mental health needs and risks.

- LIBERTY attempts to complete the initial OHRA within 90 days of enrollment and annually, or if there is a change in the members condition or transition of care
- OHRA responses are used to identify needs that are incorporated into the member's care plan and communicated to the care team
- Members are reassessed if there is a change in health condition
- Change(s) in health condition and annual updates are used to update the care plan

NOTE: Health providers should encourage members to complete the OHRA in order to better coordinate care and create an individual care plan.

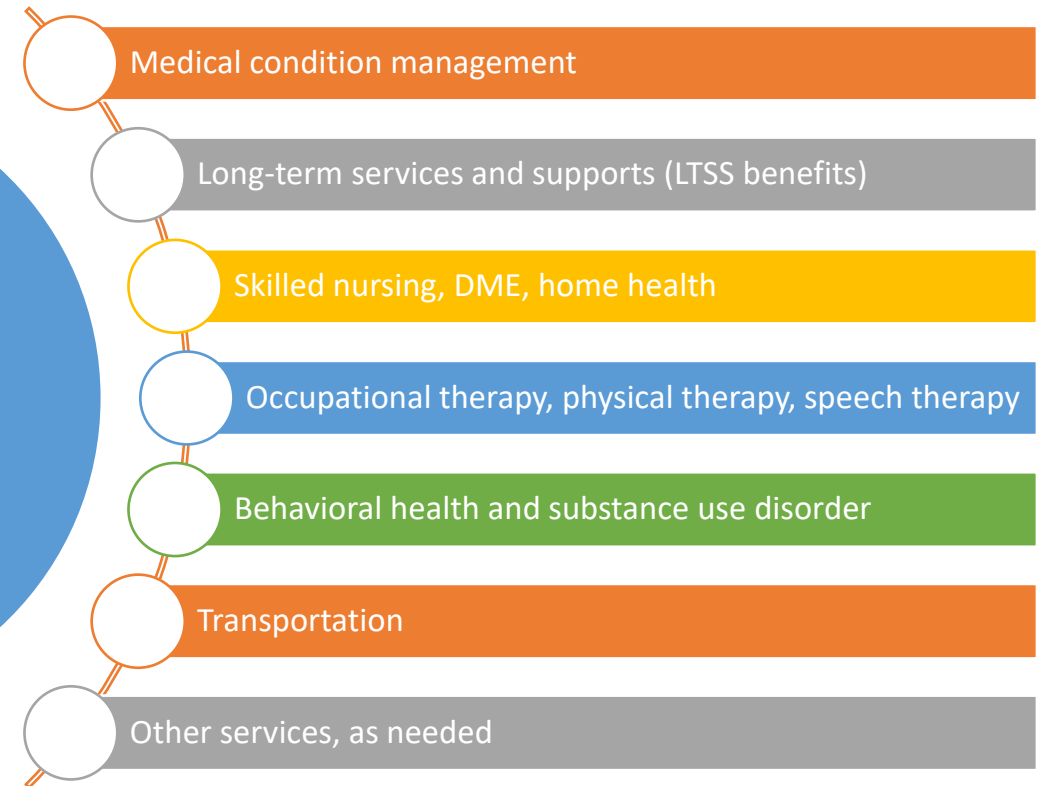
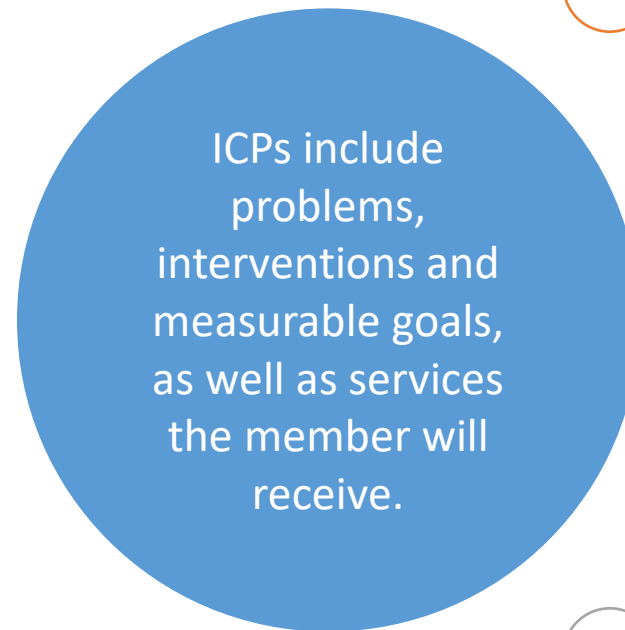


# Individualized Care Plan (ICP)

An Individualized Care Plan (ICP) is developed by the Interdisciplinary Care Team (ICT) in collaboration with the member

Case Managers and health care providers work closely together with the member and their family to prepare, implement and evaluate the ICP

Members receive monitoring, service referrals, and condition-specific education based on their individual needs



# Interdisciplinary Care Team (ICT)

Care Managers coordinate the member's care with the Interdisciplinary Care Team (ICT) and operate as the single point-of-contact for all ICT members

Our Model of Care program is member centric. The ICT is **based on the member's decision** of who should participate

The ICT is designed to provide the expertise needed to manage the member's care. The PCP, member/caregiver and the Care Manager make up the core members of the ICT

LIBERTY's staff work with members of the ICT to coordinate the plan of care with the member and to encourage self-management of their condition



# ICT Responsibilities

## LIBERTY works with each member to:

- Develop their personal goals and interventions for improving their health outcomes
- Monitor implementation and barriers to compliance with the physician's plan of care
- Identify/anticipate problems and act as the liaison between the member and their PCP
- Identify Long Term Services and Supports (LTSS) needs and coordinate services as applicable
- Coordinate care and services between the member's Medicare and Medicaid benefits
- Educate members about their health conditions and medications and empower them to make good healthcare decisions
- Prepare members/caregivers for their provider visits by encouraging use of personal health record

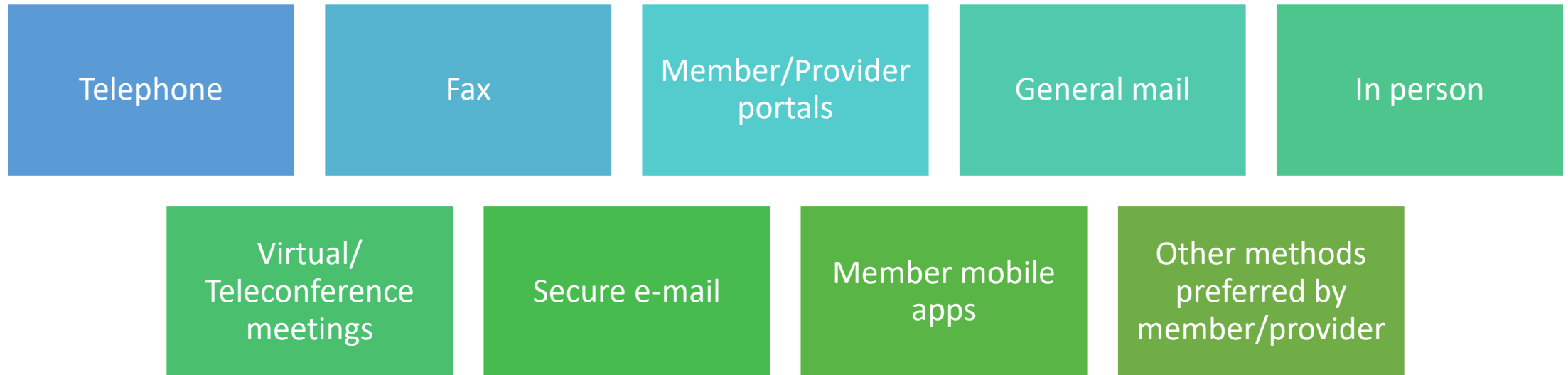
## ICT Responsibilities (continued)

### LIBERTY works with each member to:

- Refer members to community resources as needed
- Notify the member's physician of planned and unplanned transitions
- Communicate with, and respond to communication from the plan regarding the member's care, including accepting meeting invitations when applicable
- Maintain copies of the ICP and transition of care notifications in the member's medical record when received
- Collaborate and actively communicate with the following:
  - LIBERTY Case Managers
  - Members of the Interdisciplinary Care Team (ICT)
  - Members and caregivers

# ICT Communications

Members of the ICT engage in discussions related to the member's health status and care coordination activities through a variety of methods:



## Transition of Care (TOC)

During an episode of illness, members may receive care in multiple settings, often resulting in fragmented and poorly executed transitions

LIBERTY staff will manage Transitions of Care (TOC) to ensure that members have appropriate follow-up care, hospitalization or change in levels of care to prevent re-admission

# TOC Interventions

Managing TOC interventions for all discharged members may include, but is not limited to, the following:

Face-to-face or telephonic contact with the member or their representative in the hospital prior to discharge to discuss the discharge plan

In-home visit or phone call within 72 hours post discharge to evaluate member's understanding of their discharge plan, medication plan if applicable, ensure follow-up appointments have been made, and make certain the home supports the discharge plan

Ongoing education of members to include preventive health strategies in order to maintain care in the least restrictive setting possible for their health care needs

# Provider Network

Element 3



# Provider Network

MOC explains the specialized expertise in LIBERTY's provider network that is made available to SNP members.

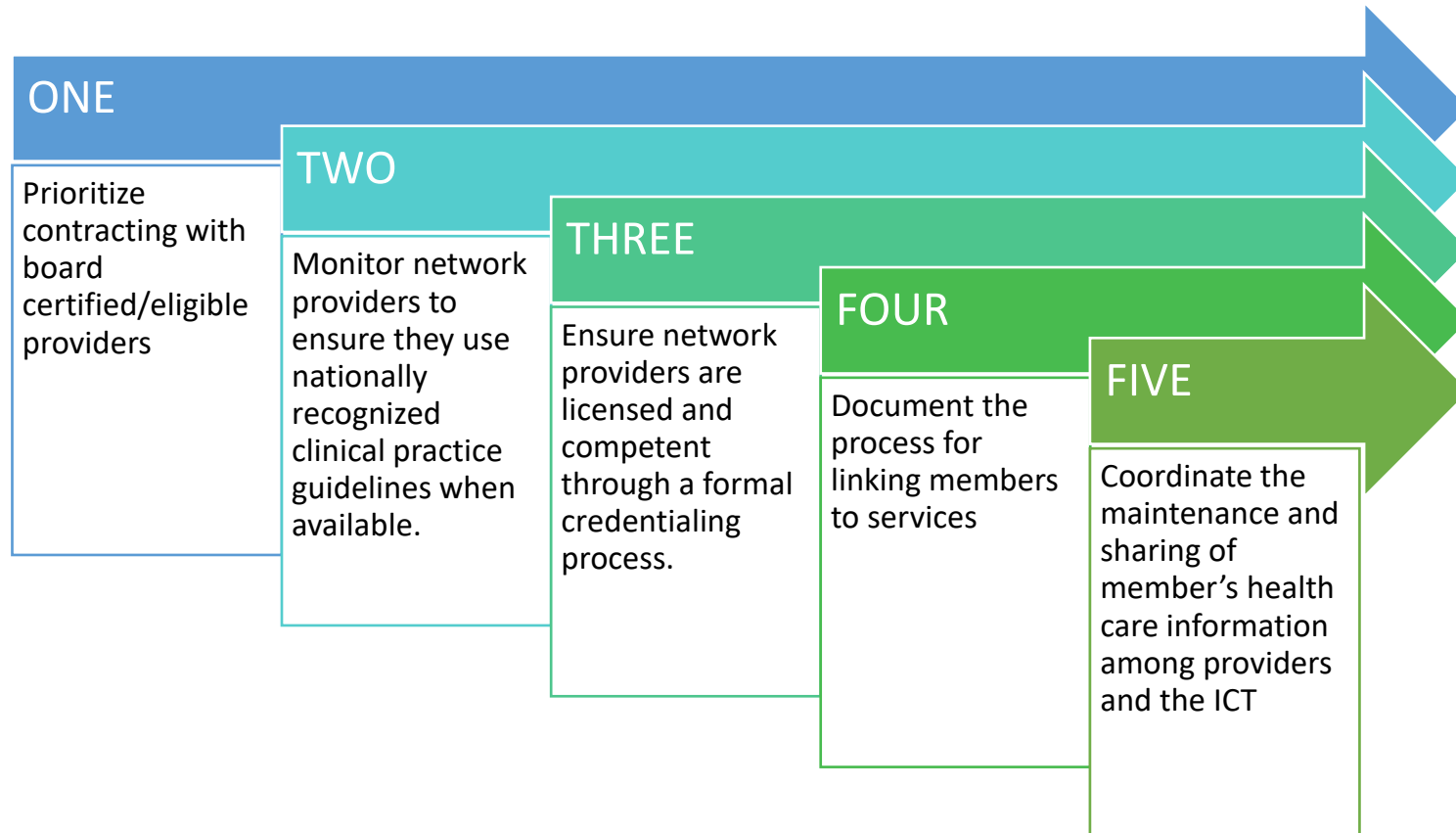
LIBERTY is responsible for maintaining a specialized dental provider network that corresponds to the needs of our members.

**This element describes the following:**

- How the network corresponds to the target population
- How LIBERTY oversees network facilities and providers
- How providers collaborate with the ICT and contribute to a member's ICP
- How LIBERTY coordinates care with and ensures that providers:
  - Provide clinical consultation
  - Assist with developing and updating care plans

# Provider Network

CMS and our Health Plan Partners expect LIBERTY to do the following:



# Provider Network – Who Pays?

**Medicare** is always the primary payer and **Medicaid** is the secondary payer, unless the service is not covered by Medicare, or the Medicare service benefit cap is exhausted

DSNP members have both **Medicare** and **Medicaid** but not always with the same LIBERTY Health Plan Partner. Medicaid benefits may be via another Health Plan or the State, unless the DSNP is one of the following.

It's important to know what type of DSNP plan it is:

- Fully integrated DSNP plans (FIDE)
- Highly integrated DSNP plans (HIDE)

It is important to verify coverage prior to providing any services

# Quality Measurements and Performance Improvement

Element 4

# Quality Measurement and Performance Improvement

Element 4 requires SNPs to have performance improvement and quality measurement plans in place.

To evaluate success, LIBERTY disseminates evidence-based clinical guidelines and conducts the following studies:

- Measure member outcomes
- Monitor quality of care
- Evaluate the effectiveness of the Model of Care (MOC)

# Model of Care Goals

LIBERTY determines goals for the MOC related to improvement of the quality of care that members receive.

Goals are based on the following:

- Medicare Stars Measures in collaboration with Health Plan Partners
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Dental health outcomes are monitored through Case Management

Model of Care  
Goals May  
Include:

Access to Care

Member Satisfaction

Access to Preventive Services

Chronic Care Management

# Summary

The Model of Care requires all of LIBERTY to work together to benefit members through:

---

Enhanced communication between members, physicians, providers and LIBERTY

---

Provide an interdisciplinary and clinically based approach to the member's special needs

---

Employ comprehensive coordination with all partners involved in the member's care

---

Support the member's preferences in the plan of care

---

Reinforce the member's self-management capabilities and connections with providers and support services.