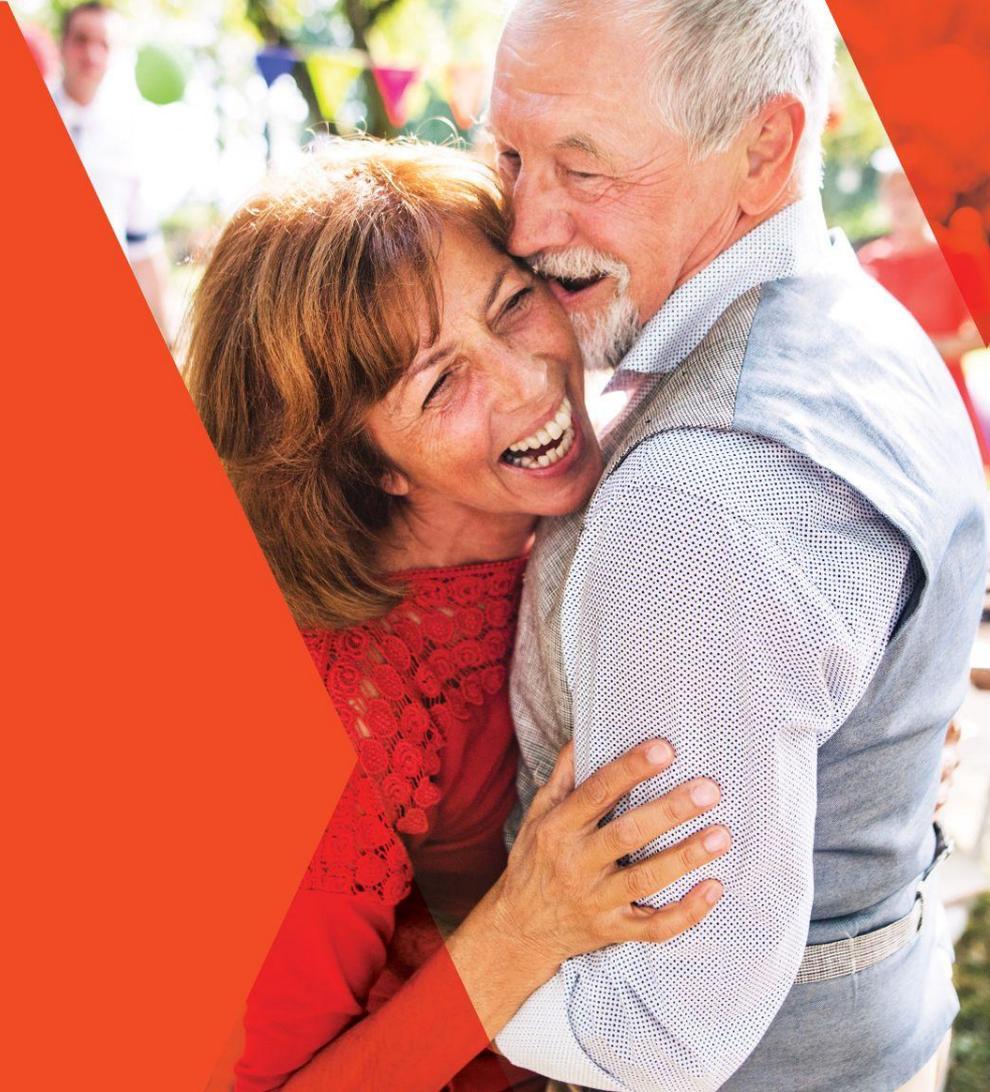


# Special Needs Plans (SNP)

Provider Model of Care training



HEALTH PLANS



# Why complete this Model of Care training?

- CMS requires all special needs plans (SNPs) to train providers annually on their Model of Care
- Providers like you play a key role in coordinating care for our SNP members
- Learn how we can work together — and how we can support you — in caring for these members



# Training overview

## Dual-Eligible Special Needs Plan (D-SNP) essentials

- How D-SNPs differ from other plans
- Eligibility requirements for our D-SNPs

## Chronic Condition Special Needs Plan (C-SNP) essentials

- How C-SNPs differ from other plans
- Eligibility requirements for our C-SNPs

## Our Model of Care

- Key details about SNP populations
- Care coordination
  - Health Risk Assessments (HRAs)
  - Care plans
  - Care teams
- Provider network (certification and clinical practice guidelines)
- SNP quality measurement and performance improvement

## Our contact information

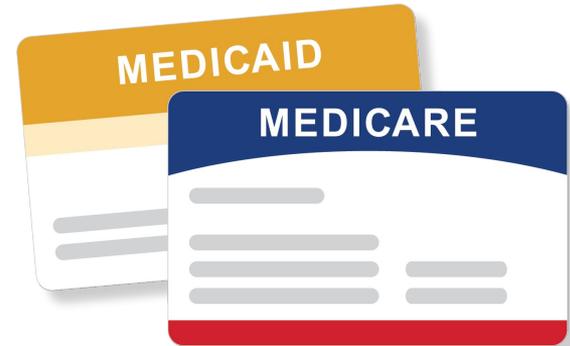
## Attestation of training completion

# D-SNP essentials



# How are D-SNPs different from other plans?

- Special needs plans (SNPs) are Medicare Advantage plans that limit membership based on specific needs
- D-SNPs serve individuals who are eligible for both Medicare and Medicaid
- D-SNPs enter into contracts with both CMS and state Medicaid agencies
- For all SNPs, CMS must approve a Model of Care that describes care coordination and enhanced processes for the special population served



# Where do we offer D-SNPs?

State	Region	Counties	Eligibility
<b>Alabama</b>	Birmingham/Mobile /Montgomery	<i>Autauga, Baldwin, Bibb, Blount, Bullock, Chilton, Cullman, Dallas, DeKalb, Elmore, Etowah, Jefferson, Lowndes, Macon, Mobile, Montgomery, Shelby, St. Clair, Talladega, Walker</i>	In Alabama, we offer plans for members with the following Medicaid statuses: <b>QMB/QMB+, SLMB/SLMB+, QI, QDWI, FBDE</b>
	North Alabama	<i>Colbert, Lauderdale</i>	
<b>Florida</b>	South Florida	<i>Broward, Miami-Dade, Palm Beach</i>	In Florida, we offer plans for members with the following Medicaid statuses: <b>QMB/QMB+, SLMB/SLMB+, QI, QDWI, FBDE</b>
	Greater Orlando	<i>Orange, Osceola, Seminole</i>	
	Greater Tampa Bay	<i>Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk,</i>	
	North Florida	<i>Lake, Marion, Sumter</i>	
	Greater Jacksonville	<i>Clay, Duval, Nassau</i>	
	Daytona	<i>Flagler, Volusia</i>	
	East Coast	<i>Brevard, Indian River, Martin, St. Lucie</i>	
Northwest	<i>Escambia, Okaloosa, Santa Rosa, Walton</i>		
<b>Ohio</b>	Cleveland/Toledo/ Youngstown/Mid Ohio North	<i>Ashland, Carroll, Columbiana, Crawford, Cuyahoga, Erie, Fulton, Geauga, Hancock, Holmes, Huron, Lake, Lorain, Lucas, Mahoning, Medina, Ottawa, Portage, Richland, Sandusky, Seneca, Stark, Summit, Trumbull, Tuscarawas, Wayne, Wood, Wyandot</i>	In Ohio, we offer plans for members with the following Medicaid statuses: <b>QMB/QMB+, SLMB/SLMB+, QI, QDWI, FBDE</b>
	Cincinnati/Dayton/ Lima	<i>Allen, Auglaize, Brown, Butler, Clark, Clermont, Greene, Hamilton, Mercer, Miami, Montgomery, Preble, Shelby, Van Wert, Warren</i>	
	Columbus	<i>Delaware, Madison, Morrow, Union</i>	
<b>Colorado</b>	Denver	<i>Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park</i>	In Colorado, we offer plans for members with the following Medicaid statuses: <b>QMB/QMB+, SLMB+, FBDE</b>
	El Paso/Teller	<i>El Paso, Larimer, Teller, Weld</i>	



# What Medicaid services do our D-SNPs cover?

- All dual eligibles receive Medicaid assistance to cover Medicare costs (premiums and/or cost share)
- **Florida:** Full dual eligibles — those with QMB+, SLMB+, or FBDE Medicaid statuses — get their Medicaid-covered services through our D-SNP
- **Alabama, Colorado, and Ohio:** Full dual eligibles — those with QMB+, SLMB+, or FBDE Medicaid statuses — get their Medicaid-covered services through a state Medicaid agency or a Medicaid managed care plan, if they have one
- Full dual eligibles who qualify for Medicaid long-term care (LTC) get those services from a separate Medicaid LTC plan that's not part of Devoted Health

# C-SNP essentials



# How are C-SNPs different from other plans?

- Special needs plans (SNPs) are Medicare Advantage plans that limit membership based on specific needs
- C-SNPs serve individuals who have a qualifying chronic condition
- For all SNPs, CMS must approve a Model of Care that describes care coordination and enhanced processes for the special population served



# What C-SNPs are we offering in 2023?

We have **2 kinds of C-SNPs**:

- **Devoted BeWell HMO C-SNP** (in San Antonio and El Paso, Texas) and **Devoted Restore Plus HMO C-SNP** (in Tennessee), for individuals with diabetes
- **Devoted BeWell HMO C-SNP** and **Devoted BeWell Plus HMO C-SNP** (in Arizona), for individuals with 1 or more of the following conditions:
  - Diabetes
  - Chronic heart failure
  - Cardiovascular disorders like:
    - Cardiac arrhythmia
    - Coronary artery disease
    - Peripheral vascular disease
    - Chronic venous thromboembolic disorder

# Verifying C-SNP member eligibility

We must verify that C-SNP members clinically qualify for their enrolled plan. We follow a 2-step process.

1. Signed attestation from the member at the time of enrollment
2. Confirmation from at least 1 of the member's providers

## Qualifying criteria for Diabetes C-SNP

- Diabetes (any type)

## Qualifying criteria for combined diabetes and cardiac C-SNP

- Diabetes (any type)
- Congestive heart failure
- Cardiac arrhythmia
- Coronary artery disease
- Peripheral vascular disease
- Chronic thromboembolic disorder

# Identifying SNP members



# Identifying SNP members with their Devoted Health card

Check the plan name on their card. It will end with “D-SNP” or “C-SNP.”

Member Name



Member ID



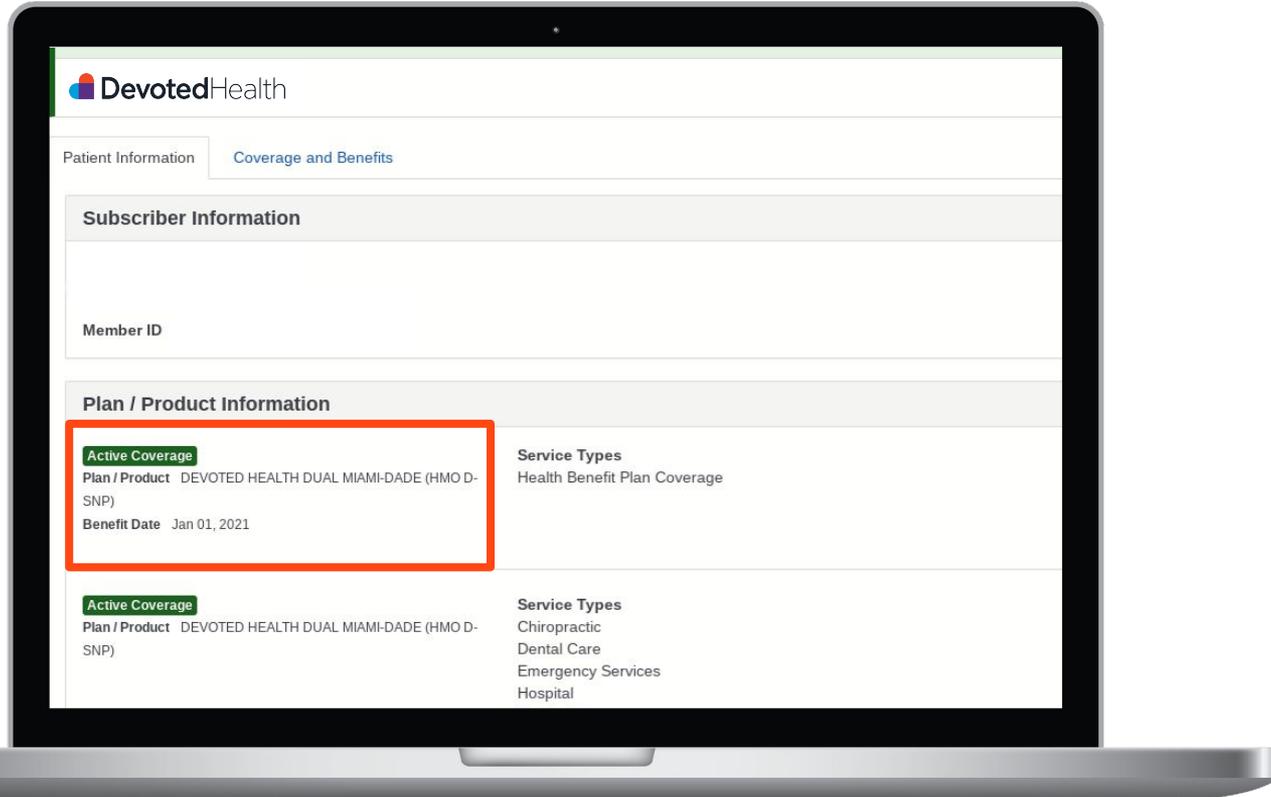
HMO D-SNP



**Dual Miami-Dade HMO  
D-SNP**

# Identifying SNP members in Availity

Check for “D-SNP” or “C-SNP” in their plan name under **Plan / Product**



# Model of Care



# Our Model of Care

Models of Care have 4 main sections.

Section name	What's this section about?	How does this section help you?
<b>1. SNP population description</b>	<ul style="list-style-type: none"><li>• The distinctive challenges facing the SNP population</li></ul>	<ul style="list-style-type: none"><li>• Get important context for serving our SNP members</li></ul>
<b>2. Care coordination</b>	<ul style="list-style-type: none"><li>• How we conduct risk assessments</li><li>• How we collaborate on care plans with members and providers</li></ul>	<ul style="list-style-type: none"><li>• Learn about the team that will support you and your patients</li><li>• Learn how we'll share HRA results and care plans with you</li></ul>
<b>3. Provider network</b>	<ul style="list-style-type: none"><li>• Provider certification, licensure, clinical guidelines, and training</li></ul>	<ul style="list-style-type: none"><li>• Find the resources you need to work with us</li></ul>
<b>4. Quality and performance improvement</b>	<ul style="list-style-type: none"><li>• Our approach to quality for our SNP members</li></ul>	<ul style="list-style-type: none"><li>• Learn how to find your quality performance</li><li>• Learn the SNP-specific quality measures we focus on</li></ul>



# Our Model of Care

**1** Population description

**2** Care coordination

**3** Provider network

**4** Quality and performance improvement

# C-SNP population: diabetes

Compared to other Medicare beneficiaries, **those with diabetes** are more likely to:

- Be **African American, Hispanic, or American Indian**
- Have numerous **chronic conditions**, such as chronic kidney disease, heart disease, arthritis, and heart failure
- Have **behavioral health** and **substance use challenges**



# C-SNP population: cardiac

Compared to other Medicare beneficiaries, **those with cardiac conditions** are more likely to:

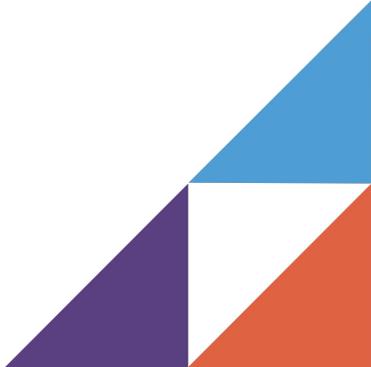
- Be **over 65**
- Have numerous **chronic conditions**, such as chronic kidney disease, arthritis, and diabetes
- Have **behavioral health** and **substance use challenges**



# D-SNP population

If you already have dual-eligible patients, you know their challenges well. Compared to other Medicare beneficiaries, they're more likely to:

- Be **under 65** (disabled and lower income) or **over 85** (older, very low income, often with long-term care needs)
- Have numerous **chronic conditions**
- Have **behavioral health** and **substance use challenges** (see chart on next slide)



# Social needs and the D-SNP population

Social needs significantly impact the health of this population. Here's how we can help you address these needs to achieve better outcomes.

When a member needs...	You can...
<b>Transportation to a provider's office</b>	Call our Member Service Guides at <b>1-800-338-6833</b> (TTY 711) to schedule a ride (benefit limits may apply)
<b>Income assistance</b> (social security, utilities, rent)	
<b>Help reapplying for Medicaid</b>	
<b>Food assistance</b> (SNAP, food banks, delivered meals)	Send a secure email to our Community Guides at <a href="mailto:community-guides@devoted.com">community-guides@devoted.com</a>
<b>Support with homelessness, housing, or ALF placement</b>	and let them know what needs we can address for the member
<b>Long-term care services</b> (new and existing)	
<b>Home health assistance</b>	<b>Texas:</b> Submit a prior authorization to us through our Provider Portal <b>All other SNP states:</b> Submit a prior authorization for Integrated Home Care Service (IHCS) via fax at <b>1-844-215-4265</b>
<b>Behavioral health or substance use treatment</b>	Call our partner, Magellan, at <b>1-800-776-8684</b>

# Our Model of Care

**1** Population description

**2** Care coordination

**3** Provider network

**4** Quality and performance improvement

# Who's on the care team?

It depends on the member's needs. The team always includes:

- The member and/or a caregiver
- Devoted Health staff (see next slide)
- The PCP, who leads and coordinates overall care

It may also include:

- Specialists regularly engaged in the member's care
- Other individuals regularly engaged in the member's care



# Who from Devoted Health may be on the care team?

Team member	Role
<b>Disease Educator / Nurse Case Manager</b>	<ul style="list-style-type: none"><li>● Lead clinical case management for higher-risk members. Our Nurse Case Managers support Transitions of Care, Longitudinal Case Management, Intensive Home Care (home-based complex care), and Palliative Care, and our Disease Educators support the following chronic conditions:<ul style="list-style-type: none"><li>○ Diabetes</li><li>○ Hypertension</li><li>○ CHF</li></ul></li></ul>
<b>Care Coordinator</b>	<ul style="list-style-type: none"><li>● Coordinate with care team members and providers</li><li>● Help with follow up</li></ul>
<b>Clinical Pharmacist</b>	<ul style="list-style-type: none"><li>● Assist with complex medication questions</li><li>● Provide advice on medication adherence</li></ul>
<b>Social Worker</b> (Community Guides)	<ul style="list-style-type: none"><li>● Help members access government assistance and community based resources</li></ul>

# Care coordination

Below are 3 key activities that support care coordination for SNP members:

## **Health Risk Assessment (HRA)**

- We conduct HRAs within 90 days of enrollment, then annually
- We attempt HRAs in person (where safe), over the phone, and by mail

## **Individualized Care Plan (ICP)**

- We create and update ICPs using HRA results and other data at least annually
- We may also update ICPs based on member claims or utilization data, new HRAs, and input from a Case or Disease Manager, member/caregiver, or PCP
- We share initial ICPs and meaningful updates with members (via mail), PCPs (via mail or fax), and other members of the care team (via secure email, fax, or our Provider Portal) for feedback and collaboration
- We perform case management for all SNP members at a level that matches their specific needs

## **Care transitions**

- We offer support and assistance to members during and after hospitalizations, which may include connecting members to providers and services, educating members about self-management, updating the ICP, and communicating across the care team via fax, secure email, or phone

# How you can help with risk assessment

We use HRA responses to identify the most vulnerable members of the SNP population. We combine these results with claims data and provider referrals or feedback to match SNP members with the right level and type of care management resources to meet their needs.

You can...	How this helps your SNP patient	Tips
<b>Encourage</b> SNP patients to <b>complete their HRA</b>	<ul style="list-style-type: none"><li>● HRA results help us <b>address continuity of care needs</b>, like DME, upcoming surgeries, and referrals, as well as to identify members in need of additional care management and care coordination services</li><li>● Our SNP members <b>get a \$20 gift card</b> for completing their initial HRA within 90 days of starting their plan, and every plan year thereafter</li></ul>	<ul style="list-style-type: none"><li>● Tell members they can call <b>1-800-DEVOTED</b> (TTY 711) to request another HRA paper form or to complete an HRA over the phone</li><li>● Let us know if you'd like printed HRAs in your office to offer to our SNP members</li></ul>
<b>Identify</b> SNP patients who may be <b>very high risk</b>	<ul style="list-style-type: none"><li>● We work together to better <b>support your highest-need patients</b></li><li>● Your insights help <b>get patients the right care</b>, complementing data like hospital events, diagnoses, and HRA results</li><li>● You help us identify vulnerable patients <b>before they have a problem</b></li></ul>	<ul style="list-style-type: none"><li>● Tell us about high-risk members by sending a secure email to <a href="mailto:DevotedMedical@devoted.com">DevotedMedical@devoted.com</a></li></ul>

# How you can help with care plans

You can...	How this helps your SNP patient	Tips
<b>Review and improve</b> SNP patient <b>care plans</b>	<ul style="list-style-type: none"><li>Your input <b>improves</b> our <b>care coordination</b> and <b>case management</b></li></ul>	<ul style="list-style-type: none"><li>Review the care plans for SNP patients you see regularly</li><li>Call us at <b>1-877-762-3515</b> to request a copy, or find a copy on our Provider Portal (care plans are available about 3 months after a new member's start date with us)</li><li>Provide input via the Provider Portal, a secure email to <b>DevotedMedical@devoted.com</b>, or via fax to <b>1-888-973-8821</b></li><li>Save the care plan to your patient's record for reference</li></ul>
<b>Share key information</b> around <b>care transitions</b>	<ul style="list-style-type: none"><li>You <b>help</b> patients make <b>successful transitions</b> across care settings and <b>avoid readmission</b></li></ul>	<ul style="list-style-type: none"><li>Share discharge summaries with our nurse clinical guides and care coordinators who track your patients during a hospitalization</li></ul>

# Our Model of Care

**1** Population description

**2** Care coordination

**3** **Provider network**

**4** Quality and performance improvement

# Provider network

We've created a strong network covering all specialties required to serve our SNP members' care needs. And we want to make it easy for our in-network providers to serve our SNP members. Visit [devoted.com/providers](https://devoted.com/providers) for all the information you need.

## Ordering care

- Guidance for submitting claims, prior authorizations, and referrals
- Guidance for ordering DME

## Clinical assistance

- HEDIS® and medication adherence tip sheets
- Clinical guidelines

## Reference information

- Provider Manual, including credentialing and quality processes
- Provider directory
- Formulary
- Roster forms for easy updates

# Our Model of Care

**1** Population description

**2** Care coordination

**3** Provider network

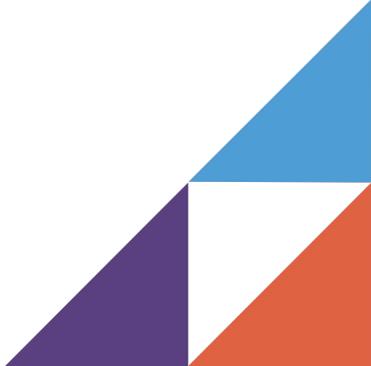
**4** **Quality and performance improvement**

# SNP quality strategy

Our quality program tracks how our Model of Care improves the well-being of our SNP members, focusing on:

- Key preventive and disease management measures, like Stars and HEDIS® measures (see key Stars and HEDIS® resources at [devoted.com/providers](https://devoted.com/providers) )
- Operational performance of the Model of Care, such as HRA completion rates

Devoted Health's Quality Committee — which consists of cross-functional leaders from our operations, clinical, network, data science, and compliance functions — oversees progress toward our SNP quality goals and performance improvement.



# How you can help improve quality

You can...	Tips
<p><b>Review your quality performance</b> on our Provider Portal</p>	<p>View the <a href="#">Stars Performance Report Guide</a> on <a href="https://devoted.com/providers">devoted.com/providers</a>, which shows you how to:</p> <ul style="list-style-type: none"><li>• Log in</li><li>• Download custom reports on your performance</li><li>• Upload supplemental data</li></ul>
<p><b>Share ideas</b> with your Devoted Health network partners about additional quality reports that would help you improve care</p>	<p>Not sure who your Devoted Health network partners are? Call Provider Services at <b>1-877-762-3515</b>.</p>
<p><b>Identify members</b> whose clinical outcomes are particularly concerning</p>	<p>Tell us about high-risk members by sending a secure email to <a href="mailto:DevotedMedical@devoted.com">DevotedMedical@devoted.com</a>.</p>

# Key Devoted Health contact information

Devoted Health team	Contact details	How we can help
<b>Provider Services</b>	<b>1-877-762-3515</b>	General help for all provider questions
<b>Member Services</b> (our Member Service Guides)	<b>1-800-338-6833</b> (TTY 711)	General help for all member questions
<b>Social workers</b> (our Community Guides)	<b><u><a href="mailto:community-guides@devoted.com">community-guides@devoted.com</a></u></b>	Support for income, food, transportation, housing, and other governmental and community assistance
<b>Care Management</b>	<b><u><a href="mailto:DevotedMedical@devoted.com">DevotedMedical@devoted.com</a></u></b>	Help with care management for members with complex and significant needs
<b>Clinical pharmacy</b>	<b><u><a href="mailto:pharmacy@devoted.com">pharmacy@devoted.com</a></u></b>	Help with complex medication questions

# Model of Care training attestation

Complete your attestation online or fax this completed form to **1-877-264-3871**.

## Tax ID or EIN

Enter the Tax ID or EIN for your organization here. If you're the authorized representative for multiple providers, groups, or organizations, you can complete one attestation as long as you list all relevant Tax IDs/EINs. Credit is given at the Tax ID/EIN level only. No other provider identifier will be accepted for credit. If you need more space, you can attach a separate sheet with additional Tax IDs/EINs.


Check here if you're including a list with additional Tax IDs/EINs

## Signature

I understand that Model of Care training is a yearly SNP requirement mandated by CMS. I attest that the providers in my provider group have reviewed Devoted Health's SNP Model of Care training.

**Contracting provider group name:** \_\_\_\_\_

**Your name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**We're here to support you. Call us  
with any questions or concerns.**

Provider Services

**1-877-762-3515**



*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.*