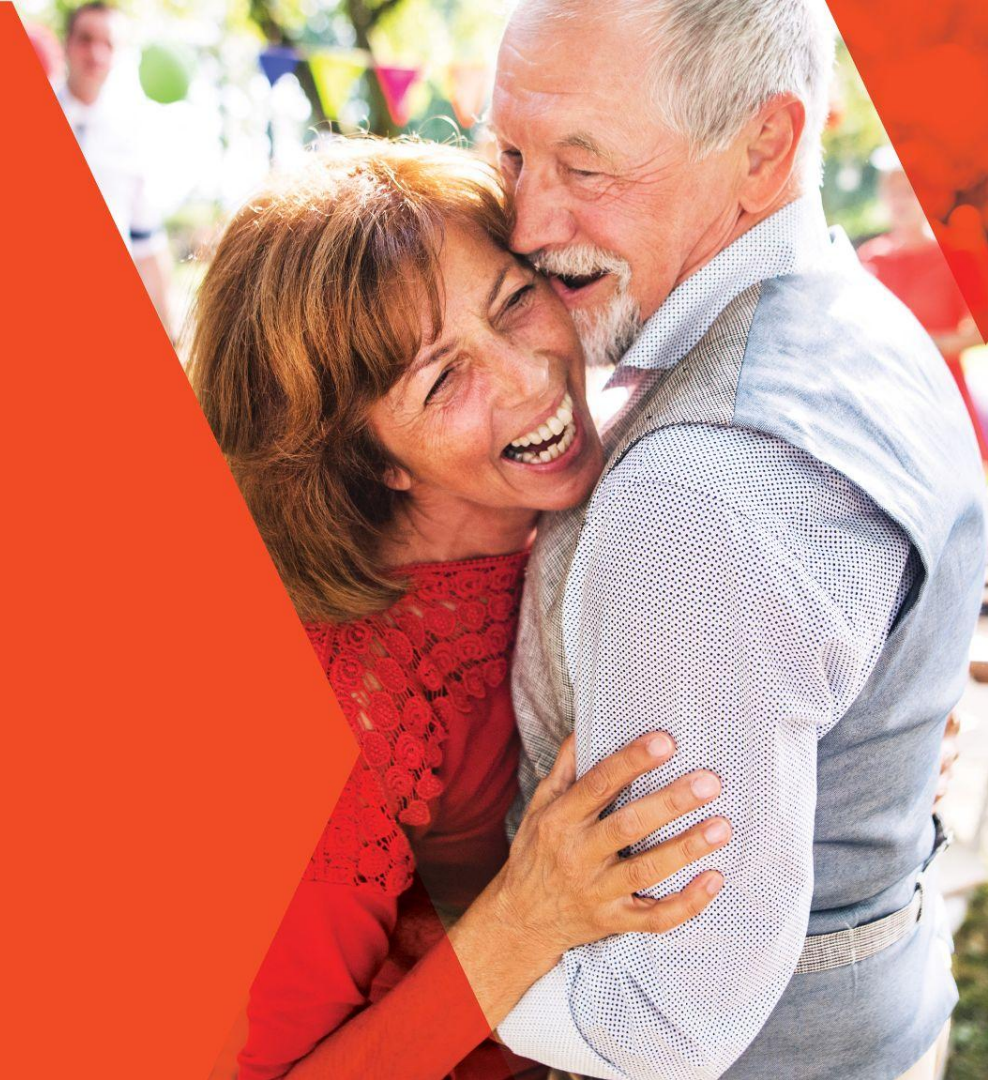
Special Needs Plans (SNP)

Provider Model of Care training

Devoted 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

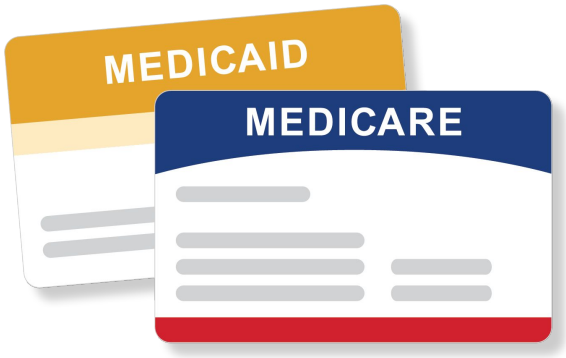
- Key details about SNP populations
- Care coordination
  - Health Risk Assessments (HRAs)
  - Care plans
  - Care teams
- Provider network (certification and clinical practice guidelines)
- SNP quality measurement and performance improvement

Our contact information

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



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, North Carolina, 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

Where do we offer D-SNPs?

In 2024, we offer D-SNP plans in **5 states**:

- Alabama
- Colorado
- Florida
- North Carolina **(new!)**
- Ohio

For individuals with the following Medicaid statuses: QMB/QMB+, SLMB/SLMB+, QI, QDWI, FBDE

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 2024?

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

- **Devoted BeWell HMO C-SNP** (in San Antonio, Texas) and **Devoted BeWell Plus HMO C-SNP** (in select markets in Tennessee), for individuals with diabetes
- **Devoted BeWell HMO C-SNP** and **Devoted BeWell Plus HMO C-SNP** (in select markets 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)

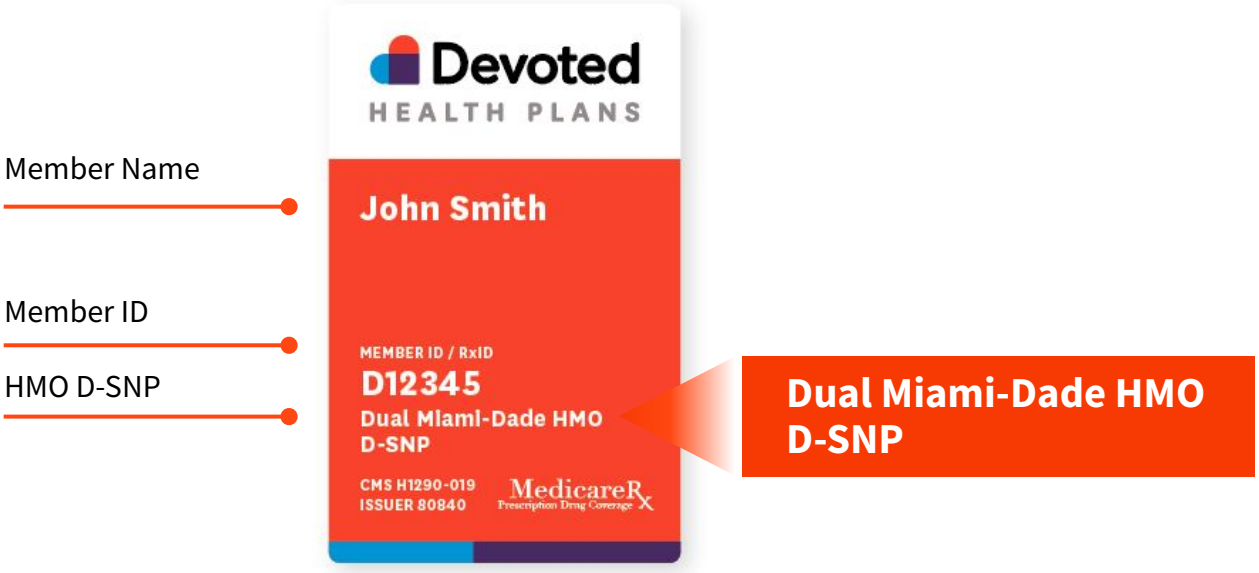
Qualifying criteria for combined diabetes and cardiac C-SNP

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

Identifying SNP members

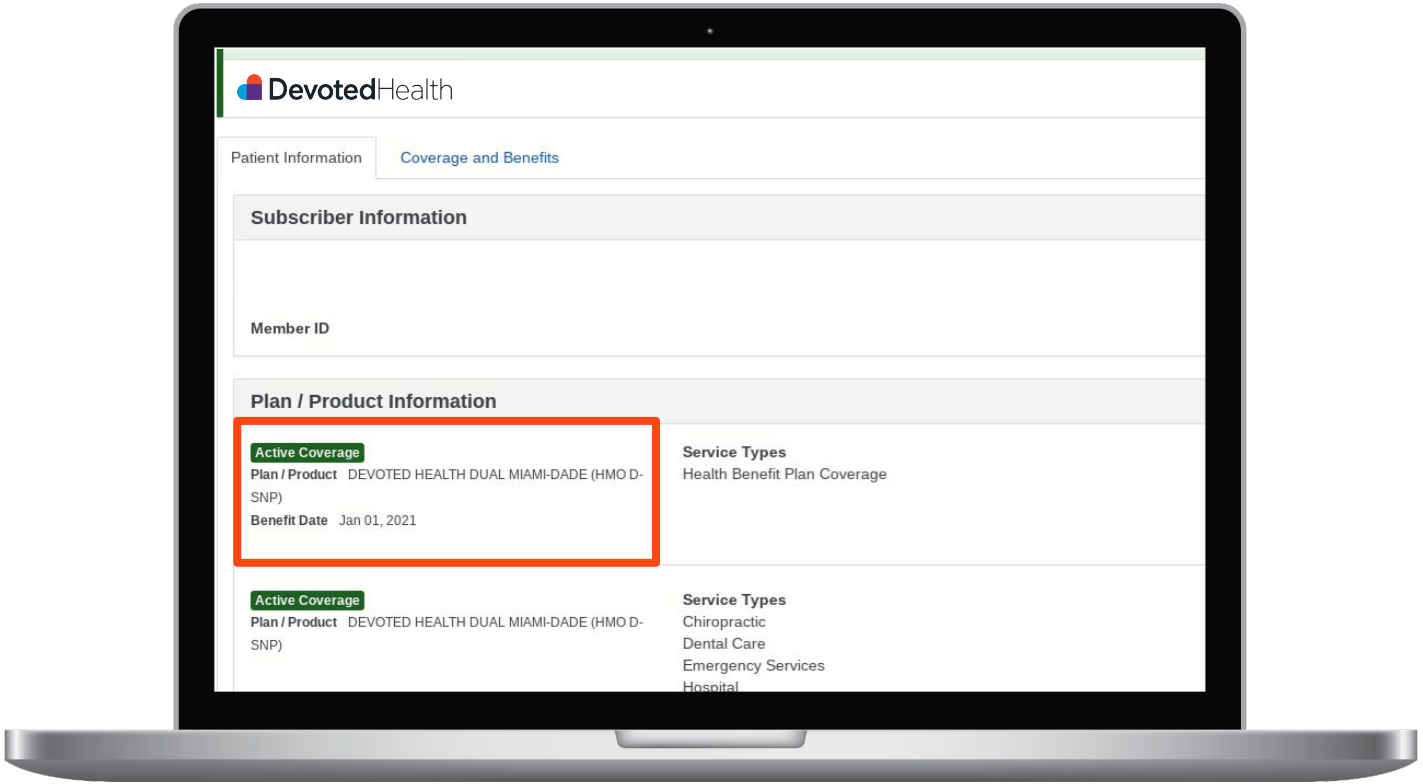
Identifying SNP members with their Devoted Health card

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



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?
1. SNP population description	• The distinctive challenges facing the SNP population	• Get important context for serving our SNP members
2. Care coordination	• How we conduct risk assessments • How we collaborate on care plans with members and providers	• Learn about the team that will support you and your patients • Learn how we'll share HRA results and care plans with you
3. Provider network	• Provider certification, licensure, clinical guidelines, and training	• Find the resources you need to work with us
4. Quality and performance improvement	• Our approach to quality for our SNP members	• Learn how to find your quality performance • Learn the SNP-specific quality measures we focus on

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** among Devoted's C-SNP population are more likely to:

- Identify as **African American, Asian, or Hispanic**
- Have numerous **chronic conditions** in addition to diabetes, such as chronic kidney disease, heart disease, heart failure, and chronic skin ulcers
- Have **behavioral health challenges**

C-SNP population: cardiac

Compared to other Medicare beneficiaries, **those with cardiac conditions** among Devoted's C-SNP population are more likely to:

- Be **over 65**
- Identify as **Non-Hispanic White**
- Have numerous **chronic conditions** beyond a qualifying cardiac condition, such as diabetes, chronic kidney disease, and dementia
- Have **behavioral health 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 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...
Transportation to a provider's office	Call our Member Service Guides at **1-800-338-6833** (TTY 711) to schedule a ride (if covered by the member's plan) or for support finding community transportation resources
Income assistance (social security, utilities, rent) **Help reapplying for Medicaid** **Food assistance** (SNAP, food banks, delivered meals) **Support with homelessness, housing, or ALF placement** **Long-term care services** (new and existing)	Send a secure email to our Community Guides at **community-guides@devoted.com** and let them know what needs we can address for the member
Home health assistance	**Alabama & Texas:** Submit a prior authorization to us through our Provider Portal **All other SNP states:** Submit a prior authorization for Integrated Home Care Service (IHCS) via fax at **1-844-215-4265**
Behavioral health or substance use treatment	Call our partner, Magellan, at **1-800-776-8684**

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

Disease Educator / Nurse Case Manager	• Lead clinical case management for higher-risk members. Depending on the member's needs, 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:
	  ○ Diabetes
	  ○ Hypertension
	  ○ CHF

Care Coordinator	• Coordinate with care team members and providers • Help with follow up
Clinical Pharmacist	• Assist with complex medication questions • Provide advice on medication adherence
Social Worker (Community Guides)	• Help members access government assistance and community-based resources

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 data, new HRAs, and input from Devoted care coordination staff, member/caregiver, or PCP
- We share initial ICPs and meaningful updates with members (via mail or the Member Portal) and with PCPs and other members of the care team (via mail, fax, or the 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 assessments

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
Encourage SNP patients to **complete their HRA**	• HRA results help us identify members in need of additional care management and care coordination services • Our SNP members **get a $20 gift card** for completing their initial HRA within 90 days of starting their plan, and every plan year thereafter	• Tell members they can call **1-800-DEVOTED** (TTY 711) to request another HRA paper form or to complete an HRA over the phone • Let us know if you'd like printed HRAs in your office to offer to our SNP members
Identify SNP patients who may be **very high risk**	• We work together to better **support your highest-need patients** • Your insights help **get patients the right care**, complementing data like hospital events, diagnoses, and HRA results • You help us identify vulnerable patients **before they have a problem**	• Tell us about high-risk members by sending a fax to **1-888-973-8821** or giving us a call at **1-877-762-3515**

How you can help with care plans

You can...	How this helps your SNP patient	Tips
Review and **improve** SNP patient **care plans**	• Your input **improves** our **care coordination** and **case management**	• Review the care plans for SNP patients you see regularly • Call us at **1-877-762-3515** to request a copy, or find a copy on our Provider Portal (for new members, care plans are available about 3 months after a new member's start date with us) • Provide input via the Provider Portal or via fax to **1-888-973-8821** • Save the care plan to your patient's record for reference
Share key **information** around **care transitions**	• You **help** patients make **successful transitions** across care settings and **avoid readmission**	• Share discharge summaries with our nurse clinical guides and care coordinators who track your patients during a hospitalization

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** 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**)
- 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
Review your quality performance on our Provider Portal	View the **Stars Performance Report Guide** on **devoted.com/providers**, which shows you how to: • Log in • Download custom reports on your performance • Upload supplemental data
Share ideas with your Devoted Health network partners about additional quality reports that would help you improve care	Not sure who your Devoted Health network partners are? Call Provider Services at **1-877-762-3515**.
Identify members whose clinical outcomes are particularly concerning	Tell us about high-risk members by sending a fax to **1-888-973-8821** or giving us a call at **1-877-762-3515**.

Key Devoted Health contact information

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

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

Provider Services

1-877-762-3515

Devoted HEALTH PLANS

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.