
2024 SNP MODEL OF CARE (MOC) TRAINING

IMPERIAL HEALTH PLAN



IMPERIAL HEALTH PLAN
OF CALIFORNIA

SNP Overview

The Medicare Modernization Act of 2003 (MMA) established a Medicare Advantage Coordinated Choice Plans specifically designed to provide targeted care to individuals with special needs.

“Special needs individuals” are

- 1) dual eligible; Members who qualify for both Medicaid and Medicare
- 2) institutionalized individuals; and/or
- 3) individuals with severe or disabling chronic conditions, as specified by CMS



SNP POPULATION

- **Imperial Health Plan services SNP members in the following Counties**

California		
<ul style="list-style-type: none">• Alameda• Amador• Butte• Contra Costa• Del Norte• El Dorado• Fresno• Glenn• Humboldt• Imperial• Inyo• Kern• Kings• Los Angeles• Madera• Marin• Mariposa	<ul style="list-style-type: none">• Mendocino• Merced• Modoc• Monterey• Napa• Nevada• Orange• Placer• Plumas• Riverside• Sacramento• San Benito• San Bernardino• San Diego• San Francisco• San Joaquin• San Luis Obispo	<ul style="list-style-type: none">• San Mateo• Santa Barbara• Santa Clara• Shasta• Sisikyou• Solano• Sonoma• Stanislaus• Tehama• Tulare• Tuolumne• Ventura• Yolo yuba

SNP Overview

- We perform a population assessment to build a Model of Care that will best serve the needs of the members.
- Some of the factors identified include but not limited to the following:

Age
Gender
Ethnicity
Incidence of major diseases and chronic conditions
Language barriers and health literacy
Identification based on multiple hospital admissions, high pharmacy utilization, high cost
Combination of medical, psychosocial, cognitive and functional challenges



SNPs

D-SNPs

Members that are dually eligible for Medicare and Medicaid

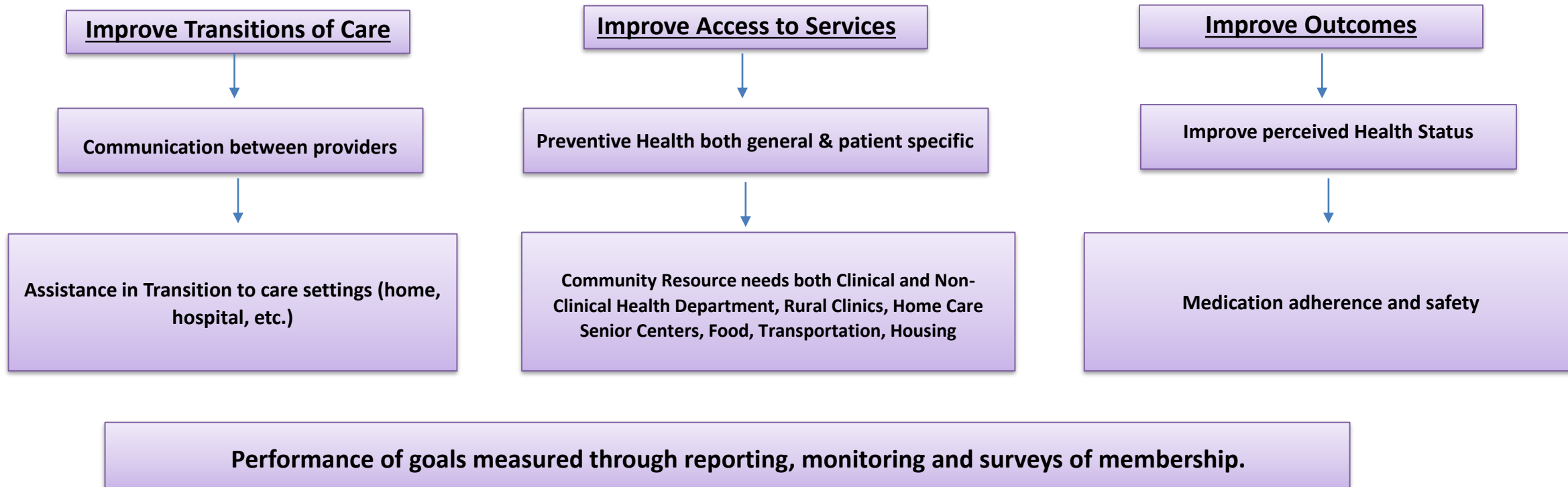
C-SNPs

Members with chronic and disabling disorders. One or more of the following chronic diseases depending on the specific plan

- Diabetes
- Chronic Heart Failure
- Cardiovascular Disorders
 - Cardiac Arrhythmias
 - Coronary Artery Disease
 - Peripheral Vascular Disease
 - Chronic Venous Thromboembolic Disorder



MOC Goals



Staff Structure

All staff work as an integrated team for care management of the enrollee.

Staff Roles include but are not limited to:

Administrative Staff

- Member/Enrollee Services
- Customer Service Staff
- Appeals and Grievances Staff
- Member/Enrollee Accounting Team
- Claims Team

Clinical Staff

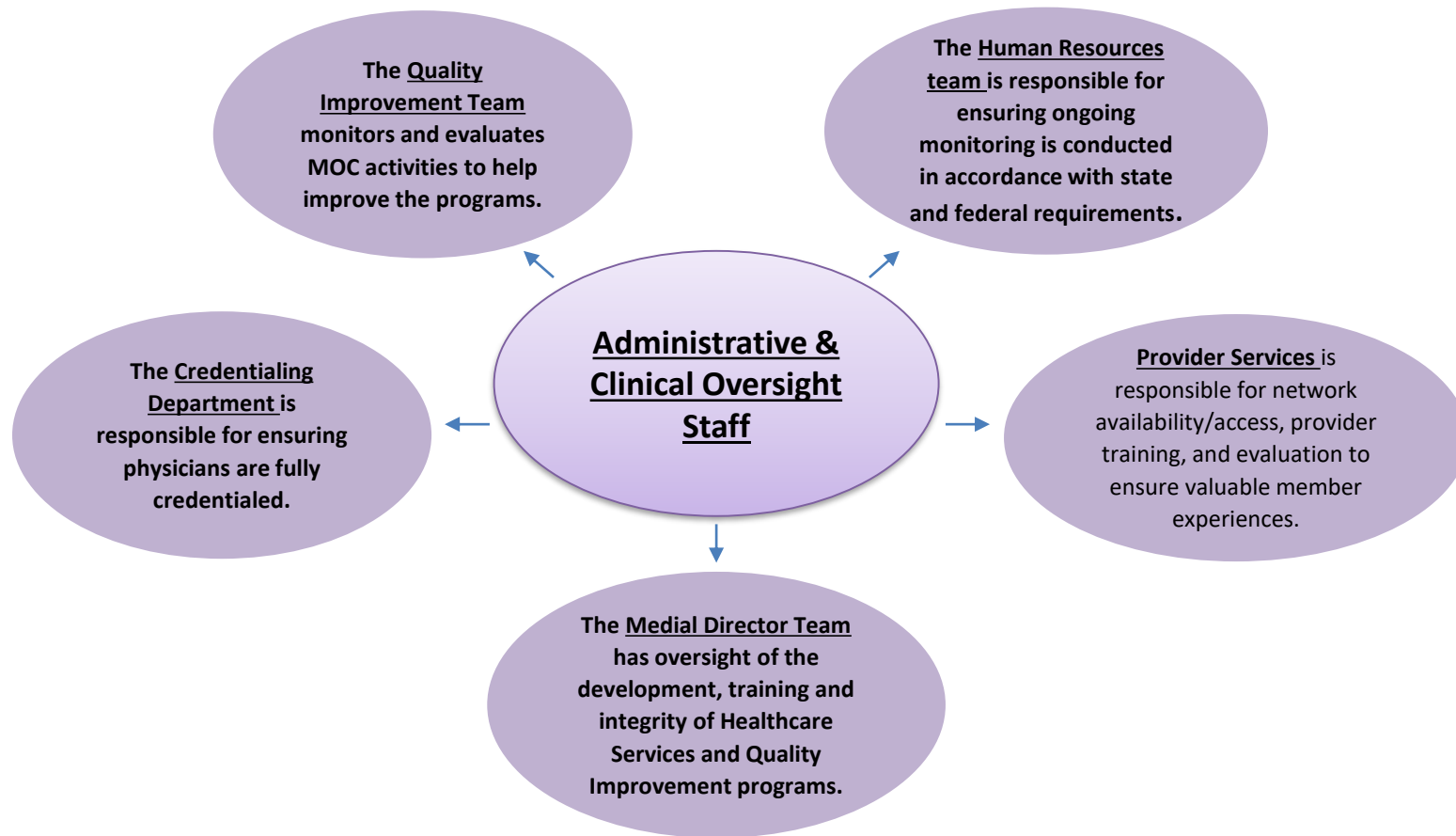
- Behavioral Health Clinicians
- Licensed Clinical Social Workers
- Psychologists
- Mental Health Counselors

Medical Clinicians

Community Connectors



Staff Structure and Description



*The team serves as a resource for Integrated Case Management Teams and providers regarding member/enrollee's health care needs and care plans
Selects and monitors usage of nationally recognized medical necessity criteria, preventive health guidelines and clinical practice guidelines.*



Specialized Provider Network

Imperial has an adequate and specialized provider network that maintains the appropriate licensure and competency to address the needs of the target population



Imperial provides the full SNP Model of Care with team based internal case management when it is not provided by the member's primary care provider and medical group.

Provider Network has Specialized Expertise, utilizes clinical practice guidelines and protocols



Model of Care Training

•Initial/Annual Training

- -Network Providers
- -Health Plan Staff

•Training Methods

- -Webinars
- -On Site at Provider Office
- -Provider Manual with written training materials for reference/attestations

•Components of Training

- -Model of Care Elements
- -Plan Processes and Procedures
- -Health Plan Tools and Resources



Health Risk Assessment (HRA)

- An HRA is conducted to identify medical, psychosocial, cognitive, functional, and mental health needs and risks.

- Imperial attempts to complete initial HRA within 90 days of enrollment and annually via telephone.

- Multiple attempts are made to contact the patient including mailed surveys.

- The patient's HRA responses are used to identify needs, incorporated into the member's care plan and communicated to care team via electronic medical management system, the provider portal or by mail.

If patient is unreachable, medical history from member's provider will be used to complete HRA

- Patient is reassessed if there is a change in health condition and these and annual updates are used to update the care plan.



Care Management

•Case Managers coordinate the member's care with the Interdisciplinary Care Team (ICT) which includes designated IHP's staff, the member and their family/caregiver, doctors, specialists and vendors, anyone involved in the member's care based on the member's preference of who they wish to attend.

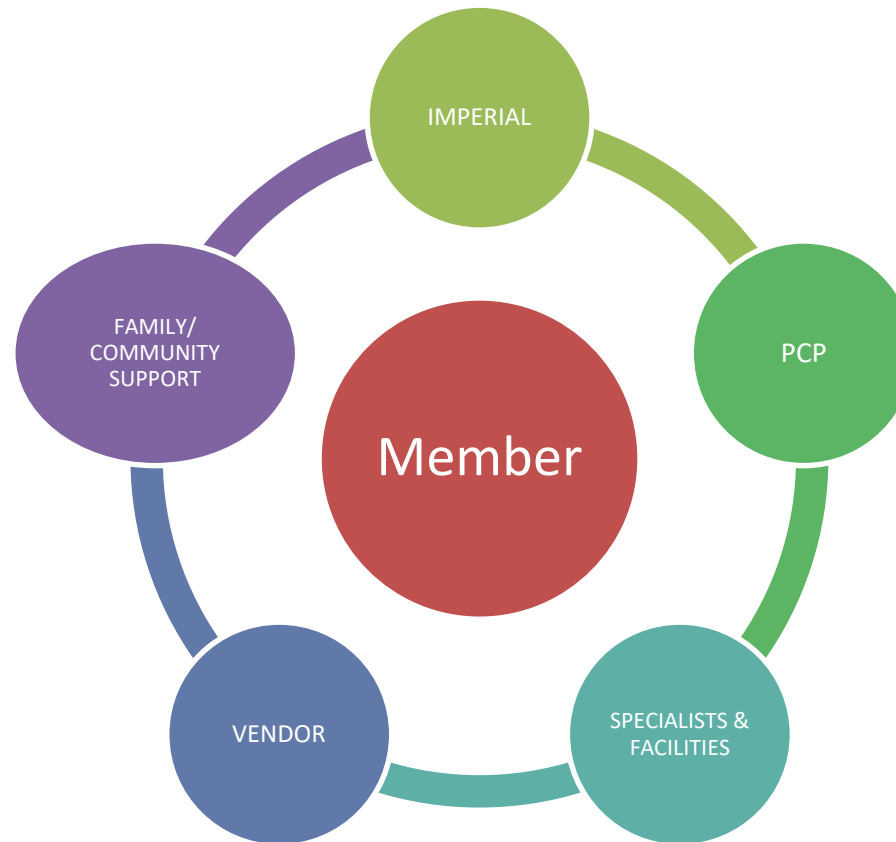
Case Managers strive to do the right thing for members by encouraging self-management of their condition as well as communicating the member's progress toward these goals to the other members of the ICT

•Imperial is responsible to maintain a single, integrated care plan that requires reaching out to external ICT members to coordinate many separate plans of care into one that is made available to all providers based on member's preference.



Interdisciplinary Care Team (ICT)/Integrated Communication Network

Imperial's staff works with all members of the ICT in coordinating the plan of care for the enrollee



Face to Face Encounters

What are Face to Face encounters?

In-person doctor's visit

Teladoc

Appropriate Personnel for Face to Face

Physicians

Specialists

Contracted Providers/Physicians

Pharmacist

Behavioral Health

Clinical Functions of Face to Face

Completing HRA

Care Plan Review

Health Education
Referrals

Coordinating
Appointments

Home Health
Enrollment

Annual Wellness
Visits &
Preventative
Exams

Medication
Management

Behavioral Health
Assessment



Performance and Health Outcomes Measurement

•Process Measures

- Timeliness of Assessment processes
- Physician Relationship (% populations with PCP or Medical Home Relationship)
 - Care Meetings
- Case/Care Management performance

•Care Measures

- Utilization Patterns
- Prescribing Patterns
- Drug interactions
- Readmissions

•Quality Measures

- HEDIS
- Quality of Care Concerns
- Satisfaction Surveys



QUESTIONS/COMMENTS

Providers:

- Please contact our Provider Relations Department at (626) 838-5100 Prompt 5

Staff:

- Please contact our Health Education Department at (626) 838-0052

