



Special Needs Plans Model of Care (SNP MOC)



Welcome

This training on Special Needs Plans Model of Care (SNP MOC) for Medicare Advantage providers is required by the Centers for Medicare & Medicaid (CMS). Sight is our window to wellness, and we share the commitment to help people see every possibility.

This training will cover:

What are the types of Special Needs Plans and how do they help?

What are the benefits to Model of Care?

How do Special Needs Plans improve health outcomes?

How can providers help to improve CMS Star Quality Ratings?



Medicare Improvement for Patients and Providers Act

In 2008, CMS issued regulation of the Medicare Improvement for Patients and Providers Act (MIPPA).

MIPPA mandates that Medicare Advantage plans that offer Special Needs Plans must do the following:

1. Have an approved Model of Care
2. Provide additional services and benefits that meet the needs of the most vulnerable and frail population

The Patient Protection and Affordable Care Act reinforced the MIPPA mandate that Special Needs Plans must have an approved Model of Care. Therefore, the National Committee for Quality Assurance scores, approves or denies a plan's Model of Care based on CMS requirements. The Code of Federal Regulations (Chapter 42, Part 422) mandates annual Special Needs Plan Model of Care training for contracted and employed providers.



Types of Special Needs Plans

As a VSP provider, you may see patients under a client contracted with VSP offering a Special Needs Plan to eligible members.

First type is a Chronic Condition Special Needs Plan (C-SNP):

While VSP is not included in this type of plan, it provides targeted care for people who are managing a severe or disabling condition as specified by CMS.

Second type is a Dual Eligible Special needs Plan (D-SNP):

It provides coordinated care for individuals eligible for both Medicare and medical assistance through a state Medicaid plan. States may cover some Medicare costs, based on the patient's eligibility. D-SNPs are intended to improve quality, reduce costs, and improve patient experiences by:

- Ensuring dual-eligible patients have full access to services in which they're entitled.
- Improving coordination between the federal government and state requirements.
- Developing innovative care coordination and integration models.
- Eliminating financial misalignments that lead to poor quality and additional costs.



Goal of Special Needs Plans

The goal of Special Needs Plans is to improve health outcomes by:

1. Access to medical, mental health and social services.
2. Access to affordable care.
3. Coordination of care through an identified point of contact.
 - VSP Provider would inform PCP of patient visit and findings. Refer to the Provider Reference Manual for PCP communication information.
4. Transitions of care across health care settings and providers.
5. Access to preventative health services.
 - Well Vision Exam for the Diabetic is essential to ensure eye health (Diabetic Retinopathy)
6. Utilization of services.
7. Coordination of Medicaid services to assure independence in the least restrictive environment.



Model of Care Benefits

Opportunity to educate that can be applicable to routine vision:

A Model of Care is the evidence-based process that integrates benefits and coordinates care.

A Model of Care covers these four areas:

- The description of special needs subpopulation itself, which includes the most vulnerable beneficiaries.
- Care coordination, which includes staff structure, the Health Risk Assessment tool, the Individualized Care Plan (ICP), the Interdisciplinary Care Team (ICT) and care transition protocols.
- Essential role of a broad provider network, of which VSP is a part of that provider network.
- Quality Improvement Work Plan, Quarterly Patient Satisfaction surveys, Quality Assurance Medical Record Reviews

Benefits of a Model of care are:

Importance of a routine well vision exam in the detection of other health issues like high cholesterol and diabetes.

VSP has Clinical Practice Guidelines in place (in PRM) for Diabetic Patients



Care Coordination and Health Outcomes

How do Special Needs Plans improve care coordination and health outcomes?

A Special Needs Plan improves care coordination and health outcomes through its five-step model of care:

1. Health Risk Assessment (HRA). This survey assesses a customer's medical, psychosocial, cognitive and functional needs.
2. Risk stratification. HRA responses and other data help identify a customer's risks and care needs.
3. Individualized Care Plans, which are based on HRA responses and may be revised with changes in health status.
4. Interdisciplinary Care Team that supports both customers and the goals of the Individualized Care Plan.
5. Care transition protocols that trigger care coordination changes based on health status or care settings.

Interdisciplinary Care Team

The interdisciplinary Care Team (ICT) is an important part of a Special Needs Plan Model of Care. An ICT may be composed of a patient and/or caregiver, a primary care provider, nurse case managers or support personnel involved in a patient's care.



Improve Star Quality Ratings

What is CMS Star Quality Ratings?

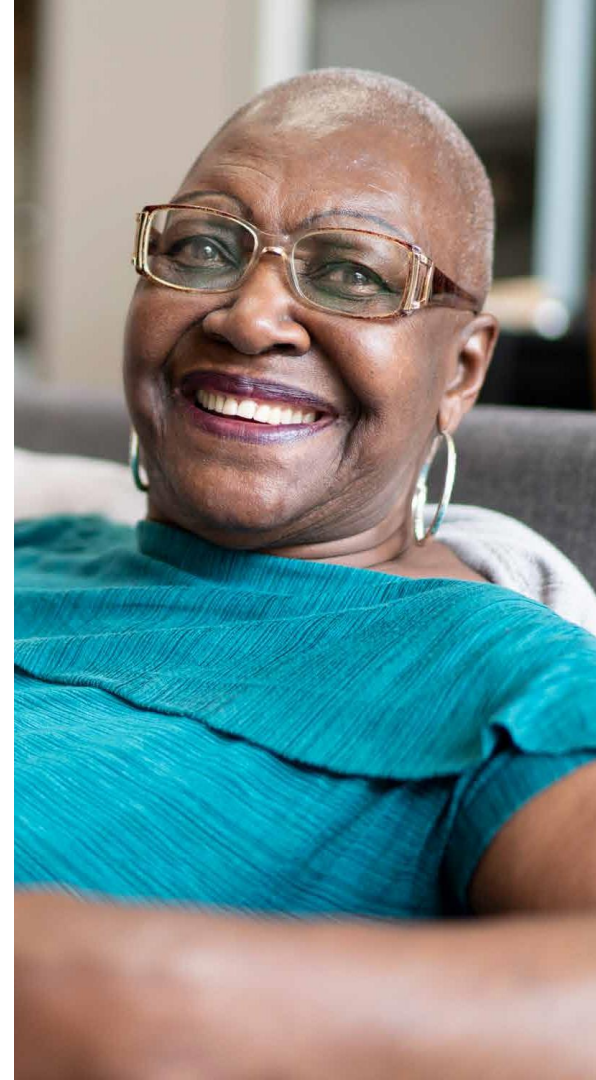
The Star Ratings system helps Medicare consumers compare the quality of Medicare health and drug plans being offered so they are empowered to make the best health care decisions for them.

How can you help improve CMS Star Quality Ratings?

As a VSP Provider, you are an important piece of this rating. VSP reports aggregate data to support our Health Plan clients to achieve their CMS Star Quality rating.

Top two ways you can help improve Star Quality Ratings:

1. Review care plans with your patients.
2. Encourage medication adherence.





Thank you

For completing the Special Needs Plans Model
of Care Training.

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