

# Johns Hopkins HealthCare

Johns Hopkins Advantage MD D-SNP (HMO)

Provider and Model of Care Training

12/14/2021

# JHHC Mission and Vision

- **Mission:** To optimize the health of individuals, populations, and communities through innovations and science-based solutions that advance the mission of Johns Hopkins Medicine.
- **Vision:** Establish Johns Hopkins HealthCare as the leader in the translation of evidence-based solutions into population health programs and products that drive proven results and empower individuals and communities to achieve good health.
- **PROVIDERS WHO CARE FOR JHHC MEMBERS ARE CRITICAL TO OUR MISSION!**

# Why D-SNP?

- Aligning with JHHC's Mission and Vision, we are expanding our Medicare benefit options to target the needs of the underserved dual eligible population by adding a Dual Special Needs Plan (D-SNP).
- The Centers for Medicare & Medicaid Services (CMS) requires Provider Training for health plans delivering coordinated care and care management to Special Needs Plan (SNP) beneficiaries.

# Training Objectives

- **Training:**

- Describe CMS Special Needs Plans (SNPs)
- Differentiate between a C-SNP, I-SNP, and D-SNP
- Describe Johns Hopkins Advantage MD D-SNP HMO (D-SNP)

Model of Care to include:

- Population Analysis
- Care Coordination Activities
- Provider Responsibilities
- Quality Measurement/ Performance Improvement
- Describe D-SNP Member benefits

# Training Objectives (continued)

- **Objectives of the D-SNP Administrative Components:**
  - Provider Manual - D-SNP Chapter
  - Plan Design and Benefits
  - Verification of Eligibility
  - Authorization and Referrals
  - Claim submission
  - Coordination of Benefits and Member Cost Share
  - Appeals and Grievances
  - Provider Incentive and Quality Program
  - Contacting Provider Relations
- **Providers will be required to complete a training attestation form after review of this training presentation. The form can be accessed at the end of the presentation or by going to the [Forms page](#) on [jhhc.com](http://jhhc.com) and clicking on “D-SNP Attestation Form” under Advantage MD.**

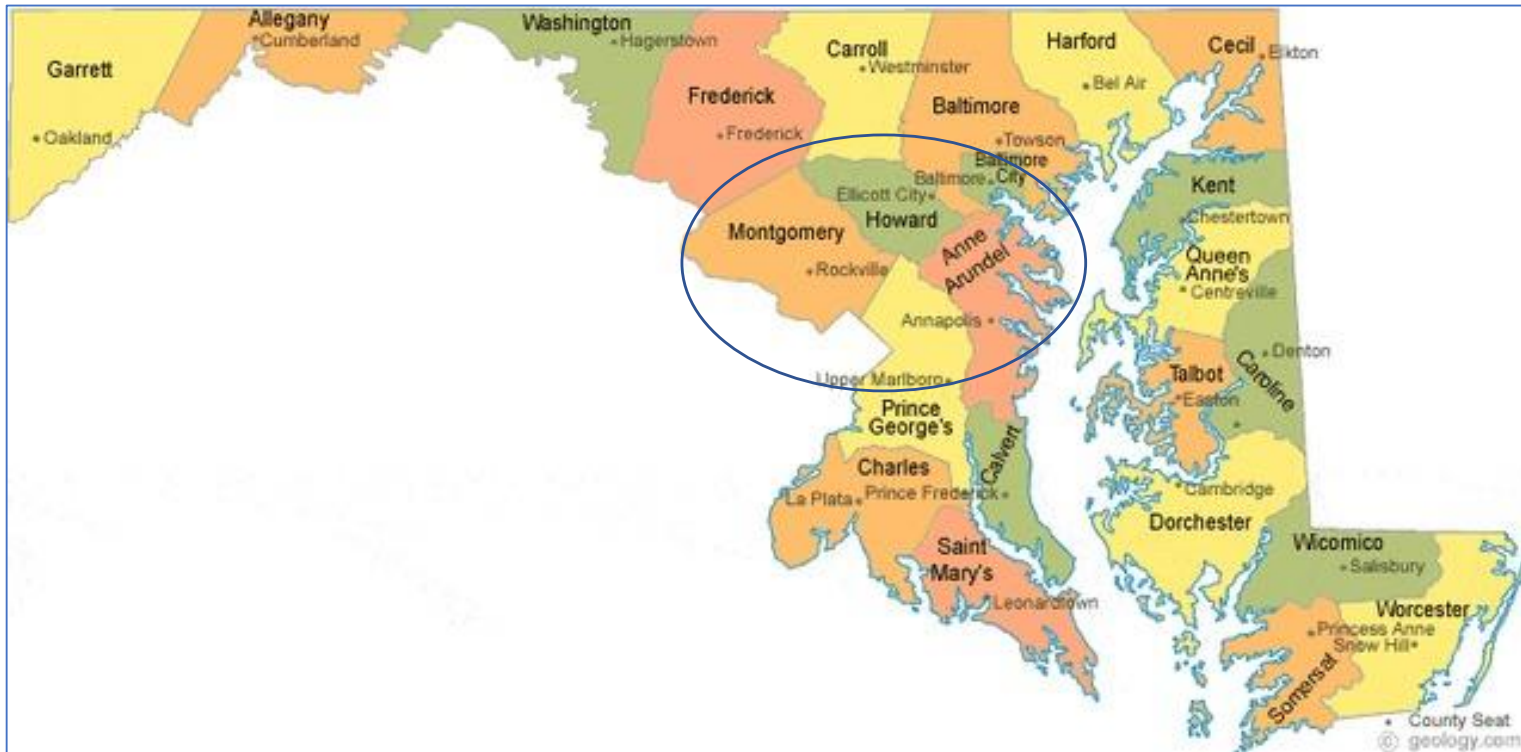
# CMS Special Needs Plans

- Center for Medicare and Medicaid Services (CMS) Special Needs Plans (SNPs) are a specific type of Medicare Advantage coordinated care plan that provide targeted care to individuals with unique special need.
- CMS defines 3 SNPs that serve the following types of members:
  - Individuals with chronic conditions (C-SNP)
  - Individuals who are institutionalized or eligible for nursing home care (I-SNP)
  - Dually eligible members (D-SNP)**
- Medicare beneficiaries enrolled within SNP have customized benefit designs to meet the needs of the target population.
- SNPs have most of the same Medicare Advantage regulations, with some exceptions, and use the same payment methodology as other Medicare Advantage plans
- SNPs were developed by CMS with the intention of enrolling targeted high-risk populations
- Some key differences between D-SNP and standard Medicare Advantage include:
  - D-SNPs can limit enrollment to targeted special needs individuals
  - D-SNPs beneficiaries can enroll and dis-enroll at anytime throughout year
  - Approved Model of Care (MOC) required
  - Must offer Part D coverage

# Dual Special Needs Members

- D-SNP members are those who are eligible for both Medicare and Medicaid (dual eligible).
  - Qualify for Medicare because of age (65 or older) or due to a disability.
  - Eligible for Medicaid because they meet the requirements to qualify for Medicaid in the State of Maryland.
- This dual population has substantial health and social support needs and is largely unmanaged in the State of Maryland's current delivery system.
- JHHC is offering a D-SNP benefit option for dual eligibles beginning January 1, 2022

# Where Johns Hopkins Advantage MD D-SNP (HMO) Members Live



## **JHHC offers D-SNP to beneficiaries in the following Maryland communities:**

- Anne Arundel County
- Howard County
- Montgomery County



# D-SNP Model of Care

- CMS requires D-SNP programs to develop a Model of Care (MOC) framework focusing on four areas- Population Analysis, Care Management, Provider Network, and Quality
- SNP programs must provide initial and annual training to health plan staff and providers.



## POPULATION ANALYSIS

- Understanding social and healthcare needs of population



## CARE MANAGEMENT

- Health Risk Assessments
- Individual Care Plans
- Interdisciplinary Care Team
- Transitions of Care
- Training staff



## PROVIDER NETWORK

- Training and engaging providers
- Coordination with Care Team



## QUALITY

- Develop program Quality Goals and
- Performance Improvement plan

- ✓ Integrating care and coordination across providers and families/caregivers

# Johns Hopkins Advantage MD D-SNP (HMO) Care Team



## **CASE MANAGER (RN or LCSW)**

Assesses member's needs and risk levels; develops and oversees the care plan; performs Transition of Care services

## **COMMUNITY HEALTH WORKER**

Identifies and addresses social determinants of health (SDoH) issues; assists member with Medicaid recertification/ accessing Medicaid benefits, navigating community referral programs/coordination

## **CARE COORDINATOR**

Assists with benefit navigation, transportation, care authorization and appointment scheduling

# I: Population Analysis

Prior to providing services to D-SNP members, CMS requires that health plans gain a better understanding of the D-SNP beneficiaries in the service area identified.

This population analysis includes obtaining information on the following areas:

- Age/Gender
- Race/Ethnicity, Cultural and Linguistic Needs
  - Languages spoken
- Medical and behavioral health conditions
  - Prevalence of chronic conditions such as diabetes and heart disease
- Social determinants of health (SDoH)
  - Economic and social conditions influencing health status

# 2: Care Management

**D-SNP members are provided care management services, including the following:**

- Health Risk Assessment (HRA) within first 90 days of enrollment and annually
- Individualized Care Plan (ICP) with goals to address members' healthcare needs
- Interdisciplinary Care Team (ICT) ensures coordination of members' services and providers are key participants of members' ICT
- Care Transitions (discharges from hospital to home or other levels of care)



# 3: Provider Role

**As key members of the D-SNP Interdisciplinary Care Team, providers collaborate and coordinate with the D-SNP Care Management Team to improve members' healthcare outcomes.**

- **Providers caring for Johns Hopkins Advantage MD D-SNP (HMO) members are asked to support members' healthcare outcomes by:**
  - Communicating with member's Care Management Team on patient-specific issues
  - Notifying Care Management Team of care transitions, i.e., hospital or skilled nursing facility admissions
  - Reviewing members' Care Plans and provide feedback on additional goals areas or areas of focus for the member
  - Explaining to Johns Hopkins Advantage MD D-SNP (HMO) member, the role of the Care Management Team
  - Outreaching to JHHC Care Management Team when you need assistance on managing/ coordinating member's healthcare needs, including addressing SDoH issues

## 4: Quality Measurement/ Performance Improvement

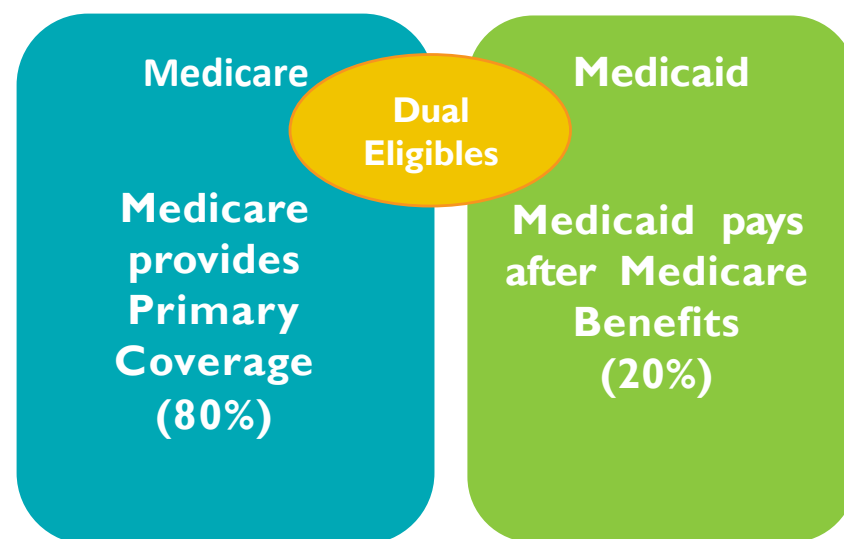
- Assists JHHC in developing and assessing D-SNP Program goals, to include:
  - Population-specific goals
  - HEDIS measures
  - Member satisfaction surveys
  
- Program goals and effectiveness of program are reviewed at least annually
  
- Based on results of this evaluation, goals may be revised, or new goals developed

# D-SNP Administrative Components: Provider Manual Section

- JHHC has created a D-SNP section in the 2022 Johns Hopkins Advantage MD (HMO) Provider Manual to help you and your office staff in partnering with us to help improve our customer's health and wellbeing.
- This section provides additional information for the D-SNP product, therefore, unless described in this chapter specifically, all other chapters in the manual apply to the Advantage MD D-SNP (HMO) program.

# D-SNP Administrative Components: Member Benefits

- Johns Hopkins Medicare Advantage D-SNP (HMO) Benefits are defined in the plan [Evidence of Coverage \(EOC\)](#). This document is provided to each member and is published on our website at
- [https://www.hopkinsmedicare.com/wp-content/uploads/2022-eoc-dsnp\\_508.pdf](https://www.hopkinsmedicare.com/wp-content/uploads/2022-eoc-dsnp_508.pdf)

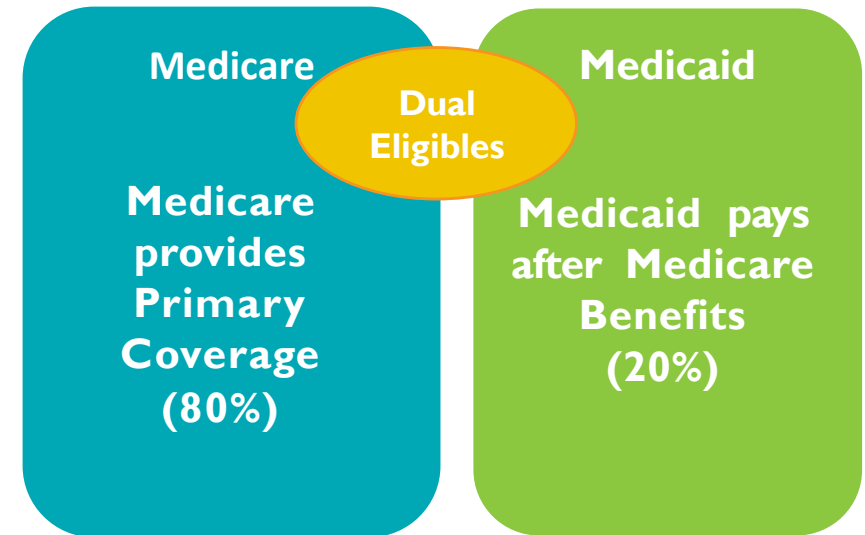




# D-SNP Administrative Components: Member Benefits (continued)

A sampling of available benefits:

- Medical and behavioral health services
- Part D Pharmacy Prescription Drug program
- Assistance provided to members for coordinating and accessing their Medicaid benefits
- Fitness programs
- Over-the-Counter (OTC) medication catalog
- Home meals delivery after inpatient discharge
- Dental care
- Routine vision
- Hearing
- 24/7 nurse-advice telephone line
- Transportation support to medical appointments



## D-SNP Billing Information

- Per the Johns Hopkins Advantage MD participating provider agreement, participating providers may not deny services to D-SNP members JH Advantage MD should be billed for 80% of the charges for services provided to D-SNP members. The provider would need to either bill Medicaid for the remaining 20% or accept JH Advantage MD payment in full (80%).
- If a provider is not registered with Maryland Medicaid, we recommend they do so they can bill for services provided to D-SNP members. The D-SNP member may not be billed and is held harmless.

# Administrative Components: Johns Hopkins Advantage MD D-SNP (HMO) Part D Pharmacy Program

- Advantage MD D-SNP (HMO) members have their own formulary, which is different than the formularies for PPO and HMO. Providers should check the Advantage MD D-SNP (HMO) [formulary](#) for covered drugs prior to prescribing for D-SNP members.
- Most D-SNP members will have low-income subsidy (LIS) and therefore the deductible and 25% coinsurance for drugs on Tiers 2 through 5 will not apply. Members will be responsible for the lesser of their LIS copay or the 25% coinsurance.
- Mail order for prescriptions is available to D-SNP members.
- D-SNP members cannot obtain diabetic supplies from a pharmacy. Members must order diabetic supplies from a JHHC Durable Medical Equipment (DME) company. For a list of participating DMEs, go to [https://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/downloads/amd/advantage\\_md\\_dme\\_provider\\_directory.pdf](https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/amd/advantage_md_dme_provider_directory.pdf)

# D-SNP Administrative Components: Enrollment & Eligibility

- **D-SNP beneficiaries can enroll and dis-enroll any time throughout the year:**
- D-SNP is contingent on Medicaid eligibility

# D-SNP Administrative Components: Enrollment & Eligibility

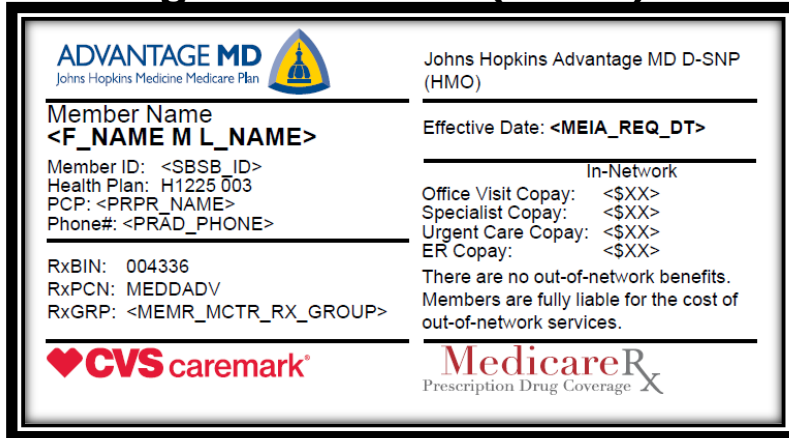
## MEDICARE COVERAGE GROUPS ELIGIBLE FOR MEDICAID ASSISTANCE (Assistance eligibility is defined by the State of Maryland)

**Qualified Medicare Beneficiary (QMB Only)** A “QMB” is an individual who is entitled to Medicare Part A, has income that does not exceed 100% of the Federal Poverty Level (FPL), and whose resources do not exceed three times the Supplemental Security Income (SSI) limit. A QMB is eligible for Medicaid payment of Medicare premiums, deductibles, coinsurance, and copayments (except for Part D). QMBs who do not qualify for any additional Medicaid benefits are called “QMB Only”. Providers may not assess a QMB deductibles, copayments, or coinsurances.

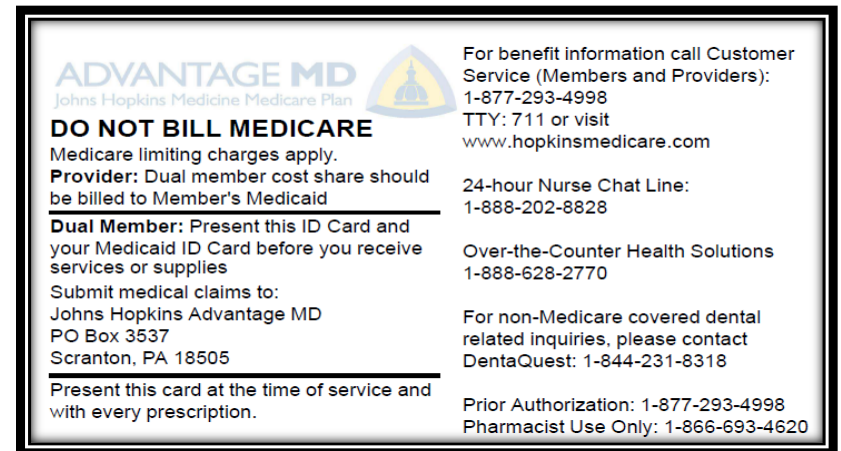
**Qualified Medicare Beneficiary Plus (QMB+)** A “QMB+” is an individual who meets standards for QMB eligibility and also meets criteria for full Medicaid benefits in the state. These individuals often qualify for full Medicaid benefits by meeting Medically Needy standards, or through spending down excess income to the Medically Needy level.

# D-SNP Administrative Components: Eligibility Verification

- **Advantage MD D-SNP (HMO) Identification Cards**



- ← **Front**



- **Back**→

- Each member is provided with an individual member identification card that includes the member's identification number, plan, certain copayment information, and effective date. Since changes do occur with eligibility, the card alone does not guarantee that the member is eligible. Therefore, it is imperative to check eligibility. You must call the health plan or use the [HealthLINK](#) online portal to verify eligibility .
- **Customer Service at 877-293-4998**
- **HealthLINK account at <http://www.jhhc.com/advantagemd>**

# D-SNP Administrative Components: Authorization and Referrals

- Medical Management staff is accessible at least eight hours daily (with the exception of holidays), between 8 a.m. to 5 p.m. Eastern Time, Monday through Friday
- Confidential voicemail and secure fax capabilities will be provided during and after regular hours of operation.
- The Medical Management offers TDD/TTY services for deaf, hard of hearing or speech impaired members.
- Language assistance/ interpretation is available for members

<b>Medical Management</b> Phone: 844-560-2856 Fax: 855-704-5296	<b>Behavioral Health</b> Phone: 844-340-2217 Fax: 844-363-6772
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# D-SNP Administrative Components: Other Processes & Procedures

**The following processes and procedures are the same for D-SNP as they are for other Johns Hopkins Advantage MD PPO and HMO plans. Please check the Provider Manual for more details.**

- Precertification and notification
- Prior authorization for certain services and review of requests for authorization for elective hospital admissions as outlined in the [Evidence of Coverage \(EOC\)](#).
- Medical Management evaluation requests for services regarding medical care, behavioral health, and substance abuse treatment
- Claims submission
- Appeals and grievances
- Compliance and Fraud, Waste and Abuse (FWA)



# D-SNP Administrative Components: Coordination of Benefits

- **Coordination of Benefits**
- COB is applying the NAIC rules to determine which plan is primarily responsible and which plan would be in a secondary position when alternate coverage exists. If COB is to accomplish its purpose, all plans must adhere to the structure set forth in the CMS Model COB regulations.
- **Order of Benefit Determination Rule**
  - Primary (Medicare – Advantage MD D-SNP (HMO))
  - Secondary (Medicaid – Maryland Medical Assistance program)
  - Tertiary (Medicaid – 1915.c waiver benefits, if the member qualifies for the waiver)
- **Dual Eligible Beneficiaries and Cost Share (*premiums, co-insurance & deductibles*)**
- For the purpose of coordination of cost sharing, Qualified Medicare Beneficiary (QMB & QMB+) are covered by the state Medicaid program for their Medicare cost sharing. Therefore, providers are directed to send claims to MDH Medical Assistance program for reimbursement of a member's cost share liability.

# D-SNP Administrative Components: Coordination of Cost Share

- Providers are prohibited from billing, charging, collecting a deposit, seeking compensation or remuneration from, or having any recourse against any Johns Hopkins Medicare Advantage D-SNP (HMO) customer for fees that are the responsibility of Johns Hopkins Medicare Advantage D-SNP (HMO). Providers can accept Johns Hopkins Medicare Advantage D-SNP (HMO) payment as payment in full or seek additional payment from the appropriate state source.
- As appropriate, providers are directed to send claims to MDH Medical Assistance(state Medicaid FFS) program for reimbursement of a member's cost share liability.

# D-SNP Provider Quality Program

- ❖ D-SNP is part of the overall plan Quality program
- ❖ Designed around continuous quality improvement (CQI)
- ❖ Plan and providers partner on quality improvement initiatives, such as:
  - CMS Star Ratings performance
  - HEDIS measures performance
  - Beneficiary satisfaction survey performance, such as the MCAHPS® survey
  - HOS measures performance
  - Pharmacy measures performance
  - QoC reviews
  - Monitoring beneficiary appeals, complaint and grievance data
  - Data analysis and reporting, particularly from programs involving asthma care, diabetes treatment and screening programs (mammography, immunizations, etc.)
  - Utilization Management (UM) data
  - Provider quality performance data

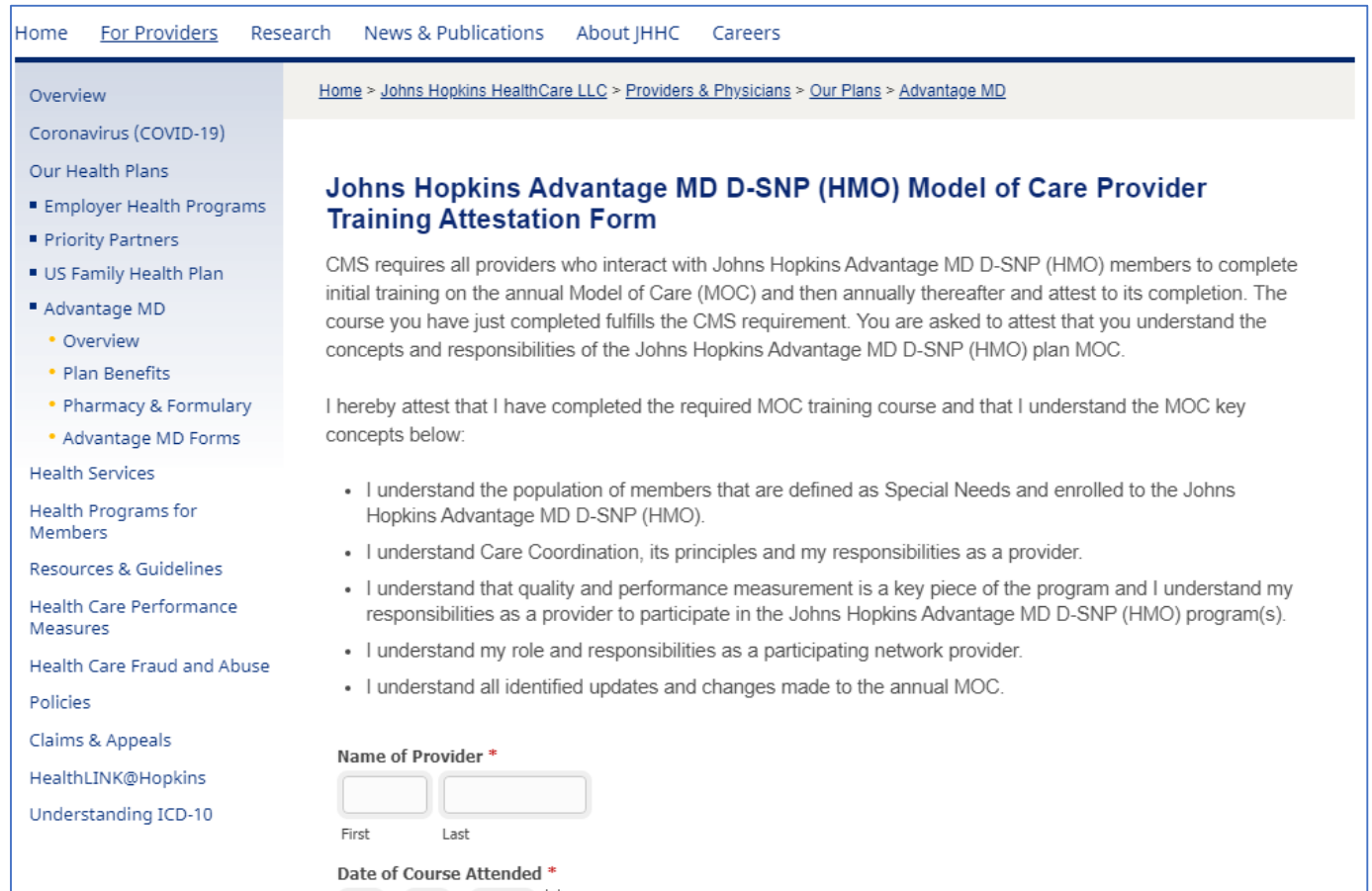
# JHHC Provider Relations

- For questions or to schedule additional in-services regarding the D-SNP program please call 877-293-4998.
- For information on the full array of JHHC products and information, please visit <http://www.jhhc.com>.

# D-SNP Provider Training Attestation

## Last Steps:

- Please complete the [JHHC D-SNP Model of Care \(MOC\) Provider Training Attestation Form](#) located on the Forms page under “Advantage MD.”
- Follow the instructions to complete and submit the [online form](#). The completed form will be automatically transmitted to Provider Relations and providers will be emailed a receipt.



The screenshot shows a web page for the "Johns Hopkins Advantage MD D-SNP (HMO) Model of Care Provider Training Attestation Form". The page includes a navigation menu with links for Home, For Providers, Research, News & Publications, About JHHC, and Careers. A breadcrumb trail reads: Home > Johns Hopkins HealthCare LLC > Providers & Physicians > Our Plans > Advantage MD. The main content area contains the title of the form, a paragraph explaining that CMS requires all providers to complete initial training on the annual Model of Care (MOC) and then annually thereafter, and a statement: "I hereby attest that I have completed the required MOC training course and that I understand the MOC key concepts below:". Below this statement is a bulleted list of four attestation points: understanding the population of members, understanding Care Coordination, understanding quality and performance measurement, and understanding the provider's role and responsibilities. At the bottom of the form, there are input fields for "Name of Provider" (split into First and Last) and "Date of Course Attended".

# Thank you for attending this session.

- **Questions & Answers**