Johns Hopkins Health Plans

Johns Hopkins Advantage MD D-SNP (HMO)

Provider and Model of Care Training

Advantage MD

Johns Hopkins Health Plans Mission & 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 Health Plans 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 JOHNS HOPKINS HEALTH PLANS MEMBERS ARE CRITICAL TO OUR MISSION!

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Why D-SNP?

- Aligning with Johns Hopkins Health Plans' Mission and Vision, we expanded 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.

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Ensuring Equitable Access to Care

- All providers within the D-SNP network must offer fair and unbiased services to all D-SNP Members.
- Providers are expected to ensure equal access and treatment for individuals, regardless of:
  - English proficiency or reading skills
  - Ethnicity, culture, race, religion
  - Disability
  - Sexual orientation
  - Gender identity
  - Environment deprivation
  - Social-economic status
- This means that all members should receive the same quality of care and support, without any disparities based on these factors.

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)
  - Describe D-SNP Member benefits
  - Model of Care to include:
    - Population Analysis
    - Care Coordination Activities
    - Provider Responsibilities
    - Quality Measurement/Performance Improvement

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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 our website and clicking on "D-SNP Attestation Form" under Advantage MD.

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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 needs.
- 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

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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.
- Johns Hopkins Health Plans began offering a D-SNP benefit option for dual eligibility on January 1,2022.

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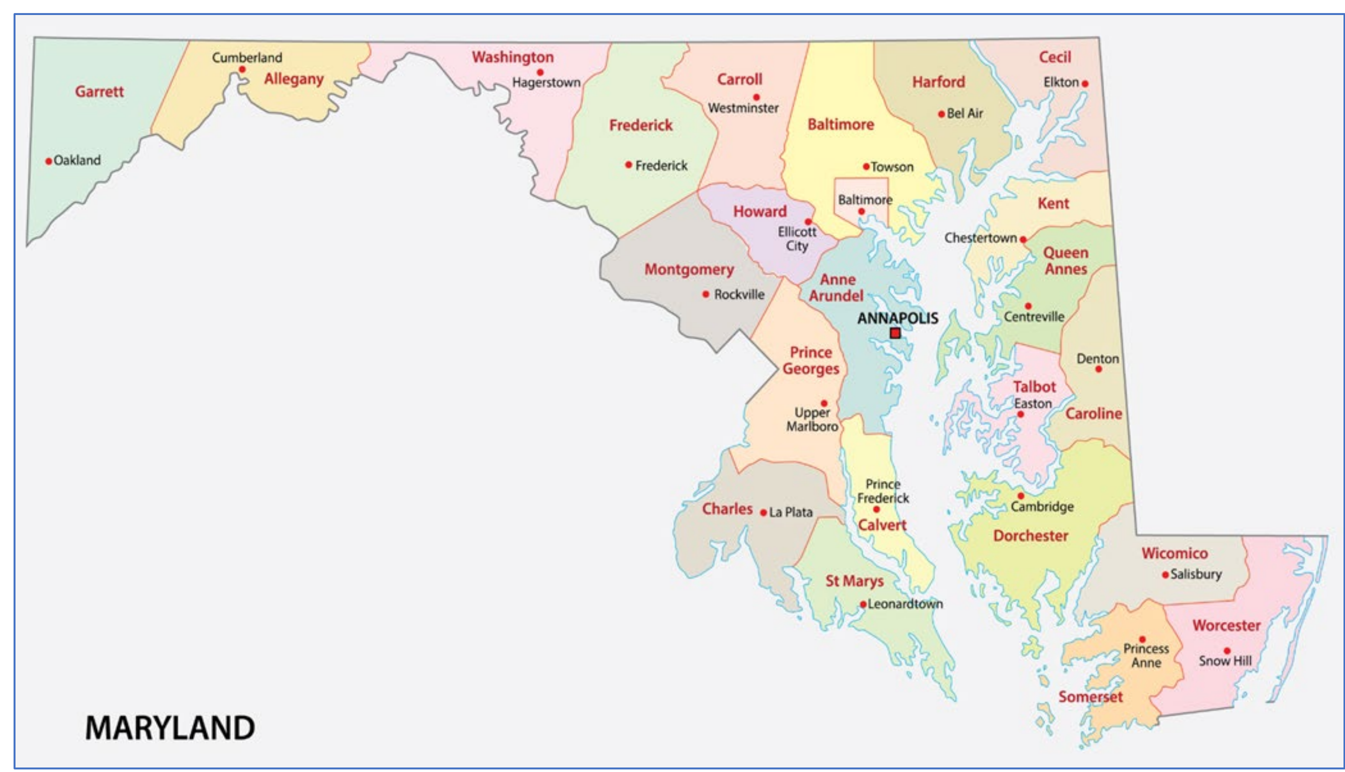
Where Johns Hopkins Advantage MD D-SNP (HMO) Members Live

Johns Hopkins Health Plans offer D-SNP to beneficiaries in the following Maryland communities:

- Anne Arundel County
- Baltimore County*
- Carroll County*
- Frederick County*
- Howard County
- Montgomery County
- Somerset County*
- Washington County*
- Wicomico County*
- Worcester County*



- *Effective January 1, 2024

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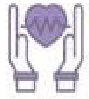
D-SNP Model of Care

- 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.

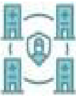
POPULATION ANALYSIS

- 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

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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 HEALTHWORKER

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, utilization review and appointment scheduling

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1: 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

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2: Care Management

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

- Health Risk Assessment (HRA) within first 90 days of enrollment and annually within 364 from the last HRA completion date
- 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)

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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 have a role and responsibility to support members' healthcare outcomes by:
  - Completing a face-to-face encounter on at least an annual basis beginning within the first 12 months of the members enrollment.
  - 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 the Johns Hopkins Health Plan's Care Management Team when you need assistance on managing/ coordinating member's healthcare needs, including addressing SDoH issues.

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Providers Role: ICP

- Johns Hopkins Health Plans develops an individualized plan of care (ICP) for each D-SNP member.
- Provider collaborates in development of the care plan and provide feedback to case manager or documents an update to member goals.
- ICP is updated within 30 days of the members enrollment and ICP's are updated at least quarterly or when the member has a health care transition, i.e., an admission to the hospital.
  - ICP are updated at a minimum quarterly regardless if there is a significant condition change.
  - A copy of the initial ICP and any updates will be provided to providers.
- Providers are asked:
  - To review the ICP, provide updates, and feedback.
  - To place a copy of the member's ICP in the members patient record.
  - Please provide updates to the ICT.

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Providers Role: ICT

- Interdisciplinary Care Team has a common goal to improve care for the member and develop and review the members ICP.
- ICT consists of multiple members and members of the care team have the ability to determine and recommend appropriate interventions for each member.
- Providers role in the ICT is to provide communication and insight on primary care and treatments, and recommends referrals.
- Providers are asked to review ICP and provide recommendations and share recommendations with ICP via fax or email.
    - Shares feedback for development of ICP self-management and care management goals.
    - Provide updates on members progression on goals and health outcomes.

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Providers Role: Care Transitions

- Transition of care supports members as they transition into the community, assuring necessary aftercare services are in place.
- Care Manager outreaches the DSNP member or designated caregiver within 24 hours of notification of discharge from facility.
  - Updates the care plan and shares via EHR and mail to PCP and member.
- Care manager will contact the provider to ensure the member has a follow-up appointment scheduled with the provider within 7 days of discharge & will schedule appointment if not completed.
- Providers are asked to notify care management when aware of a transition of care has occurred.
  - Coordinate aftercare needs are in place in coordination with the care manager.

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Providers Role: Face-to-Face Encounter

- Providers are asked to complete a face-to-face encounter (e.g., annual adult wellness checkup) on all DSNP members on at least an annual basis beginning within the first 12 months of enrollment.
- The face-to-face encounter must be between the DSNP member and a member of the enrollees interdisciplinary care team.
- The face-to-face encounter should pertain to individuals health care and this is a good way of ensuring that the members ICP goals are met and/or updated & completing the members HRA.
- The encounter can be either in-person or through a visual real-time, interactive telehealth encounter.
- Help members capture the face-to-face requirement during:
  - Annual wellness visits and/or physicals.
  - Health related visits – Preventative care visits, Chronic Care Visits, etc.

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4: Quality Measurement/Performance Improvement

- Assists Johns Hopkins Health Plans 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.

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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

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D-SNP Administrative Components: Provider Manual Section

- Johns Hopkins Health Plans has created a D-SNP section in the 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.

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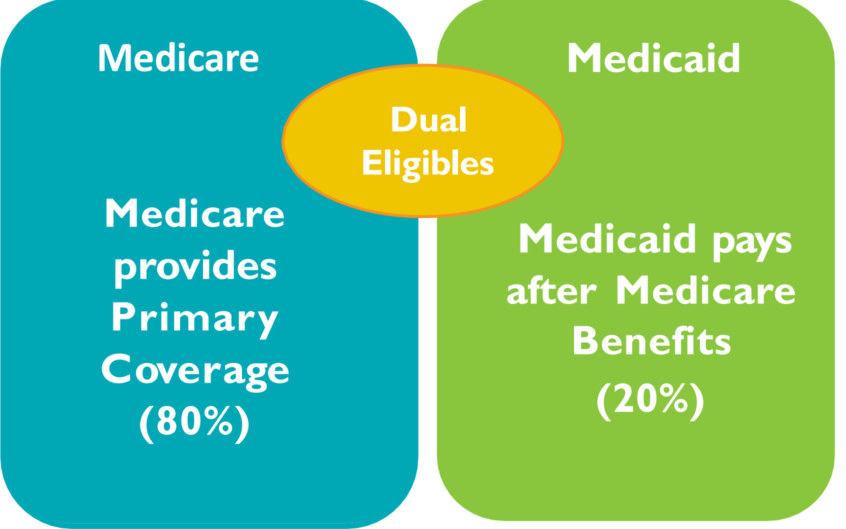
D-SNP Administrative Components: Member Benefits

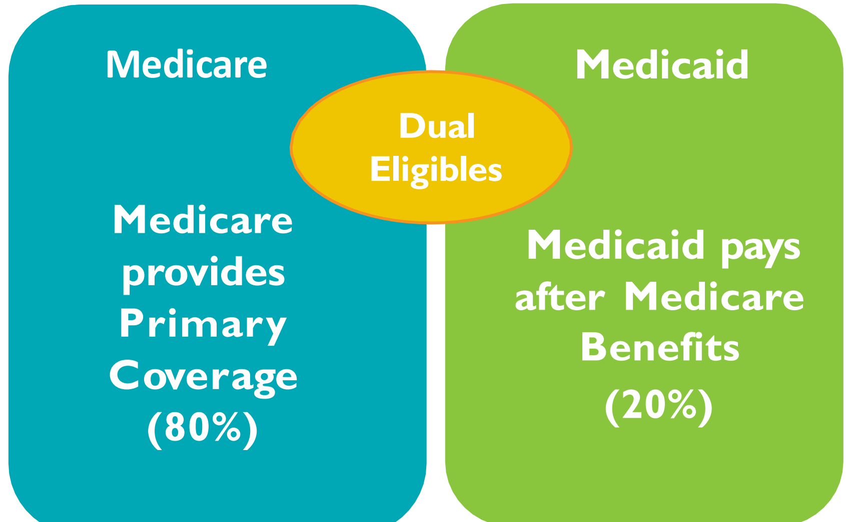
Johns Hopkins Medicare Advantage D-SNP (HMO) benefits are defined in the plan Evidence of Coverage (EOC). This document is provided to each member and is published on our website at: Johns Hopkins 2024 Evidence of Coverage Effective 01-01-24 (hopkinsmedicare.com)



D-SNP Administrative Components: Member Benefits (cont.)

A sampling of available benefits:

- Medical and behavioral health services
- Part D Pharmacy Prescription Drug program
- Assistance provided to members for coordinating & 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



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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 lessor of their LIS copay or the 25% coinsurance.
- Mail order for prescriptions is available to D-SNP members.
- Members must order diabetic supplies from a JHHC Durable Medical Equipment (DME) company. For a list of participating DMEs, go to the online Provider Directory and search under Medical Equipment.

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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

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.

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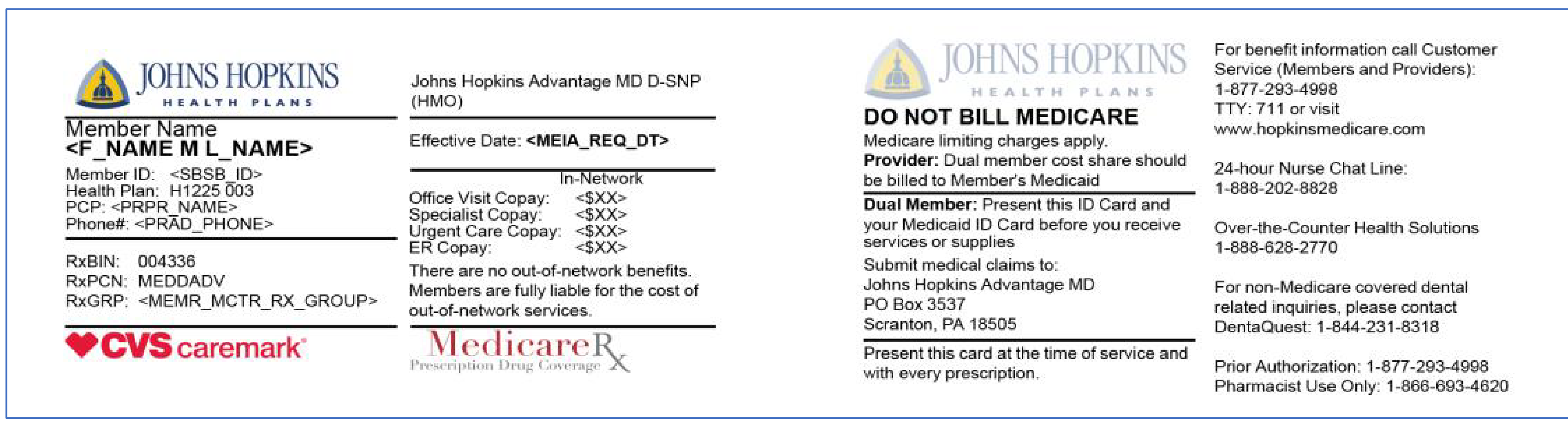
D-SNP Administrative Components: Enrollment & Eligibility

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 Availity online portal to verify eligibility.
- **Customer Service at 877-293-4998**
- **Availity at availity.com**

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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.

Medical Management Phone: 844-560-2856 Fax: 855-704-5296	Behavioral Health 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)

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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.

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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 MedicareAdvantage 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.

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D-SNP Billing Information
Balance Billing D-SNP Members is Prohibited

- Per the Johns Hopkins Advantage MD participating provider agreement, participating providers **may not deny services** to D-SNP members.
- Providers **may not** bill D-SNP members for any services covered under the D-SNP plan.
- Providers would need to bill Medicaid as the secondary for the 20% that other non-DSNP members would typically be responsible for, **or** accept the 80% payment from JH Advantage MD as full payment for the covered services.
- 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.**

D-SNP member ID cards indicate this language as well.

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Johns Hopkins Health Plans Provider Relations Department

For questions or to schedule additional in-services regarding the D-SNP program please call 877-293-4998 (option 4).

For information on the full array of Johns Hopkins Health Plans products and information, please visit the Johns Hopkins Health Plans Website.

D-SNP Provider Training Attestation

- Please complete the Johns Hopkins Health Plans 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.
- *Please include billing tax identification number on attestation form

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Johns Hopkins Advantage MD D-SNP (HMO) Model of Care Provider Training Attestation Form

CMS requires all providers who interact with Johns Hopkins Advantage MD D-SNP (HMO) members to complete initial training on the annual Model of Care (MOC) and then annually thereafter and attest to its completion. The course you have just completed fulfills the CMS requirement. You are asked to attest that you understand the concepts and responsibilities of the Johns Hopkins Advantage MD D-SNP (HMO) plan MOC.

I hereby attest that I have completed the required MOC training course and that I understand the MOC key concepts below:

- I understand the population of members that are defined as Special Needs and enrolled to the Johns Hopkins Advantage MD D-SNP (HMO).
- I understand Care Coordination, its principles and my responsibilities as a provider.
- I understand that quality and performance measurement is a key piece of the program and I understand my responsibilities as a provider to participate in the Johns Hopkins Advantage MD D-SNP (HMO) program(s).
- I understand my role and responsibilities as a participating network provider.
- I understand all identified updates and changes made to the annual MOC.

Name of Provider *

First | Last

Date of Course Attended *

Resources

- Additional Model of Care resources and training can be located using the following link: https://snpmoc.ncqa.org/resources-for-snps

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Thank you for attending.

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