

Horizon NJ TotalCare (HMO D-SNP) Model of Care Training 2021

Effective January 2021



Horizon Blue Cross Blue Shield of New Jersey

Objectives

- At the end of this training, the participant will be able to:
 - Define the components of a Dual Special Needs Plan (DSNP)
 - Understand what a Fully Integrated Dual Special Needs Plan means
 - Identify the changes to benefits for TotalCare in 2021
 - Define the goals of the Horizon NJ TotalCare Model of Care (MOC)
 - Identify the elements in the MOC program
 - Understand the different roles of the DSNP Team members
 - Understand the purpose of the Interdisciplinary Care Team
 - Identify the methods by which the MOC is evaluated for effectiveness

Horizon NJ TotalCare (HMO D-SNP)



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What is DSNP?

DSNP stands for Dual Special Needs Plan. A DSNP is a special kind of Medicare Advantage plan that integrates all covered Medicare **and** Medicaid managed care benefits into one health plan.

DSNP features:

- ❑ A Model Of Care that calls for individual care plans for members
 - ❑ General Goals that are member centric
 - ❑ SMART Goals (Specific, Measurable, Attainable, Relevant, Timely)
- ❑ A team of doctors, specialists and Care Managers working together for the DSNP member
- ❑ The same member rights available to Medicare and Medicaid recipients
- ❑ Zero dollar cost sharing: no copayments, premiums or deductibles

What is FIDE SNP?

- ❑ FIDE SNP stands for Fully Integrated Dual Eligible Special Needs Plan.
- ❑ A FIDE SNP is a special kind of Medicare Advantage plan that integrates all covered Medicare **and** Medicaid managed care benefits into one health plan

FIDE SNPs will:

- ❑ Provide dually-eligible beneficiaries access to Medicare and Medicaid benefits under a single managed care organization
- ❑ Have a CMS approved contract with a State Medicaid Agency that includes coverage of specified primary, acute, and long-term care benefits and services, consistent with State policy

Product and Benefit Information

2021 DSNP benefits include:

- Extra benefits for 2021:
 - *Over The Counter (OTC) Benefits:*
 - OTC Benefit Catalog - \$250 per quarter for over the counter (OTC) personal health items that can be ordered via paper / mail or online catalog. Up to \$1,000 annually.
 - OTC Benefit Card - \$375 per quarter for over the counter (OTC) personal health items that can be purchased in store at participating retailers like; Walgreens, Dollar General, Rite Aid, Walmart, CVS. Or online at NationsOTC.com for home delivery. *This benefit can total up to \$1,500 annually*
 - *New for 2021 - Healthy Food purchases using the OTC Benefit Card. Eligibility criteria required.*

Product and Benefit Information

2021 DSNP benefits include:

- *Over The Counter (OTC) Benefits: Continued*
 - New for 2021 - Healthy Food purchases using the OTC Benefit Card. For those members that qualify their OTC Benefit Card will be enhanced to include food and produce as eligible items. In order to qualify they must meet the following criteria:
 - have been diagnosed with one or more certain chronic conditions,
 - have a higher risk to be in the hospital and
 - participate in the Horizon NJ Health Care Management Program.
 - See listing of qualifying chronic conditions on next slide

Product and Benefit Information

2021 DSNP benefits include:

- *Over The Counter (OTC) Benefits: Continued*
 - New for 2021 - Healthy Food purchases using the OTC Benefit Card. Chronic conditions
 1. Chronic alcohol and other drug dependence;
 2. Autoimmune disorders limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus;
 3. Cancer, excluding pre-cancer conditions or in-situ status;
 4. Cardiovascular disorders limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolic disorder;
 5. Chronic heart failure;
 6. Dementia;
 7. Diabetes mellitus;
 8. End-stage liver disease;
 9. End-stage renal disease (ESRD) requiring dialysis;
 10. Severe hematologic disorders limited to: Aplastic anemia, Hemophilia, Immune thrombocytopenic purpura, Myelodysplastic syndrome, Sickle-cell disease (excluding sickle-cell trait), and Chronic venous thromboembolic disorder;
 11. HIV/AIDS;
 12. Chronic lung disorders limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension;
 13. Chronic and disabling mental health conditions limited to: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder;
 14. Neurologic disorders limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and
 15. Stroke.

Product and Benefit Information

2021 DSNP benefits include:

- Home delivered meals after an acute inpatient hospital stay for those members who qualify
 - 14 meals for 1 week or 28 meals for 2 weeks
 - Eligibility requirements must be met
 - Limit 1 episode of meal delivery per year

Product and Benefit Information

2021 DSNP benefits include:

- Medicare Part A and B services
- Medicare Part D plus Medicaid covered drugs
- Medicaid Services
- Behavioral Health and Substance Use Treatments
- Telemedicine for:
 - Physical Health
 - Behavioral Health

Product and Benefit Information

2021 DSNP benefits include:

- 24/7 Nurse Line
- Silver & Fit Healthy Aging and Exercise Program
- Worldwide emergency/urgent care (\$60,000 cap)
- Routine podiatry care up to 8 visits
- No referrals required
- Routine dental and vision benefits

Product and Benefit Information

DSNP benefits: 2020 vs. 2021

| New or Changed Benefit/Cost Share | 2020 Benefit | 2021 Benefit |
|-----------------------------------|--|---|
| OTC Benefit Card | \$300 per quarter | \$375 per quarter |
| OTC Benefit Card | Dollars used only to purchase personal health items | Dollars can be also used to purchase healthy foods from current retailers (for eligible members) |
| OTC Benefit Card | OTC card used to purchase personal care items onsite at approved retailers | OTC card can also be used to order items by phone or online through mail order partner NationsOTC |
| Meal Benefit | N/A | Available following an acute inpatient stay |
| Fitness Benefit | FitnessCoach | Silver&Fit® (change in Program) |
| Telemedicine | Medical Services only | Behavioral Health Services in addition to Medical |
| Opioid Treatment Services | Prior authorization required | Prior authorization not required |

2021 Medicaid Wrap and OTC Benefit Comparison

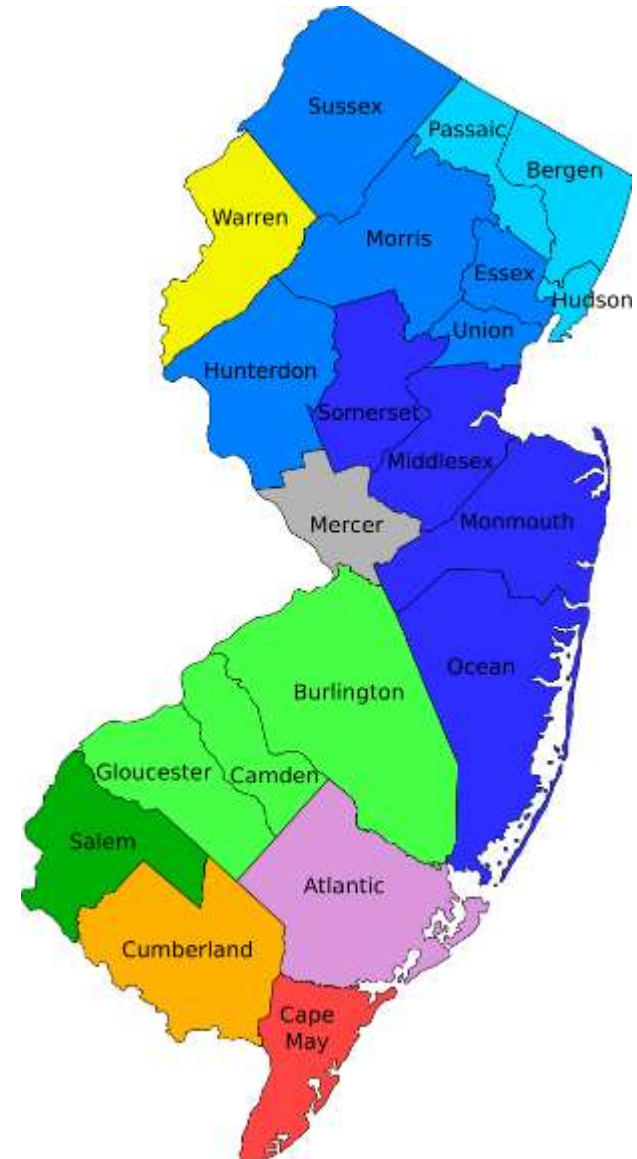
| Features/Process | Medicaid Wrap* | OTC Catalog | OTC Benefit Card |
|--|---|--|--|
| Total Annual Benefit | Unlimited | \$1,000 | \$1,500 |
| \$\$ Limit Per Quarter | Not Applicable | \$250 | \$375 |
| Unused amount rolls to next quarter? | Not Applicable | No | No |
| Prescription Required? | Yes | No | No |
| How are OTC medications and supplies obtained? | Take prescription to a participating Provider (i.e. CVS Pharmacy) | <ul style="list-style-type: none"> Member orders online or by phone Order shipped to their home in 7-10 days | <ul style="list-style-type: none"> Member uses Benefit card to purchase OTC items directly from designated retailers or Nations OTC |

* **Medicaid Wrap** - Unlimited supplemental Wrap benefit covering many medications and supplies, including over the counter vitamins that are not covered by Part D Medicare, that members can obtain **with** a prescription (in addition to drugs already covered under their prescription benefit)

Horizon NJ TotalCare (HMO D-SNP) Service Area 2021

| CMS Contract # | Individual/Group | Product Type | PBP | Service Area |
|----------------|------------------|--------------|-----|--------------|
| H-8298 | Individual | SNP | 001 | 21Counties |

| Service Area | |
|---------------|----------------|
| 1. Atlantic | 11. Salem |
| 2. Cumberland | 12. Somerset |
| 3. Essex | 13. Sussex |
| 4. Gloucester | 14. Union |
| 5. Hudson | 15. Warren |
| 6. Hunterdon | 16. Bergen |
| 7. Mercer | 17. Middlesex |
| 8. Monmouth | 18. Ocean |
| 9. Morris | 19. Burlington |
| 10. Passaic | 20. Camden |
| | 21. Cape May |



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Definition of deemed

- A dual-eligible enrollee of a DSNP may become ineligible for the plan due to the loss of his/her Medicaid eligibility for a period of time that may be one or more months in duration
- Horizon NJ TotalCare (HMO SNP) deeming period is 2 calendar months/60 days

Deemed

/dēmed/

1. **Period of time in which a member may lose Medicaid benefits**

Special Enrollment Period Changes

Continued in 2021

Dual Eligible members can enroll/dis-enroll quarterly, instead of monthly

- Members can enroll or dis-enroll from an MA plan once per calendar quarter during the first 9 months of the year.

Dual SEP Time Periods

January – March

April – June

July - September

- Example; if an election is made in March and effective in April, the 1st quarter use of the SEP would be considered “used”, not the 2nd quarter. Once the SEP is used in a given quarter the member will need to wait to the next quarter or qualify for another type of SEP.

What is a Model of Care?



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Model Of Care (MOC) overview

- CMS requires that all Special Needs Plans (SNP) have an MOC
- The projected membership is to grow to 17,000 members by the end of 2021
- The MOC goals include:
 - Care coordination and care management for all DSNP members enrolled in the plan
 - An individualized care plan (ICP) based on member assessment and member feedback
 - An interdisciplinary care team (IDT) that reviews the member's plan of care and provides input in a collaborative way

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Goals of Horizon NJ TotalCare (HMO D-SNP)

- Efficiently coordinate the care members receive
- Improve members' experience with care
- Improve members' health outcomes
- Improve quality
- Keep members in the community
- Reduce unnecessary costs

Improving
health outcomes



Enhancing
member experience



Lowering costs

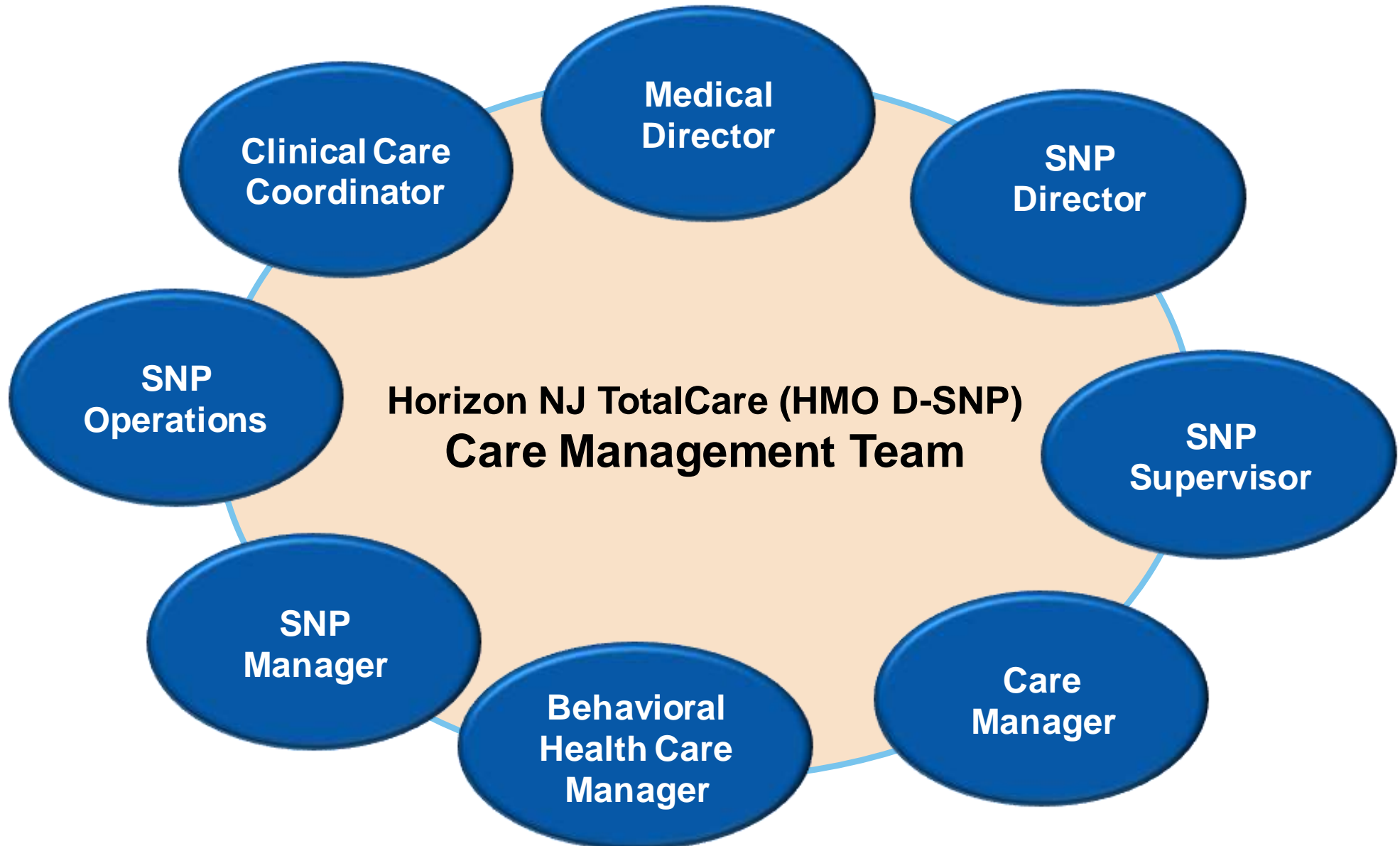


Elements of the Model of Care



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Roles and Responsibilities



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Role of the Care Coordinator

- Call member to complete the Confirmation/Welcome Call
- Review the Horizon NJ TotalCare (HMO D-SNP) benefits with the member
- Perform annual reassessment and management for Level 1 SNP Members
- Provide education and ongoing support to the member as needed

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Role of the Care Manager

- Address barriers to care
- Advocate for the member
- Arrange for homecare, therapies and evaluation
- Conduct face-to-face visits as indicated
- Contact member and PCP and/or specialist on a regular basis as needed
- Coordinate behavioral health
- Coordinate with community resources/agencies
- Guide, direct and educate member
- Assess and reassess health status, including conditions, medications and functional status

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Role of the Behavioral Health (BH) Care Manager

- Address and close care gaps relevant to BH
- Arrange and coordinate care for the member as needed
- Contribute to the development of the BH plan of care
- Participate in the IDT Meetings
- Provide education and ongoing support to the member as needed
- Facilitate coordination and linkage of formal and informal community supports related to behavioral health to enhance member outcomes and wellness
- Work closely with the Care Manager to coordinate care for the member

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Role of the PCP:

- Attend/participate in the ICT meetings
- Receive calls from the member's Care Manager
- Review and comment on the plan of care
- Collaborate with the member's Care Manager to address needs

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Role of the behavioral health provider:

- Attend/participate in the IDT meetings
- Collaborate and coordinate care with the member's PCP (physical health)
- Review and comment on the Interdisciplinary Plan of Care
- Receive calls from the member's Care Manager
 - Behavioral health
 - Physical health

Key Member Touches



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- Confirmation/Welcome call completed by the CCC
 - Once enrollment is confirmed and prior to the effective date
 - Confirm the member's plan of choice is Horizon NJ TotalCare (HMO D-SNP)
 - Review of benefits
 - Review PCP selection
- Health Risk Assessment
 - Within 90 days of enrollment effective date
 - Review of Medications
 - Complete the Health Risk Assessment



HRAT Incentive Information

2021 HRAT Incentive

- In 2021 TotalCare Members will be eligible for an incentive (\$10 CVS Gift Card) as part of the Health Risk Assessment process
 - Initial within 90 days of enrollment
 - Annually / 365 days from last assessment



Levels and Time Frames



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- Level 1: Low Risk, or Unable to Reach / Member chose to opt out
- Level 2: Moderate Risk
- Level 3: High Risk

Care Plan Elements for DSNP Members

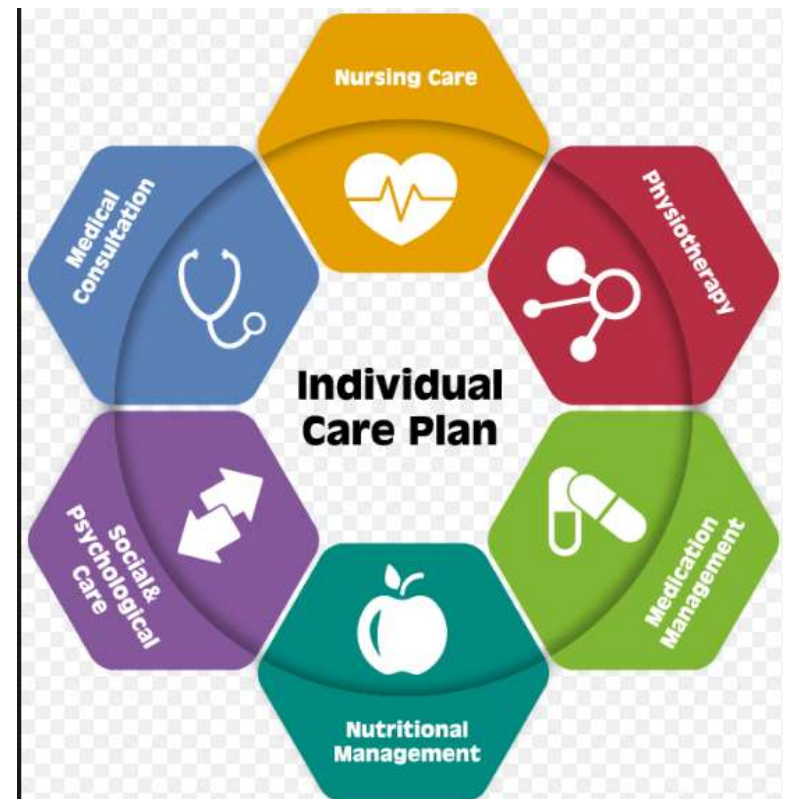


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Individual Care Plan (ICP)

- Created for each member using the HRAT and other data
- Coordinated with the member/caregiver
- Goals
 - General Goals
 - SMART Goals
- Interventions/actions
- Culturally appropriate
- Easy to understand
- No medical terminology/ abbreviations
- Updated when a member's status changes
- Share with PCP and member



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Purpose of the Interdisciplinary Care Team (IDT)

- Meets five times per week to review DSNP member Care Plans
 - Level 1 reviewed at least annually by consent agenda
 - Level 2 reviewed at least every 180 days
 - Level 3 reviewed at least every 90 days
- Comprised of internal and external attendees that impact the member's plan of care
- Behavioral Health Readmission Rounds once per month for members with multiple BH hospitalizations

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Interdisciplinary Care Team (IDT)

- Attendees include (but are not limited to):
 - Member or designee
 - Medical Director
 - PCP
 - SNP Care Manager
 - Behavioral Health Care Manager
 - Pharmacist
 - MLTSS
 - Quality
 - PT/OT
 - Dental

DSNP Operations, Correspondence and Rights and Responsibilities



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Member Information Mailings

- New Members (Initially)
 - Welcome Guide
 - OTC Catalog
 - OTC Benefit Card and Information
 - Member may also access other documents via online or by calling Member Services

- Existing Members (Annually)
 - Updated Welcome Guide
 - Updated OTC Catalog
 - Updated OTC Benefit Card Information
 - Member may also access other documents via online or by calling Member Services

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Ongoing Member Mailings

- Quarterly Newsletters
- Health Information (examples)
 - How to Read a Medication Label
 - Nutrition/ Healthy Habits
 - Disease Specific
 - Dental Care
 - Eye Care
- Care Plan
- TotalCare Care Management Brochure

Evaluation of Effectiveness of the Model Of Care



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Purpose

- To ensure the DSNP Model of Care Monitoring and Evaluation is an ongoing process that is reported through a committee and monitored by the leadership team for DSNP so that any deficits or opportunities can be addressed and remediated
- To ensure the ability to intervene or take action on program components if undesired trends are identified
- To monitor the MOC program effectiveness on a regular basis through multiple channels

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Scope and oversight

- The DSNP Committee and the QIC will review findings of ongoing monitoring and evaluation of the MOC and will review any open corrective action plans to address identified deficiencies
- Annually (on a calendar year schedule), a formal program evaluation will be completed and submitted for committee review and approval as follows:
 - DSNP Committee
 - Quality Improvement Committee (DSNP Report)
 - Board of Directors (QIC Report)

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Elements of monitoring the MOC

- Elements of the MOC will be monitored via multiple approaches including formal and informal ongoing monitoring and evaluation
 - D-SNP Committee and QIC — quarterly
 - Care Management Dashboard (Tableau) — ongoing
 - D-SNP Key Performance Indicator Report — monthly
 - Readmissions Report — monthly

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Examples of elements for monitoring the MOC

- The elements of the MOC to be monitored via the Care Management Dashboard include:
 - Care Manager case loads
 - Risk stratification levels
 - Health Risk Assessment completion rate
 - CNA completion rate
 - Care plans developed
 - Interdisciplinary Care Team meetings
 - Unable to reach rate
 - Behavioral health referrals

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Examples of elements for monitoring the MOC

- The elements of the MOC to be evaluated quarterly via the D-SNP Committee and QIC include:
 - Care Management
 - Pharmacy
 - Operations
 - Behavioral health
 - Call center
 - Appeals and grievances
 - Complaints/critical incidents
 - HEDIS and Star Rating
 - Provider network

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Quality Improvement Program (QIP)

- Required by both CMS and DMAHS
- Supports the national and CMS quality strategy goals
- Promotes effective management of chronic conditions
- In 2021, the Horizon NJ TotalCare (HMO SNP) QIP continues to focus on Management of Asthma
- NEW in 2021 will be a QIP focused on PCP Access & Diabetes Care



**CMS & State
required**



**Better manages
chronic conditions**

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In closing

- Horizon NJ TotalCare (HMO D-SNP) will begin year five of its D-SNP Program on January 1, 2021
- Some of the highlighted benefit changes include: Silver & Fit Health Aging and Exercise Program, Telemedicine, increase in OTC Benefit card from \$300 to \$375 per quarter, ability to purchase healthy groceries (criteria applied) and the addition of home delivered meals once per year after a hospital stay (criteria applied & 1 occurrence / year)
- Each member will receive individualized care management and a plan of care that is developed in a collaborative manner
- The Interdisciplinary team meets several times each week to review member plans of care and provide collaborative feedback and input
- The members' providers are an integral part of the care team
- The MOC effectiveness is monitored in several ways both formally and informally to ensure adherence to the program timelines and identify opportunities for improvement