Model of Care: MCC of AZ (HMO SNP)

TRAINING FOR PROVIDERS
What is Model of Care Training?

It is training required for every employee and contracted provider or personnel who work with MCC of AZ (HMO SNP) plan and our members.

The training ensures providers and staff have knowledge of the MCC of AZ (HMO SNP) population and the plan’s Model of Care.

The training is required by CMS to be completed annually.
What are the pieces to the Model of Care?

- Care Coordinator
- Health Risk Assessment
- Care Transitions
- Measurable Goals and Outcomes
- Individualize Care Plan
- Interdisciplinary Care Team
- Member
Who can be an MCC of AZ (HMO SNP) member?

Lives in one of MCC of AZ (HMO SNP)’s 3 service area counties: Maricopa, Gila & Pinal

Eligible & enrolled in AZ Medicaid

Has Medicare Parts A & B

Eligible for MCC of AZ (HMO SNP)
What is an MCC of AZ (HMO SNP) Care Coordinator?

- Every MCC of AZ (HMO SNP) member is assigned to a Care Coordinator
- The Care Coordinator
  - Partners with members and/or their responsible caregiver to coordinate the member’s care
  - Must be a licensed nurse or social worker
  - Helps the member navigate the health care system
- A Care Coordinator
  - Conducts Health Risk Assessments (HRAs) to identify health care needs
  - Creates an Individualized Care Plan (ICP) to ensure the member’s healthcare services and support needs are met
  - Collaborates with the Interdisciplinary Care Team (ICT)
What is a Health Risk Assessment (HRA)?

HRA is completed:
- Within 30 days of enrollment
- Within 365 days of the previous assessment
- Anytime there is a change in health condition, such as a change in functional ability

HRA assesses needs in the areas of:
- Physical/Medical
- Behavioral Health
- Psychosocial
- Cognitive
- Functional

Results in:
- Individualized Treatment Plan
- Referrals for medication management, behavioral health, disease management, etc.
- Initiating Medicare, Medicaid services and support
What is an Individualized Care Plan (ICP)?

The ICP addresses the member’s needs identified by the health risk assessment and includes:

- Additional support and services
- Identification of members of the Interdisciplinary Care Team
- Member’s goals and objectives
Who is included in the Individualized Care Team (ICP)?

The Interdisciplinary Care Team is a group of caregivers, providers and possibly family members who assist in the provision of care.

The team is made up of:

- Member and/or appropriate family/caregiver
- MCC of AZ (HMO SNP) Care Coordinator
- Primary Care Provider
- Other appropriate providers specific to health needs (Specialists, Pharmacist, Dentist, etc.)
- Other team members as needed
How does the team work together?

- The care coordinator works in partnership with the member and interdisciplinary care team to develop, coordinate and monitor the individualized care plan on an ongoing basis.

- The care coordinator communicates the member’s progress toward health goals to the interdisciplinary care team.

- MCC of AZ (HMO SNP) will communicate with the team members via several methods, all secure and meeting HIPAA requirements
  - Email
  - Fax
  - Electronic Medical Records
What is the MCC of AZ (HMO SNP) Provider Network?

MCC of AZ (HMO SNP) is a fully integrated network that includes provider types covered by Medicare and Medicaid

- Primary Care
- Specialists
- Behavioral Health
- Community & Family Support

MCC of AZ (HMO SNP) requires members to have a primary care provider upon enrollment
How is the Model of Care Measured?

MCC of AZ (HMO SNP) identifies and defines measurable goals and health outcomes which include:

1. Improving the health care needs of the member
2. Measuring overall member health outcomes at the plan level
3. Methods to assess and track the Model of Care impact on the members health outcomes
4. The plan’s processes and procedures used to determine if the health outcome goals are met
What are our measurable goals

- Reduce 30-day readmissions
- Achieve a rate increase of completed HRAs within 365 days of the prior HRA
- Meet 100% of AHCCCS Quality measures
- Achieve a rate increase of successfully completed HRAs within 90 days of enrollment
- Improve a rate increase of completed HRAs within 365 days of the prior HRA
- Improve Breast Cancer and Colon Cancer Screening rates
- Improve Annual Wellness Visits Rates
What is the Quality Performance Improvement Plan?

MCC of AZ (HMO SNP) creates an annual quality improvement plan to ensure appropriate services are being delivered.

Data is collected, analyzed and evaluated throughout the year to monitor the overall performance of the plan.

Each year the plan is re-evaluated and improved upon for the next year’s Quality Improvement Plan.
What else does MCC of AZ (HMO SNP) do?

**Enrollment & Eligibility Verification**
- Behavioral Health & Utilization Management
- Network Development & Credentialing
- Provider Relations

**Customer Service**
- Ongoing Development & Evaluation of Standards of Care
- Claims Adjudication
- Data Collection and Analysis of Program Goals
- Regulatory Compliance Monitoring
Leading humanity to healthy, vibrant lives
Confidentiality statement

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.

*If the presentation includes legal information (e.g., an explanation of parity or HIPAA), add this: The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.