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 2019
- 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
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:**

- An MOC 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
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.

- Fully Integrated Dual Eligible (FIDE) SNPs were created by Congress in section 3205 of the Affordable Care Act (ACA). Designed to promote the full integration and coordination of Medicare and Medicare benefits for dual eligible beneficiaries by a single managed care organization.

- FIDE SNPs will:

  Provide dually-eligible beneficiaries access to Medicare and Medicaid benefits under a single managed care organization;

  Have a CMS approved MIPPA compliant contract with a State Medicaid Agency that includes coverage of specified primary, acute, and long-term care benefits and services, consistent with State policy, under risk-based financing.
2019 DSNP benefits include:

- Medicare Part A and B services
- Medicare Part D plus Medicaid covered drugs
- Medicaid Services

Extra DSNP benefits for 2019 include:

- $245 per quarter for over-the-counter (OTC) personal health items with paper or online catalog
- OTC Benefit card $250 per quarter to make in store purchases of personal health items
  - This allows members to choose different in-store brands than what is offered in the catalog
- American Specialty Health FitnessCoach
2019 DSNP benefits include:

- 24/7 Nurse Line
- Worldwide emergency/urgent care ($60,000 cap)
- Routine podiatry care up to 8 visits
- No referrals required
- Routine dental and vision benefits
- Service Area Expansion to all 21 counties in New Jersey
## DSNP benefits: 2018 vs. 2019

<table>
<thead>
<tr>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTC Catalog $125 per quarter</td>
<td>OTC Catalog $245 per quarter</td>
</tr>
<tr>
<td>No Benefit Card</td>
<td>$250 per quarter Benefit Card</td>
</tr>
<tr>
<td>No Fitness benefit</td>
<td>American Specialty Health FitnessCoach</td>
</tr>
<tr>
<td>15 Counties</td>
<td>21 Counties</td>
</tr>
<tr>
<td>No Telemedicine Benefit</td>
<td>Telemedicine Benefit</td>
</tr>
</tbody>
</table>
OTC Convey Benefit Instructions

Convey Health Solutions

- D-SNP Only- Existing vendor/going into 3\textsuperscript{rd} year
- No claims
- Delegated Member Services
- $245 per quarter/no carryover
- Convey ships all items to the member
- FFS arrangement/the higher the utilization, the higher the cost.
InComm Healthcare Benefit Card Instructions

InComm Healthcare and Affinity
- D-SNP - New vendor
- No claims
- $250 per quarter/no carry-over
- Horizon handles Member Services (MS)
  - Admin. Portal-MS accesses InComm Admin. Portal to answer member questions.
- Services provided nationally
- FFS arrangement/the higher the utilization, the higher the cost.
American Specialty Health Fitness Coach Benefit:

American Specialty Health (ASH)
- D-SNP Only-New vendor for Fitness
- No claims
- Delegated Member Services
- Services provided nationally

- Horizon handles Member Services (MS)
- D-SNP can enroll at HorizonCareOnline.com or call since they do not have a Member Portal.
Horizon NJ TotalCare (HMO SNP) Service Area Expansion in 2019

<table>
<thead>
<tr>
<th>CMS Contract #</th>
<th>Individual/Group</th>
<th>Product Type</th>
<th>PBP</th>
<th>Service Area</th>
</tr>
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<tbody>
<tr>
<td>H-8298</td>
<td>Individual</td>
<td>SNP</td>
<td>001</td>
<td>21 Counties</td>
</tr>
</tbody>
</table>

Service Area

1. Atlantic  
2. Cumberland  
3. Essex  
4. Gloucester  
5. Hudson  
6. Hunterdon  
7. Mercer  
8. Monmouth  
9. Morris  
10. Passaic  
11. Salem  
12. Somerset  
13. Sussex  
14. Union  
15. Warren  
16. Bergen  
17. Middlesex  
18. Ocean  
19. Burlington  
20. Camden  
21. Cape May
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
New for 2019

Dual Eligible members can enroll/disenroll **quarterly**, instead of monthly

- Starting January 1, 2019 dual eligible members will **no** longer have continuous Medicare SEP (special enrollment period) to change plans every month throughout the year.

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

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?
Horizon NJ TotalCare (HMO SNP)

MOC overview

- CMS requires that all Special Needs Plans (SNP) have an MOC
- The DSNP program began January 1, 2017 and was effective in 15 counties
- **As of 1/1/2019 TotalCare will be in ALL 21 NJ Counties**
- The projected membership is 11,000 members by the end of 2019
- The MOC goals include:
  - Care coordination and care management for all DSNP members enrolled in the plan
  - An individualized plan of care (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
Goals of Horizon NJ TotalCare (HMO 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
# Horizon NJ TotalCare (HMO SNP)

## Key Terms and Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNP</td>
<td>Special Needs Plan</td>
</tr>
<tr>
<td>HRAT/IHS</td>
<td>Health Risk Assessment Tool/Integrated Health Screen</td>
</tr>
<tr>
<td>IPOC</td>
<td>Interdisciplinary Plan of Care</td>
</tr>
<tr>
<td>MOC</td>
<td>Model of Care</td>
</tr>
<tr>
<td>ICT</td>
<td>Interdisciplinary Care Team</td>
</tr>
<tr>
<td>BIMS</td>
<td>Brief Interview on Mental Status</td>
</tr>
<tr>
<td>CNA</td>
<td>Comprehensive Needs Assessment</td>
</tr>
<tr>
<td>OTC</td>
<td>Over the counter</td>
</tr>
<tr>
<td>GDS</td>
<td>Geriatric Depression Screen</td>
</tr>
<tr>
<td>PHQ9</td>
<td>Patient Health Questionnaire 9</td>
</tr>
<tr>
<td>MLTSS</td>
<td>Managed Long Term Services &amp; Supports</td>
</tr>
</tbody>
</table>
According to national statistics

- Dual Eligible members (eligible for both Medicare and Medicaid) have different challenges than traditional Medicare beneficiaries

- When compared to the general Medicare population, Dual Eligible beneficiaries are:
  - More likely to have a behavioral health disorder
  - More likely to have one or more chronic conditions
  - More likely to need in-home care and social services in addition to traditional health care services
Dual Eligible beneficiaries may be more likely to require multiple large dollar health care services *when their care is not managed*

Some activities that may contribute to increased costs include:

- Frequent Emergency Room visits
- Lack of caregiver support
- Multiple comorbidities (including behavioral health)
- Non-adherence to prescribed medications
- Readmissions to the hospital
- Stays in a long-term care facility
Elements of the Model of Care
Horizon NJ TotalCare (HMO SNP)
Key timeline member touches

- 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 SNP)
- Review of benefits
- Review PCP selection
- Health Risk Assessment
  - Within 90 days of enrollment effective date
  - Review of Welcome Packet materials
  - Complete the Health Risk Assessment
Horizon NJ TotalCare (HMO SNP)

Health Risk Assessment Tool (HRAT)

- Must be completed for all SNP Members
- Is to be completed within 90 days of SNP enrollment
- HRAT provides a score to identify a member’s care management risk level
  - HRAT Score (0) Low – Risk Level 1
    - Opt Out or Unable to Reach
  - HRAT Score (0-9) Moderate – Risk Level 2
  - HRAT Score (10 and above) High – Risk Level 3
Horizon NJ TotalCare (HMO SNP)

Health Risk Assessment Tool (HRAT)

**HRA / IHS Results**

Member ID: 651261  
Member Name: JANE DOE

Date Completed: DD/MM/YY
Survey Score: 0

1. **Consumer Member Information**
   1. Date of HRAT Evaluation  
      Section Score: Unanswered

2. Able to contact member and complete HRAT  
   Yes  
   No  
   Unanswered

3. If No, choose reason why the assessment was not completed  
   - Refused Assessment  
   - Member Requested Call Back  
   - Wrong Number  
   - No Answer  
   - No Answer - Left Voice Message  
   - Phone Busy  
   - Phone Disconnected

4. Comment

5. Date of Prior HRAT Evaluation  
   Unanswered

6. Horizon ID  
   Unanswered
2019 HRAT Incentive

- In 2019 TotalCare Members will be eligible for an incentive as part of the Health Risk Assessment process
  - Initial within 90 days of enrollment
  - Annually and no more than 365 days from last assessment
Comprehensive Needs Assessment (CNA)

- Addresses preventive care gaps
- Assists with development of the plan of care
- Assists to identify needed services
- Evaluates behavioral needs
- Evaluates member’s activities of daily living
- Identifies medication use and compliance
- Identifies member’s support system or lack thereof
- Identifies need for disease-specific education
- Reviews history of physical health and illnesses
Horizon NJ TotalCare (HMO SNP)

Comprehensive Needs Assessment (CNA)

<table>
<thead>
<tr>
<th>Member Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Horizon NJ Health Member ID:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
<tr>
<td>Horizon NJ Health can contact you by Cell Phone:</td>
</tr>
<tr>
<td>Horizon NJ Health can contact you by Email:</td>
</tr>
<tr>
<td>Horizon NJ Health can contact you by Text:</td>
</tr>
<tr>
<td>Height:</td>
</tr>
<tr>
<td>Weight:</td>
</tr>
<tr>
<td>Do you have any religious or cultural beliefs that may affect your medical care decisions?</td>
</tr>
<tr>
<td>If yes, please explain:</td>
</tr>
<tr>
<td>What is your primary language?</td>
</tr>
<tr>
<td>If English is not your primary language, can you speak English?</td>
</tr>
<tr>
<td>If English is not your primary language, can you understand English?</td>
</tr>
<tr>
<td>Do you have any allergies to food, medicine, or the environment? Please check all that apply:</td>
</tr>
<tr>
<td>Do you have a designated Emergency Contact Person?</td>
</tr>
<tr>
<td>Can we contact this person on your behalf in an emergency situation?</td>
</tr>
<tr>
<td>Contact Person’s Name:</td>
</tr>
<tr>
<td>Contact Person’s Phone Number:</td>
</tr>
<tr>
<td>Who is completing this assessment?</td>
</tr>
<tr>
<td>If other, name:</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
</tbody>
</table>

[Image of the Comprehensive Needs Assessment (CNA) form]
Level 1 — Low Risk

- HRAT Score 0
- Declines Care Management
- Unable to reach
- Annual contact/surveillance
- Monitor claims activities
- Annual HRAT reassessment
- Annual postcard reminder
- Annual disease-specific education
- Elderly education topics (risk of falls, medication adherence, high-risk medications)
Level 2 — Moderate Risk

- HRAT score 0 -9
- Consent to Care Management
- Combined Emergency Room/admits less than eight in rolling six months
- Ongoing HRAT reassessment at least every 180 days
- Elderly education topics (risk of falls, medication adherence, high-risk medications)
Level 3 — High Risk/Most Vulnerable

- HRAT score 10 or above
- Consent to Care Management
- Combined Emergency Room/admits eight or more in rolling six months
- May have face-to-face visit by Care Manager as needed
- Ongoing HRAT reassessment at least every 90 days
- Elderly education topics (risk of falls, medication adherence, high-risk medications)
Horizon NJ TotalCare (HMO SNP)

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

- Updated when a member’s status changes

- Share with PCP and member
**Individual Care Plan (ICP)**

<table>
<thead>
<tr>
<th>Add Care Plan</th>
<th>COPD</th>
<th>Program</th>
<th>COPD</th>
</tr>
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<tbody>
<tr>
<td>Select All</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select None</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Member adheres to COPD self management plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
</tr>
<tr>
<td>Target Date</td>
<td>8/12/2016</td>
</tr>
<tr>
<td>Priority</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Encourage self management behaviors to improve or maintain health status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
</tr>
<tr>
<td>Target Date</td>
<td>8/12/2016</td>
</tr>
<tr>
<td>Priority</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Evaluate the need for additional health care services and/or referrals and coordinate for member.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
</tr>
<tr>
<td>Target Date</td>
<td>8/12/2016</td>
</tr>
<tr>
<td>Priority</td>
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</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Knowledge Deficit: Oxygen Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue</th>
<th>Knowledge Deficit: Oxygen Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Member understands specifics of home oxygen therapy (indications, proper use of equipment, treatment goals, safe activity with oxygen) and effectively utilizes oxygen therapy as prescribed by physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
</tr>
<tr>
<td>Target Date</td>
<td>8/12/2016</td>
</tr>
<tr>
<td>Priority</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Review with member current treatment goals of their home oxygen therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
</tr>
<tr>
<td>Target Date</td>
<td>8/12/2016</td>
</tr>
<tr>
<td>Priority</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Educate member regarding home oxygen therapy indications, proper use of equipment and how to safely perform ADLs and exercise with oxygen</th>
</tr>
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<tbody>
<tr>
<td>Check</td>
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</tr>
<tr>
<td>Target Date</td>
<td>8/12/2016</td>
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<td>Priority</td>
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<table>
<thead>
<tr>
<th>Action</th>
<th>INSTRUCTION: Provide education materials regarding home oxygen therapy</th>
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<table>
<thead>
<tr>
<th>Section</th>
<th>Knowledge Deficit: Breathing Techniques</th>
</tr>
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<tbody>
<tr>
<td>Check</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Issue</th>
<th>Knowledge Deficit: Breathing Techniques</th>
</tr>
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<tbody>
<tr>
<td>Check</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Member understands how breathing techniques could improve symptom management, learns techniques and regularly utilizes techniques to manage COPD symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td></td>
</tr>
</tbody>
</table>

1 2 3 4 5 6 7 8 9 10 ...
Interdisciplinary Care Team (IDT)

- Meets four 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
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
Role of the Care Coordinator

- Call member to complete the Confirmation/Welcome Call
- Review the Horizon NJ TotalCare (HMO SNP) benefits with the member
- Perform annual reassessment for Level 1 SNP Members
- Provide education and ongoing support to the member as needed
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
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 ICT 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
Operations Information
Additions to the TotalCare Network: 4,103 Providers have been added to the TotalCare Network since May, 2018:

- Inspira
- Hackensack Meridian Health
- Riverside Pediatrics (Essex, Bergen and Hudson)
- Ocean Health Initiatives (Monmouth)

<table>
<thead>
<tr>
<th>County</th>
<th># of FIDE-SNP Providers added since May 2018</th>
<th># of Hackensack Meridian providers added to the FIDE-SNP network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>120</td>
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<tr>
<td>Bergen</td>
<td>742</td>
<td>589</td>
</tr>
<tr>
<td>Burlington</td>
<td>135</td>
<td></td>
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<tr>
<td>Camden</td>
<td>262</td>
<td></td>
</tr>
<tr>
<td>Cape May</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Cumberland</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>Essex</td>
<td>202</td>
<td>16</td>
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<tr>
<td>Gloucester</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>Hudson</td>
<td>197</td>
<td>20</td>
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<tr>
<td>Hunterdon</td>
<td>26</td>
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<tr>
<td>Mercer</td>
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<tr>
<td>Middlesex</td>
<td>367</td>
<td>77</td>
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<tr>
<td>Monmouth</td>
<td>752</td>
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<tr>
<td>Morris</td>
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<td>Ocean</td>
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<td>Salem</td>
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<td>Somerset</td>
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<td>Sussex</td>
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<td>Union</td>
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<tr>
<td>Warren</td>
<td>46</td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4103</strong></td>
<td><strong>1365</strong></td>
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</table>
## Horizon NJ TotalCare (HMO SNP)

We have 10 SNP Plan IDs

<table>
<thead>
<tr>
<th>FIDE SNP IDs</th>
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<tbody>
<tr>
<td>7160</td>
<td>SNP ABD</td>
</tr>
<tr>
<td>7165</td>
<td>SNP MLTSS HCBS</td>
</tr>
<tr>
<td>7166</td>
<td>SNP MLTSS Custodial Nursing</td>
</tr>
<tr>
<td>7167</td>
<td>SNP MLTSS SCNF V&amp;P</td>
</tr>
<tr>
<td>7168</td>
<td>SNP SCNF</td>
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<table>
<thead>
<tr>
<th>DEEMED FIDE SNP</th>
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<tbody>
<tr>
<td>7360</td>
<td>SNP ABD</td>
</tr>
<tr>
<td>7365</td>
<td>SNP MLTSS HCBS</td>
</tr>
<tr>
<td>7366</td>
<td>SNP MLTSS Custodial Nursing</td>
</tr>
<tr>
<td>7367</td>
<td>SNP MLTSS SCNF V&amp;P</td>
</tr>
<tr>
<td>7368</td>
<td>SNP SCNF</td>
</tr>
</tbody>
</table>
Horizon NJ TotalCare (HMO SNP)

Member eligibility

DSNP
Horizon NJ TotalCare (HMO SNP)

Member Welcome Packet

- SNP Member Guide
  - Welcome Letter
  - FAQ Letter
  - Advance Directives Flier
  - Language Accessibility Taglines
  - Nondiscrimination Notice (English & Spanish)

- ID Card Mailing includes:
  - Member ID Card
  - Health Risk Assessment Tool (HRAT)
  - Postage-Paid Return Envelope: HRAT
Member Mailings

- Annual Health Risk Assessment
- Quarterly Newsletters
- Health Information
- TotalCare Care management Brochure
Member rights and responsibilities

- Federal law requires that health care providers and facilities recognize member rights. Members have the right to request and receive a complete copy of the Patient’s Bill of Rights and Responsibilities from their health care providers.

- Providers may refer to the Provider Manual for a detailed listing of the member’s rights and responsibilities.
Role and Responsibilities of the Provider
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
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
Evaluation of Effectiveness of the MOC
Horizon NJ TotalCare (HMO SNP)

Purpose

- To ensure the SNP MOC 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.
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)
Elements of monitoring the MOC

- Elements of the MOC will be monitored via multiple approaches including formal and informal ongoing monitoring and evaluation
  - DSNP Committee and QIC — quarterly
  - Via the Care Management dashboard (Tableau) — ongoing
  - CEO/COO Report — monthly
  - DSNP Key Performance Indicator Report — monthly
  - Readmissions Report — monthly
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
Examples of elements for monitoring the MOC

- The elements of the MOC to be evaluated quarterly via the DSNP Committee and QIC include:
  - Care Management
  - Pharmacy
  - Operations
  - Behavioral health
  - Call center
  - Appeals and grievances
  - Complaints/critical incidents
  - HEDIS and Star Rating
  - Provider network
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 2019, the Horizon NJ TotalCare (HMO SNP) QIP is focused on Management of Asthma

☑ CMS & State required
☑ Better manages chronic conditions
Horizon NJ TotalCare (HMO SNP)

In closing

- Horizon NJ TotalCare (HMO SNP) will begin year three of its DSNP Program on 1/1/2019

- Some of the highlighted benefit changes include: FitnessCoach, Telemedicine, increase in OTC from 125 per quarter to $245.00 per quarter and OTC Benefit card $250 per quarter

- 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