

# Model of Care for the SPD



Presenters:  
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&  
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# Team Members



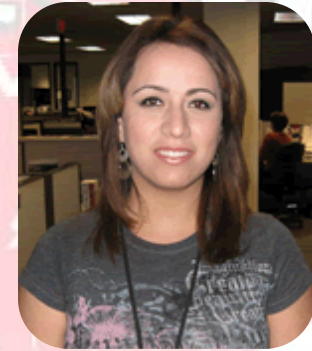
**Suzanne  
Harvey**



**Mary  
DeWalle**



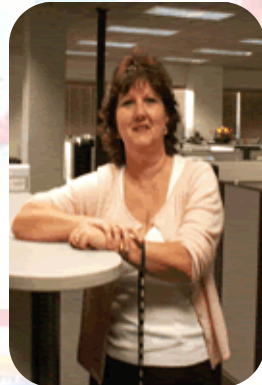
**Mario  
Castillo**



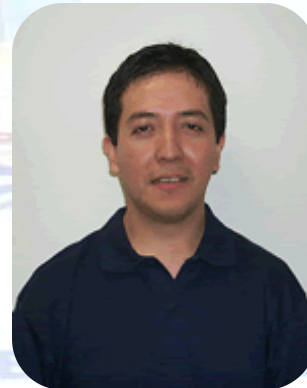
**Nataly  
Garcia**



**Maria  
Denisiak**



**Pam  
Ashton**



**Sergio  
De La Torre**



**Susie  
Garcia**



**Don't Let Them Drift Away...**

# Learning Objectives

- **Define Model of Care (MOC)**
- **Describe basic components of MOC**
- **Describe how IPA and IEHP Care Management work together**
- **Describe PCP role in MOC**

# How We Got Here....

- **2003**: Special Needs Plans (SNP) created by Congress in the Medicare Modernization Act (MMA)
- **2008**: Centers for Medicare and Medicaid Services (CMS) designed SNP for specific group of individuals with special needs
- **2010**:
  - As SNP, IEHP required to implement Model of Care (MOC) program, effective January 1, 2010
  - State SB 208 authorizes mandatory enrollment of Seniors and Persons with Disabilities (SPD) starting June 1, 2011

# Who Are Members with Special Needs?

- **Frail individuals**
- **Disabled individuals**
- **End Stage Renal Disease**
- **Near End-of-life**
- **Multiple or complex chronic conditions**

# Who Regulates Model of Care?

- **Centers for Medicare and Medicaid (CMS)**
  - ✓ **Federal**
- **Department of Healthcare Services (DHCS)**
  - ✓ **State**
- **National Committee for Quality Assurance (NCQA)**
  - ✓ **Accreditation Standards**

# Model of Care Elements Include:

- Measurable Goals
- Staff Structure and Care Management Roles
- Interdisciplinary Care Team (ICT) to coordinate care
- Specialized Provider network (PCP and SCP)
- Model of Care Training
- Health Risk Assessment (HRA) – Stratify risk
- Individualized Care Plan for each Member
- Integrated communication systems
- Quality Improvement Programs to evaluate outcomes

# No Drifting Zone!

+200 feet

**Question 1: Name two (2) “elements” that make-up part of IEHP’s MOC program.**

**Answers:**

- ✓ Measurable Goals
- ✓ Staff Structure and Care Management Roles
- ✓ Interdisciplinary Care Team (ICT) to coordinate care
- ✓ Specialized Provider network (PCP and SCP)
- ✓ Model of Care Training
- ✓ Health Risk Assessment (HRA) – Stratify risk
- ✓ Individualized Care Plan for each Member
- ✓ Integrated communication systems
- ✓ Quality Improvement Programs to evaluate outcomes

# Goals of Model of Care

1. Improve access to affordable medical/behavioral and preventive services
2. Improve COC through identified point of contact
3. Improve transitions of care across healthcare settings and providers
4. Assure appropriate utilization of services and assure cost-effective service delivery
5. Improve Member health outcomes, such as:
  - a. Reduce hospitalizations
  - b. Increase self-management and independence
  - c. Increase mobility and functional status
  - d. Improve pain management
  - e. Improve quality of life as self-reported
  - f. Improve Member satisfaction

# No Drifting Zone!

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**Question 2: Name three (3) “goals” of the Model of Care.**

## **Answers:**

- ✓ **Improve access to medical, mental, health, and social services**
- ✓ **Improve access to affordable care**
- ✓ **Improve coordination of care through an identified point of contact**
- ✓ **Improve transitions of care across healthcare settings and providers**
- ✓ **Improve access to preventive health services**
- ✓ **Assure appropriate utilization of services**
- ✓ **Assure cost-effective service delivery**
- ✓ **Improve beneficiary health outcomes**

# Who Is In Model of Care

- **Targeted Population (all IPA)**
  - ✓ **Seniors and Persons with Disabilities (SPD)**
  - ✓ **Complex CM and Health Management (HM)**
  - ✓ **Any Member needing add'l care management**
- **IEHP DualChoice (dual-eligible)**
  - ✓ **Special Need Plan (SNP) Members**

# Seniors and Persons with Disabilities (SPD)

- **Membership Forecast**
  - **Mandatory SPD Enrollment begins June 1, 2011**
- **Projected Enrollment**
  - **2,500-3,500 SPD Members enrolled per month**
  - **40,000 SPD Members enrolled by July 2012**

**No Drifting Zone!**


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**Question 3: When does mandatory enrollment of SPDs begin?**

**Answer:**

**June 1, 2011**

# SPD - Ages



Demographics	IEHP (No Medi-Medi)	FFS
<1 Years	0%	0%
1 – 9 Years	14%	7%
10 – 19 Years	17%	15%
20 – 44 Years	17%	29%
<b>45 – 64 Years</b>	<b>23%</b>	<b>40%</b>
65 – 74 Years	2%	6%
75 – 84 Years	1%	3%
85+	0%	1%

# FFS SPD - Top Common Diagnosis

Diagnoses	Members
Diabetes (Type II)	8,603
Hypertension	8,513
Chest Pain	8,197
Abdominal Pain	6,033
Essential hypertension	5,482
Shortness of breath	4,405
Hyperlipidemia	4,257
Urinary Tract Infection (UTI)	4,218
Lumbago	4,116

# FFS SPD - Top Behavioral Health Diagnosis

	IEHP SPDs*	FFS SPDs*
Anxiety	1,064	2,111
Depressive Disorder	1,046	1,151
Tobacco use disorder	1,016	475
Infantile Autism	495	710
ADD of childhood	468	544
Bipolar disorder	450	936
Psychosis	381	1,203
Nonpsychotic disorder	257	653
Schizophrenia	227	1,257
Schizoaffective	195	900

# No Drifting Zone!

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## Question 4: True or False

- **Twenty (20%) percent of FFS SPD Members are between the age of 45-64 years.**

**Answer:**

**False – 40%**

# No Drifting Zone!

## Bonus Question

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**Question 5: Name two (2) common medical or behavioral health conditions for incoming SPD'S.**

### Answers:

- ✓ Diabetes Mellitus
- ✓ Hypertension
- ✓ Chest Pain
- ✓ Abdominal Pain
- ✓ Essential Hypertension
- ✓ Shortness of Breath
- ✓ Hyperlipidemia
- ✓ Urinary Tract Infection
- ✓ Lumbago

- Anxiety
- Depressive Disorder
- Tobacco use disorder
- Infantile Autism
- ADD of childhood
- Bipolar disorder
- Psychosis
- Nonpsychotic disorder
- Schizophrenia

# Model of Care Team

- **IEHP Care Management Staff**
  - **Triage Nurse Team (TNT)**
  - **Complex Care Management (CCM)**
  - **Health Management (HM)**
  - **DualChoice (DC)**
  - **California Children's Services (CCS)**
- **Behavioral Health (BH)**
- **Quality Management (QM)**
- **Health Education (HE)**

# Model of Care Team (con't.)

- **Disability Staff**
- **Pharmacy Staff**
- **Provider Relations**
- **IPA - Care Management & Utilization Staff**
- **IPA - Provider Relations Staff**
- **Hospitals (Staff)**
- **Providers**
- **Ancillary Providers**
- **Community Partners**

# No Drifting Zone!

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**Question 6: Name three (3) departments or providers that make-up the IEHP MOC Team.**

**Answers:**

- ✓ **Care Management**
- ✓ **Behavioral Health**
- ✓ **Quality Management**
- ✓ **Health Education**
- ✓ **Disability**
- ✓ **Pharmacy**
- ✓ **Provider Relations**
- ✓ **IPA Care Management**
- ✓ **IPA Utilization**
- ✓ **Hospital**
- ✓ **Providers (PCP & SCP)**

# Identifying Members for Model of Care

- All SNP (dual-eligible)
- New SPD Members – Stratify DHCS data
- Referrals (existing SPD Members, any IEHP Member)
  - Inpatient Readmits / ER Visits
  - Member / Caregiver Self-Referral
  - Community Referral
  - Physician (PCP/SCP) Referral
  - IEHP Staff (Health Navigators) identification
  - IPA Staff identification

# No Drifting Zone!

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**Question 7: Name two (2) sources how SPD Members are identified for the MOC Program.**

**Answer:**

- **New SPD Members – Stratify DHCS data**
- **Referrals (existing SPD Members, any IEHP Member)**
  - **Inpatient Readmits / ER Visits**
  - **Member / Caregiver Self-Referral**
  - **Community Referral**
  - **Physician (PCP/SCP) Referral**
  - **IEHP Staff (Health Navigators) identification**
  - **IPA Staff identification**

# Initial Risk Stratification

- **Based on DHCS Information (new SPD):**
  - **FFS Utilization data**
  - **Member Evaluation Tool (MET) results**
- **Stratify into TWO categories:**
  - **HIGH (conduct HRA = 45 days)**
  - **LOW (conduct HRA = 105 days)**

# Health Risk Assessment (HRA)

- **Initial HRA – outsourced to DSS**
  - Mail to all newly enrolled SPD Members
  - Follow with two (2) phone attempts to conduct
- **HRA evaluates:**
  - Physical needs
  - Psychosocial needs
  - Cognitive needs
  - Functional needs

# Health Risk Assessment (HRA)



## Health Survey for Inland Empire Health Plan Members

At IEHP, we want to give you the best care we can. Please complete this survey so we know what your health care needs are. If you are filling out this survey for a child under age 18, keep in mind that the questions are about your child, not you. Your answers will not affect your child's or your benefits in any way. Answer the questions by checking the box to the left of your answer. You may be told to skip over some questions.

1. Who do you live with? Please check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No one/live alone | <input type="checkbox"/> Parent        | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Spouse            | <input type="checkbox"/> Foster parent | <input type="checkbox"/> Caregiver      |
| <input type="checkbox"/> Domestic partner  | <input type="checkbox"/> Child         | <input type="checkbox"/> Other          |

2. Do you have family, friends, or others to help you at home if you become sick or not able to care for yourself?

- Yes       No      ➔ If No, go to Question 3

2a. Please provide the contact information for the person who can help you at home if you become sick or not able to care for yourself.

Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

3. In general, would you say your health is...?

- Excellent       Very good       Good       Fair       Poor

4. How are you getting to your doctor visits? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Driving yourself  | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Caregiver   | <input type="checkbox"/> Taxi                  |
| <input type="checkbox"/> Friend  | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Family member   | <input type="checkbox"/> Don't know            |
| <input type="checkbox"/> Medical transportation (specially purpose vehicle with wheelchair or gurney access) |  |

5. What kind of medical equipment or supplies, if any, are you using now? Please check all that apply.

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Wheelchair       | <input type="checkbox"/> Ostomy supplies |
| <input type="checkbox"/> Eyeglasses  | <input type="checkbox"/> Portable commode | <input type="checkbox"/> Oxygen          |
| <input type="checkbox"/> Cane        | <input type="checkbox"/> Hospital bed     | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Crutches    | <input type="checkbox"/> Feeding supplies | <input type="checkbox"/> None of these   |
| <input type="checkbox"/> Walker      |   |  |

6. Do you need help with any of these tasks? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Bathing                        | <input type="checkbox"/> Moving in or out of bed                     |
| <input type="checkbox"/> Cleaning the house             | <input type="checkbox"/> Paying your bills or managing your money    |
| <input type="checkbox"/> Combing hair or brushing teeth | <input type="checkbox"/> Preparing/cooking meals                     |
| <input type="checkbox"/> Dressing or undressing         | <input type="checkbox"/> Shopping for food or clothes                |
| <input type="checkbox"/> Feeding yourself               | <input type="checkbox"/> Walking or climbing stairs around the house |
| <input type="checkbox"/> Getting out of a chair         | <input type="checkbox"/> Other                                       |
| <input type="checkbox"/> Going to the toilet            | <input type="checkbox"/> None of these                               |

# Health Risk Assessment (HRA)

HRA Results - stratified into THREE risk levels:

– HIGH

- Care Plan mailed to Member & PCP
- IEHP CCM conducts follow-up call & CCM survey

– MODERATE

- HRA and Care Plan available on Provider web-portal
- IPA to provide general Care Management

– LOW

- HRA and Care Plan available on Provider web-portal
- IPA to provide care coordination

# No Drifting Zone!

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### Question 8: What does the HRA evaluate?

**Answer:**

- Physical needs
- Psychosocial needs
- Cognitive needs
- Functional needs

# Model of Care

## Health Management and CCM

- **HM and CCM unchanged**
  - Asthma
  - Diabetes
  - High Risk Pregnancy (HROB)
- **IEHP Staff provides “general” Care Management for HM**
- **Collaborates with IPA, as needed**

# Interdisciplinary Care Team (ICT)

- **Require Team Members:**
  - **IEHP Medical Director**
  - **Care Manager (IEHP and/or IPA)**
  - **Behavioral Health Expert (MSW/LCSW)**
- **Optional Team Member (examples):**
  - **Member/Caregiver**
  - **Member PCP/Specialist**
  - **Pharmacist**
  - **Community Based Organization(s)**

# IEHP Roles and Responsibilities

- **Initial Risk Stratification /HRA**
- **HRA and Care Plan to Member and PCP**
  - **HIGH = mail & post to IEHP web-portal**
  - **MODERATE / LOW = post to IEHP web-portal**
- **Manage complex co-morbidities (HIGH risk)**
- **Coordinate/collaborate with PCP and IPA**
- **Identify Members for ICT (invite participants)**
- **Re-assess Annually**

# IPA Roles and Responsibilities

- **Review MODERATE/LOW HRA and Care Plans**
- **Update Care Plan as needed**
- **Collaborate with PCP, SCP and IEHP**
- **Respond to TNT calls/e-mails timely**
- **Review LOA / COC Requests**
- **Coordinate Care**
- **Utilize Community Resources**
- **Refer Members to CCM and HM Programs**

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**Question 9: Name three (3) IEHP or IPA roles and responsibilities in regards to the MOC.**

## **Answer:**

- Initial Risk Stratification /HRA
- HRA and Care Plan to Member and PCP
  - HIGH = mail & post to IEHP web-portal
  - MODERATE / LOW = post to IEHP web-portal
- Manage complex co-morbidities (HIGH risk)
- Coordinate/collaborate with PCP and IPA
- Identify Members for ICT (invite participants)
- Re-assess Annually

# PCP Roles and Responsibilities

- **Care Plan review (include in Med Record)**
- **Identify and request CM assistance**
- **Coordinate Member care with CM**
- **Identify/facilitate access to community resources**
- **Identify carve out services**
- **Educate Members**

# COC - Standing Referrals

- **On behalf of IPA, IEHP will authorize one (1) visit:**
  - **Only new SPD Member**
  - **Scheduled appt with OON/OOA Specialist within 24 – 48 hours of request**
- **TNT Staff fax LOA to Requesting SCP and IPA**
- **IPA coordinates care**
  - **Brings Member back into network with like SCP**
  - **Coordinate OON/OOA care (with same fee arrangements)**

# Courtesy COC Authorization



## Courtesy Continuity of Care Authorization

### MEMBER INFORMATION

Member Name	IEHP ID #	Date of Birth
PCP Name/ ID		

### NON CONTRACTED PROVIDER INFORMATION

Physician Name	Address	Telephone #	Fax #	Specialty
NPI	Requested Service	CPT	ICD9	DOS

### MEDICAL GROUP

<b>AlphaCare Medical Group</b> Contact: Vivian Wong Telephone #: (626) 652-3555			<b>Inland Valleys</b> Contact: Alice Camacho Telephone #: (213) 406-2760
<b>IEHP Direct</b> (follow current LOA process)			<b>IEHP Direct Medi-Medi (Medicare primary, LOA not warranted)</b>
<b>Inland Faculty Medical Group</b> Contact: Maggie Villagomez Telephone #: (323) 257-7637 x 232			<b>Inland HealthCare Group</b> Contact: Calley Wells Telephone #: (909) 748-6106
<b>Kaiser-Fontana/Riverside</b> Contact: Anne DeGroote Telephone #: (626) 381-2863			<b>La Salle Medical Associates</b> Contact: Connie Martinez Telephone #: (818) 702-0100 x 288
<b>McKinley Medical Group</b> Contact: Charles Brantley Telephone #: (951) 359-0779 x 102			<b>Physicians Health Network</b> Contact: Charles Brantley Telephone #: (951) 359-0779 x 102
<b>Physicians Healthways Medical Corp.</b> Contact: Elnora Ongchangco Telephone #: (626) 388-2315			<b>Riverside Family Health Medical Group</b> Contact: Sandy Hazel Telephone #: (818) 702-0100 x 237
<b>Vantage</b> Contact: Deborah Lopez Telephone #: (951) 280-7810			

### IEHP TRIAGE NURSE

Requested By	Date Requested	Phone #
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Continuity of care and as a one-time courtesy, the PHYSICIAN has been approved to see said MEMBER at one hundred percent (100%) of Cal allowable, as published quarterly by DHCS. The Medical Group identified agrees to pay the PHYSICIAN. Payment for services dent upon the MEMBER'S eligibility at the time of service. Services required beyond this courtesy visit will be coordinated by the group identified. The Member shall not be liable to PHYSICIAN for payment except for authorized copayment, if applicable and AN will not bill, collect or charge the MEMBER for services rendered. Notice: This Facsimile contains confidential info intended se of the receipt named above. If received in error, call 909.866.725.4347, then push #2

# Request For Medical Exemption

- **Member may request Medical Exemption (disenrollment) from the Plan:**
  - **LTC facility**
  - **Transplant pending**
  - **Chronic Renal Disease (Dialysis)**
- **Section I: Completed by Member**
- **Section II: Completed by Physician (certification)**

**No Drifting Zone!**

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**Question 10: When does a member qualify for an exemption?**

**Answer:**

- Long Term Care facility
- Transplant pending
- Chronic Renal Disease (Dialysis)

# **Model of Care IPA Resources**

- **Access to completed HRA via web-portal**
- **Access to Member Care Plan via web-portal**
- **Assistance from CCM and HM, if indicated**
- **TNT assistance with coordination of care**

QUESTIONS ?

