

Medicare Advantage Special Needs Plans (SNP) Model of Care Training

CY 2023

SNP Model of Care Training Requirement

- The Centers for Medicare & Medicaid Services (CMS) requires Bright Health (BND/CHP) employees, contractors and providers who serve Medicare Advantage Special Needs Plan (SNP) members to complete annual training on the SNP Model of Care (MOC)
- The MOC provides the framework for how the SNP will identify and address the unique needs of its members
- Annual MOC training ensures that relevant providers and staff are educated, aware and will leverage the SNP MOC to deliver care and services to SNP members

Objectives

- Provide an overview of Medicare Advantage Special Needs Plans (SNPs)
- Review SNP eligibility requirements
- Review key SNP benefits for CY 2023
- Review components of the SNP Model of Care (MOC)
- Review the provider's role in the SNP MOC
- Review components of the SNP MOC program evaluation
- Provide links to additional resources
- Complete training attestation

SNP Overview

What is a Special Needs Plan (SNP)?

- A type of Medicare Advantage Plan that focuses on certain vulnerable groups of Medicare beneficiaries
- SNPs must implement additional clinical and care coordination services to meet the special needs of members
- There are three types of SNPs:

Dual Eligible SNPs
(D-SNPs)

- Enroll beneficiaries eligible for both Medicare and some level of Medicaid

Chronic Condition SNPs
(C-SNPs)

- Enroll beneficiaries with certain chronic or disabling conditions

Institutional SNPs
(I-SNPs)

- Enroll beneficiaries who are institutionalized or require an institutional level of care

Bright Healthcare (BND/CHP) CY 2023

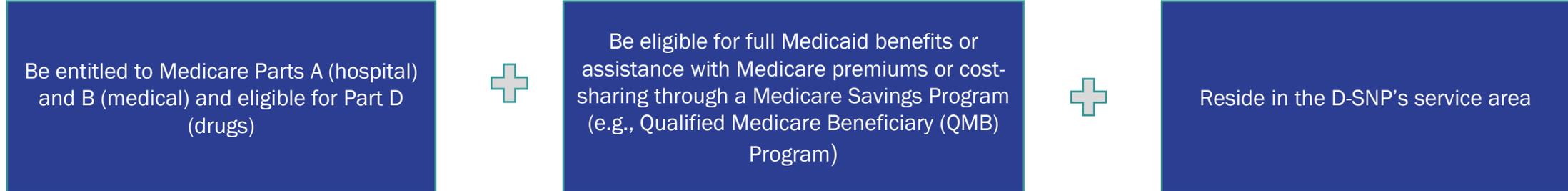
- In 2023, Bright Healthcare (BND/CHP) is offering:^{*}
 - Dual Eligible SNPs (D-SNPs)
 - Chronic Condition SNPs (C-SNPs) (two types)
 - Diabetes, Congestive Heart Failure & Cardiovascular Disease C-SNP
 - Dementia C-SNP
 - Institutional and Institutional-Equivalent SNPs (I-SNPs)

Org	D-SNP	DM/CHF/CVD C-SNP	Dementia C-SNP	I-SNP
Brand New Day	X	X	X	X
Central Health Plan	X	X		

^{*}See Appendix for H-contract – PBP numbers and Plan names

What is a D-SNP?

- A Medicare Advantage (MA) plan available to individuals eligible for both Medicare and Medicaid
- Enrollees must:



- Medicare coverage is primary; Medicaid coverage supplements Medicare coverage
- Some D-SNPs are “integrated,” meaning they administer Medicare *and* Medicaid benefits
 - **Note:** All D-SNPs must assist members with accessing both Medicare and Medicaid benefits, even if the D-SNP does not administer the Medicaid benefit

What is a C-SNP?

- An MA plan available to individuals with certain chronic and disabling conditions
- CMS has identified 15 chronic conditions that can be the focus of a C-SNP:

- Chronic Alcohol & Other Drug Dependence
- Certain Autoimmune Disorders
- Cancer
- **Certain Cardiovascular Disorders (CVD)***
- **Congestive Heart Failure (CHF)***

- **Dementia***
- **Diabetes Mellitus***
- End-Stage Liver Disease
- End-Stage Renal Disease (ESRD) requiring dialysis
- Certain Severe Hematologic Disorders

- HIV/AIDS
- Certain Chronic Lung Disorders
- Chronic and disabling mental health conditions
- Certain Neurologic Disorders
- Stroke

- C-SNPs may focus on one chronic condition or a group of commonly co-morbid and clinically-linked conditions (e.g., diabetes, congestive heart failure & cardiovascular disease)

*Focus of Bright Health (BND/CHP) 2023 C-SNPs

What is an I-SNP?

- An I-SNP is an Institutional Special Needs Plan.
- This is a Medicare managed care plan for individuals who for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- ISNPs may also enroll community-dwelling individuals who regarding institutional level of care, prior to have having at least 90 days of such care, if:
 - A CMS –approved needs assessment is conducted by an independent entity
 - The results indicate the Individuals condition make it likely that either the length of stay or the need for an institutional level of care will be at least 90 days.

SNP Eligibility & Enrollment

CY 2023 D-SNPs: Medicaid Eligibility Requirements

- To enroll in a D-SNP, must be eligible for both Medicare and Medicaid. The D-SNP chooses the eligible types of Medicaid coverage.
- Bright Healthcare (BND/CHP) D-SNPs are open to Medicare beneficiaries whose Medicaid coverage is:
 - Qualified Medicare Beneficiary (QMB); or
 - Qualified Medicare Beneficiary Plus (QMB-Plus); or
 - Full Medicaid Only (Other Full Benefit Dual Eligible or FBDE)
- Bright Health (BND/CHP) must verify a member's Medicaid eligibility before processing the enrollment and on a monthly basis thereafter.

CY 2023 D-SNPs: Medicaid Eligibility Requirements

- A member's Medicaid coverage tells you the type of Medicaid benefits or assistance they receive
- Bright Healthcare (BND/CHP) D-SNPs only enroll beneficiaries with QMB, QMB+ or Full Medicaid Only coverage
- Bright Healthcare (BND/CHP) is responsible for covering Medicare covered services and supplemental benefits offered under the D-SNP. Members receive their Medicaid coverage through a Medicaid managed care plan and/or Medicaid fee-for-service.

Qualified Medicare Beneficiary (QMB)*

- Medicaid covers Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts
- Not otherwise eligible for any Medicaid benefits

Qualified Medicare Beneficiary Plus (QMB+)*

- Medicaid covers Medicare Part A and B premiums, deductibles, coinsurance and copayment amounts
- Also eligible for full Medicaid benefits, secondary to Medicare coverage

Full Medicaid Only (Other Full Benefit Dual Eligible or FBDE)

- Eligible for full Medicaid benefits but not for the QMB program
- Medicaid may provide some assistance with Medicare cost-sharing
- Generally, cost share is \$0 when the service is covered by both Medicare and Medicaid. May be instances where member must pay Medicare cost-sharing if service/benefit not covered by Medicaid.

**Providers may never collect Medicare cost-sharing for Parts A and B services from D-SNP members with QMB status. Federal law exempts QMB members from Medicare cost-sharing liability & forbids Medicare providers from billing members for such.*

D-SNP Billing

- Medicare is the primary payer for services covered by both Medicare and Medicaid. Medicaid is always payer of last resort.
- For **Medicare** covered services:
 - First, bill Bright Healthcare (BND/CHP)
 - Second, bill Medicaid for Medicare cost-sharing, as applicable
 - **QMB & QMB+ D-SNP Members:** Have Medicare cost-sharing protection – should bill Medicaid for Medicare Part A and B deductibles, copayments and coinsurance. **May not** collect any Medicare cost-sharing from member- must accept Medicaid payment as payment in full even if payment is for less than the full Medicare cost-share amount.
 - **Other FBDE D-SNP Members:** Medicaid typically covers Medicare cost-sharing. May not collect any Medicare cost-sharing from member that is the responsibility of the State to pay. Member may have to pay Medicare cost-sharing if the benefit/service is not covered by Medicaid.
- If D-SNP member has full Medicaid benefits, bill Medicaid for any services covered **only** by Medicaid

Note: Providers must participate in Medicaid in their state to be able to bill Medicaid for Medicare cost share reimbursement. If you do not participate in Medicaid, you give up your ability to seek the secondary payer reimbursement for a D-SNP member.

D-SNP Service Area

BND only

- Alameda
- Contra Costa
- Fresno
- Imperial
- Kern
- Kings
- Madera
- Orange
- Placer
- Riverside
- Sacramento
- San Francisco
- San Joaquin
- Solano

- Stanislaus
- Tulare
- Yolo

CHP and BND

- Los Angeles
- San Bernardino

CHP only

- Ventura



D-SNP Enrollment Process

- Applicant completes D-SNP enrollment form
 - Similar to other MA enrollment forms
 - Difference: Asks about Medicaid eligibility
- Enrollment must verify Medicaid eligibility before processing enrollment



Section 1 - All fields on this page are required (unless marked optional)			
FIRST Name:	LAST Name:	Middle Initial (Optional):	
Birthdate (MM/DD/YYYY): __ / __ / ____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number: ____-____-____	
Permanent Residence Street Address (Don't enter a P.O. Box):			
City:	County (Optional):	State:	ZIP Code:
Mailing Address, if different from your Permanent Address (P.O. Box allowed):			
City:	State:	ZIP Code:	
Your Medicare information:			
Medicare Number: _____-____-_____			
Answer these important questions:			
Will you have other prescription drug coverage (like VA, TRICARE) in addition to Bright HealthCare Medicare Advantage plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of other coverage:	Member number for this coverage:	Group number for this coverage:	
To qualify for a Bright Advantage Embrace Chronic Condition Special Needs Plan (C-SNP), you must have one or more of the below chronic conditions. Have you been diagnosed with one of the following? Please check all that apply. <input type="checkbox"/> Congestive heart failure (CHF) <input type="checkbox"/> Cardiovascular disease (CVD) <input type="checkbox"/> Diabetes mellitus (DM)			
Please also complete the Pre-Enrollment Qualification Assessment Tool (PQAT) included with this form before submitting your application. The PQAT must be submitted with your enrollment form.			
To qualify for Bright Advantage Dual Access Plan (HMO D-SNP), Medicaid eligibility must be verified. Your Medicaid eligibility status must be QMB, QMB-Plus or Full Medicaid Only. Do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your Medicaid Number? _____			

Diabetes, Heart Failure & Cardiovascular C-SNPs (“Embrace & Focus” Plans)

- To enroll in a C-SNP, the member must have a qualifying chronic condition
- Bright Healthcare (BND/CHP) Diabetes, Heart Failure & Cardiovascular C-SNPs are open to members with one or more of the following conditions:
 - Diabetes Mellitus (not pre-diabetes)
 - Congestive or Chronic Heart Failure (CHF)
 - Cardiovascular Disorder (CVD) – must be one of the following CVDs:
 - Cardiac arrhythmias
 - Coronary artery disease
 - Peripheral vascular disease
 - Chronic venous thromboembolic disorder
- All DM/CHF/CVD C-SNPs have “Embrace & Focus” in the plan name

DM/CHF/CVD C-SNP Service Area

BND only

- Imperial
- Kern
- Kings
- Madera
- Placer
- Riverside
- Sacramento
- San Diego
- San Francisco
- San Mateo
- Solano
- Stanislaus
- Tulare
- Yolo

CHP and BND

- Alameda
- Contra Costa
- Fresno
- Los Angeles
- Orange
- San Bernardino
- San Joaquin
- Santa Clara



Dementia C-SNP Service Area

- Brand New Day offers a C-SNP for those diagnosed with dementia. It is offered in the following counties:
 - Fresno
 - Imperial
 - Kern
 - Los Angeles
 - Madera
 - Orange
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Francisco
 - San Mateo



C-SNP Enrollment Process

- Beneficiary completes C-SNP application (2 key pieces):
 - Enrollment Form
 - Similar to other MA enrollment forms
 - Difference: Asks about C-SNP qualifying condition
 - Pre-enrollment Qualification Assessment Tool (PQAT)
 - More detailed questions about the C-SNP qualifying conditions
 - Beneficiaries indicate if they have one of the conditions
 - Also provide contact information for provider(s) who can verify the beneficiary's chronic condition
- May enroll a member based on the PQAT responses but must verify the member's chronic condition within the first month of enrollment

C-SNP Enrollment Form

- One question on qualifying conditions
- Instructs beneficiary to complete PQAT & submit with enrollment form



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FIRST Name:	LAST Name:	Middle Initial (Optional):	
Birthdate (MM/DD/YYYY): ___ / ___ / _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number: ____-____-_____	
Permanent Residence Street Address (Don't enter a P.O. Box):			
City:	County (Optional):	State:	ZIP Code:
Mailing Address, if different from your Permanent Address (P.O. Box allowed):			
City:	State:	ZIP Code:	
Your Medicare Information:			
Medicare Number: _____ - _____ - _____			
Answer these important questions:			
Will you have other prescription drug coverage (like VA, TRICARE) in addition to Bright HealthCare Medicare Advantage plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of other coverage:	Member number for this coverage:	Group number for this coverage:	
<p>To qualify for a Bright Advantage Embrace Chronic Condition Special Needs Plan (C-SNP), you must have one or more of the below chronic conditions. Have you been diagnosed with one of the following? Please check all that apply.</p> <p><input type="checkbox"/> Congestive heart failure (CHF) <input type="checkbox"/> Cardiovascular disease (CVD) <input type="checkbox"/> Diabetes mellitus (DM)</p> <p>Please also complete the Pre-Enrollment Qualification Assessment Tool (PQAT) included with this form before submitting your application. The PQAT must be submitted with your enrollment form.</p>			

C-SNP Pre-Enrollment Qualification Assessment Tool (PQAT)

- Chronic condition questions
- Provider contact information
- Authorization for provider to release information to Bright Healthcare (BND/CHP)
- Example PQAT shown for DM/CHF/CVD C-SNP

Chronic Condition Questions		
Diabetes Mellitus (DM) (Note: a pre-diabetes diagnosis does <u>not</u> qualify for this plan)		
1. Have you ever been told by a doctor that you have diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you take or has your doctor prescribed insulin or another medication for diabetes treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been put on a special diet by your doctor or a registered dietician to treat your diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestive Heart Failure (CHF)		
1. Have you ever been told by a doctor that you have congestive heart failure (CHF)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you take medication to prevent fluid build-up in your lungs or have you had problems with fluid in your lungs or swelling in your legs, accompanied by shortness of breath, due to a heart problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. During the past 12 months, have you been counseled or educated by a health care professional about weighing yourself daily to monitor a heart problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardiovascular Disorder (CVD)		
1. Have you ever been told by a doctor that you have any of the following?		
a. Cardiac arrhythmia (heart rhythm problems like atrial fibrillation ("AFib") or rapid or irregular heartbeats)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Coronary artery disease (heart disease)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Blood clots or blood circulation problems in your legs (peripheral vascular disease)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Chronic venous thromboembolic disorder (blood clots in your veins)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had a stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever had a heart attack or a stent placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Health care provider(s) who can verify your chronic condition(s)	
Provider #1	Provider #2
Provider Name:	Provider Name:
Provider Phone Number: ____-____-____	Provider Phone Number: ____-____-____
Provider Fax Number: ____-____-____	Provider Fax Number: ____-____-____
Clinic Location:	Clinic Location:
Authorization for use and disclosure of health information to verify chronic condition(s) for purpose of health plan eligibility	
I authorize the providers listed above to disclose my health information to Bright HealthCare to verify that I have been diagnosed with a chronic condition that qualifies me for enrollment in a Bright HealthCare Chronic Condition Special Needs Plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above.	
Note: Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth above, consistent with state and federal law concerning the privacy of such information.	
Applicant Name (printed): _____	
Applicant/Authorized Representative Signature: _____	
Date: _____	

C-SNP Chronic Condition Verification

- Must verify a member's chronic condition by the end of the first month of enrollment
- Allowable verification methods
 - Provider documentation/attestation (verbal or written)
 - CMS Model Output Report (MOR) identifies a qualifying diagnosis

To be completed by provider or provider representative	
Provider Attestation For the purpose of confirming eligibility to enroll in a Chronic Condition Special Needs Plan, I hereby attest that the Applicant identified above has the following health condition(s):	
• Diabetes Mellitus (DM) (pre-diabetes excluded)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Congestive Heart Failure (CHF)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Cardiovascular Disorder (please specify the CVD):	
– Cardiac arrhythmia	<input type="checkbox"/> Yes <input type="checkbox"/> No
– Coronary artery disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
– Peripheral vascular disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
– Chronic venous thromboembolic disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Name (printed): _____	
Provider or Provider Representative Signature: _____	
Today's Date: _____	
Please return this form to Bright HealthCare within three (3) business days of receipt	
By Fax: 1-877-346-0321 ATTN: Bright HealthCare Medicare Advantage – Enrollment	
By Mail: Bright HealthCare Medicare Advantage – Enrollment P.O. Box 1731 Portland, ME 04104	
If you have any questions about this form, please call: 1-844-926-4522 , 8 a.m. to 8 p.m. local time, 7 days a week, Oct. 1 - March 31; 8 a.m. to 8 p.m. local time, Monday - Friday, April 1 - Sept. 30, excluding Federal holidays.	

C-SNP Chronic Condition Verification

- If unable to verify a member's chronic condition by the end of the first month of enrollment:
 - Must send member written notice within first seven calendar days of second month of enrollment
 - Notice must explain that if unable to verify chronic condition, member will be disenrolled at the end of the second month of enrollment
- Will continue to try and obtain verification during the second month of enrollment
 - If successful, member may stay enrolled in C-SNP
 - If unsuccessful, member is disenrolled at end of second month and has SEP

I-SNP Service Area

- Brand New Day offers I-SNPs for those who are institutionalized, or those who need an institutional-equivalent level of care. They are offered in the following counties:

- Alameda
- Contra Costa
- Fresno
- Imperial
- Kern
- Kings
- Los Angeles
- Madera
- Orange
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Mateo
- Santa Clara
- Tulare
- Yolo



I-SNP Enrollment Process

- Applicant completes I-SNP enrollment form
 - Similar to other MA enrollment forms
 - Difference: Asks about Medicaid eligibility
- Enrollment must verify Medicaid eligibility before processing enrollment

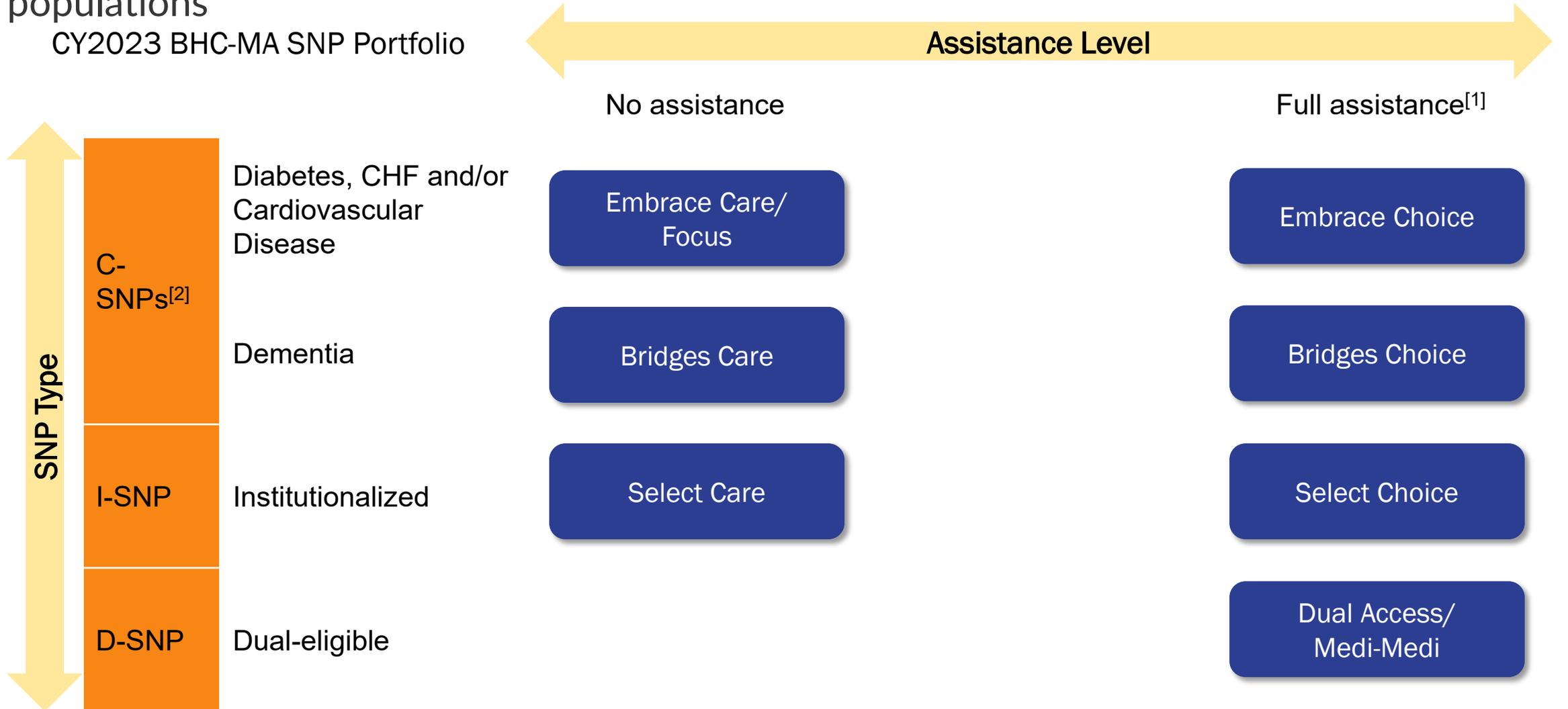


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Birthdate (MM/DD/YYYY): __ / __ / ____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number: ____-____-____	
Permanent Residence Street Address (Don't enter a P.O. Box):			
City:	County (Optional):	State:	ZIP Code:
Mailing Address, if different from your Permanent Address (P.O. Box allowed):			
City:	State:	ZIP Code:	
Your Medicare information:			
Medicare Number: _____-_____-_____			
Answer these important questions:			
Will you have other prescription drug coverage (like VA, TRICARE) in addition to Bright HealthCare Medicare Advantage plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of other coverage:	Member number for this coverage:	Group number for this coverage:	
To qualify for a Bright Advantage Embrace Chronic Condition Special Needs Plan (C-SNP), you must have one or more of the below chronic conditions. Have you been diagnosed with one of the following? Please check all that apply. <input type="checkbox"/> Congestive heart failure (CHF) <input type="checkbox"/> Cardiovascular disease (CVD) <input type="checkbox"/> Diabetes mellitus (DM)			
Please also complete the Pre-Enrollment Qualification Assessment Tool (PQAT) included with this form before submitting your application. The PQAT must be submitted with your enrollment form.			
To qualify for Bright Advantage Dual Access Plan (HMO D-SNP), Medicaid eligibility must be verified. Your Medicaid eligibility status must be QMB, QMB-Plus or Full Medicaid Only.			
Do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your Medicaid Number? _____			

2023 SNP Benefits

Bright Healthcare (BND/CHP) SNP Portfolio CY2023

Bright Healthcare (BND/CHP) designed its SNPs to meet the diverse needs of its member populations



CY 2023 BHC-MA product portfolio

Bright Healthcare (BND/CHP) is expanding its SNP portfolio to additional markets

Category	Product Name	BND	CHP
C-SNP	Embrace Care Plan (DM/CHF/CVD)	✓	N/A
	Embrace Choice Plan (DM/CHF/CVD)	✓	N/A
	Focus Plan (DM/CHF/CVD)	N/A	✓
	Bridges Care Plan (Dementia)	✓	N/A
	Bridges Choice Plan (Dementia)	✓	N/A
D-SNP	Dual Access Plan	✓	N/A
	Medi-Medi Plan	N/A	✓
I-SNP	Select Care Plan	✓	N/A
	Select Choice Plan	✓	N/A

*See Appendix for H-contract – PBP numbers and full plan names

CY 2023 Product Headlines for BND

Key benefits and differentiators

Global Benefits	C-SNP Benefits	D-SNP Benefits
\$0 PCP and urgent care	Personal nurse and care managers	Personal nurse and care managers
Worldwide emergency – includes transportation and urgent care	Meals as Medicine – up to 168 meals available	Meals as Medicine – up to 168 meals available
\$0 T1/T6 through the gap + excluded drug coverage	Healthy Foods Allowance (Embrace Choice plans only)	Healthy Foods Allowance
Embedded comprehensive dental, vision, and hearing	\$0 blood pressure cuffs, scales, and CGMs	\$0 blood pressure cuffs and scales
Member incentives	Senior Savings - \$0 insulins (Embrace Care plans only)	Large OTC Allowance
Routine chiro/acupuncture	\$0 for all covered drugs through VBID (Embrace Choice plans only)	

CY 2023 Product Headlines for CHP

Key benefits and differentiators

Global Benefits	C-SNP Benefits	D-SNP Benefits
\$0 PCP and urgent care	Personal nurse and care managers	Personal nurse and care managers
Worldwide emergency – includes transportation and urgent care	Senior Savings - \$0 insulins	Large Flex Card Allowance (includes OTC)
\$0 T1/T6 through the gap + excluded drug coverage	Part B Rebate	Meals as Medicine – up to 168 meals available
Embedded comprehensive dental, vision, and hearing	Healthy Foods Allowance	Healthy Foods Allowance
Member incentives	\$0 scales and CGMs	\$0 scales
Unlimited acupuncture, CHP Flex Card & Herbal Medicine Catalog		

SNP Model of Care

What is a Model of Care (MOC)?

- Unique CMS requirement for Special Needs Plans
- All SNPs must develop and implement a MOC that has been approved by NCQA
- The MOC provides the framework for how the SNP will identify and address the unique needs of its members
- Overall goals of the MOC include:
 - Ensure access to affordable healthcare services
 - Ensure coordination of care across payers and care settings (e.g., coordination with Medicaid for D-SNP members)
 - Improve health outcomes
 - Reduce avoidable hospitalizations
 - Facilitate appropriate utilization of services

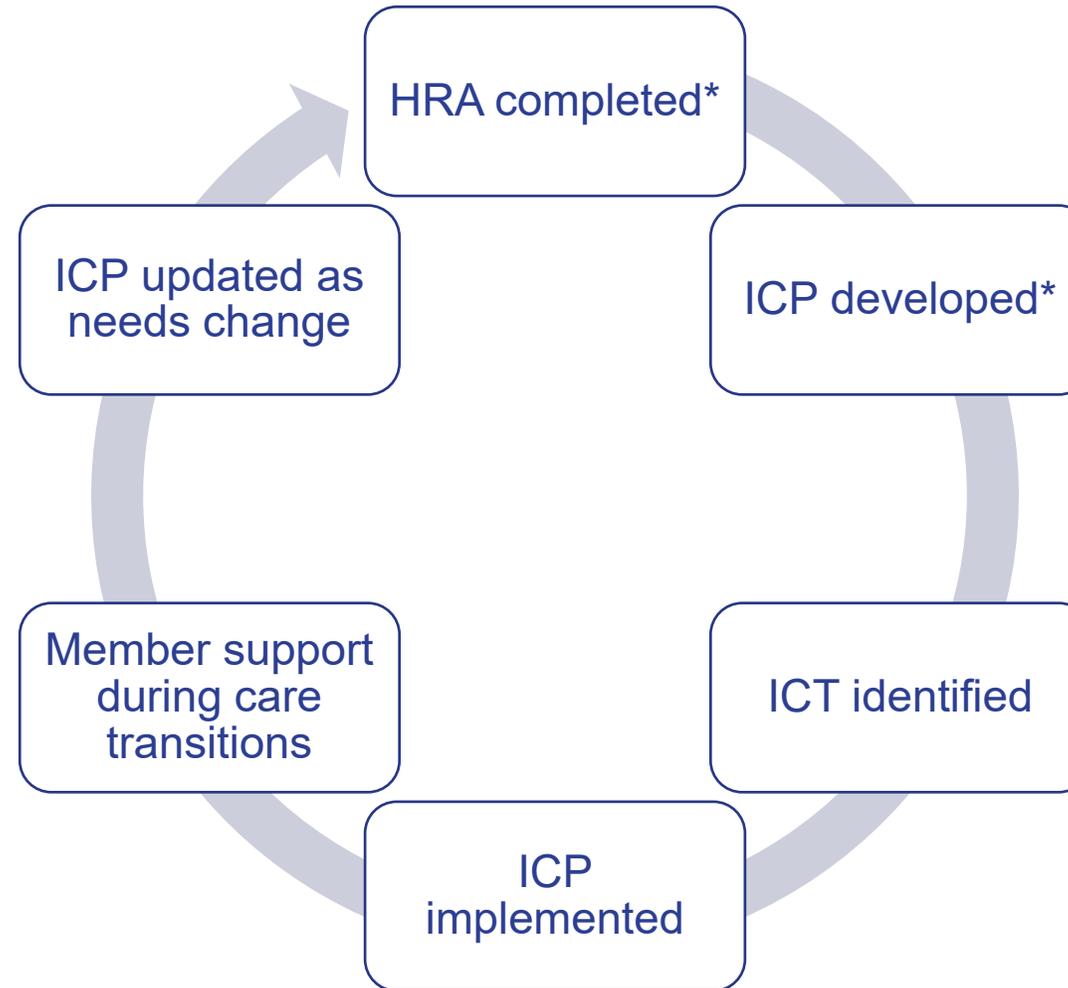
Bright Healthcare (BND/CHP) SNP Models of Care

Key Components

- All SNP members:
 - Are assigned a **Care Manager** who is the member's primary point of contact
 - Complete a **Health Risk Assessment (HRA)** to identify medical, psychosocial, behavioral, cognitive and functional needs
 - Have an **Individualized Care Plan (ICP)** that addresses the needs identified in the HRA
 - Have an **Interdisciplinary Care Team (ICT)** that helps manage the member's care. The PCP plays a key role in the ICT.
 - Receive follow-up by a Bright Healthcare (BND/CHP) nurse after a **transition of care** (e.g., hospitalization, ER visit)

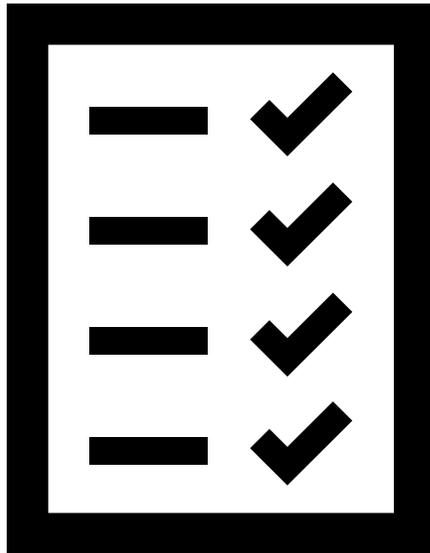
SNP Member Experience

Assigned Care Manager works with member throughout enrollment in SNP



**HRA & ICP completed upon enrollment & updated at least annually*

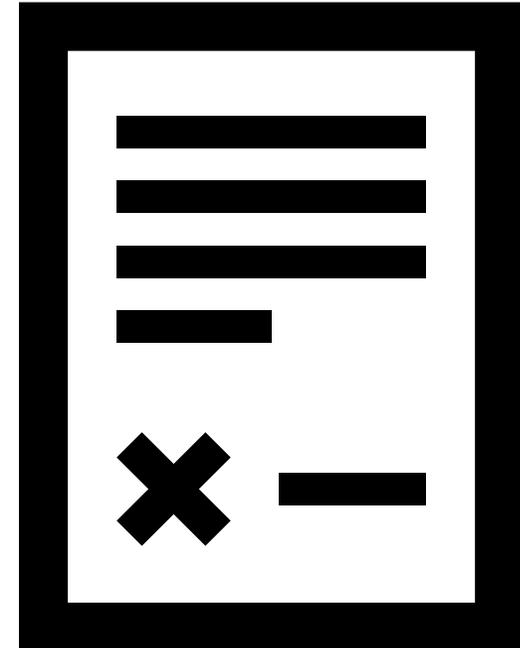
Health Risk Assessment (HRA)



- The HRA is a comprehensive assessment completed within 90 days of enrollment and at least annually thereafter (or sooner if there is a significant change in condition) via system generated, phone, virtually, and or face to face encounter.
- The Care Team and/or member of ICT team may conduct more frequent face-to-face encounters based on the Member's health status and care needs. Face-to-face encounters may be completed in person or via telehealth (video + audio).
- HRA assesses the member's needs/risk in the following areas:
 - Medical
 - Psychosocial
 - Behavioral/Mental Health
 - Cognitive
 - Functional
- HRA results drive development of the member's Individualized Care Plan (ICP)

Individualized Care Plan (ICP)

- All SNP members have an Individualized Care Plan (ICP)
- ICP is driven by the HRA results
- ICP contains member-specific needs, measurable goals and interventions. It addresses:
 - Member's self-management goals & objectives
 - Member's personal healthcare preferences
 - Member's progress toward goals
 - Services & supports to meet the member's needs
- ICP assists Health Coach in coordinating services and supports specifically tailored to the member's needs
- ICP is shared with member, PCP and other members of ICT
- ICP is dynamic document that is updated as the member's needs change
- All members must have an ICP, even if Bright Healthcare (BND/CHP) is unable to reach them or they refuse to participate in the HRA and ICP process
- To obtain a copy of a patient's ICP, contact the Bright Healthcare (BND/CHP) MA Care Management Department via email BrightMACM@brighthouse.com or by calling member services at Brand New Day (BND) at 1-866-255-4795 and Central Health Plan (CHP) 1-866-314-2427.



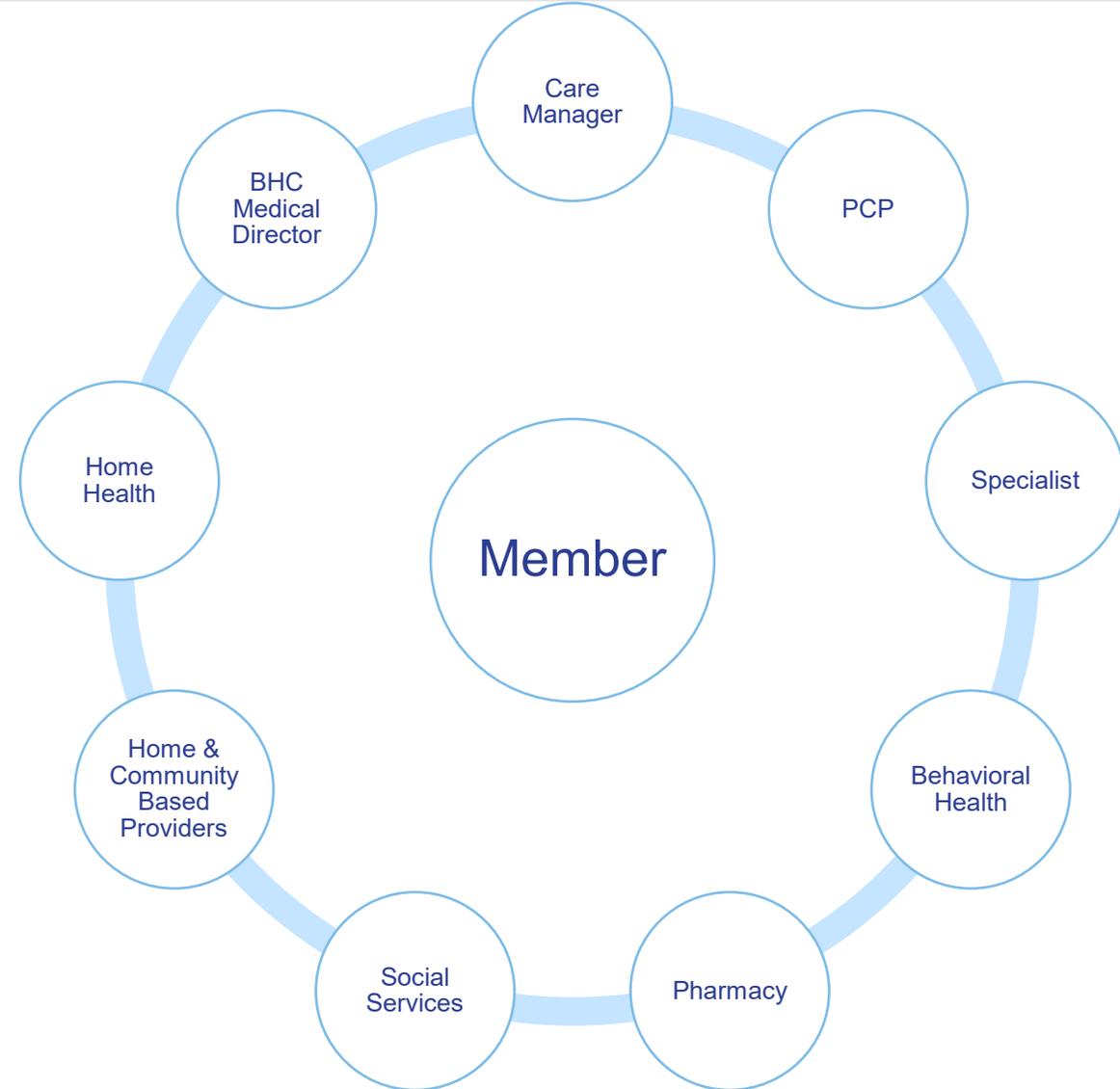
Interdisciplinary Care Team (ICT)

- Each member is managed by an Interdisciplinary Care Team (ICT)
- Composition of ICT depends on the member's needs. PCPs are key participants.
- Care Manager facilitates communication with ICT to address member's needs, coordinate care and implement member's Individualized Care Plan (ICP)

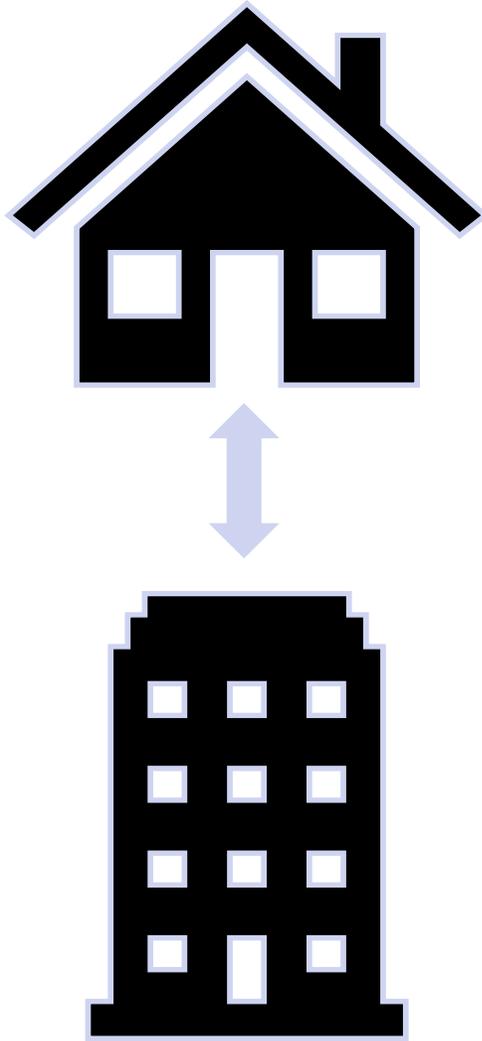


Providers' Role in the Interdisciplinary Care Team (ICT)

- Review and contribute to the member's Individualized Care Plan (ICP)
- Offer expertise regarding the member's medical needs
- Communicate recommendations for preventive care and treatment
- Work directly with the member to help make health care decisions
- Work with the Bright Healthcare (BND/CHP) Care Manager, member and other ICT members to manage and coordinate the member's care
- Participate in ICT meetings



Member Support During Transitions of Care



- When a SNP member experiences a transition in care (e.g., admitted to the hospital), a Bright Healthcare (BND/CHP) nurse helps coordinate care across settings and providers
 - Notifies member's PCP of the transition
 - Reaches out to receiving setting to assist with coordination of care
 - Works with member throughout the transition to ensure needs are addressed
 - Ensures member understands discharge instructions and any medication changes
 - Facilitates follow-up appointments
 - Helps coordinate any needed services and supports
 - Educates member on new or existing conditions to help avoid readmissions
 - Updates ICP as necessary and shares with member, PCP & other members of ICT

Provider Role – Summary

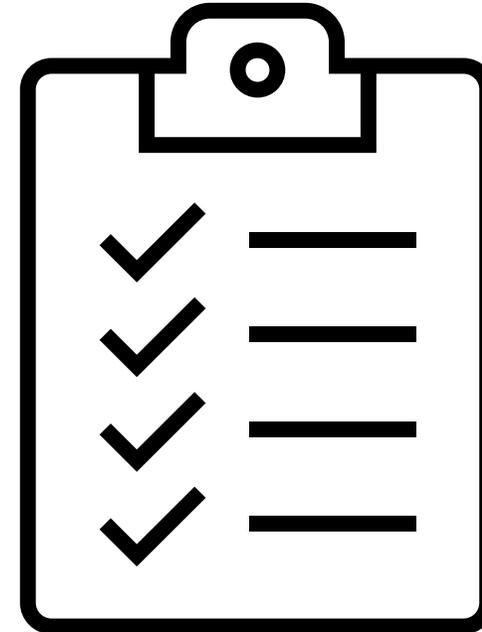
- **Collaborate** with the Bright Healthcare (BND/CHP) Health Coach on patients' Individualized Care Plans (ICPs)
 - The Care Manager is the member's primary point of contact and is responsible for communicating with the PCP and ICT:
 - At least annually
 - When any updates are made to the member's HRA or ICP and/or after a member experiences a transition in care
- **Participate** in the Interdisciplinary Care Team (ICT)
- **Encourage** patients to work with their Bright Healthcare (BND/CHP) Care Manager
- To contact a patient's Care Management services available to your patients, contact the **Bright Healthcare (BND/CHP) MA Care Management Department**:
 - **Email:** BrightMACM@brighthouse.com
 - **Call:** Brand New Day (BND) at 1-866-255-4795 and Central Health Plan (CHP) 1-866-314-2427.



SNP MOC Evaluation

SNP Model of Care Evaluation

- CMS requires SNPs to have a comprehensive quality program that evaluates the effectiveness of the MOC
- For each of its SNPs, Bright Healthcare (BND/CHP) has identified process and outcome measures tied to four focus areas:
 - Access and affordability
 - Coordination of care and appropriate delivery of services
 - Care transitions
 - Appropriate utilization of services for preventive health and chronic conditions



SNP MOC Goals – Access & Affordability

Goal Focus Area	Desired Health Outcomes
Access and Affordability	<p>Demonstration of members' ability to access affordable care as evidenced by utilization data, including:</p> <ul style="list-style-type: none">• PCP & specialty visits• ER visits• Hospital admissions• Prior authorization turn-around time

SNP MOC Goals – Coordination of Care

Goal Focus Area	Desired Health Outcomes
Coordination of Care & Appropriate Delivery of Services via Alignment of HRA, ICP & ICT	Demonstration of alignment of the HRA, ICP and ICT as evidenced by: <ul style="list-style-type: none">• Timely completion of initial and annual HRAs• Timely completion of ICP addressing member's needs• Timely review of HRA and ICP upon a member's change in health status

SNP MOC Goals – Care Transitions

Goal Focus Area	Desired Health Outcomes
Care Transitions	<p>Demonstration of supported care transitions across health settings and providers as evidenced by:</p> <ul style="list-style-type: none">• Timely completion of visits between member and a Bright Healthcare (BND/CHP) nurse following a transition of care• Hospital readmission rates• Medication reconciliation post-discharge rates

SNP MOC Goals – Appropriate Utilization

Goal Focus Area	Desired Health Outcomes
Appropriate Utilization of Services for Preventive Health and Chronic Conditions	<p>Demonstration of appropriate utilization of services for preventive health and chronic condition management as evidenced by rates on targeted HEDIS® and Star measures, including:</p> <ul style="list-style-type: none">• Diabetes care and screening (e.g., HbA1c testing & control, eye exam, kidney monitoring)• Blood pressure control• Adherence to medications for chronic condition management (e.g., diabetes, hypertension)

MOC Training Attestation

Thank you for completing the Bright Health SNP (BND/CHP) Model of Care Training

To acknowledge completion and receive credit, please click the link below to complete the **MOC Training Attestation** (hold control + click to follow link)

BND: <https://www.bndhmo.com/providers/provider-compliance-training>

CHP: <https://www.centralhealthplan.com/cpa/Home/SNP>

Remember to hit **“Submit”** at the bottom of the attestation form to complete the Attestation

To learn more

- Additional Resources
 - NCQA Website: <https://snpmoc.ncqa.org/about-the-program/>
 - CMS Website: <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans>
- Questions? Email: The MA Care Management Mailbox: BrightMACM@brighthousecare.com or contact member services Brand New Day (BND) at 1-866-255-4795 and Central Health Plan (CHP) 1-866-314-2427.

Thank you for completing the Bright Health (BND/CHP) SNP Model of Care Training!

Appendix

CY2023 BND SNPs

H-Contract - PBP	Plan Name	Counties	State	Plan Type	SNP Type	SNP Detail
H0838-024-000	Brand New Day Dual Access Plan (HMO D-SNP)	Fresno; Sacramento; Kern; Imperial; Los Angeles; Tulare; Alameda; Orange; Contra Costa; San Joaquin; San Francisco; Madera; Kings; San Bernardino; Riverside; Solano; Stanislaus; Yolo; Placer;	CA	HMO	D-SNP	Dual
H0838-028-000	Brand New Day Bridges Care Plan (HMO C-SNP)	Los Angeles; San Diego; Orange; Riverside; San Bernardino; Fresno; Imperial; Kern; Madera; Sacramento; San Francisco; San Mateo	CA	HMO	C-SNP	Dementia
H0838-029-000	Brand New Day Bridges Choice Plan (HMO C-SNP)	Los Angeles; Fresno; Imperial; Kern; Madera; Orange; Riverside; Sacramento; San Bernardino; San Diego; San Francisco; San Mateo	CA	HMO	C-SNP	Dementia
H0838-039-001	Brand New Day Embrace Care Plan (HMO C-SNP)	San Diego; Kern; Riverside; San Bernardino; Orange; Los Angeles	CA	HMO	C-SNP	DM/CHF/CAD
H0838-039-002	Brand New Day Embrace Care Plan (HMO C-SNP)	Santa Clara; Imperial; Sacramento; San Mateo; Tulare; Madera; San Francisco; Kings; San Joaquin; Alameda; Stanislaus; Placer; Yolo; Fresno	CA	HMO	C-SNP	DM/CHF/CAD
H0838-040-001	Brand New Day Embrace Choice Plan (HMO C-SNP)	Riverside; San Diego; Orange; Kern; San Bernardino; Los Angeles	CA	HMO	C-SNP	DM/CHF/CAD
H0838-040-002	Brand New Day Embrace Choice Plan (HMO C-SNP)	Fresno; Imperial; Santa Clara; Sacramento; Tulare; San Mateo; Kings; Madera; San Francisco; Alameda; San Joaquin; Contra Costa; Stanislaus; Placer; Solano; Yolo;	CA	HMO	C-SNP	DM/CHF/CAD
H0838-042-000	Brand New Day Select Care I Plan (HMO I-SNP)	Orange; Los Angeles; Riverside; San Bernardino	CA	HMO	I-SNP	Institutional (Facility) and Institutional Equivalent (Living in the Community)
H0838-043-000	Brand New Day Select Care II Plan (HMO I-SNP)	San Diego; Alameda; Contra Costa; Fresno; Imperial; Kern; Kings; Madera; Sacramento; San Francisco; San Joaquin; San Mateo; Santa Clara; Tulare; Yolo	CA	HMO	I-SNP	Institutional (Facility) and Institutional Equivalent (Living in the Community)
H0838-044-000	Brand New Day Select Choice I Plan (HMO I-SNP)	Los Angeles; Orange; Riverside; San Bernardino	CA	HMO	I-SNP	Institutional (Facility) and Institutional Equivalent (Living in the Community)
H0838-045-000	Brand New Day Select Choice II Plan (HMO I-SNP)	San Diego; Alameda; Contra Costa; Fresno; Imperial; Kern; Kings; Madera; Sacramento; San Francisco; San Joaquin; San Mateo; Santa Clara; Tulare; Yolo	CA	HMO	I-SNP	Institutional (Facility) and Institutional Equivalent (Living in the Community)
H0838-047-000	Brand New Day Embrace Care Plan (HMO C-SNP)	Contra Costa; Solano;	CA	HMO	C-SNP	DM/CHF/CAD

CY2023 CHP SNPs

H-Contract - PBP	Plan Name	Counties	State	Plan Type	SNP Type	SNP Detail
H5649-002-000	Central Health Medi-Medi Plan (HMO D-SNP)	Los Angeles; San Bernardino	CA	HMO	D-SNP	Dual
H5649-006-000	Central Health Focus Plan (HMO C-SNP)	Fresno; Santa Clara; Alameda; Contra Costa; San Joaquin; Los Angeles; San Bernardino; Orange	CA	HMO	C-SNP	DM/CHF/CAD
H5649-009-000	Central Health Ventura Medi-Medi Plan (HMO D-SNP)	Ventura	CA	HMO	D-SNP	Dual

California Medi-Cal Resources

Topic	Link
Medicaid Consumer Medicaid Helpline	1-800-541-5555 See: Medi-Cal Member and Provider Hotline
Local Departments of Social Services (by county) Contact Information	California Department of Public Health
Information on Medicaid Managed Long Term Care (MLTC)	https://www.medi-cal.ca.gov/
Provider & Health Plan Search Tool	CA Provider & Health Plan Search Tool
In home support services	Search the county website to find the nearest in-home support services. You can apply online or call to learn more.

