
2018 Model of Care Training

Medica DUAL Solution[®]

Model of Care Training for Providers

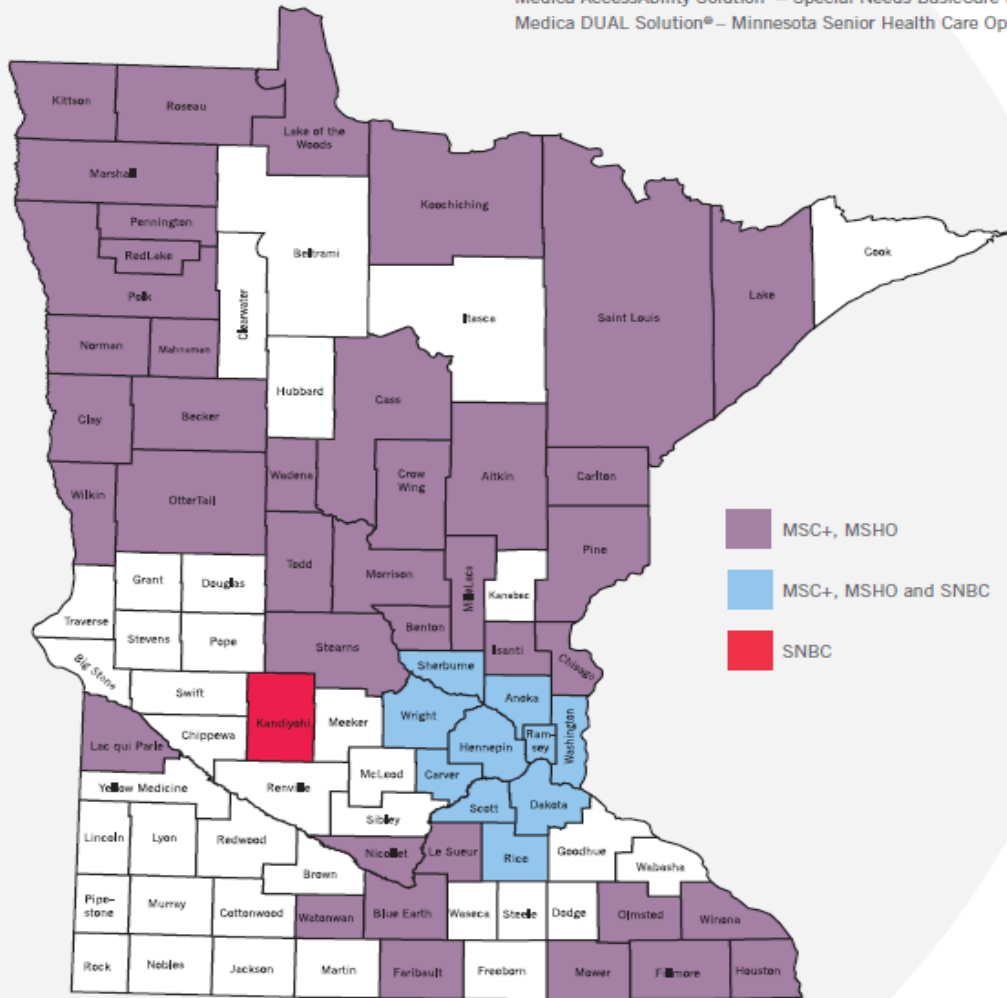
- Training Purpose:
 - Learn about the Center for Medicare and Medicaid Services (CMS) Model of Care requirements for Dual Special Needs Plans such as Medica DUAL Solution (MSHO)
 - Better understand Medica DUAL Solution (MSHO) product , its members and their needs
 - Understand the importance of your role as a member of the MSHO interdisciplinary care team
 - Learn more about the role of the Care Coordinator (CC); how you may interface with them and benefits of coordinating with the Care Coordinator for your MSHO member to better care for your member

MSHO = Medica DUAL Solution®

- Minnesota Senior Health Options (MSHO) is a Minnesota Department of Human Services program that provides health care for people who are age 65 and older and eligible for both Medicare and Medical Assistance (Medicaid).
- Medica DUAL Solution® is the Medica product name for Medica's MSHO plan.
- To be eligible, members must :
 - ✓ **Be Medicare and Medicaid eligible**
 - ✓ **Have Medicare Part A and B**
 - ✓ **Be 65+ years or older**
 - ✓ **Reside within the Medica service area**

2017-18 MEDICA STATE PUBLIC PROGRAMS SERVICE AREA

Medica Choice Care MSC+ – Minnesota Senior Care Plus (MSC+)
 Medica AccessAbility Solution® – Special Needs BasicCare (SNBC)
 Medica DUAL Solution® – Minnesota Senior Health Care Options (MSHO)



The Medica DUAL Solution® Service area extends to 50 counties across Minnesota

Medica DUAL Solution® & Model of Care

- Medica DUAL Solution® is fully integrated program where the member receives one member card and all services and claims including Medicaid, Medicare, Part D, and Elderly Waiver benefits are managed by Medica.
- As a Special Needs Plan (SNP), Centers for Medicare & Medicaid Services(CMS) requires Medica to submit and receive approval for our DUAL Solution® Model of Care. CMS considers the Model of Care a vital quality improvement tool and integral component for ensuring that the unique needs of each beneficiary enrolled in a SNP are identified and addressed.

How Do Members Enroll in MSHO?

- Enrollment is voluntary
 - Ways to enroll:
 - ✓ Member's county financial worker
 - ✓ Medica Enrollment: 952-992-2030 or 800-266-2157
 - ✓ Senior Linkage Line: 1-800-333-2433



DUAL Solution[®] Benefits

Medica Dual Solution Members receive a wide array of benefits and services as part of their benefit set. Below highlights some of the benefits available to members. A complete benefit listing is found at: [DUAL Solution Benefits and Coverage](#)

- **Medical**
- **Dental - managed for Medica by Delta Dental**
- **Behavioral Health**
- **Silver Sneakers**
- **Provide – A – Ride**
- ✓ **Transportation to medical appointments**
- ✓ **Special Transportation – Certificate of Need**
- ✓ **Transportation to Silver & Fit**
- **24/7 Nurse Line**
- **Health Coaching**
- **Disease Management**
- **Tobacco Cessation**
- **Medication Therapy Management**
- **Pharmacy – Part D & OTC**
- **Vision**
- **Care Coordination**
- **Up to 180 day Institutional Care**
- **Elderly Waiver Services (if applicable)**
- **Waiver Transportation (if applicable)**

Model of Care – Medica DUAL Solution®

- The DUAL Solution® Model of Care describes the management, procedures, and operational systems that Medica has in place to provide access to services, coordination of care and the structure needed to best provide services and care for this special needs population.
- ❖ **The cornerstone of the Model of Care is the provision of an assigned Care Coordinator for each member. The Care Coordinator focuses on coordinating access and person centered delivery of all preventive, primary, specialty, acute, post acute and long term care services among different health and social service professionals and across settings of care.**

Model of Care - Required Elements

- Description of the DUAL Solution[®] population
- Care Coordination Overview
- Provider Network
- Quality Measurement and Performance Improvement

Medica DUAL Solution® Member Demographics

- Average age: 78
- Age range: 65-108
- 69% Female /31% Male
- 40% Rural / 60% Metro
- Multiple chronic diseases
 - Hypertension
 - Diabetes
 - Major Depressive Disorder
 - Ischemic Heart Disease
 - Chronic Renal Failure
- 65% meet nursing facility level of care
- 35% are “community well”

Care Coordination

- Every DUAL Solution® member has a Care Coordinator
 - To find out who the Care Coordinator is for a member, call Medica Customer Service: 952-992-2580 or 888-347-3630
- The Care Coordinator partners with the member and their Interdisciplinary Care Team
 - ❖ *All Primary Care Physicians are considered an integral part of the member's interdisciplinary care team*
- The Care Coordinator is the primary point of contact ensuring ongoing communication between members of the Interdisciplinary Care Team

Care Coordinator's Role

- Care Coordinators are Social Workers or Registered Nurses
- Care Coordinator duties include:
 - Conduct health risk assessments
 - Develop an Individualized Care Plan with the member based on their assessed needs and preferences
 - Provide ongoing monitoring and updating of care plan
 - Connects the member to resources, health care, and services
 - Provides education and advocacy
 - Collaborates with different health and social services professionals and across settings of care
 - Works with the member to live in the least restrictive setting possible and that is the members choice.
 - Helps to ensure that the member's healthcare needs and preferences regarding their healthcare is shared across the interdisciplinary team.

Interdisciplinary Team

Interdisciplinary Care Team is composed of the:

- Member and/or appropriate family/caregiver
- MSHO Care Coordinator
- *Primary Care Provider*
- *Other providers appropriate to specific health needs (Specialists, Mental health providers, Palliative Care Team, Pharmacist, Dentist, etc.)*
- Others are included as identified by the member and others on the team.

Interdisciplinary Care Team Communication

- Collaborative communication between the Care team members and the Medica Care Coordinator is essential to best serving the member and their needs
 - ✓ Primary Care providers have information that may be useful to the Care Coordinator
 - ✓ The Care Coordinator has information that may be helpful to the PCP
 - ✓ Care Coordinator's send information to PCP annually with member's care plan content included. This letter also includes CC contact information
- Each has a role in providing the most effective and efficient care for the member

Transitions of Care

- Care Coordinators assist members when they are moving from one care setting to another. The goal is to have a consistent person promoting smooth transitions and reducing incidents related to fragmented care and risk of potential readmission
- Care Coordinators follow up with the member to:
 - ✓ Discuss their health status changes and discharge instructions
 - ✓ Ensure that follow up appointments have been scheduled
 - ✓ Ensure member understands any changes in their medication regimen
 - ✓ Educate on the benefits of maintaining a personal health record
- The communication between the Care Coordinator, Providers and the member is critical to ensuring an effective transition from one care setting to another or back to home. As a provider, your role providing follow-up care and communicating information back to the Care Coordinator regarding transition needs of the member is important to a successful transition plan.
- Care Coordinator updates the members care plan and shares with the member and their Interdisciplinary Care Team

Provider Network

- The provider network is composed of primary, specialty and dental care providers as well as a full-range of behavioral, geriatric, hospital, acute and post acute rehabilitation, long-term care services, home and community-based services and other specialty services.
- Members have access to a hardcopy provider directory annually.
- MnHelp.info has information related to available home and community based service providers
- Members have access to an online provider directory that is updated monthly
- Members can call Medica Customer Service for assistance
- The member's Care Coordinator can assist the member to locate providers and services
- Network specialists can be directly accessed, no referrals are required.

Quality Measurement & Performance Improvement

- Medica creates a corporate wide quality improvement plan that incorporates the DUAL Solution quality and performance improvement activities.
- This plan addresses all levels of improvement including operational, clinical, regulatory and describes monitoring activities.
- Medica's Quality Improvement Subcommittee (QIS) directs, oversees and evaluates the Medica quality improvement program, with the goal of promoting and continually improving clinical quality, service quality, provider quality and patient safety

Quality Measurement & Performance Improvement cont.

- Examples of tools and sources used to measure plan performance include:
 - Claims, pharmacy utilization, demographic information from enrollment, HEDIS, CAHPS, and Star Ratings, predictive modeling, and Evidence Based Medicine analytic tools are used.
 - Complaints, grievances, appeals, and member surveys provide insight into member concerns and Medica's overall performance.
 - Medica uses the Plan, Do, Study, Act quality improvement process in its quality improvement efforts.

Quality Measurement & Performance Improvement cont.

- Measurable Goals & Health Outcomes
 - Medica Care Coordination leadership team establishes annual goals for the DUAL Solution product
 - Metrics are used to monitor and measure performance
 - Based on key clinical, operational and member satisfaction areas of importance
 - Other areas measured/monitored: access and availability to primary and specialty care; Hospital admissions/readmissions, ER Use.

Quality Measurement & Performance Improvement cont.

- Quality Improvement information available to members and providers
- More information is available at [medica.com](https://www.medica.com)
 - [Medica | Quality Improvement Program](#)
 - <https://www.medica.com/providers/quality-and-cost-programs/quality-improvement-program>

Model of Care Questions?

Contact:

Kathy Albrecht
Manager, Regulatory Oversight & Improvement

952-992-2570
kathleen.albrecht@medica.com

