

**Care Coordination
in
Special Needs Plans**
presented to the
**Health Services Cost Review
Commission**

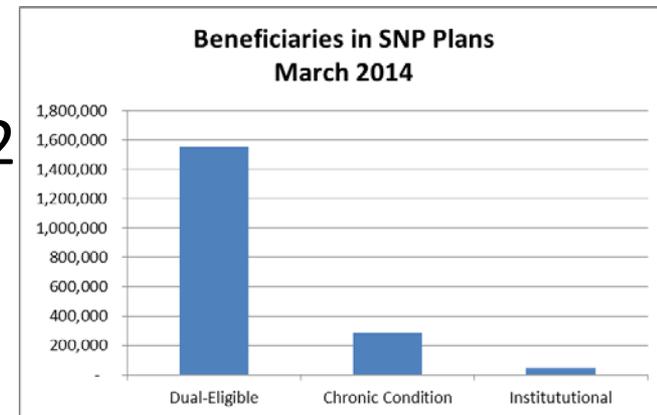
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Special Needs Plans

- As of March 2014
 - 318 MA Contracts offering 566 SNPs
 - Total Enrollment: 1.9m
- SNP types
 - Chronic Conditions: 152
 - Dual Eligible: 353
 - Institutional: 61
- Offer Medicare A, B and D Benefits
- Model of Care Requirement

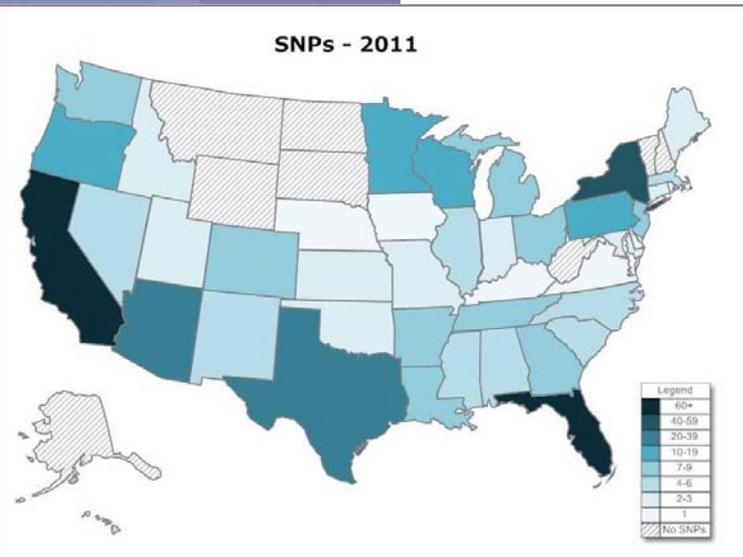


Model of Care

1. Description of the SNP-specific Target Population
2. Measurable Goals
3. Staff Structure and Care Management Goals
4. Interdisciplinary Care Team
5. Provider Network having Specialized Expertise and Use of Clinical Practice Guidelines and Protocols
6. Model of Care Training for Personnel and Provider Network
7. Health Risk Assessment
8. Individualized Care Plan
9. Communication Network
10. Care Management for the Most Vulnerable Subpopulations
11. Performance and Health Outcome Measurement

APC SNP Review Projects

- 2010: Onsite visits to 13 Special Needs Plans (SNPs)
 - Model of Care (MOC) Components
 - Process and Case Studies
- 2012: Onsite reviews of 150 SNPs
 - Assess MOC implementation
 - Best Practices and Lessons Learned



Care Coordination

Lessons Learned / Best Practices

- Outreach
- Transitions of Care
- Community Support
- Data and Communications

Outreach

- HRA in person vs. phone and/or mailed form
- Observation of environment
- Medication reconciliation
- Central care coordinator
- Number of contacts per year

Name _____ Fre

Address _____

Phone number _____

A. Physical Health Rating

1. On a usual basis, how do you rate your health? (check one)
 Excellent Good Fair Poor

2. How many times were you admitted to the hospital in 2008? (check one)
 0 1 time 2-3 times More

How many times were you admitted to the hospital in 2007? (check one)
 0 1 time 2-3 times More

How many times were you admitted to the hospital in 2006? (check one)
 0 1 time 2-3 times More

3. How many times were you in the Emergency Room in the past 12 months? (check one)
 0 1 time 2-3 times More

4. When did you last see your Primary Care Physician? (check one)
 Never Less than 6 months 6 months or more

If you have not seen your Primary Care Physician (PCP) in the past 12 months, how often do you see your PCP? (check one)
 Never Less than 6 months 6 months or more

B. Activities of Daily Living

5. How much help do you need with the following? (check one)

Activity	No Help Needed	Some Help Needed
	<input type="checkbox"/>	<input type="checkbox"/>

Transitions of Care

- Extensivists
- In-home visits
- Remote monitoring
- Concierge specialists in community
- Immediate follow up to emergency department visit
- Interdisciplinary Care Team

Community Support

- Identification of patient needs
- Connection with community services
- Transportation
- Nutrition
- Support for BH issues
- Community/religious/charitable resources

Data and Communications

- Data sharing across levels of care
- Risk stratification
- Risk alerts based on Prior Authorization requests
- ‘Best Practices’ seminars
- Internal audit and follow through



THANK YOU