Model of Care (MOC)

A Quick Guide on the Model of Care

AmeriHealth Caritas

VIP Care

Model of Care Annual Training Requirement

AmeriHealth Caritas VIP Care

AmeriHealth Caritas VIP Care is a type of Medicare Advantage plan known as a Dual Eligible Special Needs Plan (D-SNP), meaning we only enroll individuals who are entitled to both Medicare and medical assistance from a state plan under Medicaid.

As a D-SNP, AmeriHealth Caritas VIP Care, is required by the Centers for Medicare and Medicaid Services (CMS) to provide annual training of its Model of Care (MOC) and providers who care for our beneficiaries are required to complete and attest to receiving this training.

Model of Care Annual Training Requirement

AmeriHealth Caritas VIP Care

Providers may receive training in the following ways:

- In person from a training seminar or a Network Management Account Executive.
- Access an online interactive Model of Care training module on our website, www.amerihealthcaritasvipcare.com, under the Provider Training and Education link.
- Review faxed Model of Care training materials.
- Receive or request printed Model of Care training materials by calling your Provider Network Management Account Executive.

Providers may attest to completing the training through the online attestation form found at: https://www.surveymonkey.com/r/AmeriHealthCaritasVIPCareFLMOCAttestation

What Is the Model of Care?

AmeriHealth Caritas
VIP Care

The Model of Care (MOC):

- Provides the basic framework under which our D-SNP will meet the needs of each of our enrollees.
- Is a vital quality improvement tool and integral component for ensuring that the unique needs of each enrollee are identified and addressed through our care management practices.
- Provides the foundation for promoting D-SNP quality, care management, and care coordination processes.

What Is the Model of Care? – Simplified

AmeriHealth Caritas VIP Care

The Model of Care is AmeriHealth Caritas VIP Care's **Model of** how we **Care** for our Dual Eligible members.

Model of Care — Why AmeriHealth Caritas VIP Care Was Created

AmeriHealth Caritas
VIP Care

The D-SNP, AmeriHealth Caritas VIP Care, was created to offer Medicare and Medicaid eligible beneficiaries the opportunity to receive coordinated benefits in order to more efficiently and effectively manage their care.

The goals of this plan are to:

- Improve health outcomes.
- Keep beneficiaries in the community.
- Provide enhanced benefits in addition to Medicare and Medicaid benefits.

How is this accomplished?

Through the Model of Care.

Why the Model of Care is Necessary?

AmeriHealth Caritas VIP Care

- There are approximately 12 million dual eligibles in the United States.
- They are more sick and frail than the general Medicare population.

Population	Percent of Population	Percent of Dollars Spent
Medicare	21%	31%
Medicaid	15%	39%

Reference: https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8353.pdf

Model of Care - How Medicare-Medicaid (Dual) Eligibles Are Different from the General Medicare Population

AmeriHealth Caritas VIP Care

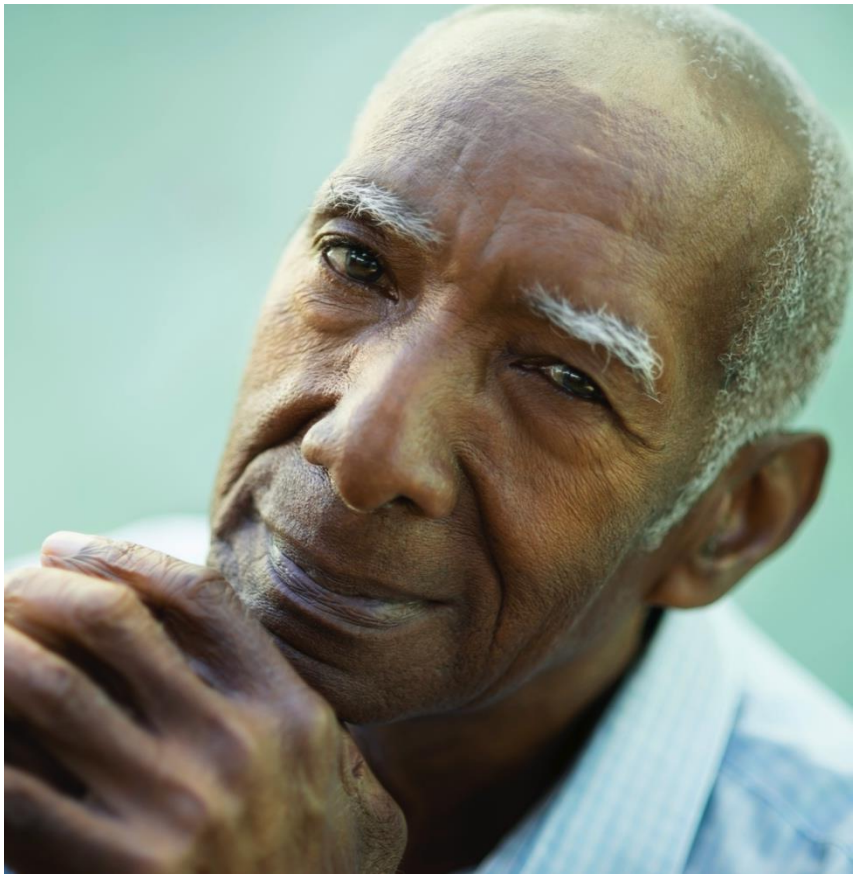
They are:

- Three times more likely to live with a disabling condition.
- More likely to have greater limitations in activities of daily living (ADLs), such as bathing and dressing.
- More likely to suffer from cognitive impairment and mental disorders.
- Indicated to have higher rates of pulmonary disease, diabetes, stroke and Alzheimer's disease.
- More likely to need in-home care providers, plus a range of doctors and other health and social services, due to these high health needs.

Medicare Payment Advisory Commission (MedPAC). *Report to Congress: New Approaches in Medicare,* Chapter 3: Dual Eligible Beneficiaries, an Overview, June 2011.

Model of Care — Outlining the High Volume = High-Cost Issue in the Dual-Eligible Population

AmeriHealth Caritas
VIP Care

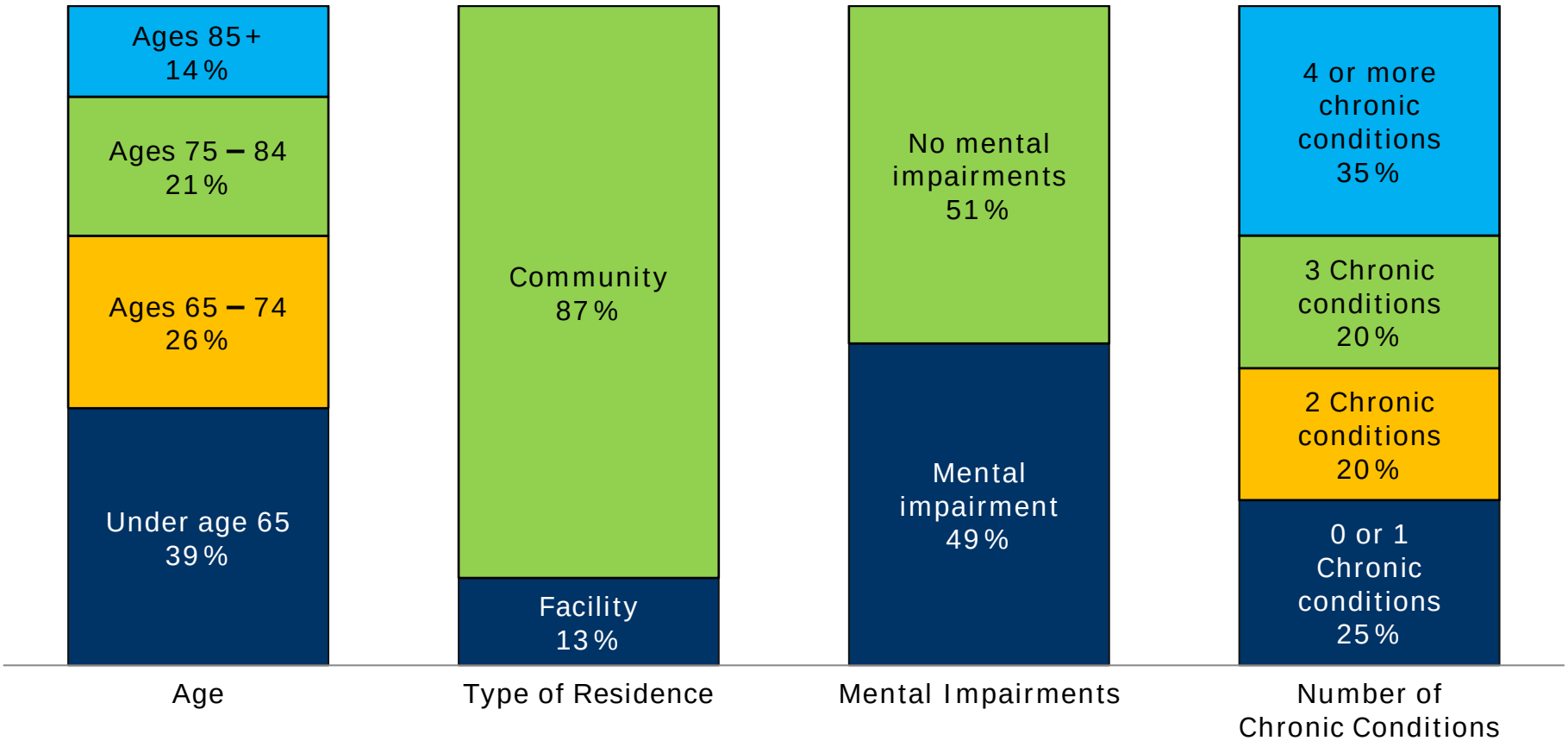


Issues in the dual-eligible population that increase costs include:

- Frequent emergency room (ER) visits.
- Readmissions to hospital.
- Long-term skilled nursing facility stays.
- Poor medication adherence.

Model of Care — Why Dual Eligibles Are Special-Needs Members

AmeriHealth Caritas
VIP Care



Note: **Mental impairments were defined as Alzheimer's disease, dementia,** depression, bipolar, schizophrenia or mental retardation.
Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey, 2008.

Building the Model of Care Interdisciplinary Care Team

AmeriHealth Caritas VIP Care

An integral part of the MOC is building an Interdisciplinary Care Team (ICT). This begins with the development of AmeriHealth Caritas VIP Care ***Care Team***. Both the providers and members have access to this team which helps members modify their behavior and how they access health care.

The AmeriHealth Caritas VIP Care ***Care Team*** includes:

- ✓ Care Connectors
- ✓ Concierge Team
- ✓ Care Managers

AmeriHealth Caritas VIP Care *Care Team* Roles & Responsibilities

AmeriHealth Caritas
VIP Care

Care Connectors/Concierge Team

All Customer Service Functions:

Schedule and remind members of appointments.

Remind members during gaps in care.

Support member education.

Link member to health and social service systems.

Coach for behavior change and condition management education.

Help with basic navigation, such as shopping and transportation.

Triage urgent needs.

Care Manager

All Clinical Functions:

Perform Health Risk Assessments.

Assist in the development of individual Care Plans (ICP).

Participate on the Integrated Care Team (ICT)

Communicate with PCPs to share information, coordinate care and promote timely treatment.

Coach for behavior change and condition management education.

Coordinate transitions.

Work together to support the member

How the Care Team Help Members

AmeriHealth Caritas
VIP Care

The Care Team understands the most common diagnosis is poverty.

- Help address limited resources in all aspects of a member's life that will impact medical care and costs.
- Build trusted relationships.
- Monitor changes in condition.
- Advocate for the member.
- Overcome barriers to better adherence to medication and self-care regimes.

The Care Team knows that transitions of care are major events.

- The Care Team is involved in assisting the member and the provider with managing the details across settings to prevent readmissions.

The Care Team knows that caregiver involvement is critical.

- The Care Team helps identify capable resources (such as friends, family and agencies) who can provide members with better care and the Care Team with a more objective perspective.

Continuing to Build the Model of Care ICT

AmeriHealth Caritas VIP Care

The ICT is crafted to serve the individual needs of each member by collaborating/communicating to develop and update ICP and by managing medical, cognitive and psychosocial needs of members. The team is completed by including the AmeriHealth Caritas VIP Care *Care Team* along with the following, if applicable:

- The member.
- The primary care provider or medical home.
- Health plan nurses, medical directors and pharmacists.
- Physical and behavioral health specialists.
- Home health care providers.
- Social workers.
- Community mental health workers.
- Physical, speech and occupational therapy providers.
- Others who play an important role in their care - family members, friends, pastor, etc.

Interdisciplinary Care Team and the Primary Care Provider/Medical Home's Roles

AmeriHealth Caritas VIP Care

The primary care provider/medical home is the main provider responsible for overseeing the overall care of the member. The key responsibilities of this role include:

- Helping members determine which services they need.
- Connecting members to the appropriate services.
- Serving as a central communication point for the member's care.
- Reviewing the plan of care sent by AmeriHealth Caritas VIP Care.
- Providing feedback to AmeriHealth Caritas VIP Care .

Model of Care — Plan Implementation Overview

AmeriHealth Caritas VIP Care

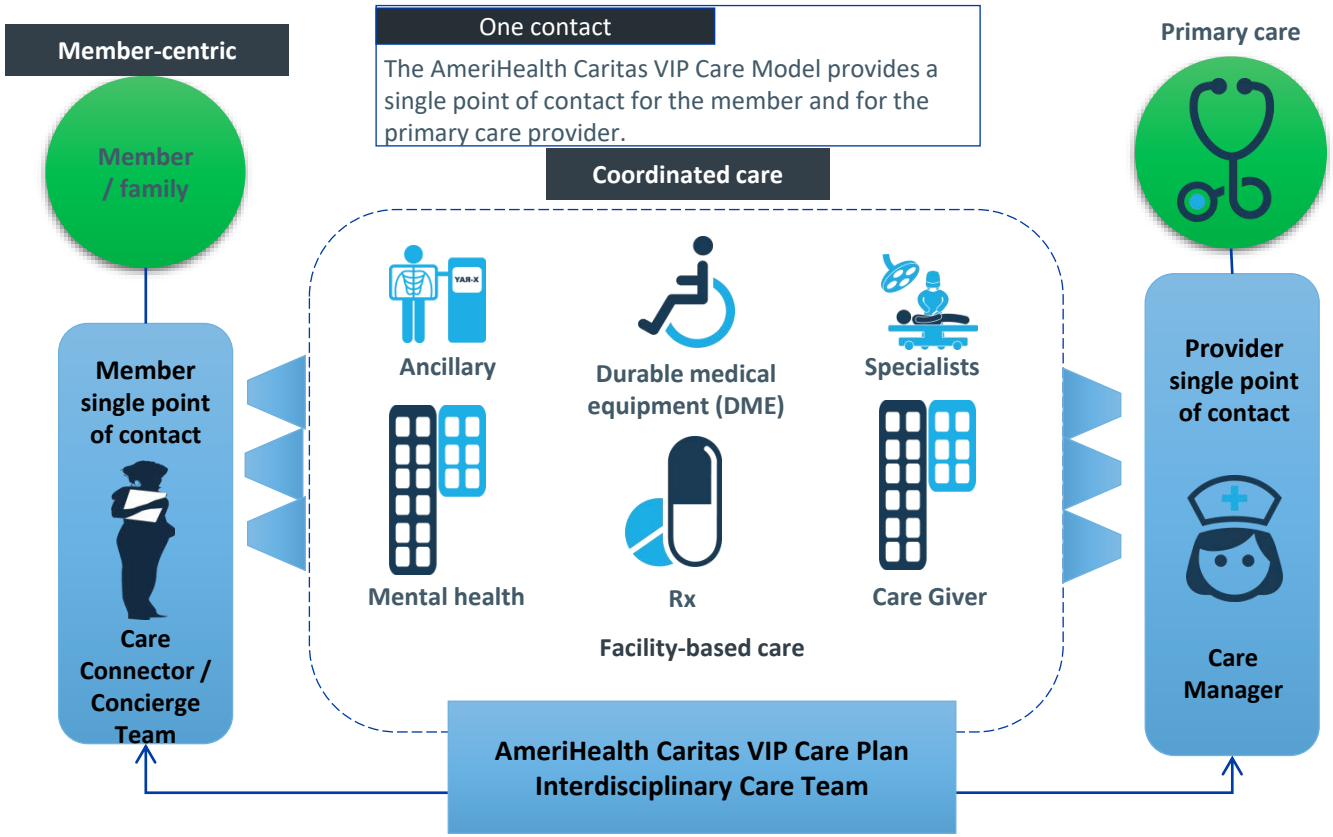
1. Each member enrolls with a primary care provider/medical home.
2. The Health Risk Assessment (HRA) will be completed by the members on the phone with a care manager. The assessment is used to collect member information regarding:

    - **Physical and behavioral health history.**
    - **Preventive care.**
    - **Level of activity.**
    - **Medication use.**

3. An Individual Care Plan is developed which includes care and support from health care providers, community agencies and service organizations.
4. The Integrated Care Team coordinates and arranges care for the member as needed.
5. The care manager will contact each member annually to encourage them to update the HRA.

Model of Care — How the Model of Care Creates a Single Point of Contact for the Member and Primary Care Physician to Achieve Coordinated Care

AmeriHealth Caritas VIP Care



ICT:

- Member.
- PCP.
- Specialists
- Medical director.
- Care manager/ CHW.
- Member/family.
- Housing coordinator.
- Pharmacist.
- Behavioral health.
- Other community agencies.

Model of Care – Other Components

AmeriHealth Caritas
VIP Care

Model of Care — A Model of Care Success Story

AmeriHealth Caritas
VIP Care

"Ms. Smith" is a single woman in her 70's who lives independently in an apartment building. She has been a member since early 2015. Her main health concerns are anxiety, atrial fibrillation, and alcohol abuse.

Ms. Smith has no close family members but does have a few friends. When the plan's nurse Care Manager (CM) first began working with this member, the member was drinking to the point of having black outs out on a daily basis. The alcohol abuse was aggravating member's heart condition. In addition, the member had received a letter that she was in danger of being evicted from her building due to her behaviors. In just six months, Ms. Smith experienced 10 trips to the hospital Emergency Department and four inpatient hospitalizations. The member's providers were becoming frustrated because they were not able to help her improve her health.

Model of Care — The Vision of How the Model of Care Should Work

AmeriHealth Caritas
VIP Care

How did the Care Manager help:

- She reached out to her several times each week to discuss the negative health effects of the member's heavy drinking, and provide emotional support.
- She consulted and collaborated with an internal Social Worker CM to provide additional help for the member with her addiction and other Behavioral Health issues.
- The Social Worker CM partnered with the CM to provide support to the member when the member's usual CM was not available.

Model of Care — The Results of the Model of Care

AmeriHealth Caritas VIP Care

After several months, we saw positive results. The member:

- Began to go to AA meetings and seeing her therapist on a regular basis.
- Stopped drinking all-together and was participating in and enjoying activities again.
- Started going to the gym several times a week and traveled to the shore to sit on the beach and relax.
- Began to pay closer attention to eating a healthy diet as well.
- Did not need to go to the Emergency Department and had no inpatient admissions for more than 6 months.

Model of Care — Living the Mission of the Model of Care

AmeriHealth Caritas
VIP Care

The CM continued to build rapport and check in with the member periodically, but the member had few health needs during her time of recovery. Member often stated how much she appreciated the calls and how she felt so much better just talking with the CM and sharing her life issue. Ms. Smith stated it meant a lot knowing that someone cared.

Model of Care — Continuing to Living the Mission of the Model of Care

AmeriHealth Caritas
VIP Care

Continuing management of our members:

- More recently, Ms. Smith did have a relapse in her alcohol abuse and she again experienced negative physical effects that brought her to the ER and have an inpatient admission.
- Her SW CM reached out to her and member felt comfortable to share her relapse and how she was feeling about her recent life events.
- Upon CM's advice and support, member increased her visits with her BH therapist and was willing to recommit to a healthier lifestyle as well as to explore alternative treatments for her anxiety, such as meditation.
- After several weeks had passed the CM spoke with Ms. Smith. She had not relapsed and was keeping up with all of her medical appointments and health practices.

Through the consistent and supportive communication with the Care Managers, Ms. Smith was able to quickly reverse her relapse and return to a more healthy lifestyle.

AmeriHealth Caritas
VIP Care

Coverage by AmeriHealth First.