TUFTS Health Plan

a Point32Health company

Tufts Health Plan Senior Care Options (SCO)

2025 Annual Model of Care Training for Providers

Training topics

- CMS Model of Care (MOC)
- Tufts Health Plan Senior Care Options Overview
- Interdisciplinary Care Team (ICT) and Individualized Care Plan (ICP)
- Levels of care and assessments
- Primary care provider responsibilities
- Clinical practice guidelines and transition of care
- Star Rating program
- Performance measures
- Continuing education resources
- Contact information for providers
- Training attestation

This required training is designed to update providers on developments in Tufts Health Plan's SCO Model of Care.

For more detailed plan information, refer to the Care Model for Tufts Health Plan SCO chapter of the Provider Manual.

CMS Model of Care

- CMS developed standards and scoring criteria for clinical and non-clinical elements and corresponding factors for the Model of Care (MOC).
- National Committee for Quality Assurance (NCQA) approval process is based on Special Needs Plan (SNP) MOC evaluation using CMS scoring guidelines.

As a SNP, Tufts Health Plan SCO is required by CMS to have a comprehensive care model including:

- ✓ Description of SNP population being served
- ✓ Care coordination
- ✓ Comprehensive provider network and role in SNP program
- ✓ Quality measurement and performance improvement goals

"In accordance with **Centers for Medicare and Medicaid Services** (CMS), a **Special Needs Plan** (SNP) **Model of Care** (MOC) must provide the structure for care management processes and systems that will enable **Medicare Advantage Organization** (MAO) to provide coordinated care for special needs individuals."

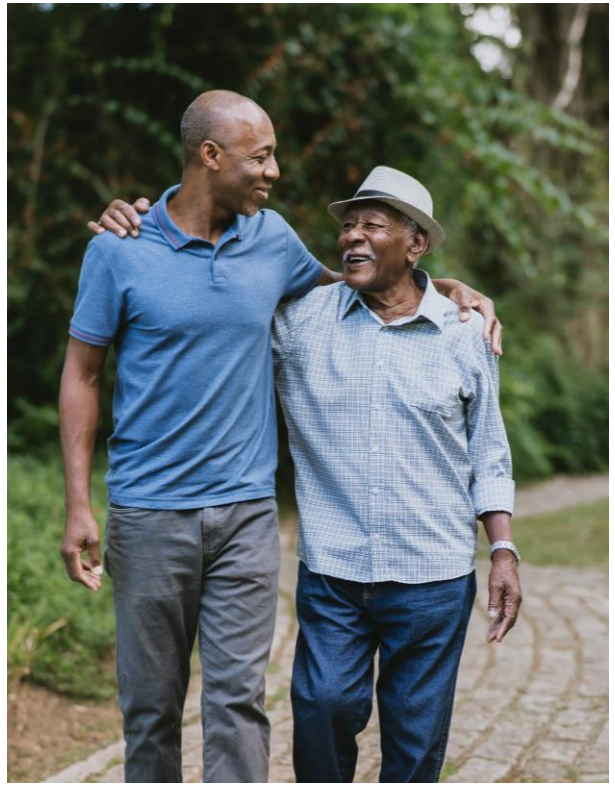
More information can be found at snpmoc.ncqa.org

Tufts Health Plan Senior Care Options (SCO)

Based on core principles and practices that create the foundation for improved health outcomes and measurable cost savings

Provides frequent contact between members and care team

THP SCO D-SNP regulated by Centers for Medicare and Medicaid Services (CMS) ***and*** Massachusetts Executive Office of Health and Human Services (EOHHS)



Tufts Health Plan SCO quality goals

- **Improve** members' access to and utilization of medical, social, behavioral, and preventive health care services
- **Advance** care and service delivery through the synchronization of health risk assessments, individualized plans of care, and interdisciplinary care teams
- **Promote** and enhance transitions of care
- **Encourage** appropriate utilization of services

Tufts Health Plan SCO member eligibility

Members are at least 65 years old.

Members have MassHealth Standard.

Members live at home or in a long-term care facility within the Tufts Health Plan SCO service area.

Members have a Tufts Health Plan SCO PCP.

At the time of enrollment, members cannot have other comprehensive health insurance (besides Medicare) or be inpatient at a chronic or rehabilitation hospital.

Interdisciplinary Care Team (ICT)

- **The Interdisciplinary Care Team** (ICT) is also known as the Primary Care Team (PCT).
- **Members of the ICT** participate in developing and updating the Individualized Care Plan (ICP).
- **Member and caregiver(s) are active members of the ICT.**
- **The RN Care Manager** works with the member/caregiver to complete the initial assessment and ICP to ensure the member is assigned the correct care level.

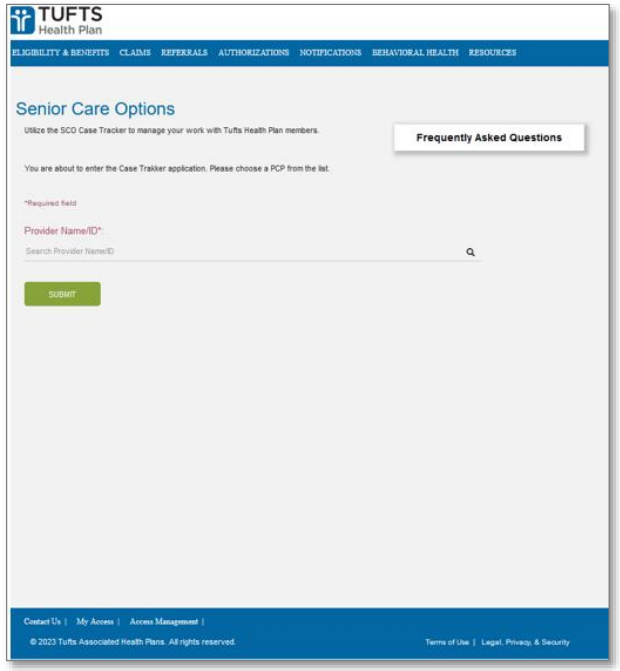
Members who have more complex needs may also have a **clinical pharmacist** or **pharmacy technician, nurse practitioner**, and/or **other specialists.**

Individualized Care Plan (ICP)

- **Initial ICP** is reviewed and approved by the member and/or family/caregivers.
- **Members** are reassessed every 3-6 months based on care level or change in condition.
- **PCPs** receive a letter, Individualized Care Plan (service plan), and member summary for review initially, annually, and with significant change in status.
- **ICP** includes results of health risk assessment, goals/objectives, specific services and benefits, outcome measures, preferences for care, and add-on benefits and services for vulnerable beneficiaries.
- **After** well-documented attempts, a care manager will reach out to a member's PCP for assistance when the member is unable to be reached (UTR), out of area (OOA), or refuses an assessment.

Centralized Enrollee Record (CER)

Each SCO member has a Centralized Enrollee Record (CER) which details their status. Tufts Health Plan SCO uses CaseTrakker Dynamo for its CER platform.



CaseTrakker:

- **Facilitates** communication among the Interdisciplinary Care Team
- **Offers** 24/7 availability to providers who request access
- **Enables** care managers to share member summary reports and ICP details with PCPs

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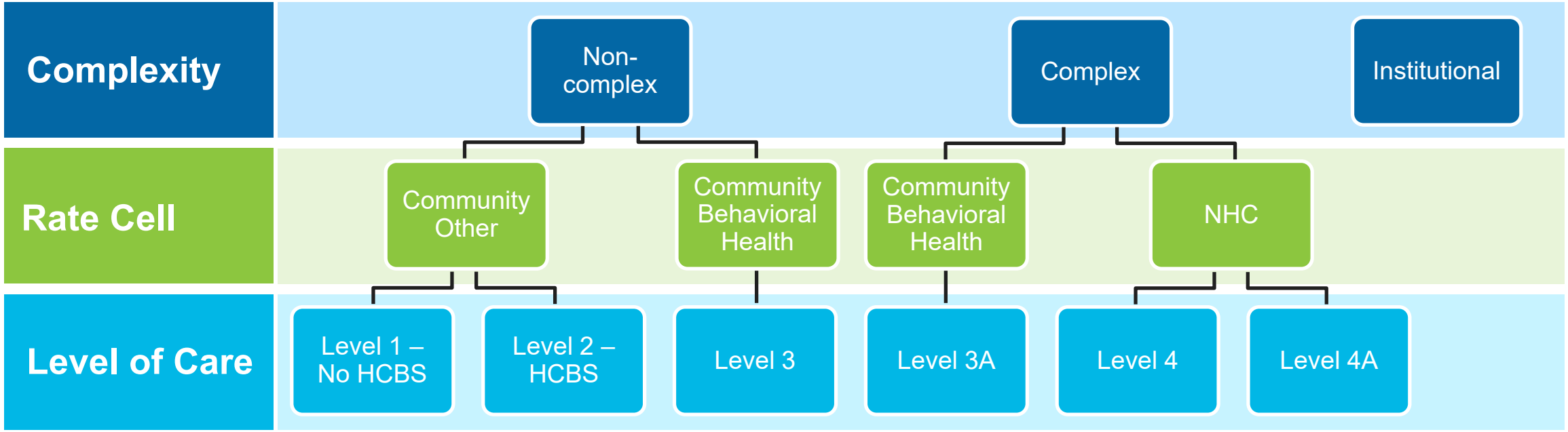
To obtain access, contact Provider Technical Support:
Tufts_Health_Plan_Provider_Technical_Support@point32health.org

Rate Cells and Levels of Care

- All members are enrolled at the Community Other level until they are evaluated by an assessment nurse or RN care manager, who will submit a Minimum Data Set – Home Care (MDS-HC) to MassHealth to determine their **Rate Cell**.
- Members are separated into **Levels of Care** based on their Rate Cell to determine the most appropriate care manager, services, and touch point frequency.

Reimbursements are based on Rate Cells. It is important to assess members accurately and reassess as their function changes.



Care Management and Assessments

Initial assessments are completed for all SCO members using the Health Risk Assessment Tool (HRAT) to:

- Evaluate medical, functional, cognitive, psychosocial, and mental health needs
- Identify contributing factors to illness and/or the need for support services
- Gather information on living arrangements, family and social supports, advanced directives, care goals
- Determine appropriate level of care

Supplemental assessments are provided based on diagnoses, complexity, and risk:

- Minimum Data Set-Home Care (MDS-HC) completed for all members
- Functional Assessment
- Disease Management Program Assessments
- Behavioral Health Assessments

Interim assessments are provided when triggered by an acute episode, change in social condition, or functional or medical status.

Care managers contact PCPs:

- by phone to coordinate care and develop ICP at least annually
- by mail with initial and annual ICP
- if member experiences acute episode with transition of care
- with notification of changes to member's functional status

Refer to the Tufts Health Plan Senior Products Provider Manual for additional details.

Tufts Health Plan SCO PCP responsibilities

- **Review** initial and annual Individualized Care Plan (ICP); contact the member's care manager with suggested changes.
- **Review** assessments sent by advanced practice nurse (APN); contact APN when needed to coordinate care.
- **Provide** medication reviews and reconciliations.
- **Respond** to RN care manager requests to coordinate care and/or attend Interdisciplinary Care Team meetings.
- **Provide** EMR access or submit annual History & Physical (H&P) upon completion.
- **Provide** latest available member contact information and bridge communication gaps with members who are unreachable or refusing assessments.
- **Re-evaluate** members to avoid gaps in care on quality and star measures.
- **Schedule** all Tufts Health Plan SCO patients for an annual wellness visit (AWV).
- **Remind** Tufts Health Plan SCO patients to complete the Medicaid renewal process and respond to requests for information from the state.
- **Call** the Elder Abuse Hotline at 800-922-2276 or file a report online if you have a patient that may be a victim of abuse or neglect. Complete the Elder Abuse Mandated Reporter Form within 48 hours and fax it to 617-926-9783.
- **Complete** the required Tufts Health Plan SCO Model of Care training and continuing education annually.

EOHHS expects PCPs to be available to members 24/7 through direct contact or a PCP-arranged network provider alternative, such as a patient portal.

Clinical practice guidelines and transition of care

- Through the provider website and provider newsletter, Point32Health shares evidence-based guidelines on:
  - ✓ Preventive health/screening for disease
  - ✓ Clinical practice/treatment paths and/or ancillary service recommendations
- Clinical Practice Guidelines and Transition of Care protocols are customized for the geriatric population and support preventive health, behavioral health, acute disease treatment, and chronic disease management.
- Tufts Health Plan's Care Management Team receives notifications regarding individual members when there are gaps in care for select guidelines.
- Providers are expected to maintain continuity of care during transitions.

Transition of care

Transition Manager

- ✓ During member admission, documents barriers to discharge and develops overall discharge plan in cooperation with ICT.
- ✓ If member requires extended care, consults preferred facility listing.

Inpatient Event Manager

- ✓ Receives notification of next level of care via Day of Admission report (or other communication).
- ✓ Closes inpatient stay in CaseTrakker.

Care Manager

- ✓ Completes Post Hospital Assessments with member and/or caregiver to:
  - Assess member's health status and update IPC.
  - Ensure follow-up PCP/specialist appointment is scheduled; assist with scheduling if needed.
  - Create action/crisis plan if member is at high risk for readmission; communicate with PCP; update ICP accordingly; consider referral to clinical programs/NP.
- ✓ Completes medication review and reconciliation.
- ✓ Completes face-to-face or telehealth follow-up visit with member after emergency department discharge.

Members *should be seen by their PCP/ specialist within 7 days from discharge. If the member has had medication changes, the PCP will receive a copy of medication reconciliation and a cover sheet, which explains the process for providers to document the medication reconciliation.*

Community Care Partner (CCP) …new for 2026

- ✓ Contacts members receiving nursing facility services monthly.
- ✓ Conducts quarterly in-person assessments.

Medicare Star Rating Program

Tip sheets for **HEDIS** and **Star program measures** impacted by provider care are available on Point32Health's provider website.

What is the Medicare Star Rating Program and why is it important?

- CMS (the Centers for Medicare & Medicaid Services) uses a **five-star** quality rating system to measure Medicare beneficiaries' experiences and quality of care with their health plan and health care system. After the plan has been assessed by CMS, the rating is published on the Medicare Plan Finder (MPF).
- The Star program is designed to help identify the best plans and determine which are eligible for quality bonus payments and rebates. When higher ratings are received it allows plans to **reinvest** back into the **benefits** provided to our members.
- The Medicare Star Rating Program utilizes **40+ individual measures** to rate health plans on a scale of 1 to 5 stars, with 5 being the highest.

Components of the Medicare Star Rating Program

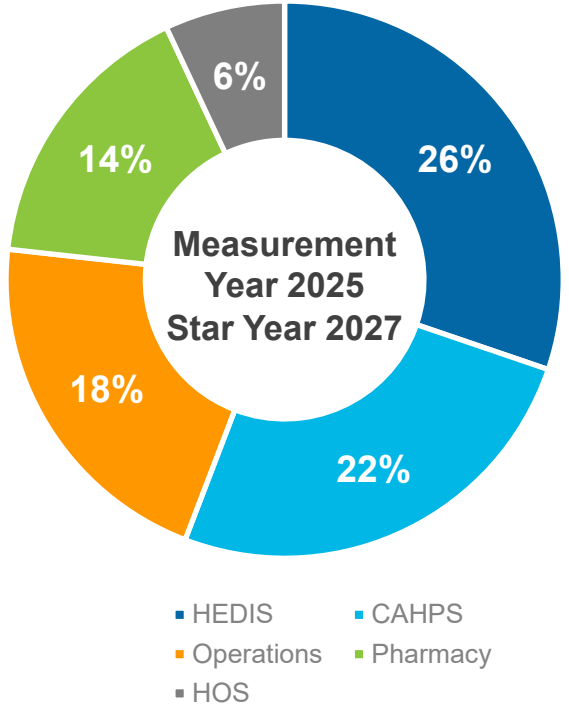
26% Healthcare Effectiveness Data and Information Set (HEDIS) — HEDIS measures are developed and maintained by the National Committee for Quality Assurance (NCQA) and are largely focused on the processes and outcomes related to *clinical quality* and *preventive care*. Data is sourced from claims, chart reviews, and various supplemental data sets, all requiring auditor review and approval.

22% Consumer Assessment of Healthcare Providers and Systems (CAHPS) — This annual survey focuses on *customer satisfaction* with the health plan and beneficiary health care. The survey — conducted anonymously — asks beneficiaries to rate various health plan and health care elements on a scale of 1 (bad) to 10 (good) based on member perception, memory recall, and general satisfaction.

18% Operations — Incorporates administrative data sources including disenrollment, complaints, appeals, call center and language interpretation, and audit functions designed to ensure an optimal member experience.

14% Pharmacy — The pharmacy measure set spans a variety of sources from Prescription Drug Events (PDE) to administrative data. Measures are focused on the *utilization of the pharmacy* (or Part D) benefit and range from adherence to prescriptions to participation in standardized programs such as medication therapy management.

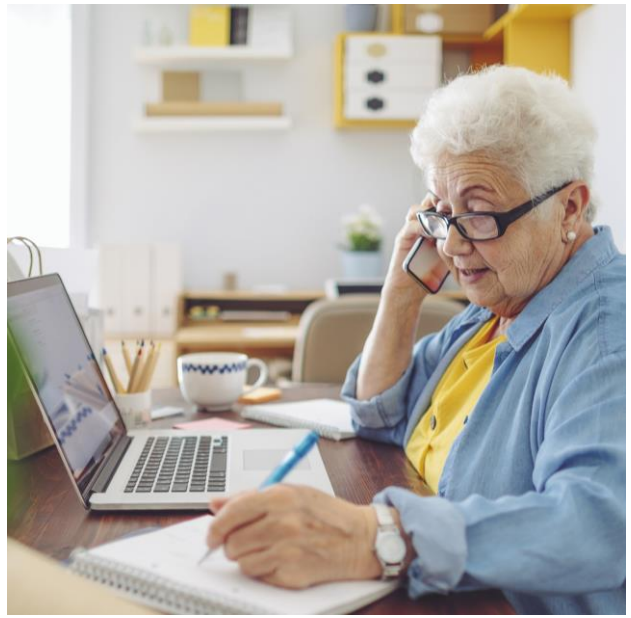
6% Health Outcome Survey (HOS) — This annual anonymous survey to members focuses on health care processes and *health status*. The two-part assessment and re-assessment are aimed at measuring whether member health has improved in specific areas year over year.



Performance measures

1. **CHF readmission** rates
2. **Influenza** and **pneumococcal pneumonia** immunization rates
3. **Annual pain** and **functional status** assessments
4. **Percentage of** members discharged from acute inpatient hospitals who are readmitted within 30 days
5. **Percentage of members seen by PCP/specialist** for post-discharge from acute facility within 7 calendar days
6. **Percentage of members who receive a medication reconciliation** within 30 days of discharge from acute facility to home setting
7. **Breast cancer** and **colorectal cancer** screening rates
8. **Osteoporosis management** in women with previous fractures
9. **Diabetes** and **blood pressure control**
10. **Initiation of statin therapy**
11. **Stars Part D medication** adherence rates

Numbers 3-11 above are Star Program measures.



Continuing education for providers

The following continuing education resources are **available** to Tufts Health Plan SCO providers:

- Depression
- Substance use disorder
- Dementia, including Alzheimer's disease
- Identification and treatment of incontinence
- Fall prevention
- Identifying and reporting elder abuse and neglect
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Diabetes

Tufts Health Plan SCO providers can access free CEU training and resources and learn more about clinic practice guidelines at their convenience.

Contact information for providers

For eligibility, benefit, referral, authorization, notification, and claim inquiries	• Tufts Health Plan secure provider portal • Senior Products Provider Services phone: **800-279-9022** • Point32Health Provider website: point32health.org/provider
For assistance reaching a Tufts Health Plan SCO member's care manager	Call Member Services at **855-670-5934.**
For technical assistance accessing and using the secure provider portal	Provider Technical Support email: Tufts_Health_Plan_Provider_Technical_Support@point32health.org

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We appreciate your attention and participation.

Please click here to attest to your completion of this year's annual Tufts Health Plan SCO Model of Care training.

Thank you.