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Tufts Health Plan Senior Care Options (SCO)

2023 Annual Model of Care Training
for PCPs and Providers



Agenda

- CMS Model of Care (MOC)
- Tufts Health Plan SCO Care Model, Goals, and Member Eligibility
- Interdisciplinary Care Team (ICT) and Individual Plan of Care (IPC)
- Levels of Care and Assessments
- Expectations for Primary Care Providers
- Clinical Practice Guidelines (CPGs) and Transitions of Care (TOC)
- Performance Measures
- Member Benefit Savings and Updates for 2023
- Tufts Health Plan SCO Provider Education and Contact Information
- Training Attestation Link

This training, designed to update providers on developments in Tufts Health Plan's SCO Model of Care, meets CMS training requirements. 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.
- Multi-year approval process allows plans to be granted longer approval period based on higher MOC scores. ***In the last submission, Tufts Health Plan SCO scored 100%, granting a 3-year approval.***

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 at <https://snpmoc.ncqa.org/>



Tufts Health Plan SCO Model

- 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
- Two plans available:
 - THP SCO - for members with MassHealth Standard (Medicaid) only
 - THP SCO D-SNP (a dual special needs plan)
- Both plans provide MassHealth Standard (Medicaid) and Medicare coverage plus additional benefits
- THP SCO Medicaid-only plan regulated by EOHHS
- THP SCO D-SNP regulated by Centers for Medicare and Medicaid Services (CMS) *and* Massachusetts Executive Office of Health and Human Services (EOHHS)









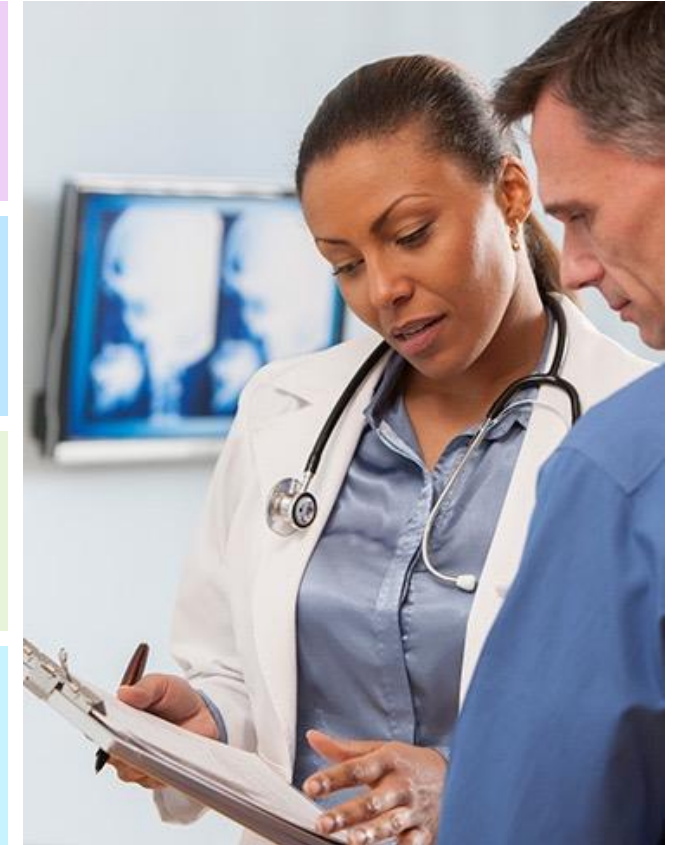
Tufts Health Plan SCO MOC Quality Goals

- **Improve** access to and utilization of medical, social, behavioral, and preventive health care services
- **Advance** coordination of care and service delivery through alignment of health risk assessment, individualized plan of care, and ICT team
- **Promote** and enhance transitions of care
- **Encourage** appropriate utilization of services



Tufts Health Plan SCO Member Eligibility

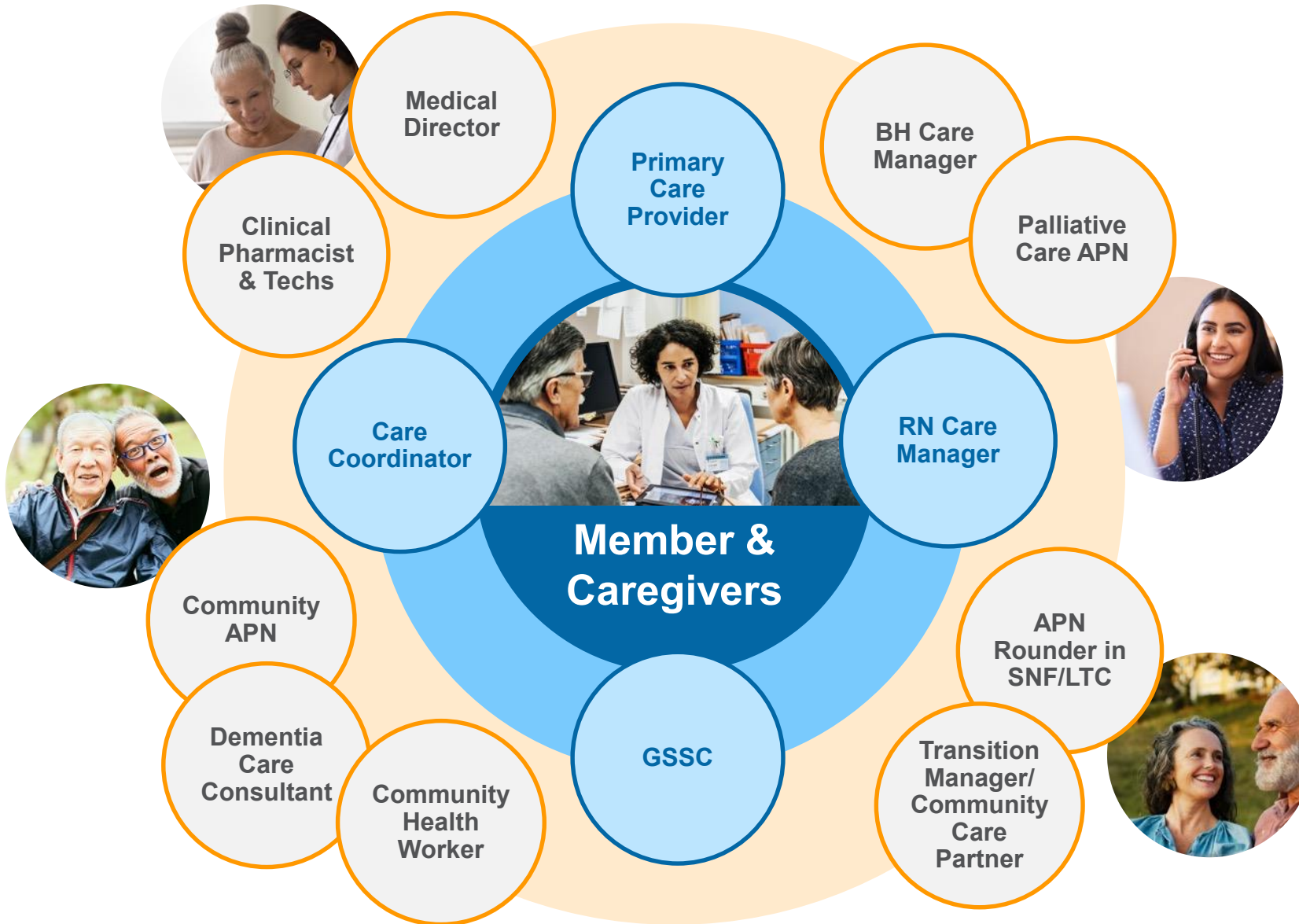
	Members are at least 65 years old.
	Members have MassHealth Standard. (Medicare is optional.)
	Members live at home or in an LTC facility within the THP SCO service area.
	Members have a PCP contracted with THP SCO (or switch to a contracted PCP).



At the time of enrollment, members cannot have other comprehensive health insurance (beside Medicare) or be an inpatient at a chronic or rehabilitation hospital or reside in an intermediate care facility for people with intellectual disabilities.



Interdisciplinary Care Team (ICT)



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

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

Individualized Plan of Care (IPC) Process

- **Initial IPC** is reviewed and approved by member, family/caregivers, and PCP.
- **Members** are re-assessed every 3-6 months based on care level or change in condition.
- **PCPs** receive a letter, IPC, and member summary for review: initially, annually, and with any change in status.
- **ICP** includes problem list, short- and long-term measurable member-centric goals, and assigned interventions.
- **For unable** to reach (UTR), out of area (OOA) or members refusing assessments, care managers document contact attempts and outreach to member's provider for assistance.





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.

The screenshot shows the Tufts Health Plan CaseTrakker interface. At the top, there is a navigation bar with the Tufts Health Plan logo and several menu items: ELIGIBILITY & BENEFITS, CLAIMS, REFERRALS, AUTHORIZATIONS, NOTIFICATIONS, BEHAVIORAL HEALTH, and RESOURCES. Below the navigation bar, the page title is "Senior Care Options". The main content area contains a "Frequently Asked Questions" button and a message: "Utilize the SCO Case Tracker to manage your work with Tufts Health Plan members." Below this, there is a prompt: "You are about to enter the Case Tracker application. Please choose a PCP from the list." A "Required field" label is present above the "Provider Name/ID:" label. Below the label is a search input field with a magnifying glass icon and a "SUBMIT" button. At the bottom of the page, there is a footer with links for "Contact Us", "My Access", and "Access Management", along with copyright information: "© 2023 Tufts Associated Health Plans. All rights reserved." and "Terms of Use | Legal, Privacy, & Security".

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

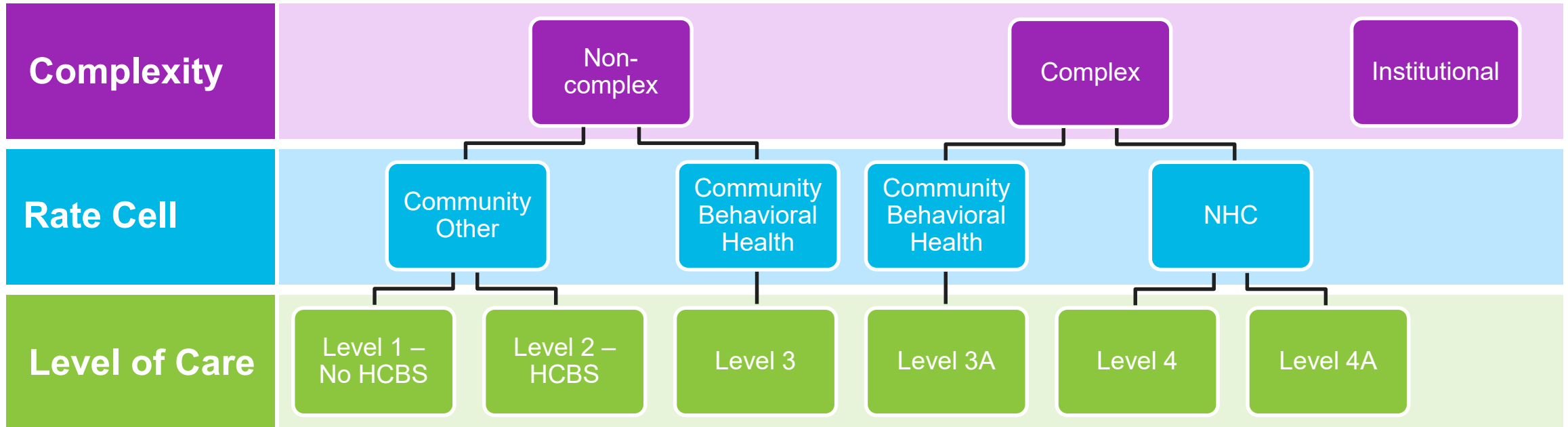
To obtain access, contact Provider Services: [Tufts_Health_Plan_Provider_Technical_Support@point32health.org](mailto:Ttufts_Health_Plan_Provider_Technical_Support@point32health.org)



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, so it is important to assess members accurately and re-assess as their function changes.





Care Management and Assessment

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
- History and Physical (H&P)
- 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 IPC at least annually
- by mail with initial and annual IPC
- if member experiences acute episode with transition of care
- with notification of changes to member's functional status

Refer to [Assessment and Risk Categories](#) within the Tufts SCO Provider Manual for additional details.



Expectations for PCPs from THP SCO

- **Review** initial and annual Individualized Plan of Care (IPC); contact care manager with suggested changes.
- **Review** assessments sent by advanced practice nurse (APN); contact APN when needed to coordinate care.
- **Provide** medication reviews/reconciliations.
- **Respond** to RN care manager requests to coordinate care and/or attend Interdisciplinary Care Team meetings, whenever possible.
- **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 fill gaps in care on quality measures.
- **Schedule** all SCO patients for an annual wellness visit (AWV).
- **Remind** Tufts SCO patients to complete the Medicaid renewal process and respond to requests for information from the state. Point32Health renewal reminder materials (cobranded with your logo) can be requested at: marketing_memberservices@point32health.org.
- **Call** the Elder Abuse Hotline at 800-922-2276 or [file a report online](#) if you have a patient believed to 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** required Tufts 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 Care Transition Protocols



- Through the [provider website](#), [provider newsletter](#), and [provider training](#), Point32Health shares evidence-based guidelines on:
 - Preventive health/screening for disease
 - Clinical practice/treatment paths and/or ancillary service recommendations
- Guidelines and practice protocols are customized for the geriatric population and support preventive health, behavioral health, acute disease treatment, and/or chronic disease management.
- The Care Management Team receives reminders for individual beneficiaries when there are gaps in care for select guidelines.
- Providers are expected to maintain continuity of care during transitions.



Transition of Care Responsibilities

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 DOA report (or other communication).
- Closes inpatient stay in CaseTrakker.

Care Manager

- Completes Post Hospital Assessment Day 2 & Post Hospital Assessment Day 7 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 re-admission; communicate with PCP; update IPC accordingly; consider referral to clinical programs/NP.
- Completes medication review and reconciliation with 7 days.



Members should be seen by their PCP/specialist within 7 days from discharge. If the member has had no medication changes, the PCP will receive a copy of medication reconciliation within 7 days.



Tufts Health Plan SCO MOC Provider Performance Measures




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



DailyCare+ and Instant Savings

SCO Value Based Insurance Design (VBID)

A CMS-sponsored innovation model that allows us to combine SCO's two separate OTC benefits of 2023 into a single OTC benefit for 2024: One card. One allowance amount. All Medicare and Medicaid-eligible items.

2023	2024
 <p>\$150 per quarter Rollover of unused amounts Covers Medicaid-eligible items only, incl. personal care and groceries</p>	 <p>\$425 per quarter No rollover of unused amounts</p> <p>Single card Single allowance Covers all SCO-eligible items (Medicare and Medicaid)</p>
 <p>\$128 per quarter Rollover of unused amounts Covers Medicare-eligible items only</p>	

8 Confidential. Please do not distribute.

2024 Benefit Changes:

- **Increased** total quarterly allowance from \$278 to \$425
- **Convenience** of single card for Medicare- and Medicaid-eligible items
- **Elimination** of allowance rollover



Provider Education

Tufts Health Plan SCO provides annual education on:

- Depression
- Substance use disorder
- Dementia, including Alzheimer's disease
- Identification and treatment of incontinence
- Preventing falls
- Elder abuse, neglect, and exploitation
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Diabetes



THP SCO-contracted providers can access [free CEU training and resources](#) and learn more about [THP clinic practice guidelines](#) at their convenience.



Tufts Health Plan SCO contact information

- **For assistance reaching a Tufts Health Plan SCO member's care manager directly,** please contact Member Services at **855-670-5934**.
- **For product, claims, benefits, policies and procedures, and secure provider portal information:**
 - Provider Relations phone: 800-279-9022
 - Provider Education email: Provider_Education@point32health.org
 - Provider website: tuftshealthplan.com/provider/
- **Technical assistance:** Network_Tech@point32health.org
- **Online Provider Resource Guide:** tuftshealthplan.com/documents/providers/guides/sp-resource-guide
- **Member Services:** 855-670-5934 (TTY 711) *Translation services available.*



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*We appreciate your attention
and participation.*

Please [click here](#) to attest to the
completion of this training and take
the Tufts Health Plan SCO Provider Survey.

The survey will be open from November 1, 2023 – February 16, 2024.

Thank You!