



Special Needs Plans Breakout Session

**Moderators: Don Marik and
Carolyn Mill**



CY 2012 Special Needs Plan Model of Care Information

Overview of Presentation

- Background
- Overview of the CY 2012 SNP Model Of Care Approval Process
- Next Steps
- Contact Information

BACKGROUND

Statutory Basis

The Affordable Care Act (ACA) requires that, starting in 2012, all Special Needs Plans (SNPs) be approved by the National Committee on Quality Assurance (NCQA) based on standards developed by the Secretary.

Standards for SNP Approval

- April 2011 final rule (76 FR 21432 through 21577)
 - 42 CFR §422.4, §422.101, and §422.152
 - CMS established the SNP Model of Care (MOC) as the basis of NCQA's approval of SNPs
 - Important first step in ensuring that SNPs have in place a structure for care management processes and systems that will enable them to provide coordinated care for special needs individuals.

Standards for SNP Approval (cont.)

- Multi-year approval schedule:
 - Incentives for SNPs to exceed our minimum passing score of 70%
 - Decreased burden for MAOs and CMS
- Benchmarks for approvals:
 - Scores of 85% or greater received a 3-year approval
 - Scores of 75-84% received a 2-year approval
 - Scores of 70-74% received a 1-year approval

Overview of the CY 2012 SNP MOC Approval Process

Approval Process Implementation

- Implemented as part of the SNP application process:
 - Leveraged an existing process
 - Provided two opportunities for MAOs to cure MOCs (to include improving already passing scores) in parallel with MA application process

Implementation Challenges

- New process for all SNPs
 - First time CMS has developed benchmarks for the Models of Care (MOC) and reviewed and scored them on specified standards
- Timing of the regulatory process
 - Regulations and specific standards for approval not released until after the first submission

Technical Assistance

- Throughout the approval process, CMS and NCQA hosted:
 - 4 Initial Review TA calls
 - 2 Cure 1 TA Calls
 - 1 Cure 2 TA Call
- Many one-on-one TA calls with individual MAOs

Technical Assistance (cont.)

- TA calls provided:
 - Comprehensive and detailed overview of each clinical and non-clinical element of the MOC
 - Guidance for improving submissions
- TA was critical to the success of this process and, ultimately, a best practice

Overall Results

- No SNPs were non-renewed as a result of the MOC review and approval process
- Most plans received multi-year approvals

Public Posting of Results & Marketing

- CY 2012 SNP MOC approval information was available on our SNP webpage in mid-September 2011
- CMS has developed marketing guidance on permitted disclosures of plan information regarding NCQA SNP approval to current and prospective beneficiaries
 - For detailed information, see the August 26, 2011 *“Posting of NCQA SNP Approval Information and Guidance on Permitted Disclosure of this Information”* HPMS memo

NEXT STEPS

Taking Stock of 2012

- “Lessons learned” session with the industry this fall
- Identification of “best practices”
- Review of MOC implementation for a sample of plans in 2012

Looking Forward to 2013

- CMS will release guidance for the CY 2013 MOC approval process this fall
 - Standards for approval of MOC
 - Applicable only to new applicants, service area expansions, and one-year approvals
 - MOC reviews will occur during the MA application cycle

Contact Information

Questions?

Carolyn Mill

303-844-3522

carolyn.mill@cms.hhs.gov

Don Marik

303-844-2646

donald.marik@cms.hhs.gov

SNP Best Practice

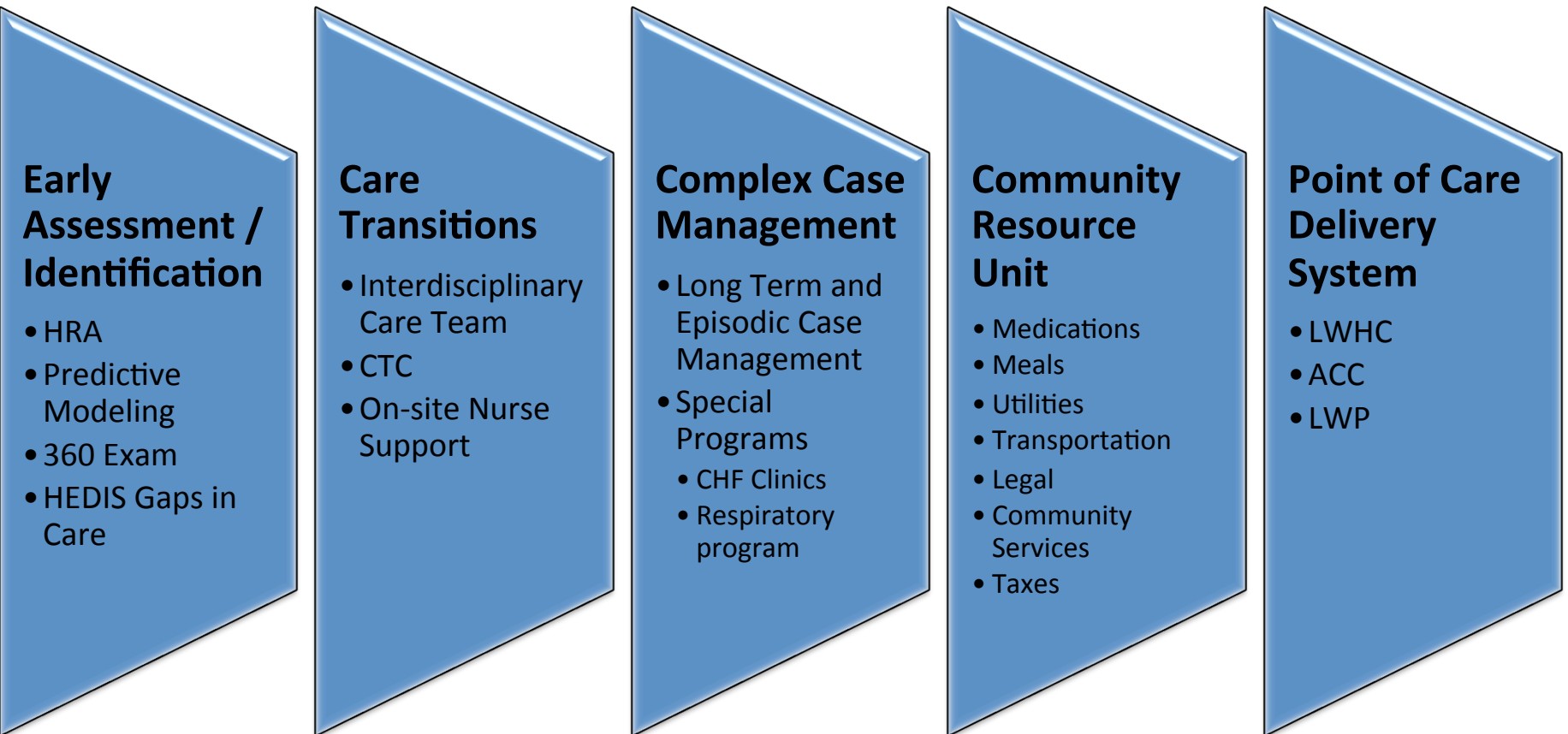
HealthSpring Inc.
Cheree Petty, Director of Medicare

- Interdisciplinary Care

Clinical Integration

- **Interdisciplinary Care Team**
 - Provides the foundation for communication with the member, the provider and health plan resources to support clinical integration
 - Community Based Interventions to meet the unique needs of the SNP members

Clinical Integration



Colorado Access
Julia Hutchins
Executive Director, Medicare

- Training of customer service/care management staff
 - Program interface with Medicaid

Denver Health Medical Plan
Mary Pinkney, Director
Quality Improvement/Accreditation

- Diabetes registry
- Additional initiatives

D-SNP Best Practice

Denver Health Medical Plan (DHMP)

Mary Pinkney, RN

**Director of Quality Improvement/
Accreditation**

- ▶ Diabetes registry available in all ambulatory primary care clinics
- ▶ Generates a report card for each patient--refer to pages 5-6 for English and Spanish versions
- ▶ Refer to page 7 for a screen print of the diabetes registry

- ▶ QI tracks and trends data
- ▶ Share data with Medical Management Committee and the Diabetes work group
- ▶ Conduct interventions in collaboration with the clinics
- ▶ Partner with diabetes work group to improve diabetes measures--encourage LDL screening with A1C screening even if patient not fasting

DHMP Diabetes HEDIS:

3 Year Trends

	2011 SAMPLE SIZE	2009 MCR ADV	2010 MCR ADV	2011 MCR ADV	MCR percentile	2011 HEDIS 90th percentile MCR ADV
Comprehensive Diabetes Screening (18-75 y/o)						
HbA1c Testing	411	93.92%	94.29%	92.46%	Above 50th%	95.60%
**Poor HbA1c Control >9.0%	411	24.33%	18.25%	25.55%	Above 25th%	10.70%
LDL Screening	411	84.43%	86.13%	81.27%	Below 50th%	94.90%
LDL <100	411	64.96%	66.91%	60.10%	Above 50th%	72.40%
Blood Pressure <130/80 (changed to 140/80 in 2011)	411	48.91%	50.61%	new	new	
Blood Pressure <140/90	411	72.02%	71.29%	71.78%	Above 75th%	74.20%
Eye Exam	411	58.39%	57.91%	61.56%	Below 50th%	82.10%
Monitoring for Diabetic Nephropathy	411	91.24%	91.97%	94.40%	Above 90th%	93.60%

**Lower rate=better performance so 10th percentile is a better performing level than 90th percentile

Your Diabetes Report Card

106900772	11	22
HSC: TPO		
TEST TESTKUJO		
2287647	F	02/28/1950
CICP	DVR:	
1: 20	30	RX:07 IP: 235
PCP: SHLAY, JUDITH C		
HPHN:555 555-5555		MRLO:

Do you know your **Diabetes ABC'S Report Card Numbers?** *example*

A is for **A1C**. This test measures your average blood sugar (glucose) over the last 3 months.

B is for **Blood Pressure**. High blood pressure makes your heart work too hard and can damage it.

C is for **Cholesterol**. Bad cholesterol, or LDL, builds up and clogs the blood vessels to your heart.

S is for **Self-Management Goal** - What you are going to do to help improve your Diabetes control ?

Bad news: If your **ABC'S** are bad, you are at higher risk for heart attack, stroke, kidney disease, and blindness. With Diabetes, Heart disease is more likely to strike you at an earlier age than someone without diabetes.

Good news: You can fight back! Practicing good health behaviors will help you to take control of your Diabetic **ABC'S** and help you to live a longer and healthier life !

Here is your personal **Diabetes ABC'S Report Card:**

	Your Most Recent Result	Your Previous Result	Next Test Due On	
A = A1c	Excellent 5.9	Excellent 6	PAST DUE	Excellent
Goal is less than 7	09/20/07	02/27/07		Fair
B = Blood Pressure	Fair 120/80	Fair 120/80	10/15/08	Poor
Goal is 130/80 or less	07/15/08	07/11/08		Very Poor
C = Cholesterol - LDL	Fair 107	Excellent 67	09/15/08	
Goal is less than 100	06/15/08	02/08/08		

S = Self-Management Goal: Your goal is XELF-MANAGEMENTXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX!

Your risk for having a Heart Attack in the next 10 years based on your current ABC'S Report Card is:

18% / MODERATE RISK

Basic Diabetes Education Lessons: You have completed 4 of the seven (7) recommended lessons:

1. Basic Pack 03/31/08
2. Diabetes Video 03/04/08
3. Diabetes Plan _____
4. Self-Management Goal Set 07/01/08
5. Basic Nutrition with Nurse _____
6. Nutrition Video _____
7. Learning Assessment 04/09/08

My Action Plan:

If you are not at your goal for one or more of your ABC'S above or do not have a Self-Management Goal, consider choosing one of the self-management goals listed below to help you reach your healthy goals.

- ☐ Making and keeping more regular appointments – Ask your provider how many visits you need.
- ☐ Taking my medications exactly as prescribed. What one specific thing will you do to be sure you take your medications as prescribed? _____
- ☐ Improving my eating habits. What one specific thing will you change? _____
- ☐ Increasing my Physical Activity:
I will _____ times per week for _____ minutes each time.
(activity)

Bring this form with you to your next visit to discuss your plans and your goals with your provider.

106900772	11	22
HSC: TPO		
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HPHN:555 555-5555 MRLO:		

Conoce usted las cifras **ABC'S** de su Boletín de Calificaciones de Diabetes?

A corresponde a **A1C**. Este examen mide su promedio de azúcar en la sangre (glucosa) durante los 3 últimos meses.

B corresponde a la presión sanguínea (blood pressure). La presión sanguínea alta hace trabajar demasiado a su corazón y puede dañarlo.

C corresponde al colesterol. El colesterol malo, o LDL, se acumula y obstruye las arterias del corazón.

S es la meta de autocontrol (self-management) - ¿Qué va a hacer usted para ayudar a controlar su Diabetes?

Malas noticias: Si sus cifras **ABC'S** son malas, usted tiene mayor riesgo de sufrir un ataque al corazón, derrame cerebral, enfermedad renal y ceguera. Usted tiene más probabilidades de tener una enfermedad del corazón a una edad temprana que las personas que no tienen diabetes.

Buenas noticias: ¡Usted puede combatir la diabetes! ¡Los buenos hábitos de salud le ayudarán a controlar las cifras **ABC'S** de la diabetes y a vivir una vida más larga y feliz!

Aquí está su **Boletín de Calificaciones ABC'S de Diabetes** personal:

	Su resultado más reciente	Su resultado anterior	El próximo examen es	
A = A1c	Excellent 5.9	Excellent 6	PAST DUE	Excelente
La meta es menos de 7	09/20/07	02/27/07		Bueno
B = Presión sanguínea	Fair 120/80	Fair 120/80	10/15/08	Malo
La meta es 130/80 o menos	07/15/08	07/11/08		Muy malo
C = Colesterol - LDL	Fair 107	Excellent 67	09/15/08	
La meta es menos de 100	06/15/08	02/08/08		

S = Su Meta de Autocontrol: Su Meta de Autocontrol actual es:

SELF MANAGEMENTXX

Su riesgo de sufrir un ataque al corazón en los próximos 10 años según su actual Boletín de Calificaciones ABC'S es:

18% / MODERATE RISK

Lecciones de Educación Básica sobre Diabetes: Usted ha completado 4 de las siete (7) lecciones recomendadas:

1. Paquete Básico 03/31/08
2. Vídeo sobre Diabetes 03/04/08
3. Plan de Diabetes _____
4. Fijar la Meta de Autocontrol 07/01/08
5. Nutrición Básica con Enfermera _____
6. Vídeo sobre Nutrición _____
7. Evaluación del Aprendizaje 04/09/08

Mi plan de acción:

Si usted no ha alcanzado su meta en una o más de las citadas cifras de ABC'S o no tiene una Meta de Autocontrol, considere seleccionar una de las metas de autocontrol que se citan a continuación para alcanzar sus metas de salud.

☐ Pedir citas más frecuentes y cumplirlas – Pregunte a su proveedor de atención médica con qué frecuencia debe tener consultas.

☐ Tomar los medicamentos exactamente de la forma prescrita. ¿Qué medida específica puede tomar para asegurarse de tomar los medicamentos de la forma prescrita? _____

☐ Mejorar los hábitos de alimentación ¿Qué cambiará específicamente? _____

☐ Aumentar la actividad física

Haré _____ veces por semana durante _____ minutos cada vez.
(actividad)

Traiga este formulario a su próxima consulta para conversar sobre sus planes y sus metas con su proveedor de atención médica.

Diabetes Registry



Note: MR means Most Recent

Demographic Data														
MRN	MemberID	Lname	Fname	DOB	Adr	City	State	Zip	Phone	Age	Sex	Hisp (Yes/No)	Race	Language
XXXXXXX	22222222222	333333333	bbbbbbbbb	01-Jan-00	100000 Broadway st	AURORA	CO	80000	(xxx) xxx-xxxx	22	M	N	N	ENGLISH
Encounter Data									Blood Pressure			HgbA1C		
Ins	Pcp Visit Count	Clinic	Last_Visit	PCLast_visit	Registry Value	Registry Flag	Dx Code 4 Diab	Dx Dte 4 Diab	MR BP Dia	MR BP Sys	MR BP Dte	MR HgbA1C	MR HGBA1C Dte	
MCD	2	DHMP	18-Jul-11	18-Jul-11	YELLOW		1 250.02	18-Jul-11	75	122	18-Jul-11	8.7	18-Jul-11	
LDL, CHOL				Most recent Lab Values and Dates for protein/urine										
MR LDL	MR LDL Dte	MR Chol	MR Chol Dte	MR Prot 24H	MR Prot 24H Dte	MR Prot Urine	Prot Urine	MR Creatin Urine Rand	Creatin Urine Rand	Creat Ratio	Creat Ratio	MR GFR	MR GFR Dte	
25	10-Feb-11	127	10-Feb-11					62.3	10-Feb-11	0.0183	10-Feb-11	>60	18-Jul-11	
Yes/No (space) for various tests						<div></div>								
Current With Urine Protein	AccArB	Aspirin	Statins	Eye Ex 12mo	Eye Ex 24mo									
Yes	No	Yes	Yes	No	Yes									

- ▶ Monthly meetings of diabetes champions from the clinics, DHMP, Registry, and Research areas
- ▶ Review article of the month
- ▶ Discuss QI Initiatives in the clinics
- ▶ Various models of outreach activities utilizing MDs, RNs, navigators

- ▶ Clinics: patient outreach approaches not standardized
- ▶ Patient “report Card” distribution not standardized
- ▶ Involving patients in focus groups to obtain feedback on what they would like to see on report card-currently too much data
- ▶ Collaborate with practitioners to improve outcomes



Q & A