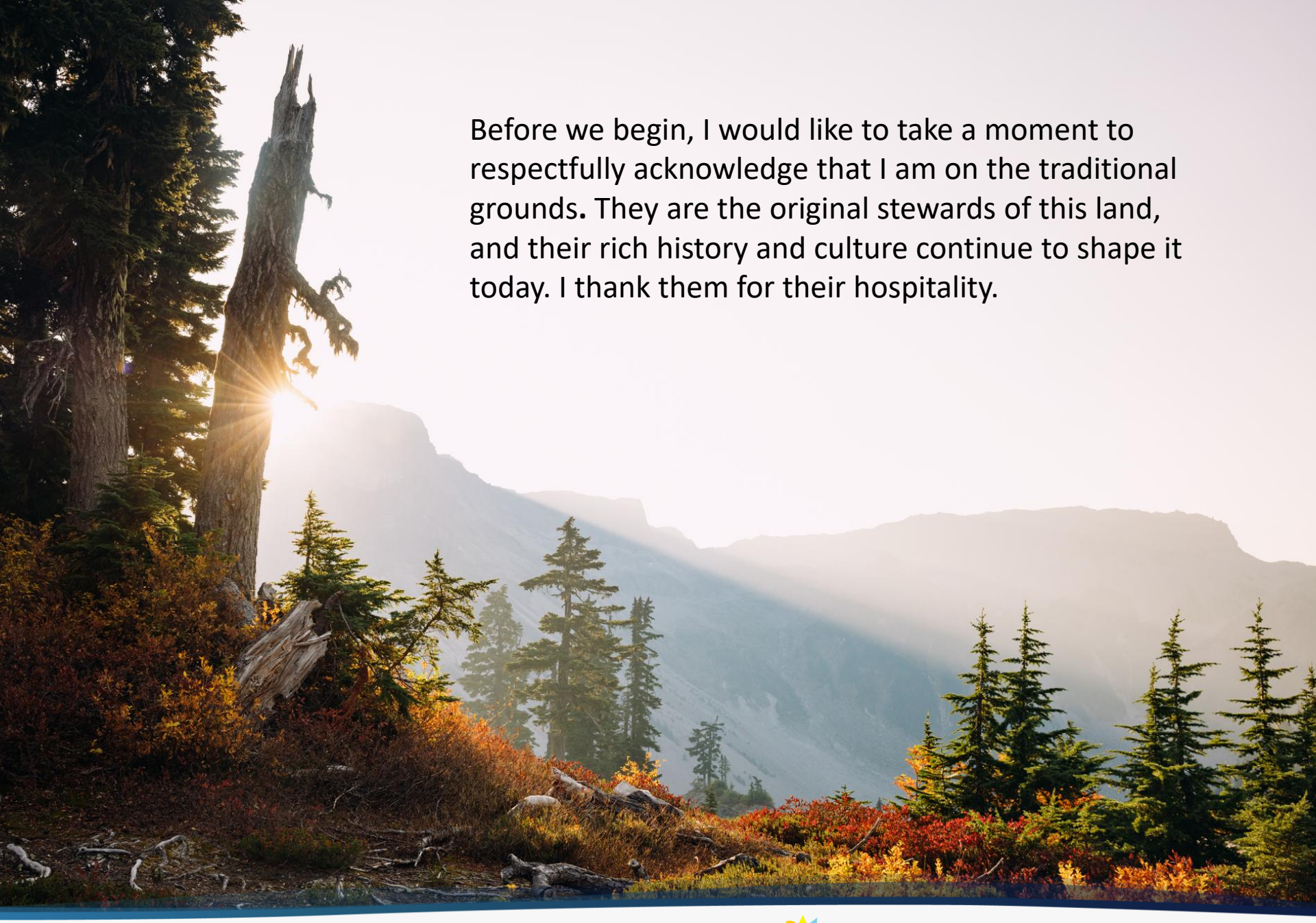
COMMUNITY HEALTH PLAN of Washington™ | MEDICARE ADVANTAGE

The power of community

Dual Eligible Special Needs Plan and Model of Care (MOC)

2026 Training

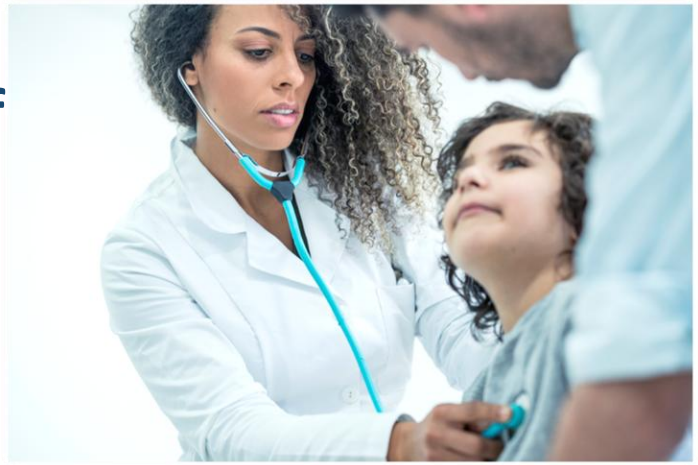


Before we begin, I would like to take a moment to respectfully acknowledge that I am on the traditional grounds**.** They are the original stewards of this land, and their rich history and culture continue to shape it today. I thank them for their hospitality.

Centers for Medicare and Medicaid Services (CMS) Training Requirements

CMS requires CHPW to provide initial and annual Special Needs Plan Model of Care (SNP MOC) training to:

- All in-network providers
- Out-of-network providers seen on a routine basis by SNP members and staff



ATTESTED

This is a mandatory training program. Please complete and submit your attestation as instructed on the last slide.

Purpose of this training

- To gain knowledge of CHPW's D-SNP Model of Care
- Understand the demographics of Members enrolled in D-SNP
- Have the ability to explain how CHPW Care Management and our network Providers administer D-SNP
- Per CMS requirements all employed and contracted employees and providers are required to take this training

History of Medicare Advantage Dual Eligible Special Needs Plan

2003

Special Needs Plans (SNPs) were created by Congress under the Medicare Modernization Act.
SNPs are a type of Medicare Advantage (MA) plan that limits membership to people with specific diseases or characteristics.
SNPs may target one of three populations: Chronic Condition, Institutionalized, or Dual Eligible.
CHPW covers Dual Eligible individuals.

2013

All health plans that administer SNPs must contract with their State Medicaid Program.
As of 2013, all health plans that administer D-SNPs must have contracts with their State Medicaid program. This contract requires the health plan to offer special benefits that provide improved and cost-effective care for the well-being of aging, vulnerable, and chronically ill individuals.

2021

CHPW becomes a Highly Integrated Dual Eligible Special Needs Plan (HIDE-SNP).
In 2021, CHPW became a Highly Integrated Dual Eligible Special Needs Plan (HIDE-SNP). HIDE SNPs have a higher level of integration than typical D-SNPs.

2023

Health Homes Program added to D-SNP. New in-person CMS Requirement for Providers.
In 2023, Health Homes is added as a benefit to CHPW's D-SNP Model of Care (MOC). In addition to our community health workers scheduling more face-to-face visits, the new CMS requirement mandates annual in-person visits between healthcare providers and patients to enhance interactions and improve patient outcomes.

Dual Eligible Special Needs Plans Overview

Dual Eligible Special Needs Plans, D-SNP for short, are a special type of Medicare Advantage plan that provides health benefits for people who are "dual eligible," meaning they qualify for both Medicare and Medicaid.

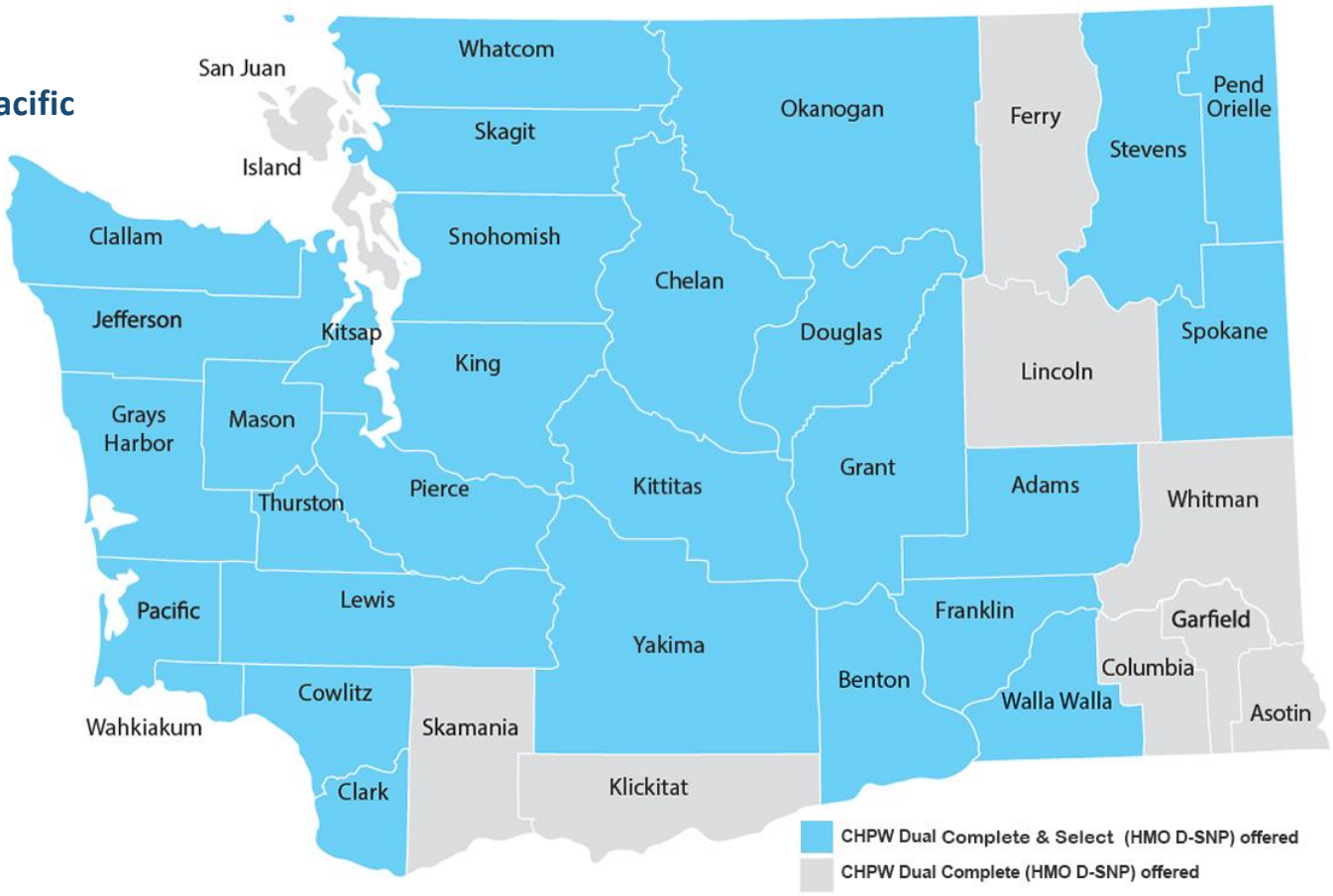
Dual Eligible Special Needs Plans Overview

Our D-SNP plans are designed to meet the needs of individuals who receive certain Medicaid benefits. To be eligible for our plans, individuals must meet the following criteria:

- Eligible for Medicare
- Receive state Medicaid benefits
- Reside in our service area

CHPW Medicare Advantage Dual Complete and Dual Select (HMO D-SNP) Services area

- Adams
- Benton
- Chelan
- Clallam
- Clark
- Cowlitz
- Douglas
- Franklin
- Grant
- Grays Harbor
- Jefferson
- King
- Kitsap
- Kittitas
- Lewis
- Mason
- Okanogan Pacific
- Pend Oreille
- Pierce
- Skagit
- Snohomish
- Spokane
- Stevens
- Thurston
- Wahkiakum
- Walla Walla
- Whatcom
- Yakima



D-SNP Overview - Plans offered by CHPW

Dual Complete (HMO D-SNP)

	Coinsurance	Max Copay
Pharmacy	**Tier 1:** 25%	$5.10
	Tier 2: 25%	$5.10
	Tier 3: 25%	$12.65
	Tier 4: 45%	$12.65
	Tier 5: 25%	$12.65
	Tier 6: $0	$0
Vision	1 routine eye exam plus up to **$500** every year for glasses or contacts. Choose from a wide network of vision providers.	
Dental	**$2,250** a year for preventive and comprehensive services. Choose from a large network of dentists.**	
Hearing Aids	**$1,500** every year; **$0** copay for exam & fitting. **Limit one per ear per year**.	
Podiatry	**$0** copay. Up to **4** visits per year for non-Medicare covered foot care from a Medicare-approved foot care provider.	
Health and Wellbeing	Combined total of **25** visits† a year for acupuncture, naturopathy, chiropractic, and massage.	
Transportation	**40 one-way trips** (40-mile limit) to health-related appointments each calendar year.	
Grocery	**$85 per month** for food at participating retailers. Available to members who meet chronic conditions and eligibility requirements.***	
Fitness Program	Fitness kit, **gym membership**	

Dual Select (HMO D-SNP)

	Coinsurance	Max Copay
Pharmacy	**Tier 1:** 25%	$5.10
	Tier 2: 25%	$5.10
	Tier 3: 25%	$12.65
	Tier 4: 50%	$12.65
	Tier 5: 25%	$12.65
	Tier 6: $0	$0
Vision	1 routine eye exam plus up to **$500** every year for glasses or contacts. Choose from a wide network of vision providers.	
Dental	**$1,250** a year for preventive and comprehensive services. Choose from a large network of dentists.**	
Hearing Aids	**$1,500** every year; **$0** copay for exam & fitting. **Limit one per ear per year.**	
Podiatry	**$0** copay. Up to **4** visits per year for non-Medicare covered foot care from a Medicare-approved foot care provider.	
Health and Wellbeing	Combined total of **25** visits** a year for acupuncture, naturopathy, chiropractic, and massage.	
Transportation	**40 one-way trips** (40-mile limit) to health-related appointments each calendar year.	
Fitness Program	Fitness kit, **gym membership**.	

D-SNP Eligibility

CHPW Medicare Advantage Duals (HMO-D-SNP) beneficiaries Eligibility Requirements

D-SNP Complete offers more support to those who **qualify for both Medicare and Apple Health (Medicaid).**

- Members receiving Qualified Medicare Beneficiary (QMB+) and Specified Low-Income Medicare Beneficiary (SLMB+) benefits

D-SNP Select offers support to those who **qualify for both Medicare and partially qualify for Apple Health (Medicaid).**

- Members receiving Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualifying Individual (QI), or Qualified Disabled & Working Individuals (QDWI)

CHPW Dual (HMO- DSNP) Plan Overview

CHPW's primary concern is the health of our members. To support our approach in delivering whole-person care, we ensure our D-SNP plans are designed to meet the needs of our diverse members.

CHPW provides comprehensive supplemental benefit packages to meet the needs of our SNP population.

***Dual Select (HMO D-SNP)** offers benefits similar to **Dual Complete (HMO D-SNP)**, with the only exceptions of a lower dental benefit and no grocery benefit.

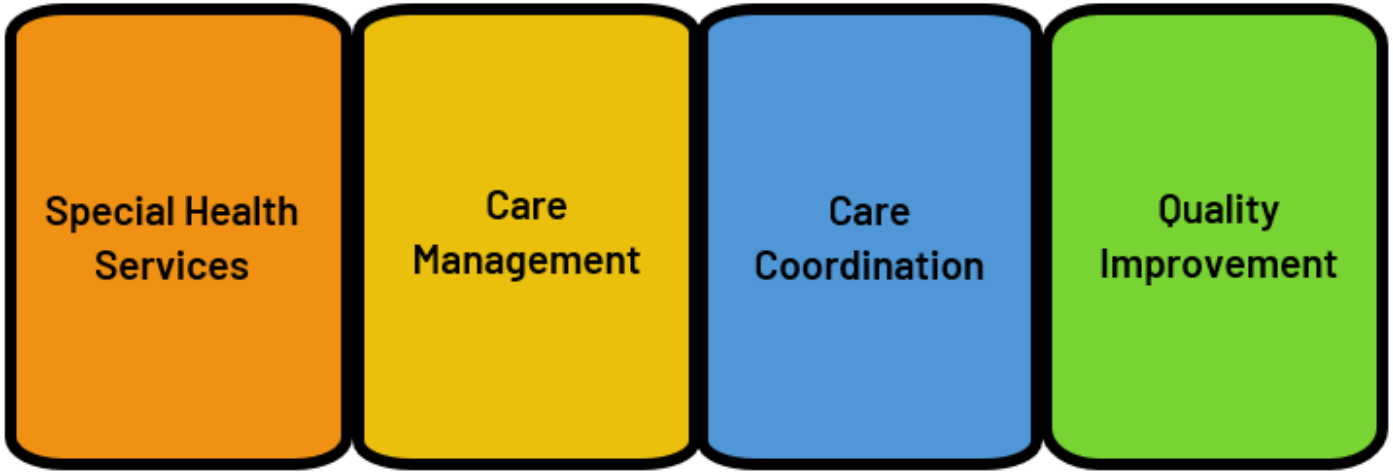
D-SNP Model of Care

The D-SNP Model of Care (MOC) brings together Case Managers and Providers to support our members.

Collaboration between Case Managers & Providers

D-SNP Model of Care Components

The D-SNP Model of Care (MOC) is made up of four very important components.



D-SNP Model of Care Components

Special Health Services

Case Managers and Providers work together to support the member's whole-person well-being

CHPW's Specialized Provider Network is made up of 2,800 primary care providers, 15,000 specialists, and over 100 hospitals, bringing accessible care to all of our D-SNP members.

Care Management

All D-SNP members are enrolled in Care Management.

Case Managers assess the member's social determinants of health needs to ensure connections to resources such as transportation and food and housing security.

Care Coordination

Case Managers are knowledgeable about both Medicare and Medicaid benefits and invite all providers or community agencies involved in the member's care to participate in an Interdisciplinary Care Team (ICT).

These may include behavioral health providers, physical therapists, and dietitians.

Quality Improvement

CMS requires that all health plans that administer a D-SNP Model of Care conduct a Quality Improvement Program (QIP) to monitor health outcomes and implementation of the Model of Care.

D-SNP Model of Care: Care Management

The D-SNP Care Management Program is a high-touch program designed to create strong connections with members early in their journey with CHPW to ensure that their care is coordinated and their health is optimized. D-SNP members are supported by CHPW care teams, which consist of:

- Case Managers
- Clinical Care Coordinators
- Community Health Workers
- Care Advocates

Care teams are aligned with CHPW's network of primary care providers, primarily comprised of twenty-one Community Health Centers (CHCs), as well as affiliated practices in the communities we serve.
This alignment promotes enhanced collaboration and coordination for our D-SNP members and their providers.

D-SNP Model of Care: Care Coordination

CHPW collaborates closely with key state agencies to ensure D-SNP members have access to all eligible supports:

- Home and Community-Based Services
- Aging and Long-Term Support Administration
- Developmental Disabilities Community Services
- Health Homes Program

Assessment Process and Community Partnerships:

During the assessment process, D-SNP Case Managers and Clinical Care Coordinators identify community partners and agencies providing essential services to members.

Collaborative efforts involve reaching out to community partners and state agency representatives to participate in Interdisciplinary Care Team (ICT) meetings, demonstrating a commitment to comprehensive coordination and leveraging their expertise.

Monthly Meetings and Direct Communication:

Active participation in monthly meetings between community agencies and managed care organizations facilitates alignment and information sharing.

Direct communication with community partners ensures coordinated care for specific members, enhancing responsiveness and continuity.

Collaborative Care Conferences and Referrals:

D-SNP Case Managers and Clinical Care Coordinators actively engage with community partners in care conferences, assisting in discharge planning, post-acute PCP appointments, and arranging essential services such as meals and transportation.

Referrals to healthcare providers, agencies, and community-based organizations are made in collaboration with receiving parties, ensuring ongoing follow-up and continuity of care.

D-SNP Model of Care: Care Coordination

Care Coordination

Case Managers are knowledgeable about both Medicare and Medicaid benefits and invite all providers or community agencies involved in the member's care to participate in an Interdisciplinary Care Team (ICT).

These may include behavioral health providers, physical therapists, and dietitians.

Basics of Health Homes

- Additional and optional Medicaid benefit
- No associated costs for members
- Does not duplicate or change current member provider benefits
- Provides community-based intensive care coordination

D-SNP Model of Care: Quality Improvement

Quality Improvement

CMS requires that all health plans that administer a D-SNP Model of Care conduct a Quality Improvement Program (QIP) to monitor health outcomes and implementation of the Model of Care.

This Quality Improvement Program has two aspects:

Chronic Care Improvement Program, which is conducted at least annually to review Chronic Condition Management.

and

Quality Assurance Improvement Program – This program focuses on improving clinical services relevant for the D-SNP population (for example, fall prevention).

CHPW collects and analyzes data to evaluate if D-SNP goals are met. This analysis is reported to CMS.

D-SNP Model of Care: Quality Improvement

Quality Improvement

CMS requires that all health plans that administer a D-SNP Model of Care conduct a Quality Improvement Program (QIP) to monitor health outcomes and implementation of the Model of Care.

This data includes:

- NCQA D-SNP Health Care Effectiveness Data and Information Set (HEDIS®)
- CMS Health Outcomes Survey (HOS)
- CMS Consumer Assessment of Healthcare Providers & Systems (CAHPS) measures
- The NCQA D-SNP Structure and Process standards

Thank you for completing CHPW's SNP Model of Care Training Program!

Through this course, you gained essential knowledge about D-SNP Model of Care, including the social determinants of health that impact members enrolled in D-SNP Plans.

We explained how CHPW's care management team and our network providers collaborate with each other and the member to administer D-SNP care, focusing on four core components:

- Special Health Services
- Care Coordination
- Case Management
- Quality Improvement

We appreciate your partnership and dedication to serving our D-SNP population. By completing this annual training, you have done your part to help CHPW maintain compliance with CMS standards!

REQUIRED: Use the link below to attest to completion of this training.

ATTESTATION FORM