



COMMUNITY HEALTH PLAN
of Washington™

The power of community

Highly Integrated Dual Eligible Special Needs Plan and Model of Care (MOC) Annual Training - 2023

Upon completing the Orientation Program, click on the hyperlink at the end of this program to submit your Attestation for Completion of this training.



CMS Training Requirements

- The Centers for Medicare & Medicaid Services (CMS) requires all CHPW medical providers and staff receive training about the Highly Integrated Dual Eligible Special Needs Plan Model of Care.
- This training and completion of an attestation are required of all new staff, and of all established staff annually.
- We will refer to this going forward as D-SNP, or the D-SNP Model of Care.

Purpose of this Training

- Knowledge of the D-SNP Model of Care
- Understand the social determinants of health affecting members enrolled in D-SNP
- Explain how CHPW Case Management and our network Providers administer D-SNP
- Comply with CMS requirements. All employees, providers, and contractors must take this training.

CHPW's Mission and Vision

Our **mission** is to deliver accessible managed care services that meet the needs and improve the health of our communities and make managed care participation beneficial for community responsive providers.

We work for patients, and we work to help providers better serve those patients.

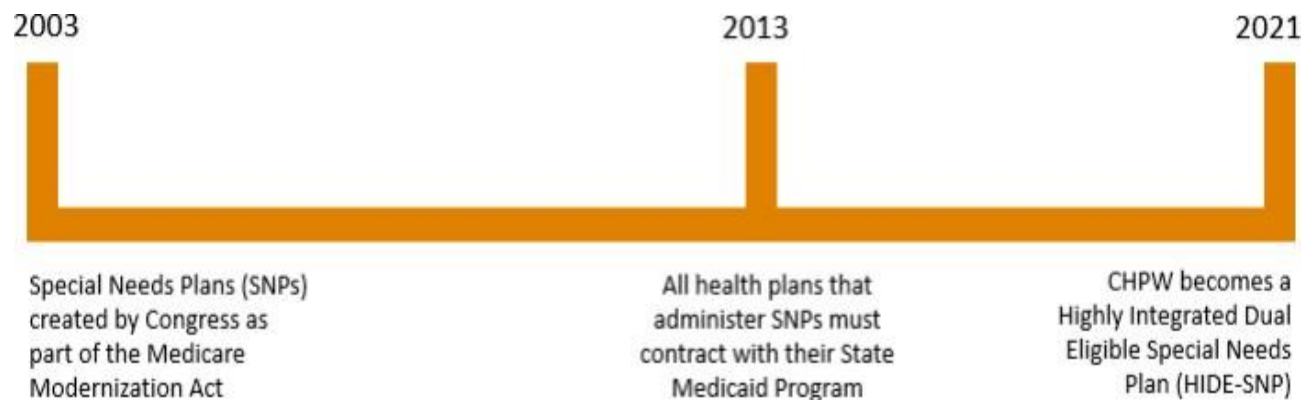
Our **vision** is to enhance access to patient-centered care in a fiscally responsible manner while assuring that all efforts amplify the community health center mission. We meet this challenge by identifying and addressing needs that impact the health of our members, both within the clinical setting and beyond.

With our mission and vision as our focus and guide, CHPW partners with our network providers to provide holistic support for our most vulnerable members. One way that we do this is through the D-SNP Model of Care



History of D-SNP

A type of Medicare Advantage Plan



Special Needs Plans (SNPs) were created by Congress in 2003 as part of 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. dual-Eligible SNPs, or D-SNPs, enroll only individuals who are dual-eligible for Medicare and Medicaid.

CHPW D-SNP

To be Eligible Members must be in one of these categories to participate in CHPW's D-SNP program.



Fully dual eligible for Medicare and Medicaid

Qualified Medicare beneficiary only (QMB)

Categorically Needy Program (CNP)

Limited Casualty Program Medical Needy Program (LCP-MNP)

Partially dual-eligible

Specific low-income Medicare beneficiary (SLIMB)

Qualified individual program (QI)

Qualified disabled working individual (QDWI)

CHPW D-SNP

Starting in 2024, CHPW will offer two Dual Special Needs Plans:

- DSNP Complete Plan
- DSNP Select Plan

Eligibility for these plans is based on Medicaid benefits:

- Members receiving Qualified Medicare Beneficiary (QMB+) and Specified Low-Income Medicare Beneficiary (SLMB+) benefits are eligible for the DSNP Complete Plan.
- Members receiving Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), or Qualified Disabled & Working Individuals (QDWI) are eligible for the DSNP Select Plan.

CHPW MA Plan/Benefit	Dual Complete* (HMO D-SNP)	Dual Select* (HMO D-SNP)
Monthly Premium	\$0**	\$0 - \$40.60 (exact amount depends on level of Extra Help)
Out-of-Pocket Maximum	\$8,850	\$8,850
Part A Inpatient Hospital	\$0	\$0 or 20%
Outpatient Hospital Observation	\$0	\$0 or 20%
Part B Deductible	\$0	Without full Medicaid cost-share assistance, deductible of \$226 applies. This amount changes every year
Primary Care/Telehealth (per visit)	\$0	\$0 or 20%
Mental Health (per visit)	\$0	\$0 or 20%
Specialist Care/Telehealth (per visit)	\$0	\$0 or 20%
Urgent Care (per visit)	\$0	\$0 or 20%; \$55 limit
Emergency Care (per visit)	\$0	\$0 or 20%; \$100 limit
Ambulance (per service)	\$0	\$0 or 20%
Diabetic Supplies	\$0	\$0 or 20%
Vision Exams and Hardware [†]	\$0 copay – 1 routine eye exam per year, \$500 plan coverage limit every year for eyewear	\$0 copay – 1 routine eye exam per year, \$500 plan coverage limit every year for eyewear
Dental Services [†]	\$5,000 for preventive and comprehensive services	\$500 for preventive and comprehensive services
Health & Wellbeing	Combined total of 25 visits a year for acupuncture, naturopathy, chiropractic, and massage	Combined total of 25 visits a year for acupuncture, naturopathy, chiropractic, and massage
Fitness Program	Fitness kit, gym membership	Fitness kit, gym membership
Meals When You Need It Most	28 meals upon hospital discharge or positive COVID-19 diagnosis	28 meals upon hospital discharge or positive COVID-19 diagnosis
Over-the-Counter (OTC) & Grocery	\$100 every month to spend on covered grocery and OTC items	Not covered
Hearing Aids, Exams and Fittings	\$2,250 every year; \$0 copay for exam & fitting	\$2,250 every year; \$0 copay for exam & fitting
Transportation	40 one-way trips (50-mile limit) per year	Not covered
Family on Demand	60 hours a year of personalized support and assistance	60 hours a year of personalized support and assistance
Part D Deductible	\$0	\$0 - \$545 (exact amount depends on level of Extra Help)
Part D Prescription	Generic Drugs: \$0 Brand Drugs: \$0	Generic Drugs: \$0 Brand Drugs: \$0

CHPW D-SNP

Our 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.

The DSNP Select Plan offers similar benefits and services with the exception of Non-Emergency Medical Transportation, Grocery, and Over-The-Counter allowances.

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Social Determinants of Health (SDoH)

“The social determinants of health are the conditions in which people are born, grow, live, work and age.” – The World Health Organization (WHO)

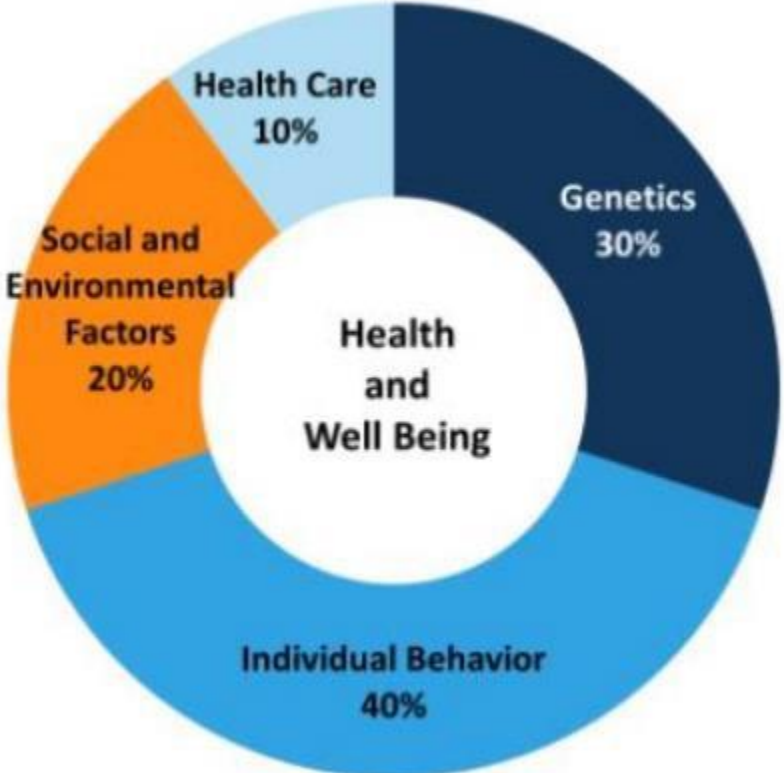


Social Determinants of Health include aspects of a person’s environment that directly impact their overall well-being, such as lack of housing, food insecurity, unreliable or unavailable transportation, unsafe surroundings, and insufficient access to education.

Many of CHPW D-SNP members are impacted by these Social Determinants of Health

SDoH Factors
Influence Health
and Well Being by **20%**

Compared to Health
Care at **10%**.



Social Determinants of Health have a greater impact on health and well-being than actual health care.

Overall Member Demographics

9,661 Total D-SNP Members as of
February 2023

Average Age is 67

Slightly more females than males -

Female: 57%

Male: 43%



D-SNP Member Demographics

Geographically, the CHPW population of D-SNP members is located across Washington State, from rural, agricultural areas to urban centers.

It's expected that the urban counties of King, Yakima, and Spokane have the most members. Where some counties have just 1 or 2 members.



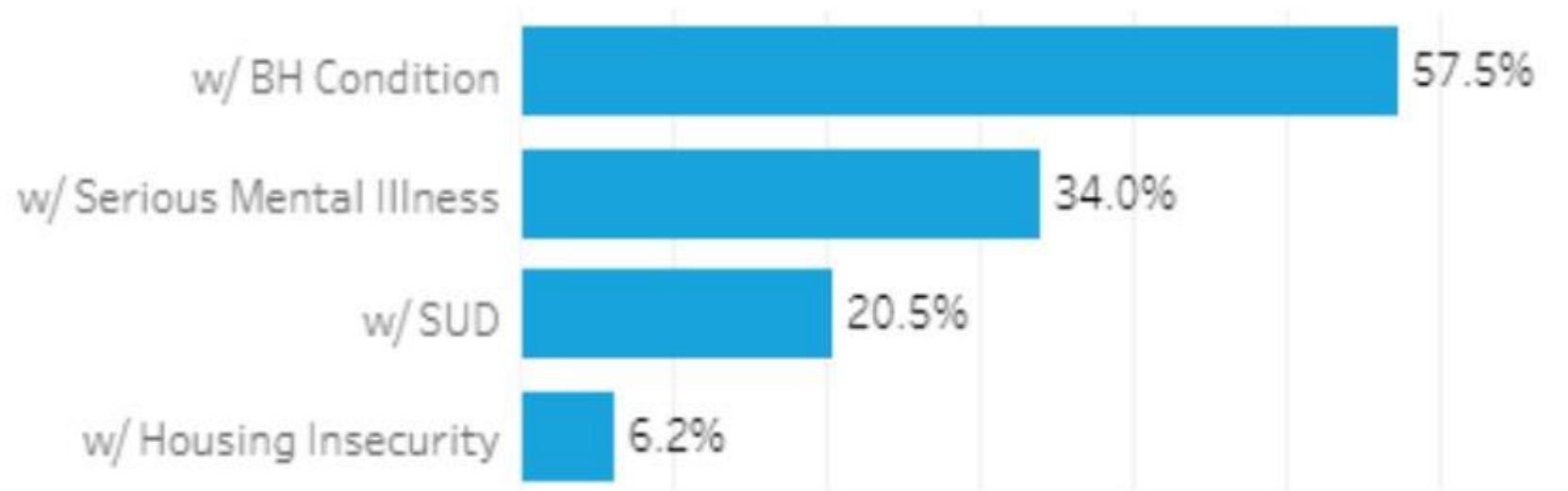
Health Conditions Impacting D-SNP Beneficiaries

<u>Chronic Conditions</u>	<u>% of D-SNP Members</u>
Diabetes with chronic complications	30%
Major depressive, bipolar, and paranoid disorders	22%
Chronic obstructive pulmonary disease (COPD)	18%

Data sourced from claims and supplemental data sources with a lookback of 24 months (CMS-HCC V24)

Behavioral Health Diagnoses for D-SNP High-Risk Subpopulation

BH Conditions



Data sourced from claims and supplemental data sources with a lookback of 24 months (CMS-HCC V24)

A Collaboration Between Case Managers and Providers



Special Health Services

Case Managers and Providers work together to support the member's whole-person wellbeing, including physical health, behavioral health, and social determinants of health.

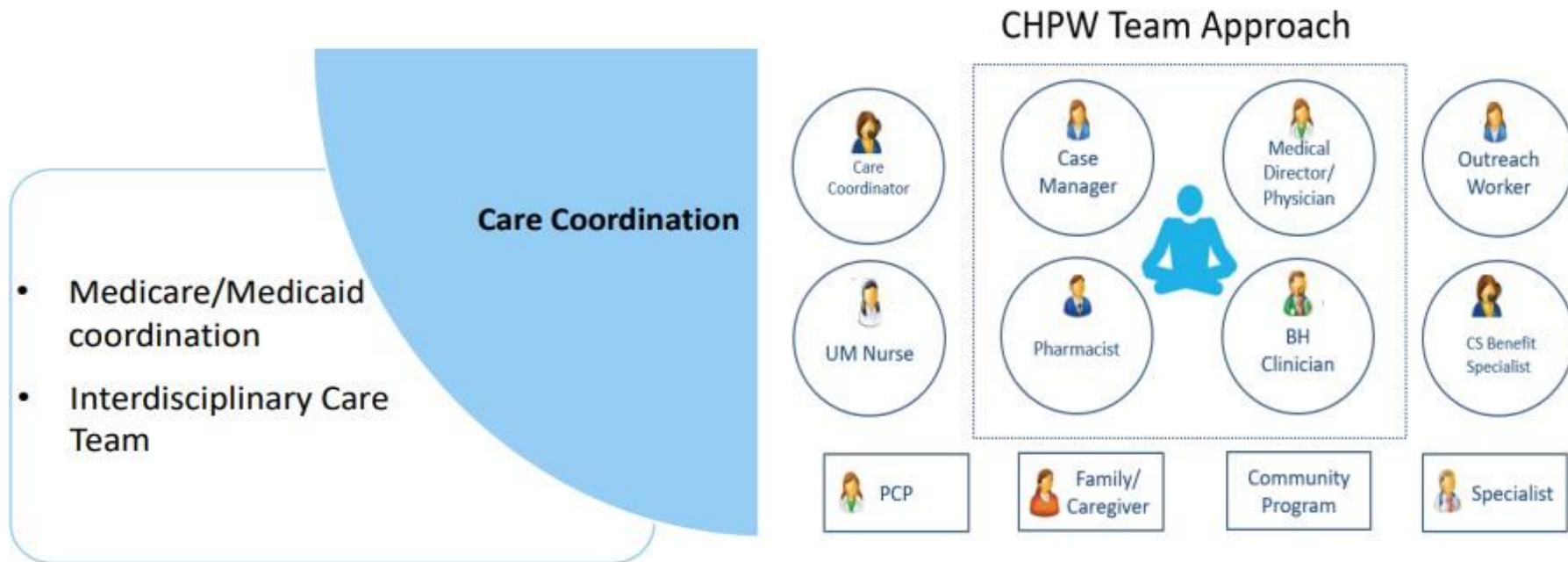
- Specialized Provider Network
- Annual Health Risk Assessment (HRA)
- Additional Benefits at No Cost

**Special
Health Services**



D-SNP Care Coordination

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Case Management

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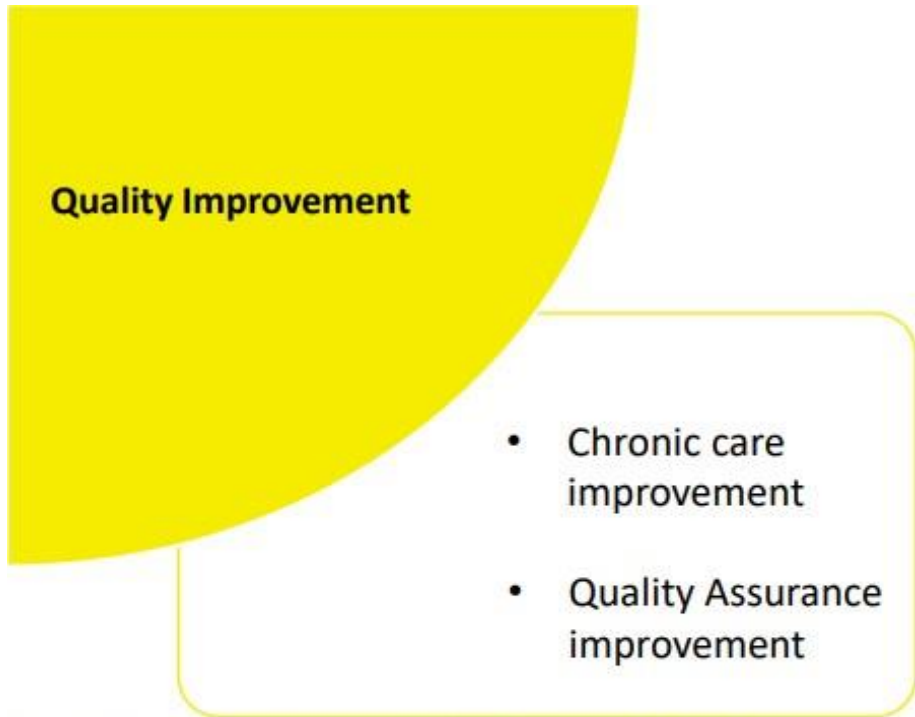
- Social Determinants of Health
- Chronic Disease Management
- Transitions of Care Management
- Individual Care Plan (ICP)



Case Management

All D-SNP members are enrolled in Case Management. Members may opt out but remain assigned to a Case Manager

D-SNP Quality Improvement Program



D-SNP Data Includes:

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

Health plans that administer a D-SNP are required by CMS to conduct and report a Quality Improvement Program (QIP) to monitor health outcomes and implementation of the MOC.

This Quality Improvement Program has two aspects:

- Chronic Care Improvement
- Quality Assurance Improvement Program

CHPW D-SNP Contact Information

Medicare Advantage Customer Service			
Plan Served	Receive answers on the following:	Contact numbers:	
Medicare Advantage Plans	<ul style="list-style-type: none"> ▪ Appeals & Grievances ▪ Claims Status ▪ Eligibility Verification ▪ General Information ▪ Hospital Notifications ▪ Member Benefits ▪ PCP Changes ▪ Prior Authorization Status ▪ Case Management Referrals 		(800) 942-0247 Customer Service (866) 418-7005 D-SNP Case Management
			TTY/TDD Dial relay 7-1-1
			(206) 652-7050 Customer Service Fax
			customercare@chpw.org Customer Service caremgmtreferrals@chpw.org Case Management Referrals

By completing this annual D-SNP Model of Care training, you have done your part to help CHPW maintain compliance with CMS standards!

Please Attest that you have completed the Highly Integrated Dual Eligible Special Needs Plan Model of Care Training

ATTEST HERE