2018
GuildNet Gold Model of Care

Questions? Please call 212-769-7855
Objectives

At the end of this module you will be able to describe the Model of Care for GuildNet Gold (GNG):

- Goals
- Key elements
- Processes used to evaluate effectiveness
What is GuildNet Gold (GNG)?

Health care plan for people who are dually eligible (Medicare and Medicaid) and require long term care services

- Plan coordinates members’ Medicare & Medicaid services
- Services provided through a partnership between GuildNet and Emblem
- “Special Needs Plan”
  - Medicare managed care plan that focuses on a specific group of Medicare beneficiaries
  - For GNG the “special group” is members who are eligible for both Medicare and Medicaid
What is a Model of Care (MOC)?

- All special needs plans are required by CMS (Centers for Medicare and Medicaid) to have a Model of Care
- Framework within which plan operates
- Broadly defines plan’s structure, processes and goals
- States how plan will:
  - Assess each member’s individual needs
  - Deliver services to meet those needs
  - Measure progress toward achieving goals
Key Elements of MOC

- CMS (Centers for Medicare and Medicaid) establishes guidelines for the elements that must be included in the MOC

- We will review the key elements for GNG...
MOC Goals for GNG

- Improve access to medical, mental health and social services
- Improve access to affordable care
- Improve coordination of care
- Improve seamless transitions of care between health care settings
- Improve access to preventive health care
- Assure appropriate and cost-effective utilization of services
- Improve health outcomes
- Assure member satisfaction

GuildNet has identified measureable indicators for each goal so that progress toward achieving goals can be measured
Eligible Population for GNG

- Medicaid
- Medicare A, B and D
- 18+ years of age
- Live in plan service area
- Meet one of the following criteria:
  - Eligible for nursing home level of care and receiving facility-based long term services and supports
  - Require community-based long term care services for more than 120 days
  - Eligible for Nursing Home Transition & Diversion waiver
- May not be on dialysis at time of enrollment
- Must have UAS ≥ 5 (NYS assessment tool)
Most prevalent challenges and barriers of the population served:

- Disabilities with multiple chronic illnesses or functional or cognitive limitations
- Intellectual disabilities
- Dementia/Alzheimer’s
- Complex medical needs
- HIV/AIDS
- Physical disabilities
- Developmental disabilities
- Serious mental illness
- Substance abuse disorders
- Dual diagnosis of mental health and substance abuse
- Dual diagnosis of intellectual disabilities and mental health
- Homeless with a disability
- Physical disabilities
- Traumatic Brain Injury
Health Risk Assessment

- Primary basis for plan of care

- NYS required assessment tool (UAS-NY) administered by RN in the member’s home
  - Assesses clinical, cognitive, social & functional status
  - Determines nursing home eligibility

- Health Risk Assessment (UAS) conducted prior to enrollment, minimally every six months thereafter, and upon significant change in condition
Structure: GNG

- Zero cost-share plan
  - **No** deductibles for medical services
  - **No** plan premium
  - **No** copayment for medical services and prescription drugs
- Plan provides integrated Medicare and Medicaid services
  - Emblem provides Medicare-related administrative functions
  - GuildNet provides Medicaid-related administrative functions
- Primary point of contact for members is GuildNet Case Manager
Role of additional GuildNet Departments

- **Quality Assurance Performance Improvement**
  - Evaluates adherence to MOC

- **Staff Development**
  - Provides staff training on MOC

- **Medicare Services**
  - Provides guidance on regulatory issues related to Medicare and Medicaid, and acts as liaison between plan and regulatory agencies
Provider Network: GNG

• For Medicare and dually-covered services, e.g., doctor, hospital, durable medical equipment, etc.
  • Extensive network available through Emblem’s provider network which is credentialed by Emblem

• For Medicaid services, e.g., personal care, adult day health care, medical transportation, etc.
  • Extensive provider network available through GuildNet’s long term care network which is credentialed by GuildNet

• Members must use in-network providers for all routine care
  • Exception for emergency care

• Providers use evidence-based practice guidelines
**Interdisciplinary Team (IDT)**

- Team of individuals that collaborates to provide coordination and care management to the member, in order to maximize and maintain the member’s functional potential and quality of life.
Who are the members of the IDT for GNG?

• Required members
  • Member or designated representative
  • Care manager
  • PCP

• Optional, as required
  • Social worker

Coverage decisions are made with input from IDT members
Interdisciplinary Team (IDT) cont’d

- IDT ensures integration of the member’s needs:
  - Medical
  - Behavioral health
  - Substance abuse
  - Community-based or facility-based long term services and supports
  - Social

- All care planning takes into consideration the member’s expressed preferences and needs
Interdisciplinary Team (IDT) cont’d

- IDT ensure services are delivered with:
  - Transparency
  - Individualization
  - Respect
  - Accessibility
  - Dignity
  - Linguistic and cultural competence
Individualized Person Centered Service Plan (PCSP): GNG

- Individualized PSCP developed by IDT for each member
- Member’s input and preferences incorporated
- PCSP addresses health risks
- Includes measurable goals
- Based on a comprehensive assessment
- Includes covered benefits and non-covered benefits that are coordinated by the plan
- PCSP reviewed and updated every six months and as needed due to change in the member’s condition
Care Management for the most vulnerable sub-populations

• By definition, all members of GNG are vulnerable and require coordinated medical, psychosocial and long term care supports and services

• Because all members are chronically ill and at high risk:
  ➢ Each member/caregiver is contacted at least monthly to assess health status and needs, and to provide education on health management
  ➢ A care manager oversees coordination of all transitions of care
Care Management for the most vulnerable sub-populations (cont’d): GNG

- GuildNet defines its most vulnerable population as members with one of the following:
  - 3 or more hospitalizations within a 6 month period
  - Hospital admission for a mental health diagnosis
  - Need for palliative/hospice care, confirmed by treating MD
  - Newly diagnosed with severe, profound or total vision loss

- Special services available to meet these needs include:
  - Disease management, pharmacy home delivery & management, mental health liaison intervention, palliative care team, vision rehabilitation, certified occupational therapy assistant, and recreational therapy
Communication Systems

- Primary mode of communication with members is telephonic
- Electronic health record (EHR) includes health risk assessment, plan of care, correspondence & other communications
- IDT collaborates via phone, electronically and/or in person
- Plan website contains all required plan information and is available to members, providers and public
MOC Oversight and Evaluation

GNG plan monitors its performance on quality outcomes across broad areas of care.

Examples:

- Access to care, including primary care doctors and specialists
- Medication management
- Follow-up after hospitalization for mental illness
- Screening for clinical depression and follow-up care
- Care transitions
- Part D participant access and performance
- Discharge follow-up
- Fall prevention
MOC Oversight and Evaluation (cont’d)

MOC Oversight Committee (a sub-committee of the Quality Improvement Committee)

- Meets quarterly to review progress made toward meeting goals
- Establishes measurable performance indicators for each goal annually
- Monitors performance indicators for each goal and creates improvement plan for non-performance
- Formally reviews MOC annually
- Reports findings to Quality Assurance Performance Improvement Committee and GuildNet Board of Directors
MOC Training: GNG

- Staff are trained on MOC annually by GuildNet's Staff Development Department
- MOC training for providers is posted on the GuildNet website and is updated annually
Summary

- The Model of Care (MOC) is a framework that defines GNG’s structure, processes and goals
- The MOC defines key elements of the plan
- The MOC describes how the plan will assess each member’s needs, meet those needs, and measure outcomes
- The Interdisciplinary Team (IDT) is an important element of the MOC
  - The IDT creates and updates an individualized person centered service plan (PCSP) for every member
- MOC training is provided annually to all GuildNet care management staff
Quiz
1. Which statement about the Model of Care for GNG is **NOT** true?

A. The Model of Care is the framework within which the plan operates.

B. The Model of Care defines the plan’s structure, processes and goals.

C. **The Model of Care states that progress toward achieving goals should not be measured.**

D. CMS (Centers for Medicare and Medicaid) requires that all special needs plans have a Model of Care.
2. Which statement is **NOT** a goal of GuildNet Gold?

A. Improve access to affordable care
B. Improve coordination of care
C. Improve health outcomes
D. **Improve care of the chronically ill through increased nursing home placement**
E. Achieve effective transitions of care between health care settings
3. When developing a PCSP (person centered service plan) for a GNG member which factors below should be considered?

A: Member’s medical needs
B: Member’s cultural preferences
C: Member’s language
D: Member’s mental health needs
E: A, B and D
F: All of the above
4. True or False?

For members on GNG, a UAS assessment is completed at least every six months.

True  False
5. True or False?

There are no deductibles, no plan premiums, and no copays for covered services for GNG.

True  False
6. True or False?

GNG members may use either in or out of network providers for routine Medicare services.

True  False
7. True or False?

Coverage decisions for GNG members are made based on service criteria and input from IDT members.

True  False
8. True or False?

The Model of Care for GNG defines its most vulnerable members as those who live alone.

True    False
9. True or False?

Members of GNG do not have individualized person centered service plans (PCSP) because all members are high risk.

True          False
10. The Model of Care Oversight Committee does all of the following EXCEPT:

a. Meets quarterly to review progress made toward achieving goals

b. Decides what elements should be included in the Model of Care

c. Creates improvement plan for non-performance

d. Establishes measurable performance indicators for each goal annually