We're in this together: Quality Healthcare

Easy Choice HEALTH PLAN

Easy Choice Health Plan Special Needs Plans Model of Care Self-Study Program

COMPREHENSIVE HEALTH RISK ASSESSMENT		INDIVIDUALIZED CARE PLAN	
Easy Choice SNP (Dual-eligible and Chronic Special Needs Plans) members will receive a comprehensive health risk assessment (HRA) within 90 days of becoming a member. They will receive an HRA each year thereafter.		An individualized care plan will be developed based on the findings from the completed HRA and shared with the treating provider(s). Upon receipt of the care plan, you should:	
1.	**Each HRA** is reviewed by an Easy Choice care manager. The HRA will also be used to identify members to be assigned to an Interdisciplinary Care Team (ICT).	1.	**Review** and discuss the plan with the SNP member (and caregiver if appropriate).
2.	**The SNP member** will be assigned a stratification level based on the HRA. This level can change with any health status change the SNP member may experience: • **Level 1 – Low Risk** • **Level 2 – Moderate Risk** • **Level 3 – High Risk**	2.	**Update** the plan if you feel changes are needed. This must be done when the SNP member has any change in health status, such as new diagnoses, planned or unplanned hospitalizations, or a change in the level of care.
3.	**HRA** results will be used to develop an individualized care plan for each SNP member.	3.	**Submit** the documentation once the plan is updated. Fax it back to the number on the care plan. **If no changes are required, there is no need to fax back.**

INTERDISCIPLINARY CARE TEAM	
Each SNP member enrolled in Care Management will be assigned to an Interdisciplinary Care Team (ICT) made up of a PCP and a care manager. The team may also include specialists, pharmacists, nurses, social workers and caregivers, etc.	
1.	**The care manager** will create and distribute the care plan, coordinate care with members of the ICT, and oversee Care Management activities.
2.	**Easy Choice asks providers** to participate in all care planning and ICT activities to deliver optimal care to the SNP member.
To refer a SNP member into the program or for other assistance related to you member's care, providers may call our Care Management Department at **1-866-635-7045**. If you have questions regarding claims or other processes, please contact your Provider Relations Representative.	

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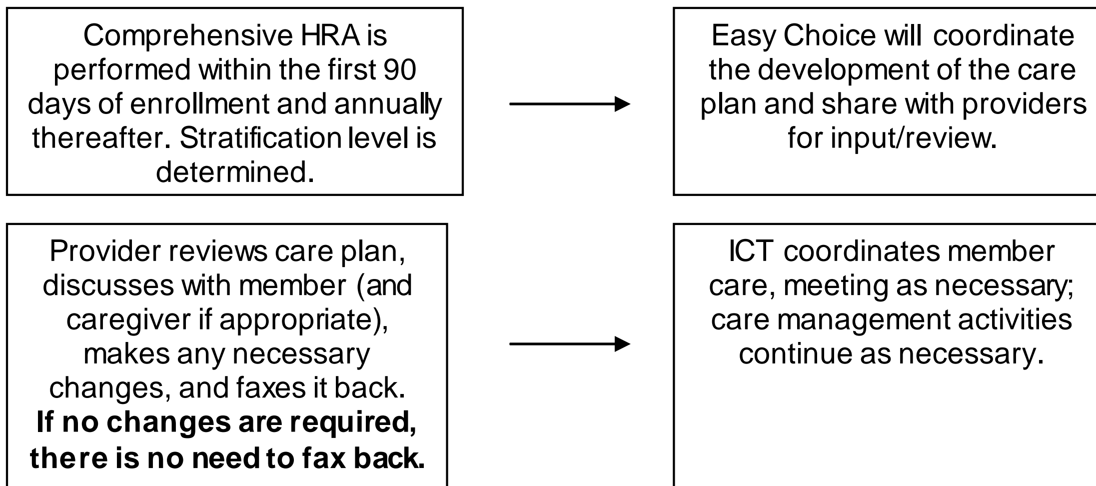
MODEL OF CARE PROCESS FLOW



TRANSITIONS OF CARE

Care transitions from one level of care to another can present possible disruptions in member care. As a member's care setting and care providers change, there is a need to ensure that care needs are coordinated and communicated. During the transition process, Easy Choice will communicate changes in care, medications and treatment to caregivers and you, their provider. We will work with you and the member to ensure that necessary care is scheduled and provided so there is no interruption to the member's care and services. We ask that you partner with Easy Choice during these transitions to ensure the member's needs are met and have a smooth and successful transition of care.

FREQUENTLY ASKED QUESTIONS

Q: What are Special Needs Plans (SNPs)?

A: SNPs are a type of Medicare Advantage plan specially designed to focus on the needs of vulnerable targeted populations. There are three general types of SNPs:

- Institutional SNPs (I-SNPs)
- Dual-eligible SNPs (D-SNPs)
- Chronic SNPs (C-SNPs)

Easy Choice currently offers D-SNP and C-SNPs. Easy Choice currently offers C-SNP plans in select counties in Florida for those members with cardiovascular disease, diabetes and/or congestive heart failure.

Q: How does Easy Choice verify C-SNP member's conditions for plan enrollment?

A: Easy Choice considers acceptable proof to be initial verification through a Chronic Special Needs Plan Pre-Qualification Form signed by the member before enrollment, followed by confirmation from their existing provider during the first month of enrollment, that the member's chronic condition(s) qualifies as a chronic condition.

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CLAIMS/BILLING

Q. If I do not accept Medicaid, may I bill a D-SNP member directly?

A. Not in all cases. Some D-SNP members are held harmless by the state for Medicare Part A and Part B services. These D-SNP members may not be billed for cost sharing, and contracted providers must accept plan payment in full.

Q. If I accept Medicaid and do not receive any additional payment from Medicaid, may I balance bill the D-SNP member?

A. Not in all cases. CMS requires all plans to develop language for their provider contracts that prohibits balance billing D-SNP members who are held harmless by the state for Medicare Part A and Part B covered services. For these D-SNP members, contracted providers must accept plan payment in full if they do not receive additional payment from the state Medicaid agency.

Q. How do I submit claims for reimbursement for a D-SNP member if Easy Choice and the state have a contract?

A. This varies depending on the arrangement with the state. Please refer to your *Provider Manual, Dual-eligible Members*, to determine the best process for your area.

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