



MINNESOTA SENIOR HEALTH OPTIONS (MSHO)


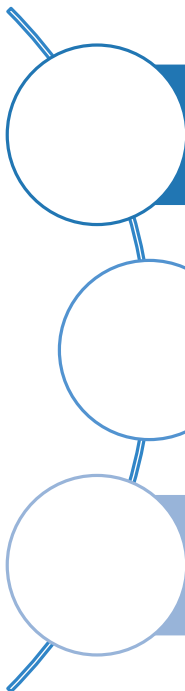
2020 Model of Care
Training

WELCOME TO THE MSHO 2020 MODEL OF CARE TRAINING

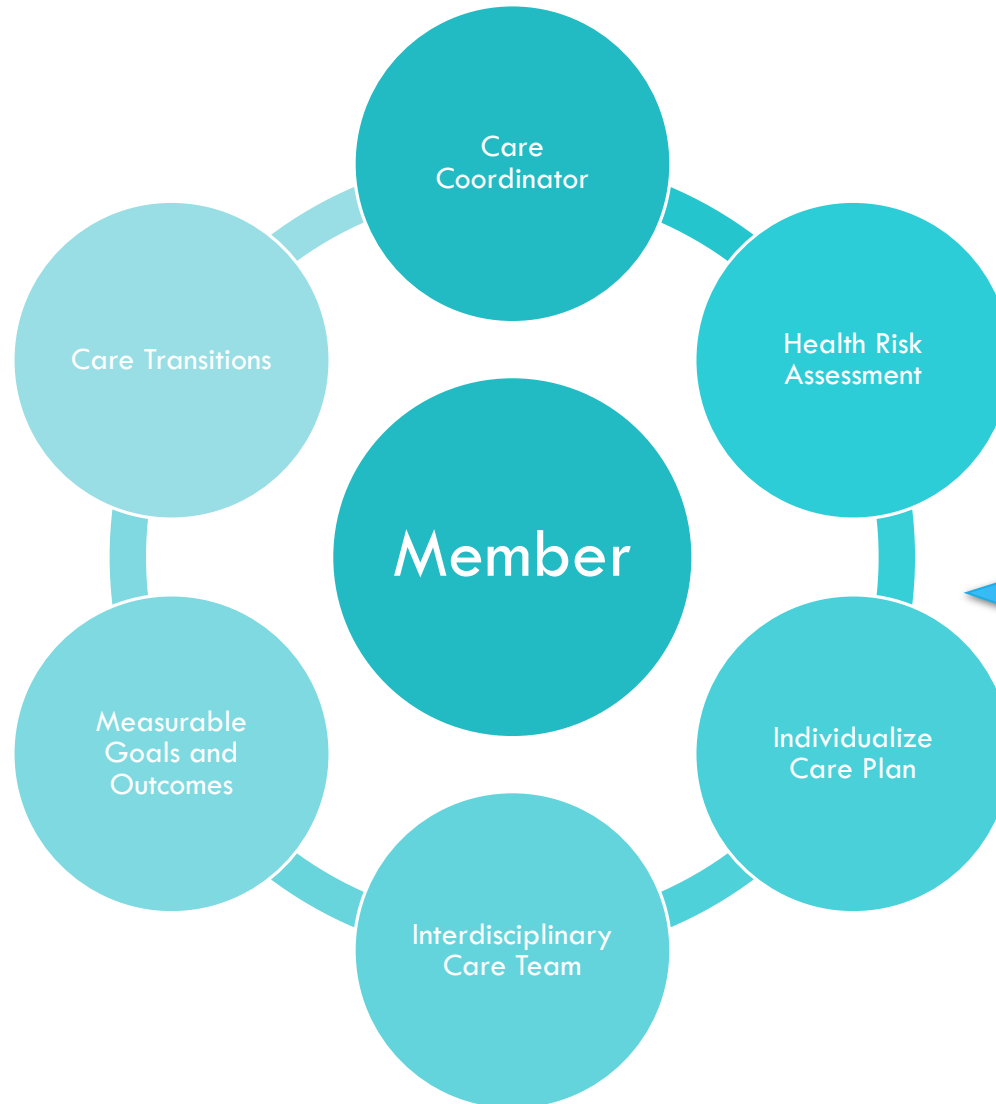
Minnesota Senior Health Options (MSHO) is a Fully Integrated Dual Eligible Special Needs Plan in which Medicaid, Medicare and Long Term Services and Support benefits are integrated into one benefit package.

- *HealthPartners contracts with the Minnesota Department of Human Services (DHS) and Centers for Medicare and Medicaid Services (CMS) to administer the MSHO program.*

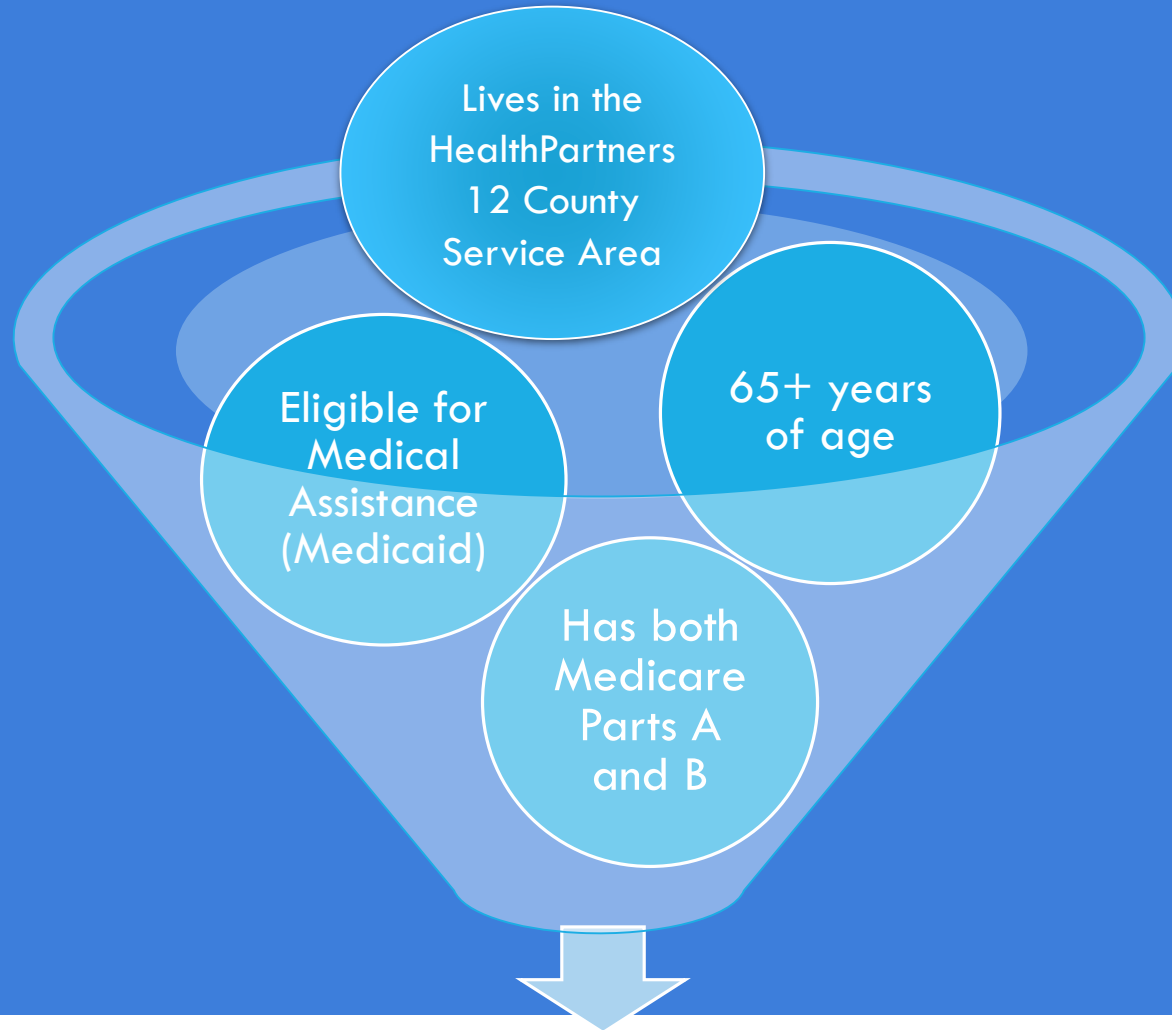
The MSHO Model of Care describes the management, procedures, and operational systems that HealthPartners has in place to provide access to services, coordination of care and the structure needed to best provide services and care for the MSHO population.

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- Model of Care training is required for employed and contracted personnel who work with MSHO members and the MSHO product.
 - It ensures staff and providers have knowledge of the MSHO population and the HealthPartners Model of Care.
 - CMS requires that Model of Care Training be completed annually.

WHAT ARE THE ASPECTS TO THE MODEL?



WHO CAN BE AN MSHO MEMBER?



Eligible for MSHO

WHAT IS AN MSHO CARE COORDINATOR?

Every MSHO member is assigned to a Care Coordinator

The Care Coordinator

- Partners with members and/or their responsible party/caregiver to coordinate care
- Is a licensed nurse or social worker
- Helps members navigate the health care system

WHAT DOES AN MSHO CARE COORDINATOR DO?

Conducts a Health Risk Assessment (HRA)

To identify health care and level of care needs



Creates an Individualized Care Plan (ICP)

To ensure the member's healthcare and long term services and support needs and preferences are met



Collaborates with the Interdisciplinary Care Team (ICT)

Ensures information is shared across healthcare staff

WHAT IS THE HEALTH RISK ASSESSMENT (HRA)?

HRA is completed:

- Within 30 days of enrollment
- Within 365 days of the previous assessment
- Any time the member has a change in condition, such as a change in functional abilities
- In person (preferably), telephonically or by mail

HRA assesses needs in the areas of:

- Physical/medical
- Psychosocial
- Cognitive
- Functional
- Long Term Services and Supports

Results in:

- Individualized Treatment Plan
- Referrals (Medication Therapy Management, Behavioral Health, Disease Management, Palliative Care, etc.)
- Initiating Medicare, Medicaid and/or Long Term Services and Supports services

INDIVIDUALIZED CARE PLAN (ICP)

The ICP addresses the member's needs identified by the health risk assessment and includes:

Additional supports and services

Identification of members of the Interdisciplinary Care Team

Member's goals and objectives

WHO ARE INCLUDED IN THE INTERDISCIPLINARY CARE TEAM?

The Interdisciplinary Care Team is a group of caregivers, providers and possibly family members who assist in the provision of care.

The team is composed of:

- Member and/or appropriate family/caregiver
- MSHO Care Coordinator
- Primary Care Provider
- Other providers appropriate to specific health needs (Specialists, Pharmacist, Dentist, Long Term Services and Supports, etc.)
- Others as needed

HOW DOES THE TEAM WORK TOGETHER?

The Care Coordinator works in partnership with the member and Interdisciplinary Care Team to develop, coordinate, and monitor the Individualized Care Plan on an ongoing basis. The Care Coordinator communicates the member's progress toward health goals to the Interdisciplinary Care Team.

HealthPartners uses a variety of tools to ensure good communication among all Interdisciplinary Care Team members regarding a member's health status. These include the electronic medical record when available, secure email, fax and other confidential correspondence that meet HIPAA requirements.

WHAT IS THE MSHO PROVIDER NETWORK?

The MSHO program requires members to select a primary care provider upon enrollment.

- MSHO is the only State Public Program that requires members to select a primary care provider in the health plan's network.

As MSHO is a fully integrated product, it offers a network that has all provider types covered by Medicare and Medicaid (primary care, behavioral health, specialty care, dental, DME, transportation, PCA and other providers) as well as leveraging the Department of Human Services Long Term Services and Supports network for Elderly Waiver (EW) services.

- This includes our HealthPartners and Park Nicollet Clinics, as well as other contracted providers.

WHAT'S HAPPENING BEHIND THE SCENES?

There are many aspects of the Model of Care that occur behind the scenes.

The supporting structure of the Model of Care is composed of employed and contracted staff who perform administrative, clinical and oversight functions, such as:

- Enrollment processing and eligibility verification
- Adjudication of claims
- Member and provider customer service
- Management of contracts with a variety of providers
- Regulatory compliance
- Professional staff credentialing
- Development and evaluation of standards of care
- Data collection and analysis of program goals

HOW IS THE MODEL MEASURED?

CMS requires health plans to identify and define measurable goals and health outcomes which include:

Improving the health care needs of the member

Measuring overall member health outcomes at the plan level

Methods to assess and track the Model of Care impact on the members health outcomes

Processes and procedures the plan will use to determine if health outcome goals are met

WHAT ARE OUR MEASURABLE GOALS?

Meet 100% of
Required Access
Standards

Achieve increase
from previous year
of HRAs completed
within 90 days of
initial enrollment

Achieve increase of
HRAs completed
within 365 days of
previous HRA

Achieve increase
from previous year
post-discharge
assessments for
beneficiaries

Improve medication
management to
reduce 30-day
readmissions

Improve Osteoporosis
Management

Improve Breast
Cancer Screening

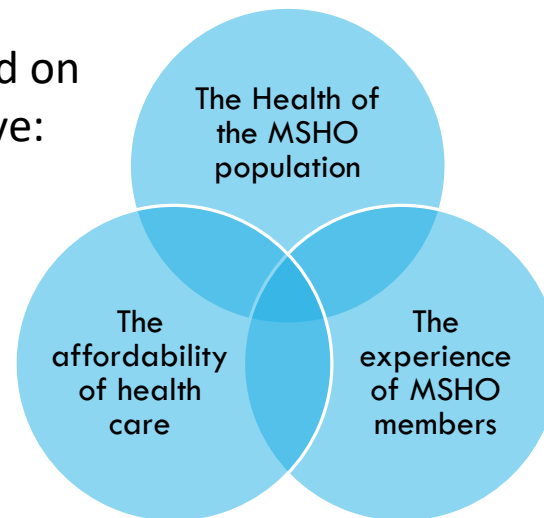
WHAT IS THE QUALITY PERFORMANCE IMPROVEMENT PLAN?

HealthPartners annually creates a quality performance improvement plan to ensure that appropriate services are being delivered.



Data are collected, analyzed, and evaluated to ensure overall performance of the improvement plan.

HealthPartners Quality Program is based on the Triple Aim to simultaneously improve:



THANK YOU FOR TAKING THE TIME TO LEARN
MORE ABOUT MSHO AND THE HEALTHPARTNERS
MODEL OF CARE.