VIVA MEDICARE

# Special Needs Plan

## Model of Care Training

**Medicare Special Needs Plans (SNPs) are a type of Medicare Advantage Plan (like an HMO or PPO).** SNPs were created by Congress in the Medicare Modernization Act (MMA) of 2003 as a new type of Medicare managed care plan that focuses on certain vulnerable groups of Medicare beneficiaries. Medicare SNPs limit membership to people with specific diseases or characteristics and tailor benefits, provider choices, and drug formularies to best meet the specific needs of the groups served. VIVA HEALTH's Special Needs Plans serve approximately 20,000 enrollees through two Dual Eligible SNP (D-SNP) plans called VIVA MEDICARE *Extra Value*, and VIVA MEDICARE *Extra Care* in North Alabama. The plans consist of dual-eligible individuals who qualify for both Medicare and Medicaid.

VIVA MEDICARE *Extra Value* became effective January 1, 2010 and VIVA MEDICARE *Extra Care* became effective January 1, 2021. Individuals eligible for D-SNP membership must live in VIVA MEDICARE *Extra Value* or *Extra Care*'s geographic service area and be enrolled in Medicare Part A and Medicare Part B. D-SNPs enroll individuals who are entitled to both Medicare (Title XVIII) and medical assistance from a state plan under Medicaid (Title XIX). States cover some Medicare costs, depending on the state and the individual's eligibility. If you have any questions about a specific category of eligibility, please feel free to contact our Sales or Enrollment teams at (205) 939-1718.

**The Model of Care (MOC) is a document that is required for all Special Needs Plans, and is the basic framework and description of how the plan will meet the needs of this vulnerable population. The MOC is a vital quality improvement tool and provides the foundation for the following:**

- Detailed description of the population served and the unique needs of that population, including further describing and identifying characteristics of the most vulnerable SNP enrollees served;
- Care Coordination Processes and the clinical teams responsible for those processes;
- The Provider Network – how the plan ensures network adequacy and robust specialized expertise to address the identified needs of the SNP population;
- Description of how the plan monitors, evaluates, and reports quality performance of the SNP Plan to its enrollees, Provider Network, and stakeholders.

**The goal of the SNP Program is to improve the quality of health of our enrollees through improved access, coordination of care, and evidence based prevention strategies. Outlined below are organizational goals for the population.**

# Organizational Goals

## Providing and Maintaining Improved Access and Affordability of Care to SNP Members

VIVA HEALTH's goal is to ensure provider network adequacy for our SNP members by meeting CMS compliance expectations regarding access to Primary Care Providers and specialists for members across our Medicare service area. VIVA HEALTH has maintained compliance with CMS expectation in providing network adequacy with county designations and specialists. We will continue using the CMS benchmark to ensure robust access. VIVA HEALTH maintained 100% network adequacy for 2024 and 2025 for all service areas.

VIVA MEDICARE *Extra Value* and *Extra Care* have also maintained the affordability of services by removing cost as a barrier to care for our SNP members by eliminating cost sharing for PCP and specialist office visits, as well as enhancing the pharmacy benefit through $0 copay for Tier 1-4 Part D Drugs in the initial coverage phase.

The Plan also strives to improve monitoring of enrollee experience and satisfaction with benefits through annual survey. Topics covered in the survey include usefulness of tools provided by the plan for managing health conditions, satisfaction with Care Management services, ease of use of benefits, and topics they would like to see covered in newsletters. Feedback from these surveys are compiled and disseminated throughout the organization, and utilized to develop process and customer experience improvements. We strive to collect feedback from 5% of our SNP members.

## Improved Coordination of Care

VIVA HEALTH delivers and demonstrates Care Coordination to our SNP enrollees through:

1. **Health Risk Assessment (HRA)** – At least annually, we attempt to engage enrollees to assess medical, cognitive, functional, psychosocial, mental health needs and Social Determinants of Health such as transportation challenges, food insecurity and housing insecurity.
2. **Individualized Care Plan** – In conjunction with the enrollee or caregiver, an Individualized Care Plan is developed based on health goals identified via the HRA and member input. Care Plan goals are designed to be specific, measureable, achievable, relevant, and time-bound.
3. **Interdisciplinary Care Team (ICT)** – It is the expectation of CMS that member goals be communicated with all members of the Care Team – that includes you, our Providers! Care plans may be provided for your review, and we welcome your recommended revisions or feedback regarding care plan goals.
4. **Transitional Care** – It is the goal of the program to provide all SNP members who experience a hospitalization with transitional support. We achieve this by ensuring the member receives the appropriate follow-ups after hospitalization, assist with medication reconciliation, provide education about any changes in their plan of care, and recognize when the member's condition warrants a call to their provider.

It is the expectation of CMS we complete HRAs, Individualized Care Plans, and Care Team Reviews on 100% of our enrollees. It is also expected 100% of enrollees experiencing a transition receive transitional care and support.

## Reduction of Readmission Rates for SNP Members

Viva Health's goal is to reduce the number of 30-day SNP readmissions to 0%. Reporting is reviewed on a monthly basis, and this result is reported as a yearly average. Current data for calendar year (CY) 2025 is 19.66%. Viva Health addresses this goal, in conjunction with the Transitions goal, by providing all enrollees who experience a hospitalization individualized support with a Care Manager (licensed nurse or Social Worker) for medication reconciliation, appropriate follow-up care, and education regarding any changes in the plan of care or health status.

## Ensuring Appropriate Utilization of Services for Preventive Health and Chronic Conditions

Recognizing an established relationship with a Primary Care Provider is the cornerstone of good preventive care, Viva Health encourages all members, and certainly our SNP members, to develop a relationship with their PCP and visit their provider at least annually. This metric is measured quarterly with claims data and captures the number of SNP members who have accessed care from their identified PCP at least once during that calendar year. The most recent annual measurement result of this metric was 73.5% of SNP members seeing the PCP at least once annually for CY 2025. Realizing the significant need for the Primary Care Physician to be the driver of the member's health care plan, Viva Health will continue to monitor the goal of 90% of SNP members seeing their PCP at least annually.

Viva Health employs and/or contracts with individuals to perform various clinical functions related to its SNP administration:

1. **Contracted Providers** – includes a broad range of Primary Care Physicians, specialists (including mental health providers), facilities, and pharmacies to meet the special needs of the target population fully.
2. **Pharmacists** – provide clinical support for the care team and monitor prescription drug utilization and costs to identify and address quality, cost-effectiveness, and adherence.
3. **Health Services** – includes Medical Management and Care Management staff. Medical Management consists of Utilization Review staff and Case Managers who serve in clinical roles and in acute and post-acute settings. Care Management staff includes RNs, LPNs, and Licensed Social Workers who support members with care coordination needs and assist members in maximizing their health status in the least restrictive environment.
4. **Connect for Quality** – work directly with Primary Care Physicians at the point of care to improve quality, utilization, and member health status. Prevention and screening are key components to this program.
5. **Quality Improvement** – this team works in clinical roles and directly interact with SNP members at Health Fairs and during telephonic outreach.

## Oversight of the Special Needs Plan

The SNP Administrator and Executive Director of Health Services Programs provide primary oversight of the Special Needs Plan. Secondary oversight is by the Utilization Management/Quality Improvement (UM/QI) committee, which consists of board certified physicians from appropriate disciplines and service areas, and are supported by Compliance, Health Services, Quality Improvement, and Network Development.

## Interdisciplinary Care Team

It is expected all SNP enrollees have an Individualized Care Team reflective of their identified and individualized needs. At a minimum, the ICT consists of the enrollee/caregiver, the PCP, and the VIVA MEDICARE VCare Care Manager. As a provider of care to our enrollees, you are an integral part of the team, and will receive notification of enrollees Care Plans. If you wish to speak to a VIVA MEDICARE VCare Manager, discuss revision of any enrollee Care Plan, or notify us of an enrollee need or change in health status, we can be reached at (855) 698-2273. VIVA HEALTH also maintains a core clinical staff that may be included in any enrollee's ICT as needed. This includes our Chief Medical Officer and Medical Directors, clinical pharmacists, licensed nurses, social workers, and mental health professionals.

## Provider Network and Use of Clinical Practice Guidelines

The SNP provider network covers the full spectrum of primary and specialty care. Physicians and facilities are screened through a strict credentialing and re-credentialing process. The plan develops or adopts evidenced-based practice guidelines using criteria from various medically recognized organizations, such as the American Heart Association. Selection of topics for the development of practice guidelines and clinical pathways is coordinated by the UM/QI Committee.

Model of Care Training and attestation is required for all VIVA HEALTH providers serving the Special Needs Program population. For providers, the mandatory annual Model of Care (MOC) training is included in the Provider Manual, the provider website, and provider portal.

Any provider may request a live presentation of the Model of Care Training by contacting your Provider Services representative or SNP Administrator.

## Communication for Plan Performance and Process Improvement

The SNP Administrator and Leadership regularly communicate the status and performance of the SNP Program. Program details reviewed may include:

1. Policy and procedure updates
2. Progress towards goals
3. Regulatory changes
4. Member satisfaction outcomes
5. Utilization metrics and population trends
6. Training activities
7. SNP Specific Quality metrics such as Stars

Enrollee Communication occurs in a variety of ways: the VivaHealth.com website, Evidence of Coverage, Summary of Benefits, formularies, directories, contacts such as Case and Care Management, newsletters, and VIVA HEALTH Cafés.

Internal Communication occurs within the organization through the Medicare Operations Team, UM/QI Committee, Electronic Health Record, ICT Meetings, and the Board of Directors.

Provider Network Communication occurs through The VIVA Voice Newsletter, the Provider Manual, and the Provider Website www.VivaHealth.com/provider. Please email a signed and dated copy of the attached SNP MOC Provider Training Attestation form to VivaMOCTraining@uabmc.edu or fax to (205) 449-8253.

If you have any questions about the Special Needs Plan, the Model of Care, or wish to speak to the SNP Administrator or a member of the Care Management Team, our contact information is below:

| | |
|---|---|
| **Jen Klopstein,** *SNP Administrator* | **jklopstein@uabmc.edu** |
| **Care Management Team** | **1-855-698-2273** |

VIVA MEDICARE

# Special Needs Plan Model of Care (MOC) Provider Training Attestation Form

The Centers for Medicare and Medicaid Services (CMS) require that Medicare Advantage Organizations Provide Special Needs Plan Model of Care (MOC) training to all providers who care for our valued dual eligible members. The Model of Care serves as the foundation for VIVA MEDICARE's care management policies and procedures. To remain compliant with CMS guidelines MOC training must be completed annually.

VIVA MEDICARE's Special Needs Plan (SNP) Model of Care can be accessed at www.vivahealth.com/provider. From the provider home page click on the SNP Model of Care link.

While the training itself must be completed by every participating provider, an attestation can be completed one time for all providers within the group by the individual given authority to sign on behalf of the practice. Providers who fail to proactively submit these attestations annually should be prepared to submit them within three business days in the event of a CMS audit. Any provider who has not completed their training will receive up to four follow-up attempts from Provider Services. The final attempt will be an onsite visit with the provider to complete the training. For any provider who has not completed their initial or annual training after those attempts, the provider will be presented to Viva Health's Credentialing Committee as non-compliant for training. Available actions from the committee include: 1.) sanctioning the provider with a required time-frame for training completion; 2.) restricting the provider's ability to see new patients until the training is completed; or 3.) a recommendation to the plan to terminate the provider for non-compliance.

Please email a signed and dated copy of the SNP MOC Provider Training Attestation form to VivaMOCTraining@uabmc.edu or fax to (205) 449-8253.

***I hereby attest I have reviewed the Special Needs Model of Care Training. I attest that all providers in my organization providing care to SNP patients have been trained on VIVA MEDICARE's SNP MOC.***

| | |
|---|---|
| **Practice Name:** | |
| **Tax ID Number:** | |
| **Group NPI Number:** | |
| **Providers Name(s):** *(May Attach List or Physician Roster)* | **Individual NPI Number:** |
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |
| **5.** | |
| **6.** | |
| **7.** | |
| **8.** | |
| **9.** | |
| **10.** | |
| **11.** | |
| **Authorized Signature:** | |
| **Authorized Signature Email Address:** | |
| **Date of Training:** | |