Anthem BlueCross

Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan) (MMP) model of care

What is a model of care?

A model of care (MOC) is a CMS requirement for organizations applying to offer an MMP plan. MMPs are required to have robust MOCs to meet the needs of their targeted population.

An MOC “is a system of care which reflects pertinent clinical expertise and staff structures, the types of benefits, and processes of care (organized under protocols) that will be used to meet the goals and objectives of the MMP.”

Anthem BlueCross

What is an MOC? (cont.)

MMP beneficiaries require comprehensive, risk-based assessments to account for their already compromised health status and need for the delivery of coordinated care. As a result, this assures collaborative (rather than parallel) services. Plans must update MOCs to include the following:

- Goals and objectives
- A service delivery system (including protocols and out-of-network specialists)
- Comprehensive risk assessment
- A specialized provider network

Anthem BlueCross

What is an MOC? (cont.)

- Coordinated care and case management
- An MMP program training for network resources
- Performance measurement and improvement activities

The MOC is considered a vital, integral tool to ensure we meet the unique needs of each of our MMP members. Our MOC describes:

- The MMP population we serve
- Case management activities (including health risk assessments)

Anthem BlueCross

What is an MOC? (cont.)

- Individualized care plans for each member
- The interdisciplinary care teams (ICTs) supporting each member
- Care transition protocols
- Our provider network
- The process to measure how we are performing on our MOC and goals

Anthem BlueCross

MOC elements

What are the key elements of our MOC?

- Measurable goals designed to address the needs of the population with multiple or complex conditions, including the frail/disabled, those with end-stage renal disease or at the end of life. Specifically, the MMP MOC is designed to improve care of our members by:
  - Improving access to affordable care.
  - Improving coordination of care through an identified point of contact.
  - Improving transitions of care across health care settings and providers.

Anthem BlueCross

MOC elements (cont.)

- Improving access to preventive health services.
- Assuring appropriate service utilizations.
- Assuring cost-effective service delivery.
- Improving beneficiary health outcomes.

Goals of our MOC

How do we impact these elements?

- Improve access to essential services (for example, medical, mental health and social services)
- Improve access to affordable care
- Improve coordination of care through an identified point of contact (primary care physician)
- Provide seamless transitions across health care settings, care providers and health services
- Improve access to preventive health services

Anthem BlueCross

Goals of our MOC (cont.)

- Assure appropriate utilization of services, improving access to affordable care and assure cost-effective health services delivery for enrolled members
- Improve beneficiary health outcomes through reducing hospitalization and nursing facility placement
- Improve beneficiary health outcomes through improved satisfaction with health status and health care services

Anthem BlueCross

Additional MOC elements

Our staff structure and care management roles are designed to manage the needs of the MMP population. Each MMP member will have an assigned case manager/service coordinator as well as an individualized ICT which, in addition to the member, may include any of the following: nurses, physicians, social workers, pharmacists, behavioral health specialists or other participants (as determined by the member).

Additional MOC elements (cont.)

We work to complete a health risk assessment (HRA) on each member. For new members, the goal is to complete it within 90 days of enrollment, or within state guidelines, and also annually before the anniversary of the last HRA. As some individuals may be difficult to reach, our team may contact your office for updated contact information. Our assessment covers physical, behavioral, cognitive, psychosocial, functional and environmental domains. The assessment serves as the basis for the member's individualized care plan.

Anthem BlueCross

Additional MOC elements (cont.)

Based on the results of the HRA, and working directly with the member and ICT, an individualized care plan to address identified needs is developed by the case manager/service coordinator. The care plan includes interventions designed to educate and inform while serving as an advocate for our members. The plan coordinates benefits and facilitation of the use of community resources. This plan will coordinate with and support your medical care plan.

Additional MOC elements (cont.)

In order to ensure optimal coordination during the care planning process, a member of our case management/service coordination team may contact you and request a care coordination conference to discuss a complex member. An ICT is assigned to each member. The team is responsible for reviewing care plans, collaborating with you and other network providers and providing recommendations for care management. You and/or your patient may be asked to participate in care planning and management.

Anthem BlueCross

Additional MOC elements (cont.)

We work with a contracted provider network with special expertise to manage the MMP population. Roles of providers include performing assessments, informing/educating, diagnosing, treating and advocating for members. If you believe our local network doesn't meet all your member's specialized needs and would like to recommend possible additions to our network, please contact the Customer Care Center at the number on the member's identification card. You could also discuss your concerns with the case manager/service coordinator.

Anthem BlueCross

Additional MOC elements (cont.)

We are committed to effective, efficient communication with you. We developed a system to support effective communication among you, your members and our care team. You may receive a copy of your patient's care plan by fax or mail, or you can access the information directly on the secure, self-service Anthem Blue Cross Cal MediConnect Plan provider website through the Patient360 Tool. You may also receive a phone call from the case manager/service coordinator asking you to review, comment or make recommendations about the plan or needs identified during the care planning process.

Anthem BlueCross

Additional MOC elements (cont.)

You may reach your member's care team by calling the number provided on correspondence from us or the number on the members' identification card.

MMP members typically have multiple providers and may transition in and out of health care institutions. You are essential in coordinating care during transitions. If you are aware of an upcoming care transition for your patient and would like our team to assist in the coordination, please notify us (using the number on the member's identification card).

Anthem BlueCross

Additional MOC elements (cont.)

Our care management/service coordinator team will be contacting you and your patient in times of transition to ensure needs are met, services are coordinated, prescriptions are filled and medications are taken correctly. Care transition protocols are documented in your provider manual.

Additional MOC elements (cont.)

Performance and outcome measurements are collected, analyzed and reported to measure quality and to evaluate the effectiveness of the MOC. These measurements are used by our Quality Management Program and include the following measures:

- HEDIS®* — used to measure performance in dimensions of care and service
- CAHPS®** member satisfaction survey

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

**CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Anthem BlueCross

Additional MOC elements (cont.)

- *The Health Outcomes Survey* — a multipurpose survey used to compute physical and mental component scores to measure member health status
- CMS Part C Reporting elements — include benefit utilization, adverse events, organizational determinations and procedure frequency
- Medication therapy measures
- Quality Improvement Projects and Chronic Care Improvement Program
- Clinical and administrative/service quality improvement projects

Anthem BlueCross

Helpful resources

Helpful resources:

- Customer Care Center
- Provider manual

Don’t forget to complete and print your attestation on the next page!

Model of Care Attestation

As the below provider, I attest my practice reviewed the MMP MOC presentation.

I understand the goals of the program and requirements of the MOC are:

- Consensus and feedback for the plan of care.
- Clinical coordination members.
- Ensuring participation in ICTs.
- Responsiveness and cooperation with plan clinical representatives.
- Referring members to medically necessary services in accordance with plan benefits.
- Appropriate communication with the member's family or legal representative.
- Timely document submission.

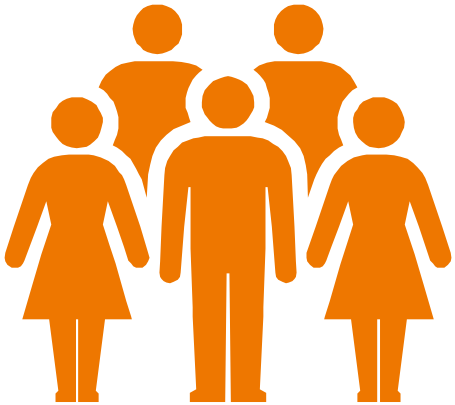
This presentation and attestation are yearly requirements.

Provider/group name: _____ ID number: _____
Address: _____ Phone: _____ Fax: _____
Signature:_____ Date:_____
Please sign and fax or email to: [Fax number] or [Email].

Anthem BlueCross

Your support system

- Provider relations representative
- Medical management
- Customer Care Center



Customer Care Center: [**insert number**]

Anthem BlueCross

Thank you

Thank you for partnering with us!

https://mediproviders.anthem.com/ca