



# Special Needs Plan (SNP) Model of Care Training 2024

August 2023

Confidential – Not Intended for Distribution

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# SNP Background

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## Special Needs Plan (SNP)

*ATRIO Health Plans is a Medicare Advantage health plan that offers a dual eligible special needs plan (D-SNP).*

A D-SNP enrolls beneficiaries who are entitled to both Medicare (Title XVIII) and Medical Assistance from a State Plan under Title XIX (Medicaid) and offers enhanced benefits by combining those available through Medicare and Medicaid.

Each health plan that offers a SNP plan is federally required by the Centers for Medicaid and Medicare Services (CMS) to provide specific management of care components and services to enrolled members. These (4) elements are a standard requirement for each health plan. The implementation of these elements is the responsibility of the plan and generated as a model of care (MOC) agreement with CMS.

**MOC 1:**  
Description of SNP  
Population  
(Target Population)

**MOC 2:**  
Care Coordination

**MOC 3:**  
Provider Network

**MOC 4:**  
Quality Measurement and  
Performance Improvement

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# ATRIO Model of Care

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# ATRIO Model of Care (MOC)

## MOC 1

**Description of SNP Population:**  
This component describes some of the health and demographic characteristics of the SNP population, and the benefits and plans available to them

## MOC 2

**Care Coordination:**  
ATRIO will work with partners to coordinate the delivery of care and measure the effectiveness of the MOC delivery of care coordination. Care coordination helps ensure that SNP beneficiaries' health care needs, preferences for health services and information sharing across health care staff and facilities are met over time.

## MOC 3

**Provider Network:**  
The SNP provider network is a network of health care providers who are contracted to provide health care services to SNP beneficiaries.

## MOC 4

**Quality Measurement and Performance Improvement:**  
Select data is monitored to evaluate the effectiveness of care SNP members receive. Our goal is to improve performance for health outcomes measures, and as a result, improve the overall health outcomes of our SNP population.

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# Care Coordination

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# Care Coordination



## *Health Risk Assessment and Care Plan*

ATRIO is required to try and obtain a health risk assessment (HRA) on every SNP member within 90-days of enrollment and within 365 days annually thereafter.

Responses from the HRA identify health related and/or access to care problems for each member.

ATRIO uses these responses to develop individualized care plan goals which will ideally drive the beneficiary's level of independence to a self-manage stage.



## *Health Risk Assessment and Care Plan*

Members have the right to refuse an HRA. When they do, or when they are unable to be reached, CMS still requires an individualized care plan.

ATRIO uses data from claims, HEDIS gaps and prior authorizations to create the individualized care plan which is then mailed to the beneficiary and shared with their PCP.

Regulations at **42 CFR §422.101(f)(i)**; **42 CFR §422.152(g)(2)(iv)** require that all SNPs conduct a Health Risk Assessment for each individual enrolled in the SNP.



## *Interdisciplinary Care Team*

ATRIO regards the primary care provider as the expert in determining the health care needs of the SNP beneficiary. Each SNP member is required to have an identified PCP. Nurse Case Managers (NCMs), Customer Service Representatives, and Provider Relations staff are available to help match SNP members with a PCP they can be most aligned and satisfied with.

As appropriate, ATRIO may reach out to other professionals or representatives who can assist the beneficiary, PCP and NCM with identifying and developing goals. Together they make up the Interdisciplinary Care Team (ICT).



# Care Coordination



## *Interdisciplinary Care Team*

The beneficiary may opt-out of other participant involvement. At a minimum, the ICT consists of the NCM, the beneficiary (or representative) and the PCP.

Once the care plan is finalized, a copy will be shared with the members of the ICT. The care plan is a living document and may be updated as the customer's health status changes or at the request of members of the ICT. Each care plan update will also be shared with the members of the ICT to ensure all members have the most up to date information.



Regulations at **42 CFR §422.101(f)(iii)**; **42 CFR §422.152(g)(2)(iv)** require all SNPs to use an ICT in the management of care for each individual enrolled in the SNP.

## *Care Transition Protocols*

ATRIO assists in coordinating a smooth and safe transition of care (TOC) and ensures follow-up appointments, services, medication reconciliation, and other beneficiary needs are met when a transition between health care settings has been identified. ATRIO involves providers to optimize support to the beneficiary and minimize complications related to care setting transitions.

### **Health care settings may include:**

- Home
- Home Health Care
- Acute Care
- Skilled Nursing Facility
- Custodial Nursing Facility
- Rehabilitation Facility
- Outpatient/Ambulatory Care/Surgery Centers

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# Reference Material

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## For Your Reference

- ✓ Any suspected issues of non-compliance or fraud, waste and abuse should be reported immediately to ATRIO **Compliance at [compliance@atriohp.com](mailto:compliance@atriohp.com)**

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# Things to Look Forward To

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## C-SNP

- ✓ ATRIO will begin offering a C-SNP PPO plan in January 2025. C-SNPs are Medicare Advantage plans that focus on the management of specific “C”hronic conditions.
- ✓ ATRIO’s C-SNP will focus on Diabetes, Chronic Heart Failure, and certain other cardiovascular conditions such as cardiac arrhythmias, coronary artery disease, peripheral vascular disease, and/or chronic venous thromboembolic disorder.
- ✓ Members will qualify for this plan if they have one or more of the above listed conditions.

Thank you for the care you provide ATRIO SNP members!



Compliance

# Compliance is Everyone's Responsibility!



## What YOU CAN do to Prevent, Detect and Correct non-compliance!

1. Make sure you have written policies, procedures, and comprehensive work instructions
2. Conduct effective training and education
3. Ensure effective lines of communication
4. Conduct monitoring to assure compliance
5. Respond promptly to detected offenses and notify the compliance dept.
6. Undertake and document any necessary corrective actions

# Three Lines of Defense



Internal Audits



Verify

Compliance, General Counsel,  
Risk, and Quality

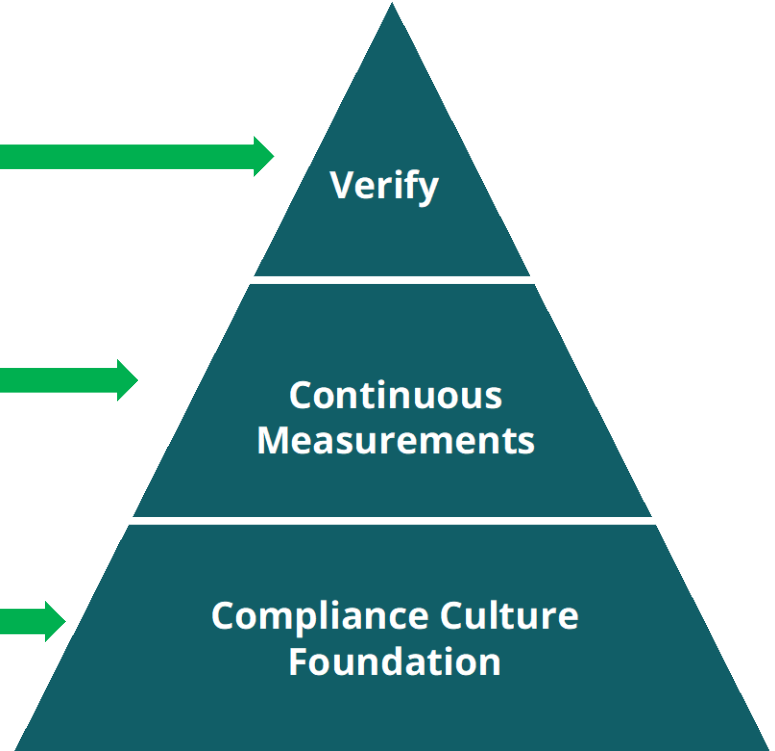


Continuous  
Measurements

Business Areas are responsible for  
identification of risks, internal controls,  
and monitoring to ensure compliance



Compliance Culture  
Foundation



# How Can I Report Potential Non-compliance or FWA?



## ATRIO Employees & Health Plan Members

Email ATRIO Compliance Department: [Compliance@atriohp.com](mailto:Compliance@atriohp.com)

### **Anonymous and/or Confidentially Reporting:**

- ATRIO Compliance Hotline at 1-877-309-9952.
- Mail: ATRIO Health Plans, PO Box 12645, Salem, OR 97309
- Online Incident Reporting Form: <http://www.atriohp.com>
- Call 1-800-Medicare (1-800-633-4227), TTY 1-877-486-2048

### **FDR Employees**

In addition to methods used by ATRIO Employees and Health Plan members, FDRs can report by:

- Talking to a Manager or Supervisor, either at ATRIO or in their own facility.
- Calling Your Ethics/Compliance Help Line (If available).

**Non-Retaliation or Intimidation: There can be NO retaliation against you for reporting suspected non-compliance or FWA in good faith. ATRIO does not support or tolerate this behavior.**

# You completed the course!



You should receive a certificate of completion email soon.

Please save for your records.

To exit this course, please click the in the bottom right-hand corner.





**ATRIO**<sup>TM</sup>  
HEALTH PLANS