



MODEL OF CARE
PROVIDER TRAINING

OVERVIEW

WHAT IS THE MODEL OF CARE TRAINING?

The Model of Care is the plan used by Clear Spring Health for delivering and managing care to special needs members. The plan provides the basic framework under which Clear Spring Health meets the regulatory requirements as defined by CMS. This training will assist you, our providers, in how to manage our special needs members while understanding CMS requirements.

DEFINE AND DESCRIBE

- Training requirement
- Special Needs Plan's offerings
- Member qualification requirements
- Describe Clear Spring Health's MOC
- Identify plans most vulnerable members
- Detail benefit offerings

TRAINING REQUIREMENTS

The Centers for Medicare & Medicaid Services (CMS) requires all contracted Medicare providers and staff to receive basic training about the Special Needs Plans (SNP) Model of Care. Clear Spring Health is responsible for conducting our own MOC training, which means you may be asked to complete multiple trainings by different health plans. CMS requires that Clear Spring Health provide MOC training annually and show evidence our providers completed the training.

To ensure Clear Spring remains compliant with CMS regulatory requirements for Model of Care training, you must complete the Attestation Form upon completion of the training. The Attestation Form is found on Clear Spring Health website.

TRAINING OBJECTIVES

The following objectives will be covered during this training:

1. Description of the different types of Special Needs Plans (SNP)
2. Description of the Model of Care (MOC) elements:
 - a. MOC 1: Program Description- SNP Population
 - b. MOC 2: Care Coordination
 - c. MOC 3: Provider Network
 - d. MOC 4: Quality Measurement and Performance
3. Provider responsibilities
4. Attestation process to document compliance with annual MOC Training

MOC 1: SNP POPULATION

MOC 1: PROGRAM DESCRIPTION - SNP POPULATION

The description of the SNP population includes the characteristics related to Clear Spring Health's membership including demographics, social factors, environmental factors, living conditions, cognitive factors, and co- morbidities.

The description also includes:

- A description of Clear Spring Health's most vulnerable members
- How the Plan determines and tracks member eligibility
- Specially tailored services offered to members
- How Clear Spring Health works with community partners

WHAT ARE SPECIAL NEEDS PLANS?

Special Needs Plans (SNPs) are a type of Medicare Advantage plan that focus on Medicare Beneficiaries with special needs who would benefit from increased, focused coordination of care.

There are three types of SNPs designed for specific groups of members with special health care needs:

- Beneficiaries with Dual Eligibility who qualify for both Medicare and Medicaid (D-SNP)
- Beneficiaries with Chronic Conditions (C-SNP)
- Beneficiaries who are Institutionalized or eligible for Nursing Home Care (I-SNP) Clear Spring Health's SNP Plans consist of C-SNPs with a focus on Diabetes

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MOC 1: SNP POPULATION

C-SNP ELIGIBILITY REQUIREMENTS

1. Must be eligible for Medicare
2. Must reside in the Plan service area and provide proof of residence
3. Must be entitled to Medicare Part A and be enrolled in Medicare Part B
4. Must have one of the following chronic conditions:
 - Diabetes Mellitus

CLEAR SPRING HEALTH OFFERS 3 CONTRACTS FOR SPECIAL NEEDS PLANS FOR 2025

Medicare Chronic Condition Program (C-SNP):

Available for Plans

- H6672 003 – Georgia
- H5454 005 - Illinois
- H6379 002 - Colorado

Accreditation for C-SNP Programs is granted by the National Committee for Quality Assurance (NCQA). NCQA assesses the Model of Care (MOC) from each SNP according to detailed CMS scoring guidelines. Accreditation for C-SNP is provided annually.

MOC 2: CARE COORDINATION

CARE COORDINATION ELEMENT INCLUDES:

Health Risk Assessment (HRA) - CMS requires that every SNP member receive a comprehensive assessment to determine member's health status.

Interdisciplinary Care Team (ICT) - CMS requires a team of individuals both professional and personal (caregivers/family) to be involved in the member's care.

Individualized Care Plan (ICP) - CMS requires a plan of care be developed by nursing personnel based on HRA results to help members achieve their individual health care goals and objections. The ICP must also include identified barriers and interventions.

Transition of Care (TOC) - Coordinating transition of care and its impacts to the member's health status

HEALTH RISK ASSESSMENT TOOL

The Health Risk Assessment Tool (HRAT) helps identify a member's most urgent needs by identifying:

- Medical conditions
- Functional status (i.e., activities of daily living)
- Cognitive health
- Psychosocial health
- Mental health conditions
- Social determinants of health

Clear Spring Health makes best efforts to complete the HRAT:

- Within 90 days of member's enrollment and annually thereafter
- When there is a change in the member's condition
- When the member has had a transition of care (i.e. hospitalization)

CATEGORIZING MEMBERS AT RISK

HRAT results are reviewed and analyzed to categorize the members into Risk Groups based on established criteria.

Members may fall into 3 Risk Groups:

High Risk: The most vulnerable members with multiple chronic conditions and high utilization (ER visits, hospitalizations)

Moderate Risk: Members with two or more chronic conditions and frequent utilization

Low Risk: Members with no chronic conditions or just one, and who are stable and able to self manage

MOC 2: CARE COORDINATION

INDIVIDUALIZED CARE PLAN (ICP)

An Individualized Care Plan (ICP) is developed by the care team in collaboration with the member and includes:

- Problems
- Goals
- Interventions

INDIVIDUALIZED CARE PLAN (ICP)

All members are managed by the ICT to help achieve the plan goals.

ICT Responsibilities:

- Determine member's needs
- Identifying problems
- Provide member education
- Determine if goals have been "met" or "not met"
- Refer/inform member of community resources
- Manage care transitions
- Assist with coordination of benefits
- Encourage self-management of their condition

ICT COMMUNICATION

ICT communication with members of the team can be done through a variety of methods:

- Telephone
- Fax
- Certified mail
- Secure e-mail
- Member/Provider portals
- Virtual/teleconference meetings
- Other methods preferred by member

MOC 2: CARE COORDINATION

CARE COORDINATION: THE CARE MANAGER

Coordination of care for SNP members is completed across various services through a central point of contact, the Care Manager. Every member is assigned to a Care Manager, and he/she is responsible for all the member's care.

How to improve care:

- The Care Manager coordinates the care provided by the PCP, specialists, and other members of the ICT.
- The PCP is responsible for member care and identifying member needs.

PROVIDING TRANSITION OF CARE

Transition of care occurs when members move from one care setting to another during an episode of illness. For example:

- Hospital to home
- Hospital to a Skilled Nursing Facility or Rehab
- Nursing Home to Hospital

The Care Manager is responsible for ensuring a seamless transition of care between settings by:

- Sharing the Individualized Care Plan (ICP) with the PCP, hospitalist, facility, and/or caregiver as applicable
- Notifying the PCP of any member transition
- Contacting the member of any planned transition, answering any questions, and to provide educational materials

TRANSITION OF CARE: POST-HOSPITALIZATION

Contact with member after hospitalization:

- Members are called 5 business days after hospital discharge and 14 days after in a follow-up call
- A post-discharge or transitional assessment is conducted
- Medication reconciliation is conducted
- ICP is updated with new information
- A Meals Form (SNP) is completed and post-discharge meals are delivered to member's home

Care Manager assists member with:

- Understanding the discharge diagnosis and hospital instructions
- Scheduling follow-up appointments
- Any additional needed services: Home Health, DME etc.
- Understanding and learning about relevant medical conditions

MOC 3: PROVIDER NETWORK

PROVIDER NETWORK

MOC 3 describes the expertise in Clear Spring Health's provider network that is made available to SNP members.

Clear Spring Health must maintain a specialized provider network that can attend to SNP member's needs.

This element describes the following:

- How the network corresponds to the target population
- Oversight provided by Clear Spring Health to all our network facilities and providers
- Provider collaboration with ICT and contribution to the implementation and maintenance of member's ICP
- Collaboration between providers and the plan to coordinate member's care

Clear Spring Health must comply with CMS expectation with regards to Provider Network

1. Contract with Board Certified providers
2. Monitor network providers to ensure they use nationally recognized clinical practice guidelines
3. Process providers through the credentialing process to ensure that providers are licensed and competent
4. Document the process to linking SNP members to the correct provider
5. Coordinate the sharing of member's health information among providers and members of the ICT

Provider Role:

- Communicate with SNP care managers, ICT members, members, and caregivers
- Collaborate with Care Managers in maintaining the member's medical records
- Reviews and responds to patient-specific communications
- Maintain ICP information within member's medical records
- Participate in the interdisciplinary care team meetings
- Educate member on the importance of the HRA, which is essential in the development of the ICP
- Encourage the member to work with the CM team
- Complete the MOC training upon onboarding with Clear Spring Health and annually thereafter

Clear Spring Staff Roles:

- Explain to the member the importance of the HRA
- Encourage members to work with their Care Management Team
- Encourage our PCPs and other providers to participate in the ICT
- Remind PCP to access the SNP members Individualized Care Plan (ICP)
- Conduct annual MOC training as required
- Complete attestation after completing MOC training

MOC 4: QUALITY MEASUREMENT & PERFORMANCE IMPROVEMENT

QUALITY MEASUREMENT & PERFORMANCE IMPROVEMENT

CMS requires that all Plans have performance improvement and quality measure in place to evaluate the success of the MOC program.

To evaluate, Clear Spring Health conducts the following projects:

- Measures member outcomes annually utilizing Health Effectiveness and Information Set (HEDIS) as the measurement tool
- Monitors quality of care
- Evaluate the Model of Care (MOC) by reviewing goals

Model of Care Goals:

Clear Spring Health determines goals for the MOC based on the following:

1. Medicare Star Measures
2. Consumer Assessment of Healthcare Providers and Systems (CAHPS)
3. Healthcare Effectiveness Data and Information Set (HEDIS)
4. Health Outcomes Survey (HOS)
5. Quality of Care
6. Evaluation of complaints and grievances

MOC Training Attestation Form:

<https://clearspringhealthcare.com/for-providers/provider-overview/>

**IF YOU HAVE ANY QUESTIONS ABOUT THE MODEL OF CARE,
PLEASE DON'T HESITATE TO CALL:**

Provider Services at 1-866-788 3640

Health Services Department at 1-866-689-8761

You can access a copy of the MOC training at in our website:
<https://clearspringhealthcare.com/for-providers/provider-overview/>

THANK YOU!

CLEAR SPRING HEALTH ASSETS

It's easy to remember: if Clear Spring Health supplied it to you, it is Clear Spring Health's property and considered a Clear Spring Health asset. Be aware, too, that assets include more than just equipment and supplies. Clear Spring Health records, financial data, research results, business strategies, etc., are also assets to be protected.

PHYSICAL PROPERTY

While it is Clear Spring Health's responsibility to maintain equipment, it is your responsibility to take care of it and report any problems or issues.

For the most part, Clear Spring Health property must remain on-site unless approval has been given to remove it—or it is part of your job function. It should go without saying that taking or using supplies, materials, or equipment for personal use is dishonest and not allowed.

What if it's for a good cause?

Q. I volunteered to make flyers for a local clothing donation event. May I use my department's machine to make photocopies? What if I bring my own paper?

A. No, sorry. Unless it's for an organization or event Clear Spring Health is supporting, you may not and should not use plan assets to promote it.

ELECTRONIC COMMUNICATIONS SYSTEMS AND SOCIAL MEDIA

This is an area that is growing and changing quickly so we simply cannot anticipate all challenges. You can help assure appropriate use by using Clear Spring Health's electronic communications systems for business purposes only. For social media, make sure that your participation on external social media sites is done on your time and that you limit the references made to Clear Spring Health and the work you do here.

INTELLECTUAL PROPERTY

Intellectual property ranges from the Clear Spring Health logo, to trade secrets, and to any programs you may have helped to develop. Like physical assets, intellectual property belongs to Clear Spring Health and must be used only as designated. When you leave and are no longer affiliated with Clear Spring Health, all Clear Spring Health property, resources, and confidential information must remain with Clear Spring Health.

Finally, Clear Spring Health also respects the confidential and proprietary rights and intellectual property of other companies and individuals. We abide by all applicable laws regarding copyright, trademarks, privacy and financial disclosures. We follow fair business practices, which means we do not use improper channels to glean information about competitors, nor do we spread false information about them.

What do I do about repeated requests?

Q. My co-worker keeps asking me for more information than I think she needs to do her job. Do I just keep saying no?

A. Try to find out why she thinks she needs the information in question. If she needs it to do her job, then it is appropriate. If not, then you need to remind her of Clear Spring Health's company information and PHI policies. If you can't come to agreement between the two of you, talk to your supervisor.

DEALING WITH AN "EXCLUDED PERSON OR ENTITY"

An excluded person or entity is one that is not allowed to participate in Medicare, state Medicaid or any federal health care programs for any reason. Most commonly, these are individuals that have been found guilty of fraudulent billing or misrepresentation of credentials. Clear Spring Health cannot, directly or indirectly, employ or contract with any excluded person or entity. Clear Spring Health must assure that no persons or entities contracted or affiliated with Clear Spring Health are "excluded." If a person or entity contracted with Clear Spring Health becomes excluded, Clear Spring Health must immediately stop such person or entity from directly or indirectly providing any covered services for reimbursement to Clear Spring Health members. To read about our policy on this issue, please refer to Clear Spring Health's policy MC-010-ALL, Exclusion Monitoring.

The 5 things you need to know about Compliance

1. We are all responsible for compliance and are obligated to report potential and/or actual compliance issues.
2. If you don't understand something, ask questions!
3. If you suspect a compliance issue, report it!
4. All reports are investigated and treated confidentially.
5. Anyone who makes a report in good faith will be protected from retaliation and intimidation.

THE CLEAR SPRING HEALTH COMPLIANCE PROGRAM

Clear Spring Health contracts with the Centers for Medicare & Medicaid Services (“CMS”) to administer covered services for enrolled beneficiaries. We administer these services to enrolled beneficiaries in accordance with Clear Spring Health’s contractual and regulatory requirements as set forth by CMS. The Clear Spring Health Compliance Program helps assure that Clear Spring Health has systems and processes in place to be compliant with the laws, regulations, sub-regulatory guidance and contract provisions that we are required to follow. Everyone has a role to play in making our Compliance Program effective.

YOUR RESPONSIBILITIES AND OBLIGATIONS

You are responsible for and obligated to help prevent, detect, and correct instances of potential and/or actual non-compliance. To make sure we are able to recognize and properly handle non-compliance issues, Clear Spring Health is committed to:

- All-employee compliance training.
- Job-specific training and education.
- Implementing our policies and procedures.
- Enforcing our standards through disciplinary actions.
- Routine auditing and monitoring.
- Communicating on general and specific compliance topics.
- Reporting compliance activities to the Compliance Committee and the appropriate board(s) of directors.
- Proactively monitoring performance in meeting regulatory standards and self-disclosing noncompliance to federal and state regulators.

POTENTIAL OR ACTUAL COMPLIANCE ISSUES

Potential and/or actual compliance issues exist when a business process or behavior does not follow or is inconsistent with the Code, laws, regulations, sub-regulatory guidance, and/or Clear Spring Health's policies and procedures.

FRAUD, WASTE, AND ABUSE ("FWA")

Fraud, waste, and/or abuse are special types of potential and/or actual compliance issues. We are obligated to report any FWA issues we see in our day-to-day jobs. FWA can be committed by providers, brokers, health plans, pharmacies, pharmacy benefit management companies, members, and even our employees.

In addition, it is illegal to knowingly present, or cause to be presented, a false or fraudulent claim or statement to the government (False Claims Act). False claims, fraud, dishonesty, or criminal conduct of any sort, on the part of any employee, officer, director, or anyone doing business with Clear Spring Health will not be tolerated.

Do we report on our members?

Q. I think a member let someone else use his/her Clear Spring Health ID card. Should I call him/her to double check?

A. No. This could be member fraud. Report it to your supervisor, along with the details that made you suspicious.

Here is the definition of FWA:

FRAUD. An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Examples: Double-billing, forging or altering prescriptions and billing for more expensive procedures than were actually provided.

WASTE. To use health care benefits or spend health care dollars in a careless or needless manner.

Examples: Duplicative, inappropriate, or unnecessary tests and procedures; preventable hospital readmissions; and medical errors.

ABUSE. Practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicare or Clear Spring Health programs.

Examples: Reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

A provider mistake or member abuse?

- Q.** I was processing a member claim and noticed the first name is different—the member is male but there's a woman's name on the claim. The doctor's office probably made a mistake, right?
- A.** Don't assume it's a mistake—report it. The member may be trying to get reimbursed for care someone else received.

Delivering quality care or abusing the system?

- Q.** I've noticed one physician orders extensive lab work regardless of the members' diagnosis. Is he just being extra thorough or is this an issue?
- A.** You need to report this so we can find out. Ordering and getting reimbursed for unnecessary tests is provider abuse.

What if I see fraud outside of Clear Spring Health?

- Q.** I was at a meeting with a broker and I learned that he misrepresented Clear Spring Health to a member. What do I do?
- A.** Bring this to your manager's attention immediately. If it was an honest mistake, that's one thing. If it's a pattern of fraudulent behavior, that's something very serious.

COMPLIANCE FREQUENTLY ASKED QUESTIONS ("FAQS")

How do I know if something is a potential compliance issue?

A potential compliance issue exists when a business process or behavior does not follow or is inconsistent with the Code, laws, regulations, sub-regulatory guidance, and/or Clear Spring Health's policies and procedures. One of the purposes of our compliance-related training classes and annual refresher courses is to help you identify these situations.

For example,

1. If you identify Clear Spring Health has incorrect member benefit information in its member material—that's a potential compliance issue and must be reported.
2. If you identify required member letters are not being mailed timely—that's a potential compliance issue and must be reported.

What if I don't understand a rule or regulation?

Not understanding does not excuse you from complying. If you don't fully understand a rule, regulation, policy, or procedure then you should speak up! There are multiple ways to get clarification:

1. Ask your supervisor. It's his or her job to explain it clearly.
2. Ask the Medicare Compliance Officer.

How to report a Potential and/or Actual Compliance Issue, including FWA

All employees, contractors, officers, board members, and other persons affiliated with Clear Spring Health have a duty to immediately report potential and/or actual compliance issues, which include suspected fraud, waste, and/or abuse. You have several ways to report a suspected violation:

- Your supervisor—supervisors have an affirmative obligation to, in turn, report the suspected violation to Human Resources and/or the Compliance Department
- Human Resources staff
- The Clear Spring Health Medicare Compliance Officer
- The Clear Spring Health Compliance Hotline: (866) 467-6958 (allows you to report an issue anonymously, if you wish)
- Email: compliance@clearspringhealthcare.com
- Group 1001 Employee Ethics Hotline: (855) 314-3292

What obligations do I have as a supervisor?

Q. One of my employees/contractors just came to me with something he thinks is a potential compliance issue. I'm not sure it is. What do I do?

A. Talk to your manager to get clarification. Or, if you prefer, you or the employee/contractor who brought it to your attention can report it by phone via the Compliance Hotline or by contacting Human Resources or the Medicare Compliance Officer. The employee/contractor did the right thing by reporting it to you so it's your responsibility to get clarification.

What happens if I don't report something that turns out to be a compliance issue?

You are obligated to report. If you have been through Clear Spring Health compliance training—and you are required to go through it both as a newly hired employee/contractor and annually thereafter—you will be able to identify potential compliance issues. If you do not report a situation that you reasonably should have identified as a potential compliance issue, you will be subject to disciplinary action. That's why we make it as easy as possible for you to report potential compliance issues.

What happens after I report a potential and/or actual compliance issue?

To most of your co-workers and other employees it may seem like nothing is happening. But every reported issue will be investigated. Documents are reviewed, the people involved are interviewed, and you may be asked for additional, clarifying information. The results of the investigation may be presented to the Clear Spring Health Compliance Committee, the appropriate board(s) of directors, and the Chief Executive Officer of Clear Spring Health. Clear Spring Health may also use the information to self-report a compliance issue to CMS. The actions taken as a result of the investigation will depend on the severity of the issue. It could be something as simple as implementing a new policy or procedure. Or it could include disciplinary action up to and including immediate termination of employment for those involved.

Will I be treated differently if I report a potential and/or actual compliance issue?

No. There should be no difference in your workplace duties, responsibilities, or relationships. Clear Spring Health has a strict policy against retaliation and intimidation. Clear Spring Health will not tolerate anyone retaliating against you or trying to intimidate you when you have reported something in good faith. (However, knowingly making a false report is a very serious issue—one that will be addressed through disciplinary action up to and including termination of employment—so “in good faith” is the key here.) If you feel you are being retaliated against or intimidated, contact Human Resources or use the Compliance Hotline to report it.

Why do I have to take compliance training every year?

Compliance—meeting our legal and contractual requirements—is not an option for Clear Spring Health. New hire training and annual compliance training is a requirement of our contract(s) with CMS. That makes it a requirement for Clear Spring Health employees. If you don't complete and maintain your training, you will be subject to disciplinary action. Because regulations and requirements change, we work to keep the training up-to-date and relevant. The better trained you are, the better you will be able to identify potential and/or actual compliance issues and know what to do once you see them.