

Information About 2020 Special Needs Plans

Introduction

Healthy Blue is offering Special Needs Plans (SNPs) to people eligible for both Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. SNPs provide enhanced benefits to this population. These include supplemental benefits such as hearing, dental, vision and transportation to medical appointments. Some SNPs include a card or catalog for purchasing over-the-counter items. SNPs **do not** charge premiums.

Healthy Blue members enrolled in a SNP benefit from a Model of Care that is used to assess needs and coordinate care. Each member receives a comprehensive health risk assessment (HRA) within 90 days of enrollment and annually thereafter that covers physical, behavioral and functional needs and a comprehensive medication review. The HRA is used to create a member care plan. Members with multiple or complex conditions are assigned a health plan case manager.

SNP HRAs, care plans and case managers support members and their providers by helping identify and escalate potential problems for early intervention, ensuring appropriate and timely follow-up appointments, and providing navigation and coordination of services across the Medicare and Medicaid programs.

Provider training required

Providers contracted for SNPs are required to complete an annual training to keep up-to-date with plan benefits and requirements, including details on coordination of care and Model-of-Care elements. Every provider contracted for SNP is required to complete an attestation stating they have completed their annual training. These attestations are located at the end of the self-paced training document.

To take the self-paced training, please go to the *Model of Care Provider Training* link at <https://www.availity.com>.

How to access the *Custom Learning Center* on the Availity Portal*

1. Log in to Availity Portal at <https://www.availity.com>.
 - a. At the top of Availity Portal, select **Payer Spaces** and select the appropriate payer.
2. On the *Payer Spaces* landing page, select **Access Your Custom Learning Center** from *Applications*.
3. In the *Custom Learning Center*, select **Required Training**.
4. Select **Special Needs Plan and Model of Care Overview**.
5. Select **Enroll**.
6. Select **Start**.
7. Once the course is completed, select **Attestation** and complete.

Not registered for the Availity Portal?

Have your organization's designated administrator register your organization for the Availity Portal.

1. Visit <https://www.availity.com> to register.
2. Select **Register**.

<https://providers.healthybluelouisiana.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

3. Select your organization type.
4. In the *Registration* wizard, follow the prompts to complete the registration for your organization.

Q&A

What does it mean to be dual eligible? What is a D-SNP?

The term dual eligible refers to people with Medicare coverage who also qualify for some type of state Medicaid benefit — meaning that these members are eligible for both Medicaid and Medicare. These individuals may have higher incidence of chronic conditions, cognitive impairments and functional limitations. Dual Eligible Special Needs Plans (D-SNPs) are special Medicare Advantage plans that enroll only

dual-eligible people, providing them with more intensive coordination of care and services than those offered by traditional Medicare and Medicare Advantage plans.

What is an SNP Model of Care?

CMS requires SNPs to have a Model of Care that describes how the plan will administer key components of care management programs, including assessments and training. The Model of Care describes the unique needs of the population being served and how Healthy Blue will meet these needs. Each SNP Model of Care is evaluated and scored by the NCQA and approved by CMS.

How does the Model of Care help physicians?

The three major components of the Model of Care — 1) the health risk assessment (HRA), 2) *Care Plan* and 3) case manager — support providers in serving D-SNP members. Each member receives a comprehensive HRA that covers physical, behavioral and functional needs and a comprehensive medication review. Health plan staff use the HRA information to create a *Care Plan*. Members with multiple or complex conditions may be assigned to a case manager.

These key Model of Care components identify and escalate potential problems for early intervention, ensure appropriate and timely follow-up, and help coordinate services across Medicare and Medicaid programs. Through the provider portal, providers have access to review the *Care Plan*, the results of the HRA and other information to help manage care.

How are transitions of care managed?

Healthy Blue case managers are involved in transitions of care (for example, discharge from hospital to home for those at high risk of readmission). Such transitions may trigger a reassessment and updates to the member's *Care Plan* as needed. Following a discharge, case managers help ensure that D-SNP members see their PCP within a week and work through barriers that members experience in adhering to post discharge medication regimens.

Who makes up the Interdisciplinary Care Team?

Members of the Interdisciplinary Care Team (ICT) include any of the following: nurses, physicians, social workers, pharmacists, the member and/or the member's caregiver, behavioral health specialists, or other participants as determined by the member, the member's caregiver or a relative of the member.

Providers who care for Healthy Blue members are considered participants in the ICT and may be contacted by a case manager to discuss the member's needs. The case manager may present recommendations concerning care coordination or other needs. The goal of the ICT is to assist providers in managing and coordinating patient care.

Do I have to become a Medicaid provider?

You are not required to become a Medicaid provider, but we recommend that you do. Even if you are only providing services covered by Medicare Part A or Part B to SNP members, we recommend that you attain a Medicaid provider ID because the state Medicaid agency may require this for the Medicare cost share.

Do I need a separate agreement or contract to see Healthy Blue members enrolled in a SNP?

No; if you see Healthy Blue members enrolled in a Medicare Advantage HMO plan, you are considered contractually eligible to see Healthy Blue members enrolled in a SNP.

How do I file claims for SNP members?

Claims for services to SNP members are filed the same way claims are filed for Healthy Blue members who are not part of SNP. Providers should ensure that the claim has the correct member ID (including the prefix).

How is the SNP member's cost sharing handled?

SNP benefits are administered similarly to Medicare fee-for-service benefits. Upon receiving Healthy Blue's *EOP*, you should bill the state Medicaid agency or the applicable Medicaid Managed Care Organization contracted with the state for processing of any Medicare cost sharing applied.

Medicare cost sharing is paid according to each state's Medicaid reimbursement logic. Some states do not reimburse for Medicare cost sharing if the payment has already met or exceeded Medicaid reimbursement methodology.

Do I have to file claims twice for SNP members?

Yes; when you treat Healthy Blue members enrolled in a SNP, you will file the initial claim with Healthy Blue and then bill the state Medicaid agency or the applicable Medicaid Managed Care Organization contracted with the state for Medicare cost sharing processing. Please use the same electronic claim submission or address you currently use for Healthy Blue claims filing.

Do SNP members have access to the same prescription drug formulary as other Healthy Blue Medicare Advantage members?

Yes; SNP members have coverage for the same prescription drugs listed on the Healthy Blue prescription drug formulary.

What are Healthy Blue SNP benefits?

Our SNP covers all Medicare Part A and Part B services and includes full Part D prescription coverage. Healthy Blue also covers a range of preventive services with no cost sharing for the member. In addition, the SNP includes coverage for supplemental benefits that may include routine dental, vision and nonemergency medical transportation. A summary of the SNP benefits is posted on the provider portal for Healthy Blue members.

Any Medicaid benefits available to the member will be processed under their Medicaid coverage directly with the state or the Medicaid organization in which the member is enrolled.

Does the SNP use the same procedure codes and electronic data interchange (EDI) payer codes?

Yes, the SNP uses the same procedure and payer codes and electronic filing procedures as other our Medicare Advantage plans.

Is the EDI payer ID for this product the same as others?

Yes, all the claim submission information will be the same (this applies to EDI and paper). Providers must submit this information with the correct ID. Please check the EDI section of the provider portal for the correct payer codes to use for your market.