

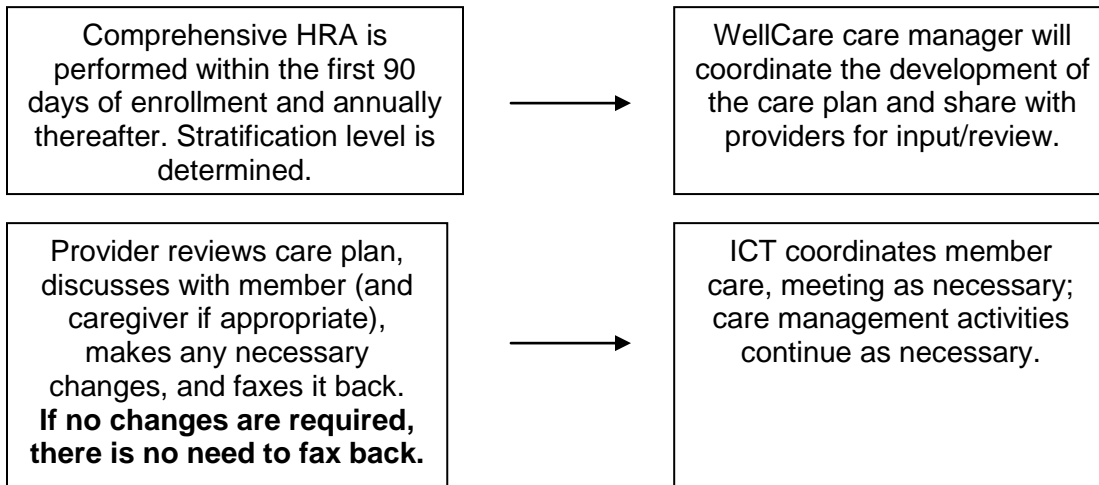


WellCare Health Plans D-SNP Members D-SNP Model of Care Self-Study Program

COMPREHENSIVE HEALTH RISK ASSESSMENT		INDIVIDUALIZED CARE PLAN	
WellCare D-SNP (Dual-eligible Special Needs Plan) members will receive a comprehensive health risk assessment (HRA) within 90 days of becoming a member. They will receive an HRA each year thereafter.		An individualized care plan will be developed based on the findings from the completed HRA and shared with the treating physician(s). Upon receipt of the care plan, you should:	
1.	Each HRA is reviewed by a WellCare care manager. The HRA will also be used to identify members to be assigned to an Interdisciplinary Care Team (ICT).	1.	Review and discuss the plan with the D-SNP member (and caregiver if appropriate).
2.	The D-SNP member will be assigned a stratification level based on the HRA. This level can change with any health status change the D-SNP member may experience: <ul style="list-style-type: none"> • Level 1 – Low Risk • Level 2 – Moderate Risk • Level 3 – High Risk 	2.	Update the plan if you feel changes are needed. This must be done when the D-SNP member has any change in health status, such as new diagnoses, planned or unplanned hospitalizations, or a change in the level of care.
3.	HRA results will be used to develop an individualized care plan for each D-SNP member.	3.	Submit the documentation once the plan is updated. Fax it back to the number on the care plan. If no changes are required, there is no need to fax back.

INTERDISCIPLINARY CARE TEAM	
Each D-SNP member enrolled in Care Management will be assigned to an Interdisciplinary Care Team (ICT) made up of a PCP and a care manager. The team may also include specialists, pharmacists, nurses, social workers and caregivers, etc.	
1.	The care manager will create and distribute the care plan, coordinate care with members of the ICT, and oversee Care Management activities.
2.	WellCare asks providers to participate in all care planning and ICT activities to deliver optimal care to the D-SNP member.
To refer a D-SNP member into the program or for other assistance, providers may call our Care Management Department at 1-866-635-7045 . Providers may also contact a care manager directly by calling the number on the care plan.	

MODEL OF CARE PROCESS FLOW



FREQUENTLY ASKED QUESTIONS

Q: What are Special Needs Plans (SNPs)?

A: SNPs are a type of Medicare Advantage plan specially designed to focus on the needs of vulnerable targeted populations. There are three general types of SNPs:

- Institutional SNPs (I-SNPs)
- Dual-eligible SNPs (D-SNPs)
- Chronic SNPs (C-SNPs)

WellCare currently offers only D-SNPs.

Q: Are pharmacy services impacted by the Model of Care?

A: In some cases, D-SNP members may need their medications and utilization reviewed. If the care manager sees a need for additional review, a medical director and/or the Pharmacy Department may assist.

CLAIMS/BILLING

Q. If I do not accept Medicaid, may I bill a D-SNP member directly?

A. Not in all cases. Some D-SNP members are held harmless by the state for Medicare Part A and Part B services. These D-SNP members may not be billed for cost sharing, and contracted providers must accept plan payment in full.

Q. If I accept Medicaid and do not receive any additional payment from Medicaid, may I balance bill the D-SNP member?

A. Not in all cases. CMS requires all plans to develop language for their provider contracts that prohibits balance billing D-SNP members who are held harmless by the state for Medicare Part A and Part B covered services. For these D-SNP members, contracted providers must accept plan payment in full if they do not receive additional payment from the state Medicaid agency.

Q. How do I submit claims for reimbursement for a D-SNP member if WellCare and the state have a contract?

A. This varies depending on the arrangement with the state. Please refer to your Provider Manual, Section 14, Dual-eligible Members, to determine the best process for your area.

Q. Why do D-SNP members who lose Medicaid eligibility remain in WellCare for up to 6 months?

A. CMS requires all D-SNPs to offer a deeming period – a period of time in which D-SNP members may remain in the plan while they try to regain their Medicaid eligibility. WellCare’s deeming period is 6 months. Please refer to your Provider Manual, Section 14, Dual-eligible Members, for more details.

Provider: Sign Below and Return

Please fill out the form, sign and return to WellCare. CMS requires us to verify that you received this training material.

Evaluation:

Was this helpful in understanding the general Model of Care process? Y / N
Are there other Model of Care items you’d like to see added? Y / N

Provider Name (Print)* _____

Group/IPA Name (if applicable) _____

Provider Signature* _____

NPI* _____

Provider ID _____

Phone Number* _____

Address* _____

City, State, ZIP Code* _____

*Required Fields

Please fill out agreement, sign and return to WellCare.