

MMP Model of Care Matrix Upload Document

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2014 Medicare-Medicaid Plan Model of Care Matrix Upload Document	
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Care Management Plan Outlining the Model of Care	
In the following table, list the document, page number, and section of the corresponding description in your care management plan for each model of care element.	
Model of Care Elements	Corresponding Document Page Number/Section
1. Description of the plan-specific Target Population (based on target population of full duals as defined by the State)	
2. Measurable Goals a. Describe the specific goals including: <ul style="list-style-type: none"> • Improving access to essential services such as medical, mental health, and social services • Improving access to affordable care • Improving coordination of care through an identified point of contact (e.g., gatekeeper) • Improving seamless transitions of care across healthcare settings, providers, and health services • Improving access to preventive health services • Assuring appropriate utilization of services • Improving beneficiary health outcomes (specify organization selected health outcome measures) b. Describe the goals as measurable outcomes and indicate how the organization will	

<p>know when goals are met</p> <p>c. Discuss actions the organization will take if goals are not met in the expected time frame</p>	
<p>3. Staff Structure and Care Management Roles</p> <p>a. Identify the specific employed or contracted staff to perform administrative functions (e.g., process enrollments, verify eligibility, process claims, etc.)</p> <p>b. Identify the specific employed or contracted staff to perform clinical functions (e.g., coordinate care management, provide clinical care, educate beneficiaries on self-management techniques, consult on pharmacy issues, counsel on drug dependence rehab strategies, etc.)</p> <p>c. Identify the specific employed or contracted staff to perform administrative and clinical oversight functions (e.g., verifies licensing and competency, reviews encounter data for appropriateness and timeliness of services, reviews pharmacy claims and utilization data for appropriateness, assures provider use of clinical practice guidelines, etc.)</p>	
<p>4. Interdisciplinary Care Team (ICT)</p> <p>a. Describe the composition of the ICT and how the organization determined the membership</p> <p>b. Describe how the organization will facilitate the participation of the beneficiary whenever feasible</p> <p>c. Describe how the ICT will operate and communicate (e.g., frequency of meetings, documentation of proceedings and retention of records, notification about ICT meetings, dissemination of ICT reports to all stakeholders, etc.)</p>	
<p>5. Provider Network having Specialized Expertise and Use of Clinical Practice Guidelines and Protocols</p> <p>a. Describe the specialized expertise in the organization’s provider network that corresponds to the target population including facilities and providers (e.g., medical specialists, mental health specialists, dialysis facilities, specialty outpatient clinics, etc.)</p> <p>b. Describe how the organization determined that its network facilities and providers were actively licensed and competent</p> <p>c. Describe who determines which services beneficiaries will receive (e.g., is there a gatekeeper, and if not, how is the beneficiary connected to the appropriate service provider, etc.)</p> <p>d. Describe how the provider network coordinates with the ICT and the beneficiary to</p>	

<p>deliver specialized services (e.g., how care needs are communicated to all stakeholders, which personnel assures follow-up is scheduled and performed, how it assures that specialized services are delivered to the beneficiary in a timely and quality way, how reports on services delivered are shared with the plan and ICT for maintenance of a complete beneficiary record and incorporation into the care plan, how services are delivered across care settings and providers, etc.)</p> <p>e. Describe how the organization assures that providers use evidence-based clinical practice guidelines and nationally recognized protocols (e.g., review of medical records, pharmacy records, medical specialist reports, audio/video-conferencing to discuss protocols and clinical guidelines, written protocols providers send to the organization’s Medical Director for review, etc.)</p>	
<p>6. Model of Care Training for Personnel and Provider Network</p> <p>a. Describe how the organization conducted initial and annual model of care training including training strategies and content (e.g., printed instructional materials, face-to-face training, web-based instruction, audio/video-conferencing, etc.)</p> <p>b. Describe how the organization assures and documents completion of training by the employed and contracted personnel (e.g., attendee lists, results of testing, web-based attendance confirmation, electronic training record, etc.)</p> <p>c. Describe who the organization identified as personnel responsible for oversight of the model of care training</p> <p>d. Describe what actions the organization will take when the required model of care training has not been completed (e.g., contract evaluation mechanism, follow-up communication to personnel/providers, incentives for training completion, etc.)</p>	
<p>7. Health Risk Assessment</p> <p>a. Describe the health risk assessment tool the organization uses to identify the specialized needs of its beneficiaries (e.g., identifies medical, psychosocial, functional, and cognitive needs, medical and mental health history, etc.)</p> <p>b. Describe when and how the initial health risk assessment and annual reassessment is conducted for each beneficiary (e.g., initial assessment within 90 days of enrollment, annual reassessment within one year of last assessment; conducted by phone interview, face-to-face, written form completed by beneficiary, etc.)</p> <p>c. Describe the personnel who review, analyze, and stratify health care needs (e.g., professionally knowledgeable and credentialed such as physicians, nurses, restorative therapist, pharmacist, psychologist, etc.)</p> <p>d. Describe the communication mechanism the organization institutes to notify the ICT, provider network, beneficiaries, etc. about the health risk assessment and stratification results (e.g., written notification, secure electronic record, etc.)</p>	

<p>8. Individualized Care Plan</p> <ul style="list-style-type: none"> a. Describe which personnel develops the individualized plan of care and how the beneficiary is involved in its development as feasible b. Describe the essential elements incorporated in the plan of care (e.g., results of health risk assessment, goals/objectives, specific services and benefits, outcome measures, preferences for care, add-on benefits and services for vulnerable beneficiaries such as disabled or those near the end-of-life, etc) c. Describe the personnel who review the care plan and how frequently the plan of care is reviewed and revised (e.g., developed by the interdisciplinary care team (ICT), beneficiary whenever feasible, and other pertinent specialists required by the beneficiary’s health needs; reviewed and revised annually and as a change in health status is identified, etc.) d. Describe how the plan of care is documented and where the documentation is maintained (e.g., accessible to interdisciplinary team, provider network, and beneficiary either in original form or copies; maintained in accordance with industry practices such as preserved from destruction, secured for privacy and confidentiality, etc.) e. Describe how the plan of care and any care plan revisions are communicated to the beneficiary, ICT, organization, and pertinent network providers 	
<p>9. Communication Network</p> <ul style="list-style-type: none"> a. Describe the organization’s structure for a communication network (e.g., web-based network, audio-conferencing, face-to-face meetings, etc.) b. Describe how the communication network connects the plan, providers, beneficiaries, public, and regulatory agencies c. Describe how the organization preserves aspects of communication as evidence of care (e.g., recordings, written minutes, newsletters, interactive web sites, etc.) d. Describe the personnel having oversight responsibility for monitoring and evaluating communication effectiveness 	
<p>10. Care Management for the Most Vulnerable Subpopulations</p> <ul style="list-style-type: none"> a. Describe how the organization identifies its most vulnerable beneficiaries b. Describe the add-on services and benefits the organization delivers to its most vulnerable beneficiaries 	
<p>11. Performance and Health Outcome Measurement</p> <ul style="list-style-type: none"> a. Describe how the organization will collect, analyze, report, and act on to evaluate the model of care (e.g., specific data sources, specific performance and outcome 	

<p>measures, etc.)</p> <p>b. Describe who will collect, analyze, report, and act on data to evaluate the model of care (e.g., internal quality specialists, contracted consultants, etc.)</p> <p>c. Describe how the organization will use the analyzed results of the performance measures to improve the model of care (e.g., internal committee, other structured mechanism, etc.)</p> <p>d. Describe how the evaluation of the model of care will be documented and preserved as evidence of the effectiveness of the model of care (e.g., electronic or print copies of its evaluation process, etc.)</p> <p>e. Describe the personnel having oversight responsibility for monitoring and evaluating the model of care effectiveness (e.g., quality assurance specialist, consultant with quality expertise, etc.)</p> <p>f. Describe how the organization will communicate improvements in the model of care to all stakeholders (e.g., a webpage for announcements, printed newsletters, bulletins, announcements, etc.)</p>	
<p>NOTE TO APPLICANT: THE FOLLOWING ROWS WILL CAPTURE ANY ADDITIONAL MOC ELEMENTS REQUIRED BY THE STATE IN WHICH YOUR MEDICARE-MEDICAID PLAN WILL OPERATE, IF APPLICABLE. CMS WILL NOT REVIEW THESE ADDITIONAL ELEMENTS BUT WILL SHARE THEM WITH THE STATE FOR STATE-ONLY REVIEW. ONLY POPULATE THESE ROWS IF THE STATE IN WHICH YOUR PLAN WILL OPERATE HAS SPECIFICALLY REQUIRED THAT YOUR MOC INCLUDE ADDITIONAL ELEMENTS BEYOND THE 11 ELEMENTS CMS WILL REVIEW.</p>	
<p>12. Additional Element #1 – New York State specific</p> <p>Use of self directed services</p> <p>a. Describe how your organization will educate consumers and informal caregivers on self directed (consumer directed) options</p> <p>b. Describe how your organization will monitor the education efforts</p> <p>c. Describe how your organization will evaluate the self directed (consumer directed) services</p> <p>d. Describe how your organization will monitor and evaluate the percentage of consumers that use the self directed (consumer directed) option.</p>	