

HMSA Akamai Advantage Dual Care (PPO D-SNP)

Model of Care (MOC) and Health Coordination Services

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D-SNP Provider Requirements



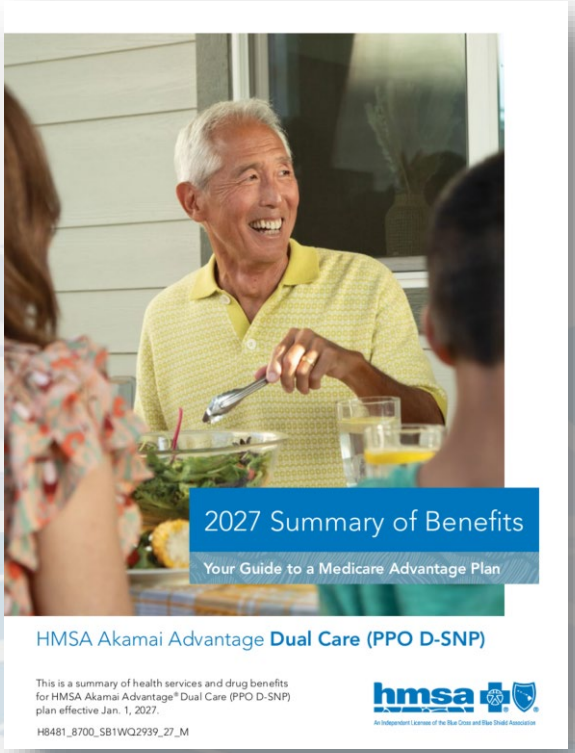
Contracted providers are required to participate in HMSA's MOC training as a condition to participate in the D-SNP provider network



Training is also required for any out-of-network provider who sees D-SNP members on a routine basis

What is a D-SNP?

- A Dual-eligible Special Needs Plan (D-SNP) is a Medicare Advantage product for members entitled to and eligible for both Medicare and Medicaid
- HMSA's D-SNP is called **Akamai Advantage Dual Care (PPO D-SNP)**
- Members must enroll separately into our HMSA QUEST and D-SNP plans
- D-SNP members are generally low income, aged, and/or have qualifying disabilities



D-SNP Integration

Medicare-Medicaid integrated care models offer a significant opportunity to **improve care** for dual eligible individuals and **control costs** for Medicare and Medicaid programs.

D-SNP Integration provides an **integrated experience** for members with two coverages who otherwise must navigate two sets of benefits, servicing channels, plan materials, care management, etc

This fully integrated plan aims to streamline all processes for members and providers.



Single health coordinator



Single customer relations phone number and servicing team that can support Medicare and Medicaid



Unified process for appeals and grievances



Integrated materials:
- Provider and pharmacy directory
- Drug formulary
- Membership identification card

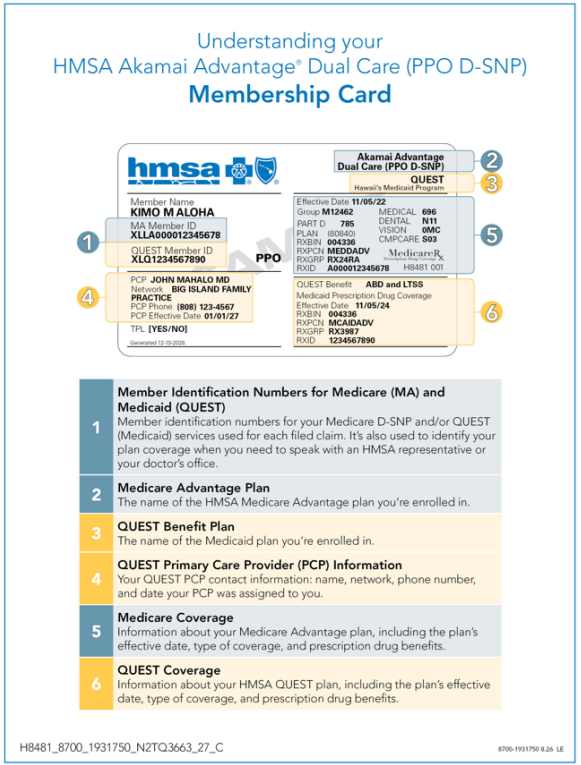


Exclusively aligned enrollment

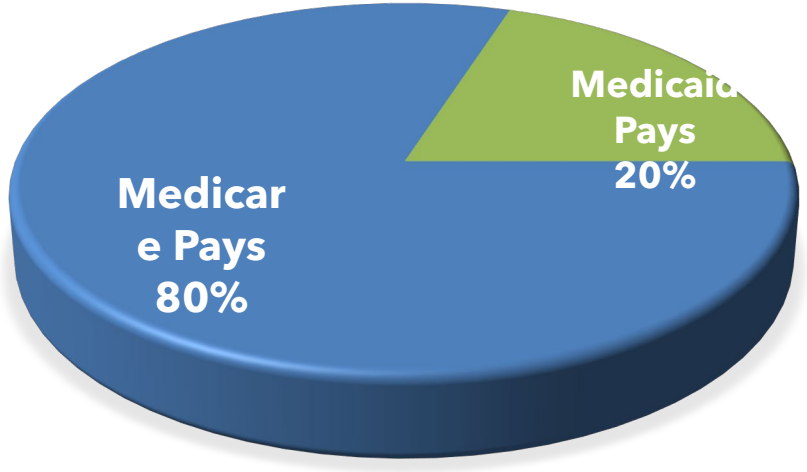
D-SNP CY2027 Integrated ID Card

Educational Visual

- Starting Jan. 1, 2027, all *HMSA Akamai Advantage® Dual Care (PPO D-SNP)* members will receive a new HMSA membership card, which will include information for both Medicare and QUEST benefits
- Having one card helps reduce confusion and makes it easier for members and providers to find necessary health plan information
- The new membership card has a simpler layout and includes the member's Medicare and QUEST information in one place:
  - Member ID numbers for both Medicare and QUEST health plans
  - QUEST benefit information that shows the QUEST plan member is enrolled in
  - Prescription drug information that helps pharmacies process Medicare and QUEST prescription drug claims
  - Primary care provider information that shows member's QUEST primary care provider (PCP) contact information

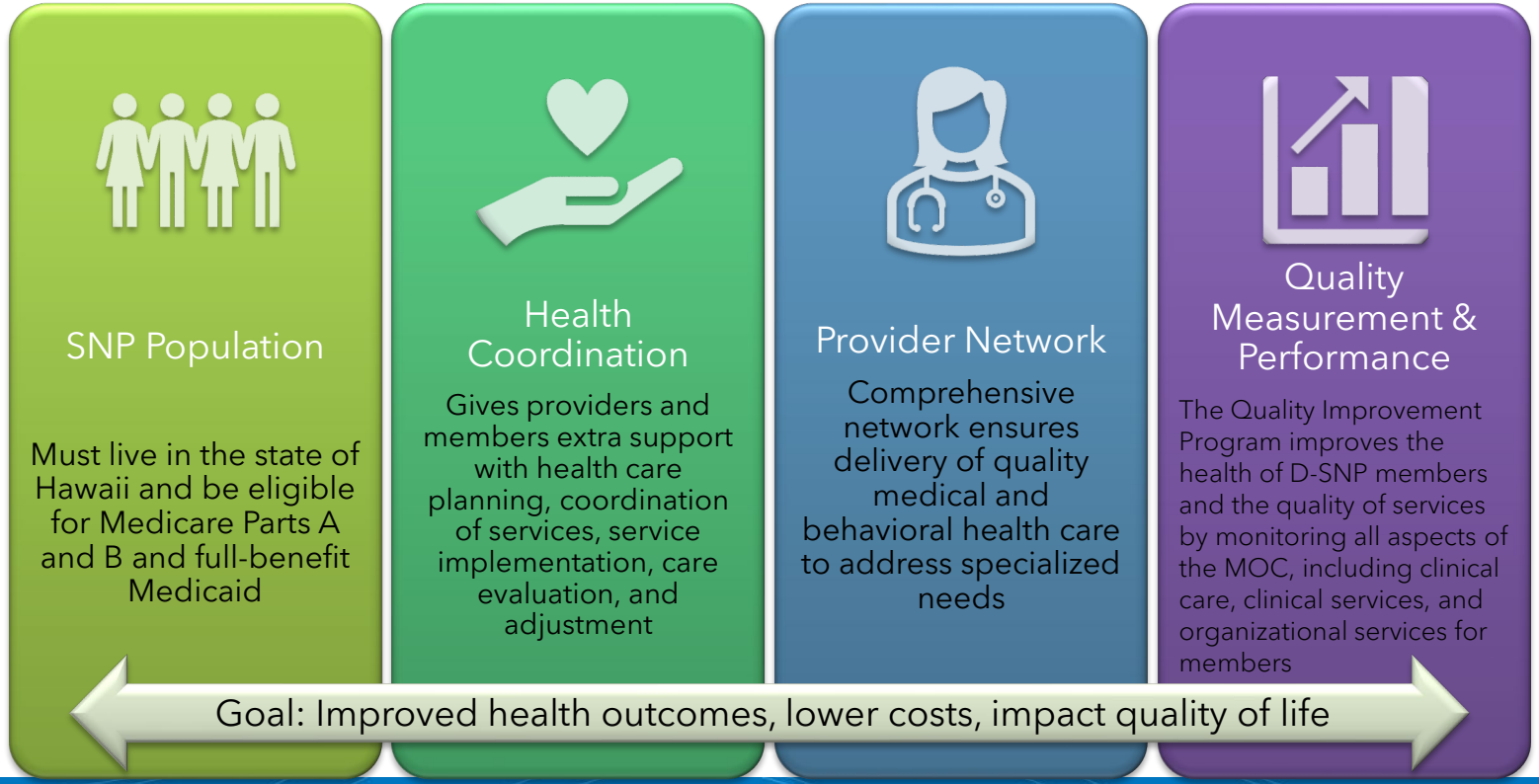


Payment Coordination

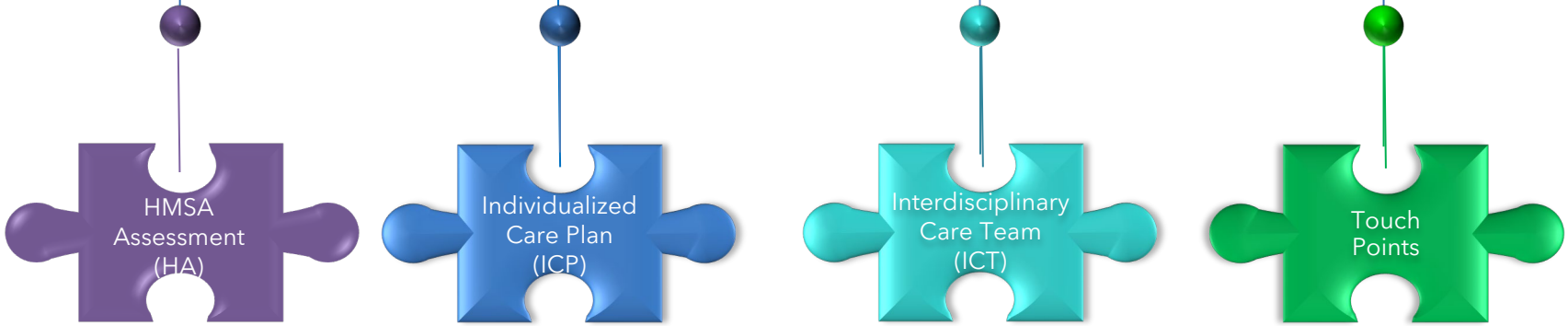


- Generally, Medicare pays primary, and Medicaid is the secondary payer
- For Original Medicare benefits, Medicaid covers Part A & Part B deductibles, Part B premiums, and any member cost shares
- Cost shares refer to member's deductibles, coinsurances, and copayments for services covered under Akamai Advantage Dual Care
- For Akamai Advantage Dual Care in 2027, members will pay $0 for all Part D prescription drugs

Elements of MOC



Model of Care



- Within the first 90 days and with significant health changes
- May be completed via phone, fax, mail, email, face to face

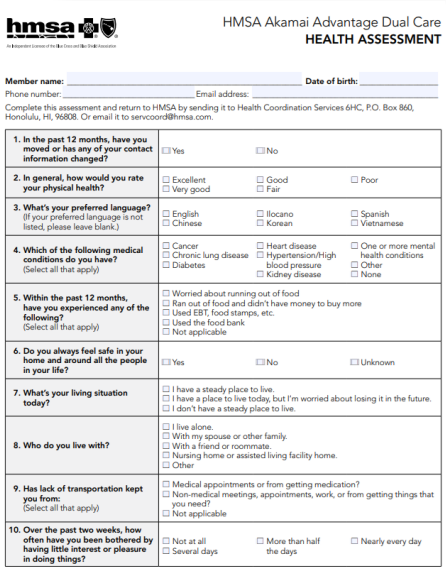
- Utilize HA to create a plan to address and support member's health goals
- Member stratification

- Combines the HA and ICP discussions with member to ensure adequate support

- Outreach based on stratification level and/or current medical status

Model of Care - Tools

1. HMSA Health Assessment (HA)/Health and Functional Assessment (HFA)



hmsa

HMSA Akamai Advantage Dual Care
HEALTH ASSESSMENT

Member name: _____ **Date of birth:** _____
Phone number: _____ Email address: _____
Complete this assessment and return to HMSA by sending it to Health Coordination Services 6HC, P.O. Box 860, Honolulu, HI, 96808. Or email it to servcoord@hmsa.com.

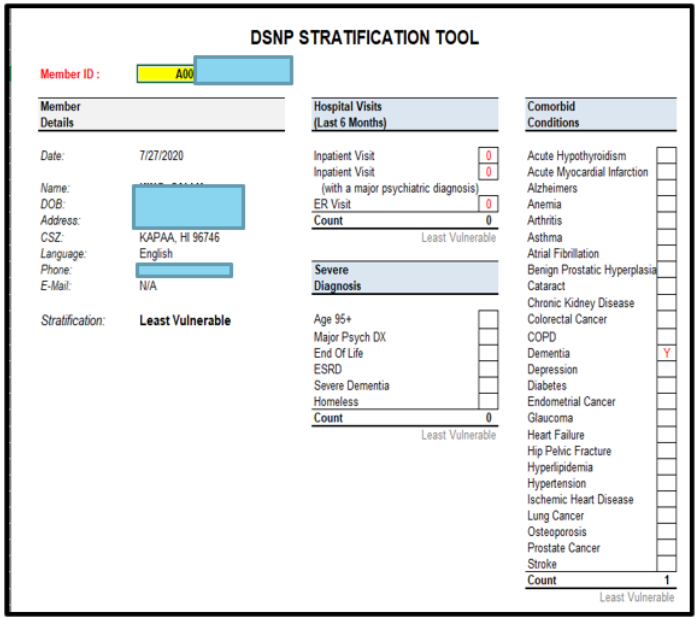
1. In the past 12 months, have you moved or has any of your contact information changed?	☐ Yes ☐ No
2. In general, how would you rate your physical health?	☐ Excellent ☐ Good ☐ Poor ☐ Very good ☐ Fair
3. What's your preferred language? (If your preferred language is not listed, please leave blank.)	☐ English ☐ Ilocano ☐ Spanish ☐ Chinese ☐ Korean ☐ Vietnamese
4. Which of the following medical conditions do you have? (Select all that apply)	☐ Cancer ☐ Heart disease ☐ One or more mental health conditions ☐ Chronic lung disease ☐ Hypertension/High blood pressure ☐ Other ☐ Diabetes ☐ Kidney disease ☐ None
5. Within the past 12 months, have you experienced any of the following? (Select all that apply)	☐ Worried about running out of food ☐ Ran out of food and didn't have money to buy more ☐ Used EBT, food stamps, etc. ☐ Used the food bank ☐ Not applicable
6. Do you always feel safe in your home and around all the people in your life?	☐ Yes ☐ No ☐ Unknown
7. What's your living situation today?	☐ I have a steady place to live. ☐ I have a place to live today, but I'm worried about losing it in the future. ☐ I don't have a steady place to live.
8. Who do you live with?	☐ I live alone. ☐ With my spouse or other family. ☐ With a friend or roommate. ☐ Nursing home or assisted living facility home. ☐ Other
9. Has lack of transportation kept you from: (Select all that apply)	☐ Medical appointments or from getting medication? ☐ Non-medical meetings, appointments, work, or from getting things that you need? ☐ Not applicable
10. Over the past two weeks, how often have you been bothered by having little interest or pleasure in doing things?	☐ Not at all ☐ More than half the days ☐ Nearly every day ☐ Several days

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- Community Health Workers (CHW's) are assigned to each Dual Care member and will reach out to conduct an assessment
- Every effort will be made to conduct the assessment telephonically but may be performed face to face, if requested by a member or as determined by the CHW
- D-SNP members may choose to complete either an HA (HMSA Assessment) or an HFA (QUEST Assessment). Both assessments allow our health coordinators and CHW's to capture current health care needs of our members
- An HFA/HA can be completed by the member or their caregiver
- Questions pertain to general health, health conditions, home and safety, functional status, pain assessment, and advance directives
- For the most current form: https://www.hmsa.com/help-center/health-assessment

Model of Care - Risk Stratification Criteria

Upon completion of the HA/HFA, health coordinators evaluate the results along with clinical judgment to determine a risk stratification for the member.



DSNP STRATIFICATION TOOL

Member ID : A00

Member Details	
Date:	7/27/2020
Name:	
DOB:	
Address:	
CSZ:	KAPAA, HI 96746
Language:	English
Phone:	
E-Mail:	N/A
Stratification:	**Least Vulnerable**

Hospital Visits (Last 6 Months)	
Inpatient Visit	0
Inpatient Visit (with a major psychiatric diagnosis)	0
ER Visit	0
Count	0

Least Vulnerable

Severe Diagnosis	
Age 95+	
Major Psych DX	
End Of Life	
ESRD	
Severe Dementia	
Homeless	
Count	0

Least Vulnerable

Comorbid Conditions	
Acute Hypothyroidism	
Acute Myocardial Infarction	
Alzheimers	
Anemia	
Arthritis	
Asthma	
Atrial Fibrillation	
Benign Prostatic Hyperplasia	
Cataract	
Chronic Kidney Disease	
Colorectal Cancer	
COPD	
Dementia	Y
Depression	
Diabetes	
Endometrial Cancer	
Glaucoma	
Heart Failure	
Hip Pelvic Fracture	
Hyperlipidemia	
Hypertension	
Ischemic Heart Disease	
Lung Cancer	
Osteoporosis	
Prostate Cancer	
Stroke	
Count	1

Least Vulnerable

Most Vulnerable

- 5+ chronic co-morbid conditions
- 3+ inpatient admissions within last 6 months
- 5+ ED visits within last 6 months
- Major psychiatric disorder with history of multiple hospitalizations
- Living arrangements (homeless, no caregiver support)
- End of Life Care:
  - ❿ End-stage renal disease (ESRD)
  - Severe dementia
  - Enrolled in CCS or I/DD QI programs

Somewhat Vulnerable

- 2-4 chronic comorbid conditions
- 2 inpatient admissions within last 6 months
- 3-4 Emergency Department visits within last 6 months

Least Vulnerable

- Does not meet criteria for either "Most Vulnerable" or "Somewhat Vulnerable"

Model of Care - Tools

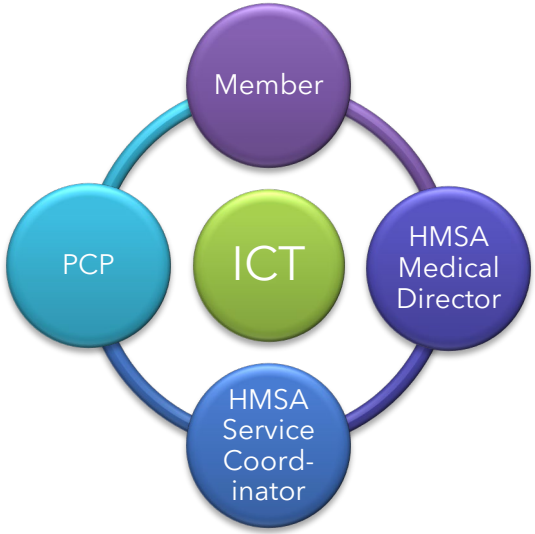
2. Individualized Care Plan (ICP)/Health Action Plan (HAP)

- An ICP/HAP is co-created by the health coordinator or CHW and the member. It sets goals for the member and outlines steps to meet the goals. The ICP/HAP is the principal document used to manage the member's care.
- Health coordinators and CHW's work to manage care transitions, facilitate medication reconciliation, address clinical gaps in care, and conduct interim HA/HFA based on change in condition.
- Providers will be able to view the HA/HFA and ICP/HAP in the Hawaii Healthcare Information Network Plus (HHIN+) system.

Model of Care - Tools

3. Interdisciplinary Care Team (ICT)

The ICT is a full team of individuals (medical and non-medical) that supports the member as they work to complete the goals defined in the ICP/HAP



- Family Members
- Caregiver
- Specialist
- Dietitian
- Pharmacist
- Behavioral Health
- Gerontologist

Health Coordinators and CHW's as Strategic Partners in Care Delivery

- ❑ Health and care coordination
- ❑ Assess and assist with eligibility for Long Term Services and Supports (LTSS)
- ❑ Referral to community resources
- ❑ Assist members with navigation through HMSA
- ❑ Help patients maintain Medicaid and D-SNP eligibility
- ❑ Access behavioral health care benefits
- ❑ Help members maximize usage of D-SNP benefits
- ❑ Scheduling appointments to keep members well, manage conditions, and close care gaps



This results in lighter administrative responsibilities, giving providers an opportunity to focus on your patients and helping them get the most out of their care

Success Story: Coordination at it's finest!



- 97-year-old Edith declined after a fall and fracture at home, with pain and loss of independence; home from ER with pain medication and splint
- Keri, care manager, provided post ED follow-up call
- Member in pain, declining, caregiver overwhelmed and unaware of SNF eligibility
- Keri assisted with navigating benefits, coordinating care, and ensuring seamless transition
- Early engagement with HMSA care managers helped to access benefits, improve recovery, and reduce caregiver stress

Success Story Highlights

- Seamless Support: Keri and HMSA were praised for compassion and expertise in coordinating care for appropriate services
- Simplified Access: Identified opportunity for SNF admission and rehab
- Complex Navigation Made Simple: Coordinated admissions, insurance, and provider communication.
- Positive Patient Outcomes: 97-year-old member progressing toward recovery after fall and fracture
- Caregiver Relief: Daughter described Keri as a “guardian angel,” easing stress and burden

Access to Health Coordination Services

How do I get health coordination services for my patient?

Complete and submit the form available at:
https://prc.hmsa.com/s/article/Care-Model

Questions? Call us Monday–Friday, 7:45 a.m.–4:30 p.m.

(808) 948-6997
1 (844) 223-9856

Annual D-SNP Model of Care Attestation

The Centers for Medicare & Medicaid Services (CMS) requires that all contracted medical providers and staff, who provide services to the SNP population, receive basic training about the Special Needs Plans (SNPs) Model of Care (MOC). The SNP MOC training and proof of completion (i.e., MOC training attestation) are required initially and annually.

CMS.gov Centers for Medicare & Medicaid Services

Provider Attestation for Model of Care Training

_____ I attest that my organization and its contracted providers have received the HMSA Akamai Dual Care Plan Model of Care training. CMS regulation 42 CFR § 422.102 (f) (2) (ii).

_____ I attest that my organization has established a mechanism for compliance with the provider training requirement.

- Your organization must establish a process for compliance, including but not limited to: dissemination to providers the HMSA Akamai Dual Care Plan MOC training, maintenance of all documentation including rosters, and a process for the annual re-training.

_____ I attest that within sixty (60) days receipt of this notice, my organization/practice will provide HMSA Akamai Dual Care Plan a roster of all providers/staff who received the training and a signed Attestation for HMSA Akamai Dual Care Plan Model of Care Training.

- Providers that render services for members in the Dual-Special Needs Program (D-SNP) are required to take the HMSA Akamai Dual Care Plan MOC Training.

Signature: _____ Printed Name: _____

Date:_____ Provider Name: _____

Email to: AkamaiD-SNPAttestation@hmsa.com

CMS Rules and Provider Reminders for Medicare Annual Enrollment Periods



CMS Rules and Provider Practices

You are required to:

- Complete Medicare Fraud, Waste, and Abuse Training annually at:

https://www.cms.gov/Outreach-and-Education/MLN/WBT/MedicareFraudandAbuse/FraudandAbuse/story.ht ml6

CMS Rules and Provider Practices

You may (but you aren't required to):

- **Distribute unaltered, printed materials created by CMS,** such as reports from Medicare Plan Finder, the *Medicare & You* handbook, or *Medicare Options Compare* (from https://www.medicare.gov) including in areas where care is delivered;
- Provide the **names of Plans/Part D sponsors with which you contract and/or participate**;
- **Answer questions** or discuss the merits of a plan or plans, including cost sharing and benefit information (these discussions may occur in areas where care is delivered);
- Refer patients to other sources of information, such as State Health Insurance Assistance Program (SHIP) representatives, plan marketing representatives, State Medicaid Office, local Social Security Office, CMS' website at **https://www.medicare.gov**, or 1 (800) MEDICARE;
- **Refer patients to plan marketing materials available in common areas**;
- Provide information and assistance in applying for the Low Income Subsidy (LIS);
- **Announce new or continuing affiliations with MA organizations**, once a contractual agreement is signed. Announcements may be made through any means of distribution.

CMS Rules and Provider Practices

You may **not**:

- Accept/collect scope of appointment forms;
- Accept Medicare enrollment applications;
- **Make phone calls or direct, urge, or attempt to persuade patients to enroll in a specific plan** based on financial or any other interests of the provider;
- Mail marketing materials on behalf of Plans/Part D sponsors;
- Offer inducements to persuade patients to enroll in a particular plan or organization;
- Conduct health screenings as a marketing activity;
- **Distribute marketing materials/applications in areas where care is being delivered**;
- Offer anything of value to induce enrollees to select them as their provider;
- Accept compensation from the plan for any marketing or enrollment activities.

Provider Resources



Provider Reminders

Timely notification ensures payments and correspondence are sent to the correct address and your practice is marketed correctly in our provider directory.

Please notify HMSA 30 days in advance of any changes.

- Practice Location Address
- Appointment Phone Number
- Hours of Operation
- Patient Acceptance Status
- Email Address

Call us: Oahu:
(808) 952-7847

Neighbor Islands:
1 (800) 603-4672, ext. 7847

OR

Email us: provider_data@hmsa.com

HMSA Provider Resources

HMSA Care Managers

Phone	Fax
(808) 948-6997	(808) 944-5604
1 (844) 223-9856	1 (855) 856-4176

HMSA Provider Services

Phone	Fax
(808) 948-6330	(808) 948-6887
1 (800) 790-4672	1 (800) 540-1668

Provider Resources

HMSA website: https://hmsa.com/

Provider Resource Center: https://hmsa.com/prc/

Hawaii Healthcare Information Network Plus: hhinplus.hmsa.com

HMSA Akamai Advantage Dual Care Plan

https://prc.hmsa.com/s/article/HMSA-Akamai-Advantage-Dual-Care-D-SNP

Model of Care

https://prc.hmsa.com/s/article/Care-Model

Provider Resources

CMS Managed Care Manual

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326

Chapter 16b: Special Needs Plans

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c16b.pdf

Chapter 3: Medicare Communications and Marketing Guidelines

https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines

Chapter 5: Quality Assessment

https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c05.pdf

Medicare Managed Care Eligibility and Enrollment

https://www.cms.gov/medicare/eligibility-and-enrollment/medicaremangcareeligenrol

Follow-up

D-SNP Provider Attestation Form

Email to: AkamaiD-SNPAttestation@hmsa.com

Webinar Evaluation Form

Email to: !PSInquiries@hmsa.com

Fax: (808) 948-6887 (Oahu) or 1 (800) 540-1668

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Mahalo