

Dual Eligible Special Needs Plan (D-SNP) Model of Care Practitioner Training

Effective January 2026



1110 Main Street, Wheeling, WV 26003

Practitioner Training

Training Requirements

All Medicare Advantage practitioners must attest each calendar year

Training Process

1. Review training slides or request your area's Practice Management Consultant (PMC) present training virtually or on site
2. Attest to training on THP secure provider portal

Resource Links

- Secure provider portal myplan.healthplan.org
- Contact your area's [PMC](#)

Components of Training

- The Health Plan (THP) D-SNP Overview
- 4 Model of Care elements – Description of D-SNP Population, Care Coordination, Network Adequacy, Quality Measurement and Performance Improvement
- Coordination of Medicare (SecureCare) and Medicaid services
- Additional supplemental benefits available to THP D-SNP members.

What is The Health Plan (THP) D-SNP Program?



THP developed a specific model of care (MOC) to help address the complex health care needs of members enrolled in its Medicare Advantage **Dual Eligible Special Needs Plans (D-SNP)**.

THP's D-SNP MOC was approved by The Centers for Medicare & Medicaid Services (CMS) and describes the measurable goals of the program, THP staff structure and care management roles, and the use of clinical practice guidelines and protocols.

D-SNP Members have benefits through Medicare and Medicaid

- THP Medicare Advantage D-SNP is primary coverage and billed first for covered services.
- State Medicaid is billed secondary for amounts not paid by THP i.e., co-insurances, deductibles, and for services not covered under the Medicare Advantage D-SNP when the member has full benefits under Medicaid.
- Services should be coordinated so that the member obtains the maximum benefits of dual coverage.
- In most cases, the member has \$0 responsibility.
- Members have right to pursue appeals and grievances through both programs.

Practitioners cannot discriminate against members who receive assistance with Medicare cost-sharing from a state Medicaid program.

- All D-SNP members are case managed to support access to care, coordination of care, and improve overall member experience.
- All D-SNP members are required to complete a Health Risk Assessment (HRA) initially and annually thereafter. The assessment is a tool to assess self reported medical & behavioral health, functional status, and social determinants of health (SDoH).
 - Initial: within ninety (90) days of enrollment.
 - Annual: within 365 days of previous assessment.
- HRAs are completed with member or designated caregiver through mail, email, or facsimile.

Transitions of Care (TOC)

can increase the possibility of losing critical clinical information. THP is responsible for sharing all care plan updates for each transition of care with practitioners and members.

Practitioners are responsible for documenting facility discharge (d/c) instructions within 30 days of d/c:

- Care plan updates
- Patient engagement
- Medication reconciliation

Care Coordination – Individualized Care Plan (ICP)

- Member responses to the HRA are analyzed by THP to build an action plan for an individualized care plan (ICP). An ICP is a document with a member-centric, goal-oriented plan for staff intervention and member actions to identify and address specific needs. A member's assigned case manager reviews all available clinical information, risk scores, and benefits and resources to work with a member to personalize each ICP to meet goals.
- If a member cannot be contacted for their initial or annual assessment, a basic care plan is generated for the member. Care plans include information on current benefits, age and gender appropriate preventative screenings, advanced care planning, and the importance of an annual well visit. It serves to notify the member of the availability of a face-to-face option for case manager interaction and HRA using HIPAA compliant Zoom.

Who receives a copy of the completed ICP?

- The member, via USPS mail
- Member's Primary Care Provider (PCP) via fax

An updated copy is distributed annually and if significant health changes occur.

Care Coordination – Interdisciplinary Care Team (ICT)

Upon enrollment, a member is consulted for development of their Interdisciplinary Care Team (ICT). ICT works collaboratively to develop and implement an effective coordinated care process for the member.

ICT meetings are required under the model of care at all transitions of care and annually. Practitioners are notified by THP of ICT meetings via a faxed letter that includes meeting date and time and options.

Members of the ICT include:

- The member, appointed family members and/or designees
- The member's primary care provider and/or active specialist of record
- THP D-SNP Intake RN and RN Case Manager
- THP D-SNP Pharmacist

When applicable, additional members of ICT may include:

- D-SNP Social worker (SW)
- Transportation Team Members
- THP Health Coaches and Smoking Cessation Team
- Utilization Management Nurses
- Disease Management Nurses
- Associated Outside Care Providers such as Hospice, Palliative Care and Long-Term Care Facility Staff

Provider Network Adequacy & Access to Care



- D-SNP members have access to THP network of medical and behavioral health practitioners.
- D-SNP members with a disabling condition, chronic illness or who are SSI eligible, also have a choice of specialist practitioner to serve as their primary care provider (PCP). The specialist practitioner must be participating with THP and agree to perform all PCP duties.
- The PCP duties must be within the scope of the specialist's license. Member's choosing this option must have the specialist complete a *Specialist as PCP Form* and be approved by THP. The form is located on the secure provider portal or by contacting THP Customer Service Team.
- D-SNP members have direct access to specialist practitioners without the need for a referral or prior authorization, although members are encouraged to coordinate referrals for appropriate care through their PCP.



Per clinical analytics:

- **Average Age:** 62, 42% Male, 58% Female
- **Race:** 92.68% White, 4.15% Black or African-American, 0.17% Asian/Pacific Islander, 0.10% Native American, 0.07% Hispanic
- **Top 5 Medical Primary Risk Markers:** Diabetes, COPD, Coronary Artery Disease/Atherosclerosis, Joint Degeneration of the Back, Hypertension
- **Top 5 Behavioral Health Primary Risk Markers:** Psychotic & Schizophrenic Disorders, Substance Use Disorder, Mood Disorder/Depression, Mood Disorder/Bipolar, Other Mental Health
- **Top 5 Social Determinants of Health Disparities:** Tobacco Use Concerns, Other Health & Lifestyle Behavior Concerns, Medical Treatment Noncompliance, Life Management Concerns, Immunization Concerns
- **All Cause Readmissions** – Age 18-64 12.32%, Age 65+ 10.84%

Quality Measurement and Performance Improvement

The data collected through these measures provide information regarding member satisfaction, specific health care measures, and structural components that ensure quality of care.

Process Measures

- Timeliness of Initial and Annual HRA
- Members who have had a provider face-to-face visit in the last 12 months
- ICT timeliness and team meeting engagement
- Content of ICP and progress towards goals
- Member engagement & experience with case management services

Quality Measures

- CAHPS
- Stars ratings
- HEDIS®
- HOS
- Quality of care concerns
- Member satisfaction surveys

Care Measures

- Utilization patterns/access to care
- Medication review/adherence
- Readmissions reporting

2026 THP D-SNP Member Benefits



- Hearing Aids: \$2,000/two-year plan coverage and free routine hearing exams through Tru Hearing.



- Dental: \$3,000/year for preventative and comprehensive dental services provided through Liberty Dental.



- Vision: Free eye exam and \$200 toward routine eyewear every year provided through Superior Vision.



- Transportation: Assistance for health-related and plan-approved non-medical locations up to 25 round trips or \$850/year.



- Delivered meals following surgery or inpatient hospital stays through GA Foods.



- Wellness programs: Tobacco cessation; fitness (Silver Sneakers).



- Diabetic monitoring supplies and nebulizer medications.



- Personal emergency response system through LifeStation.

Not all D-SNP members qualify for these services. D-SNP Members can contact THP Medicare Customer Service to verify which benefits they qualify for. Practitioners may be required to complete additional documentation for Special Supplemental Benefits for the Chronically Ill (SSBCI), as requested by THP.

2026 THP D-SNP Member Benefits cont'd.



- Healthy Food benefit (In Comm).



- Utility assistance (In Comm).



- Value Added Services: Colorectal Exam – \$25
 Mammogram – \$25
 Annual Wellness Exam – \$25



- Over the counter benefit with inclusion for personal care items: \$100 monthly combined limit for OTC/Personal Care/Healthy Food/Utility on a Flex Card*. No roll-over. (In Comm).



- Chronic condition management and support with remote patient monitoring through Encompass Remote.

Help us help your patients stay healthy!

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**Once you've successfully
reviewed this training, please visit
THP secure provider portal at
myplan.healthplan.org to attest.**

Practitioners credentialed through a delegated entity or health system attest as a group and aren't required to attest individually through the portal. Contact your PMC to obtain the form.