2024 CareOregon Advantage Plus Plan Model of Care Training

A required annual training for providers of all types who directly or indirectly serve members of the CareOregon Advantage Plus Plan

careoregonadvantage.org

CareOregon Advantage

Learning Objectives

2024 COA Model of Care Training

1. Understand why we offer the CareOregon Advantage Plus Plan (COA), its basic structure, and what it hopes to achieve for members.

2. Learn details about who is a member of the COA Plan, including their age, race, languages spoken, where they live, and what medical conditions they have.

3. Learn the four essential care coordination deliverables for COA Plan members.

Key Terms for Reference

- COA: CareOregon Advantage Plus Plan.
- D-SNP: Dual-Eligible Special Needs Plan.
- HRAT: Health Risk Assessment Tool, the standard tool used for all CareOregon members regardless of plan. Also referred to as the HRA and, previously but not in use any longer, HRS.
- ICC: Intensive Care Coordinator.
- ICT: Interdisciplinary Care Team.
- ICP: Individual Care Plan.
- MOC: Model of Care.
- RACP: Rapid Access Care Plan, generated automatically for COA members.
- RCT: Regional Care Team.

Overview of the CareOregon Advantage Plus Plan

careoregonadvantage.org

CareOregon Advantage

What is the Model of Care (MOC)?

The Model of Care (MOC) is a written document which details the structure for the CareOregon Advantage (COA) Plus Plan's care coordination processes and systems for delivering that service to COA members.

It is both **a way of doing things** and **a written document** that is submitted to the state and federal governments.

CareOregon Advantage Plan Connects to Our Fundamental Mission & Values

Part of **CareOregon's mission** is create quality and equity for individuals and communities, with a vision for them to become healthier regardless of income or social factors.

To achieve this, CareOregon focuses on the total health of our members, not just traditional healthcare.

By combining the benefits of Medicaid *and* Medicare, plus extra benefits for anyone who qualifies for both plans, the **CareOregon Advantage Plan meets diverse member needs**.

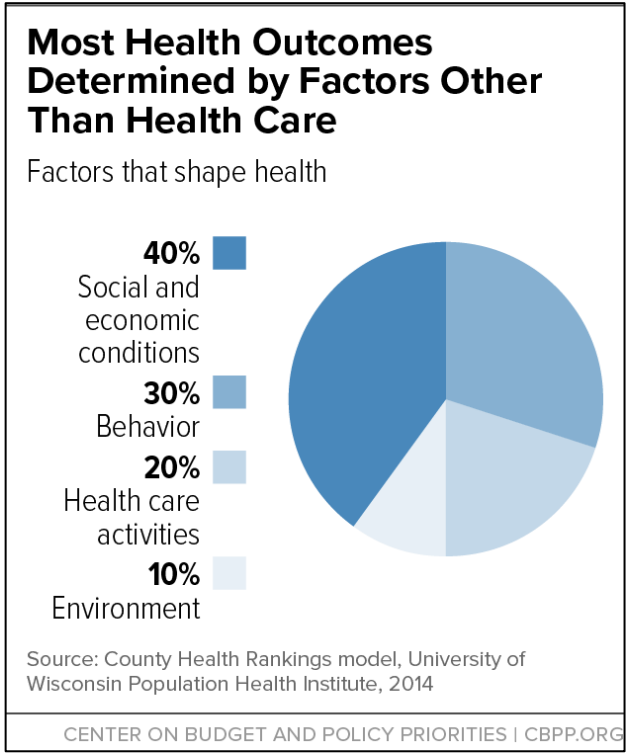
Members qualify for both Medicaid and Medicare through a combination of age, income, and disability, and are referred to as **"dually eligible"** or sometimes simply **"duals."**

CareOregon Advantage Plan (COA) Helps Address True Drivers of Health

Research shows that the work of traditional healthcare – providers, hospitals, urgent care, etc. – shapes only 20% of what makes a person healthy.

The rest of the factors – like where you are born, how much money you make, access to clean water and nutritious food, a safe place to play or exercise, smoking or drug use – are very difficult for traditional healthcare to address.

COA is different. **The way that COA is structured and what services can be paid for are fundamentally different than most health insurance plans.**



Time for an Acronym Breakdown

CareOregon **Advantage** (COA) Plus HMO-POS D-SNP

- **Medicare Advantage (MA)** plans, also known as Part C plans, are private health plans that provide an alternative to Original Medicare for health and drug coverage. MA plans are offered by private companies (like CareOregon, Inc.) that are approved by Medicare and must follow Medicare rules (one of those rules is that you take this training!).

- COA bundles Medicare Part A (hospital insurance), Medicare Part B (medical insurance), and Medicare Part D (prescription drug coverage) into one plan. Ours has also chosen to offer additional benefits such as vision, hearing, and dental services, plus health and wellness programs.

Time for an Acronym Breakdown

CareOregon Advantage (COA) Plus **HMO-POS** D-SNP

- **Health Maintenance Organization (HMO)** plans create a set network of approved physicians, hospitals, and health care providers to control quality and cost.

- **Point-of-Service (POS)** plans are a type of HMO that allow members to receive certain out-of-network services at a higher cost. POS plans are similar to HMOs but are less restrictive, and members may be able to get care out-of-network under certain circumstances.

Time for an Acronym Breakdown

CareOregon Advantage (COA) Plus HMO-POS **D-SNP**

- **Special Needs Plans (SNPs)** are a type of Medicare Advantage Plan that are limited to people with specific conditions or diseases. SNPs may offer extra services for specific groups by adjusting benefits, provider options, and drug lists to meet the need.

- There are three different types of SNPs:
  1. Chronic Condition SNP (C-SNP)
  2. **Dual Eligible SNP (D-SNP) – members qualify for both Medicare *and* Medicaid.**
  3. Institutional SNP (I-SNP)

Benefits Highlights for CareOregon Advantage Plan Members

Click here to read more details on the 2024 – 2025 COA Benefits Highlights

- $0 monthly premium + $0 copayments + $0 cost sharing for drugs.
- Doctor's visits, including specialists.
- Free eye exams + glasses or contacts every year.
- A free CareOregon Advantage CareCard for buying over-the-counter health items, healthy foods, utilities, and dental services not otherwise covered.
- *Connect America* personal emergency response smartwatch.
- Papa Pals for socialization, meal prep, light housekeeping, and even transportation.
- Gym membership and home fitness kit options.
- Meal delivery after hospital, rehab, or skilled nursing facility discharge.
- 24/7 Teledoc virtual visits for non-emergency care.
- $ incentives for completing preventive health steps.

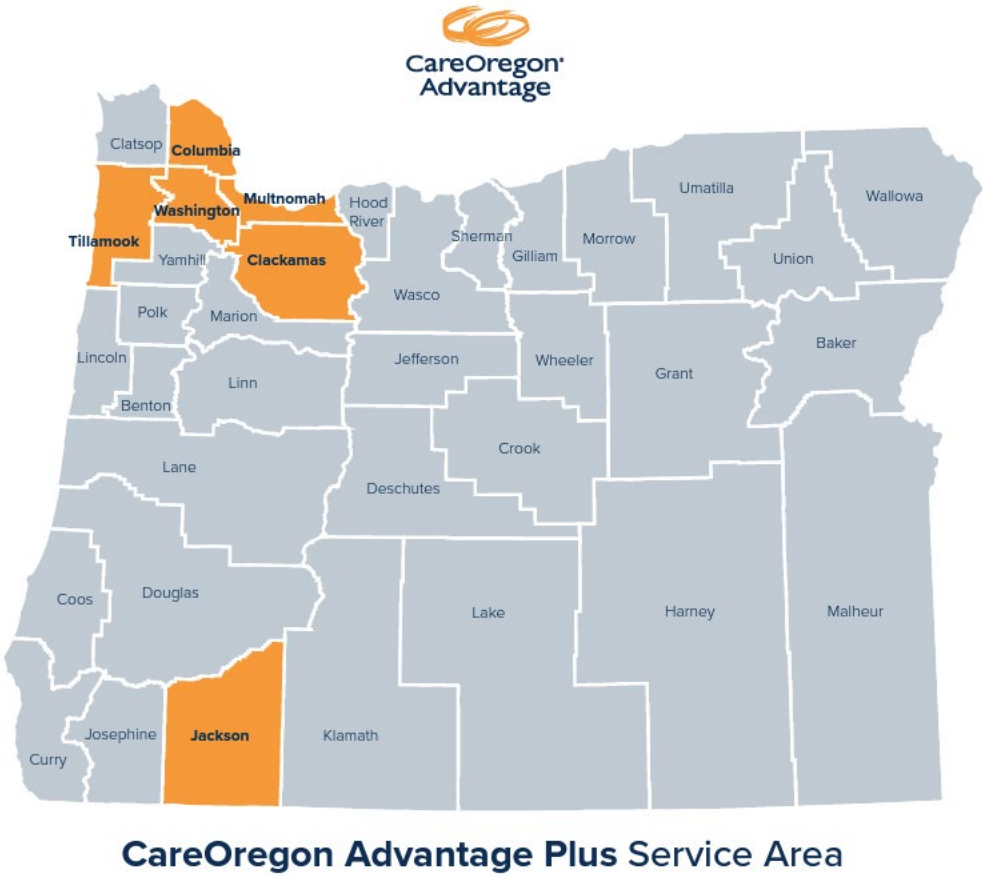
As a Provider…

- CareOregon must ensure that contracted providers are aware of resources available for these members.
- CareOregon must ensure that contracted providers have access to care plans, practice guidelines, and referral processes for members who would benefit from care coordination.
- And mention the *CareCard*! Providers might be able to address a member need with the help of that benefit.

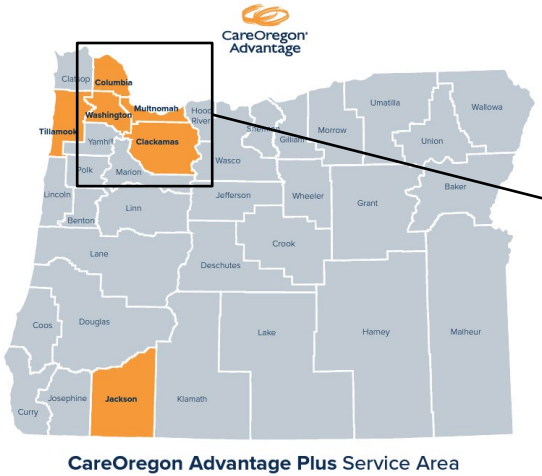
A Deeper Look at the Member Population

CareOregon Advantage

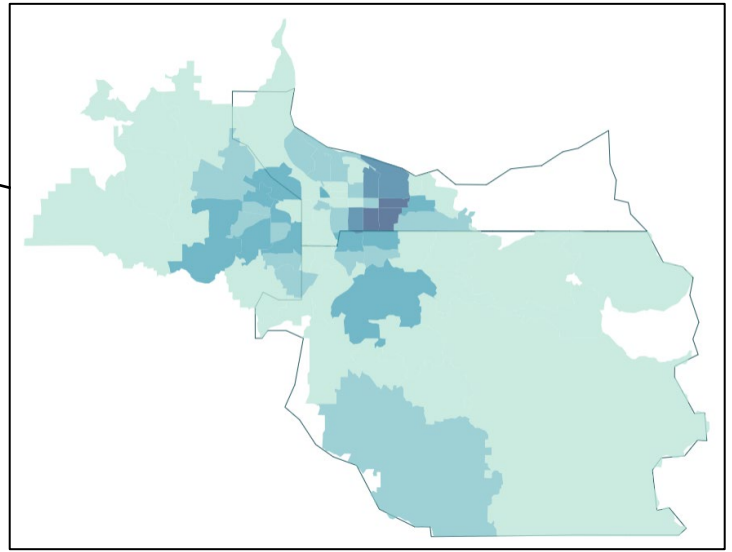
CareOregon Advantage's 17,000+ Members Live Throughout Northwest and Southwest Oregon



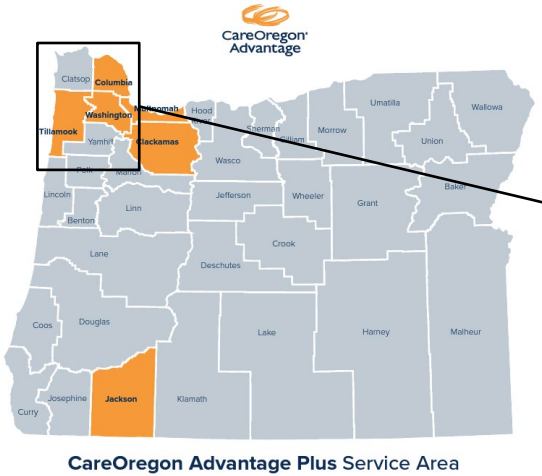
Concentration of COA Members in the Portland Metro Region



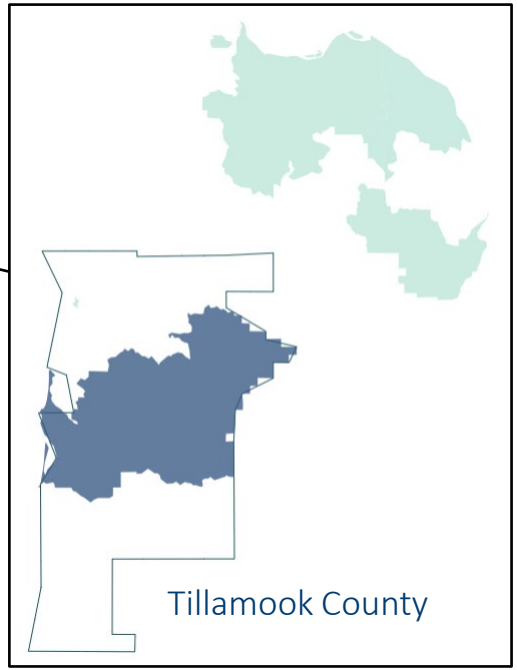
CareOregon Advantage Plus Service Area



Concentration of COA Members in the Columbia Pacific Region

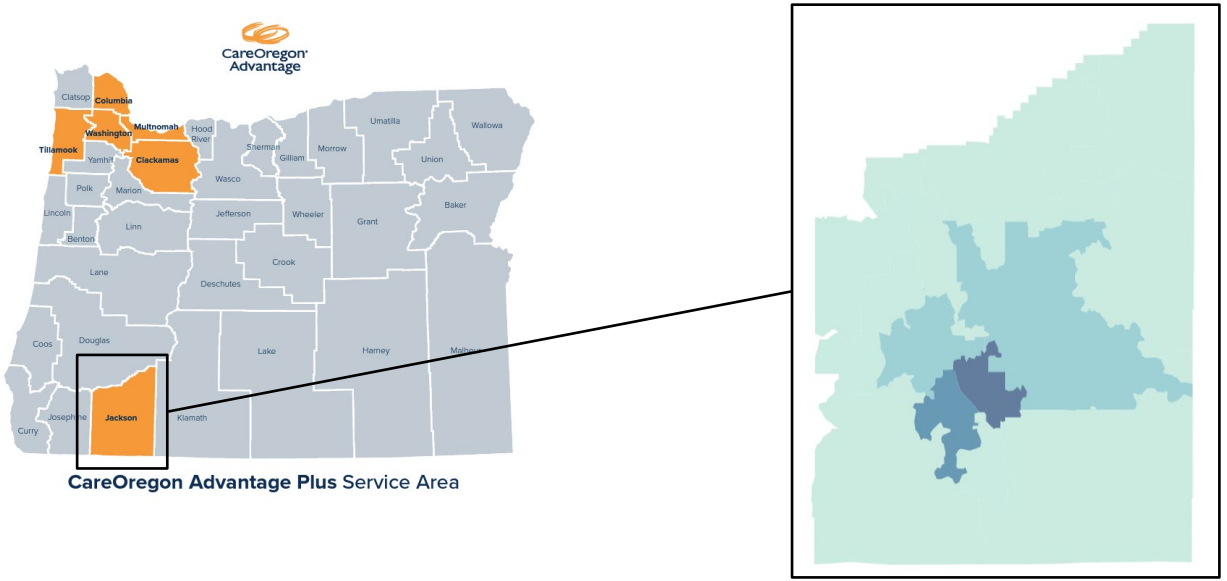


CareOregon Advantage Plus Service Area



Columbia County and Clatsop County.

Concentration of COA Members in the Jackson County Region



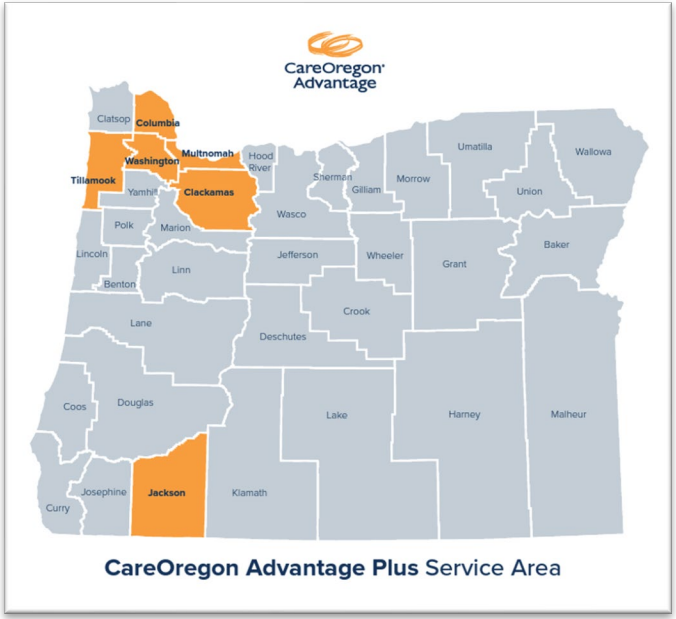
Top Provider Systems by Member Assignment

Multnomah County Health Department	12.82%
Legacy Health System	9.95%
OHSU	7.58%
Adventist Health	7.11%
Virginia Garcia Memorial Health Center	6.47%
Yakima Valley Farm Workers	4.83%
Neighborhood Health Center	4.37%
Central City Concern	3.32%

Diverse Regions Lead to Diverse Member Demographics

The next several slides feature comparisons between CareOregon's Medicare and Medicaid populations.

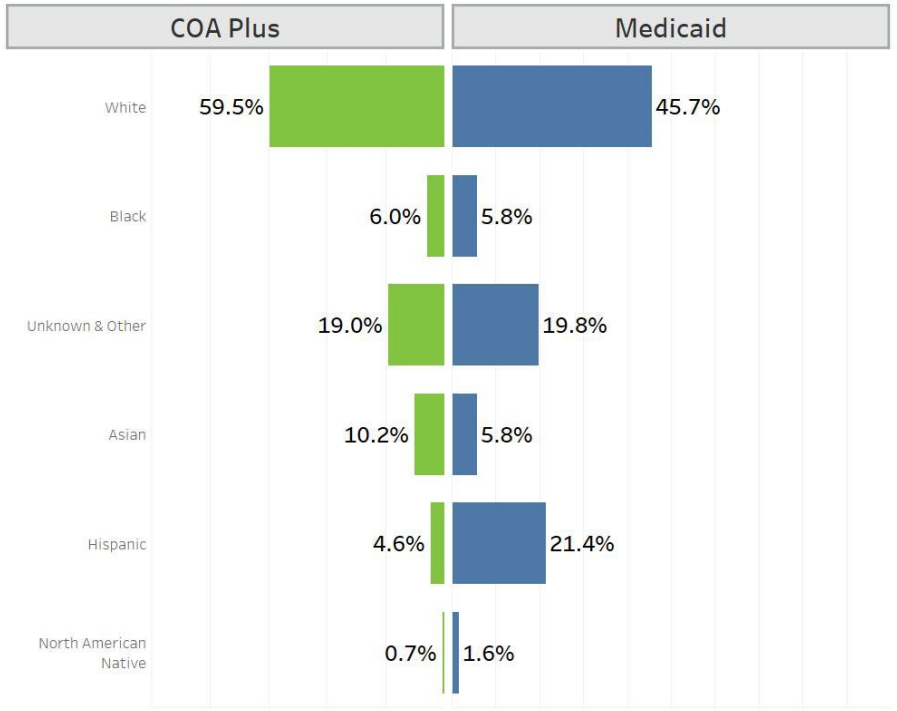
What differences jump out to you?



Compare the Race/Ethnicity Profile of COA Members with that of All Other CareOregon Members

Medicare has comparatively larger proportions of members who identify as **White** or **Asian**.

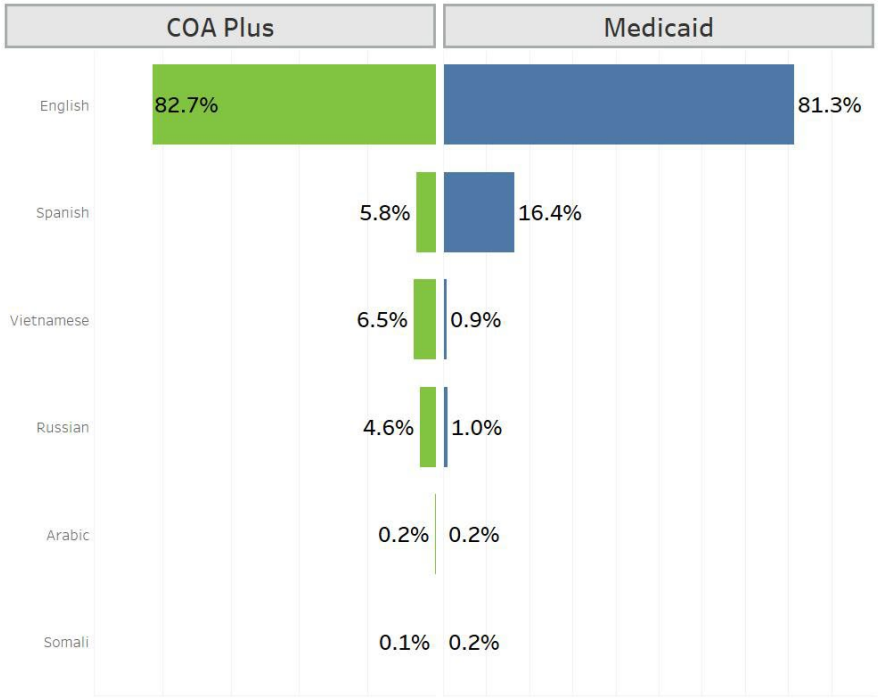
Whereas Medicaid has a higher proportion of members who identify as **Hispanic**.



Compare the Spoken Language Preferences of COA Members with that of All Other CareOregon Members

Vietnamese and **Russian** are spoken by a higher proportion of Medicare members, compared to Medicaid members.

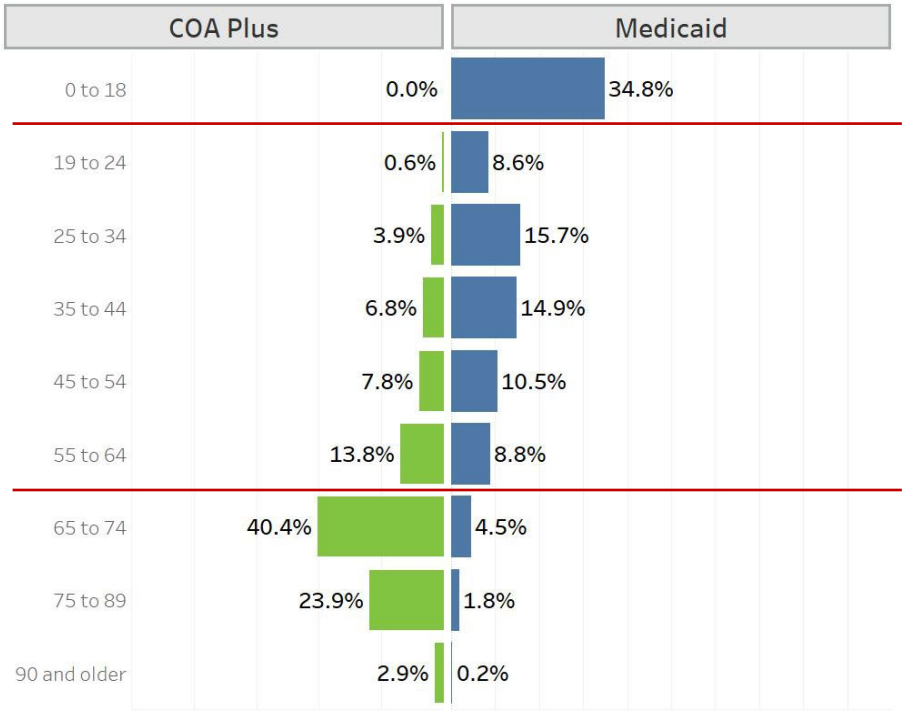
Spanish is more commonly spoken by Medicaid members.



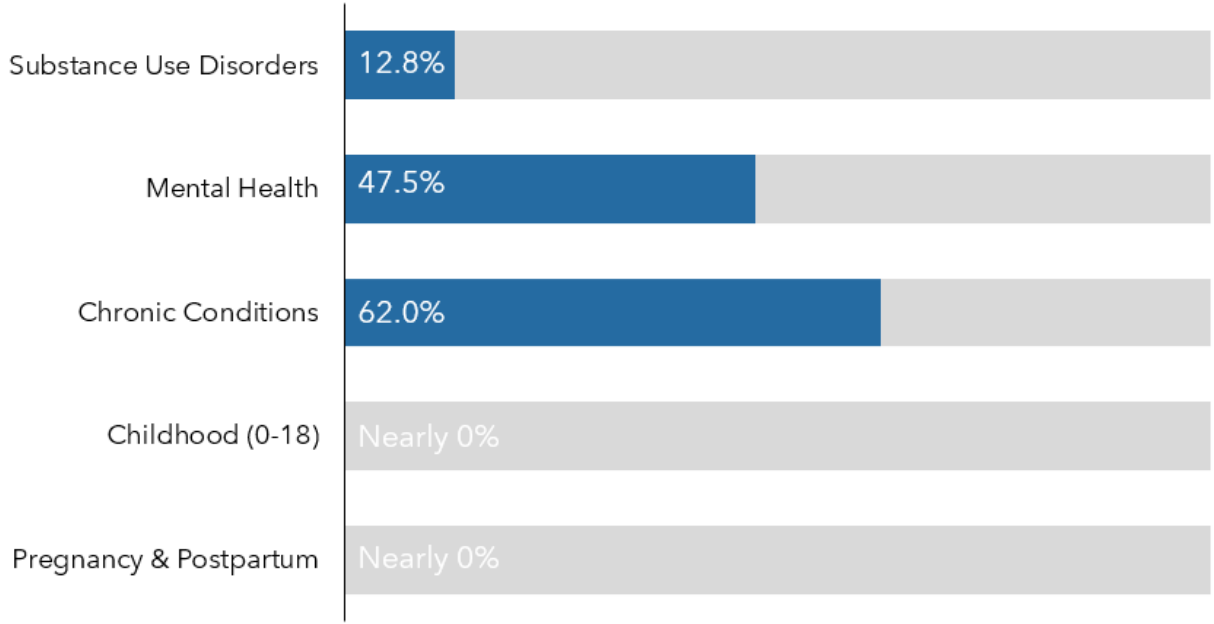
Compare the Age Profile of COA Members with that of All Other CareOregon Members

67.2% of Medicare members are age 65 or older, but only 6.5% of Medicaid members are the same ages. That's because at age 65 a person becomes eligible for Medicare (with certain disability and disease-specific exceptions).

One out of every 3 Medicaid members is age **18 or younger.**

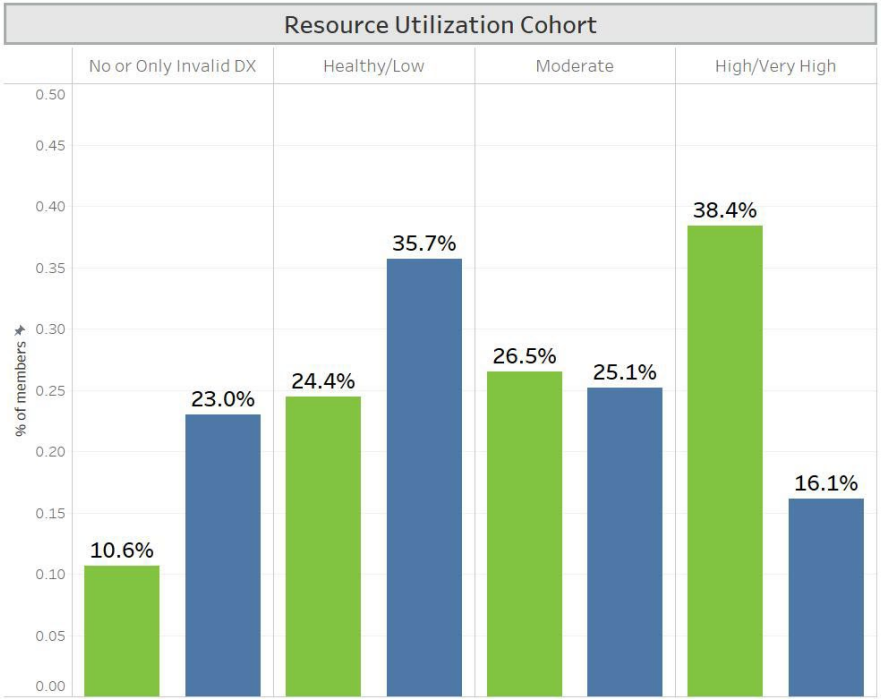


Proportion of Medicare Members in Each of CareOregon's Priority Population Cohorts

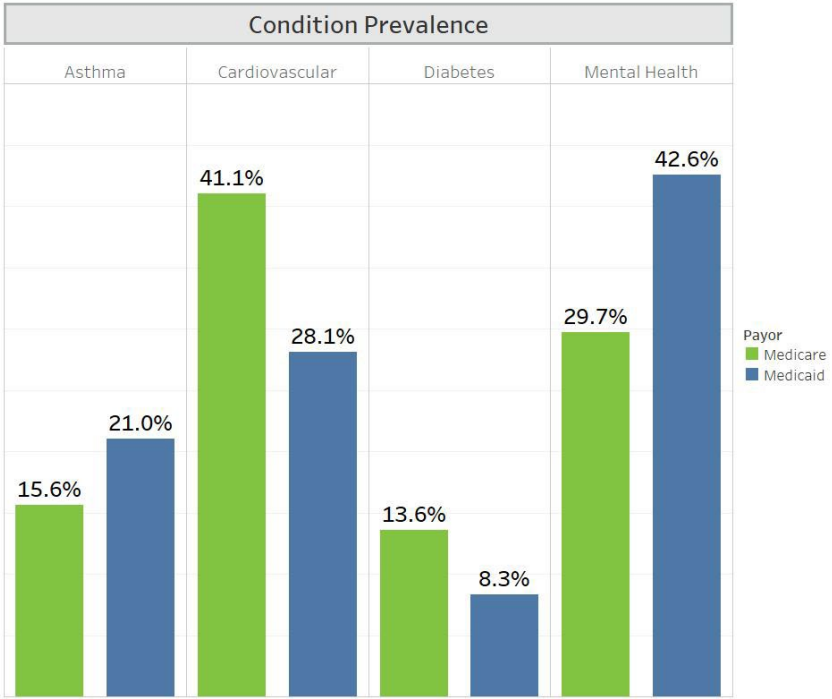


** Members can be in multiple priority population cohorts; percentages represent the proportion of all Medicare members that fall into each cohort thus they do not total 100%.*

How Healthy are Our Members?



Medicaid members are relatively healthier and use services less.

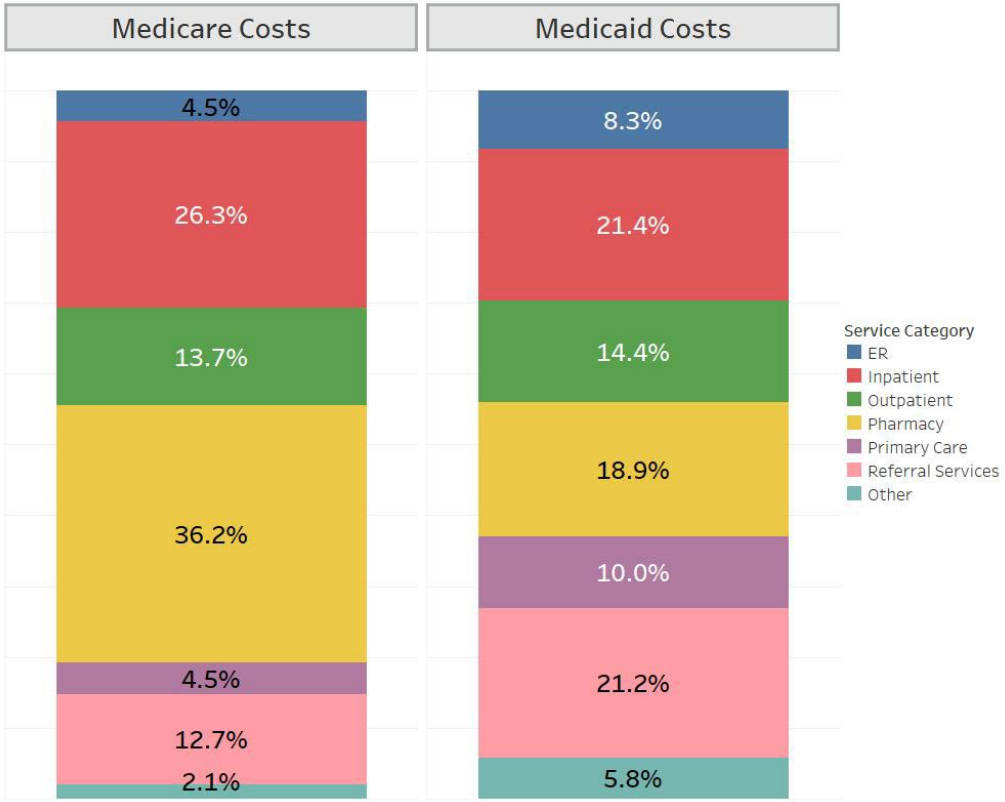


Medicare has a higher prevalence of cardiovascular disease.
Mental health diagnoses are more prevalent in Medicaid.

What Kinds of Services Do Our Members Use?

Medicare members have a comparatively higher proportion of **Pharmacy** and **Inpatient** costs.

Medicaid members have a higher proportion of costs spent on **Primary Care, Emergency,** and **Referral** services.



* Data represent average total cost per line of business from 4/1/2023 – 3/30/2024; includes members with primary medical coverage through CareOregon.

How Success is Measured for the COA Model of Care

Clinical Outcomes	Member Satisfaction	Process Outcomes	Financial Outcomes
• Plan All-Cause Readmissions • Avoidable ED Visits • Inpatient & Observation Utilization • PCP Utilization • Medication Adherence	• CG-CAHPS • Net member enrollment/ disenrollment	• Medicare Stars Rating (SNP Care Management) • Percent of Total Population Actively Engaged in Care Coordination	• Monthly Risk Score (HCC) • Total Medical Cost • Funding PMPM • Expense PMPM

Priority Population Quality Improvement Efforts Purposefully Align with the Medicare Population

Chronic Conditions

- Oral Eval for Diabetes
- HbA1c & BP Control
- Medication Adherence
- Osteoporosis Management
- Diabetes Care
- Plan All Cause Readmission
- Follow-up after ED with Multiple Chronic Conditions
- Statin Use/Therapy for DM/Cardio
- Comprehensive Medication Review

Mental Health

- Screening for Depression
- Suicidal ideation Readmission
- MH + SUD dx retention in treatment programs
- Medication adherence
- Primary care engagement

Substance Use Disorders

- Cigarette Smoking Prev
- SBIRT
- IET
- Increased naloxone
- Increased OUD and AUD medication

Care Coordination for COA Members

careoregonadvantage.org

CareOregon Advantage

Knowledge Alone Is Not Enough for People to Change Behaviors

The environmental factors discussed earlier in this training allude to the systemic forces that make living a healthy life difficult.

Sometimes, you need help.

That's why CareOregon has a Care Coordination Department.

The Model of Care Describes How We Come Together to Serve COA Members

A collaborative, multidisciplinary team creates a single care plan for each member enrolled in care coordination.

Members are assigned to a care team located in their home region.

Defining the Most Vulnerable Population

- Some COA members are placed into a cohort that we call the Most Vulnerable Population, and they receive additional intensive care coordination.
- This cohort is identified through a proprietary algorithm that evaluates 7 different areas of risk:
    1. Medications
    2. Physical Health
    3. Cost
    4. Social Determinants
    5. Social Supports
    6. Unengaged in Care
    7. Utilization

Essential Care Coordination Activities for MOC Most Vulnerable Members

1. Health Risk Assessment (HRAT)

- Initial & Annual HRATs required for *all* COA members
- Act on HRAT responses within 30 days (all COA)
- Act on RACP responses within 10 days (COA Most Vulnerable only)
- Reassess member upon each notification of change in health status

2. Individual Care Plan (ICP)

- Create ICP within 60 days of HRAT completion (all COA)
- ICP is updated at least every 90 days, or upon triggering event (COA Most Vulnerable only)

3. Face-to-Face Encounter

- Attempt & document F2F encounter at intake, exit, and at least every 3 months thereafter (COA Most Vulnerable only)
- At least 1 F2F encounter in the year should be with a provider (all COA)

4. Interdisciplinary Care Team (ICT) Meeting

- Convene and document at least 1 ICT meeting per year (all COA)
- Convene and document at least 1 ICT meeting per month (COA Most Vulnerable only)
- For COA Most Vulnerable actively engaged/priority population only, ICC will document communications with the ICT & the care team at least 2x per month

Thank You for Viewing this Training!

For any questions or comments, please contact:

Andrew Missel, PHP Quality Manager
Population Health Partnerships
missela@careoregon.org

CareOregon Advantage