



FLORIDA

COMPLETE CARE

Care you need.

Compassion you deserve.

Model of Care Training - 2024

Institutional Special Needs Plan (HMO I-SNP)

Institutional Equivalent Special Needs Plan (HMO IE-SNP)

Dual Eligible Special Needs Plan (D-SNP)

01/01/2024

CMS REQUIREMENTS

As provided under section 1859(f)(7) of the Social Security Act, every SNP must have a Model of Care approved by the National Committee for Quality Assurance (NCQA). The MOC provides the basic framework under which the SNP will meet the needs of each of its members. The MOC is a vital quality improvement tool and an integral component for ensuring that the unique needs of each member are identified by the SNP and addressed through the plan's care management practices.

- A special needs plan (SNP) is a Medicare Advantage (MA) coordinated care plan (CCP) specifically designed to provide targeted care and limit enrollment to special needs individuals.
- The Centers for Medicare & Medicaid Services requires all contracted medical providers and staff to receive basic training about the Special Needs Plans (SNP) Model of Care (MOC) for each SNP we offer. Training and completion of an attestation is required for new providers and annually thereafter.
- This course will describe how Florida Complete Care and its contracted providers can work together to successfully deliver our I SNP/IE-SNP Model of Care and the D SNP Model of Care.



**This training and completion of an attestation are required for new providers and annually thereafter.*

OUR OBJECTIVES



Present the Florida Complete Care Institutional Special Needs Plan (HMO I-SNP) and the Dual Eligible Special Needs Plan (D-SNP)

Describe how members qualify for Florida Complete Care Institutional Special Needs Plan (HMO I-SNP) and the Dual Eligible Special Needs Plan (D-SNP)

Share Florida Complete Care's Model Of Care goals and care management program with our providers

Outline what Florida Complete Care offers for the Institutional Special Needs Plan (HMO I-SNP) and the Dual Eligible Special Needs Plan (D-SNP)

Describe how Medicare and Medicaid benefits are coordinated Institutional Special Needs Plan (HMO I-SNP) and the Dual Eligible Special Needs Plan (D-SNP)

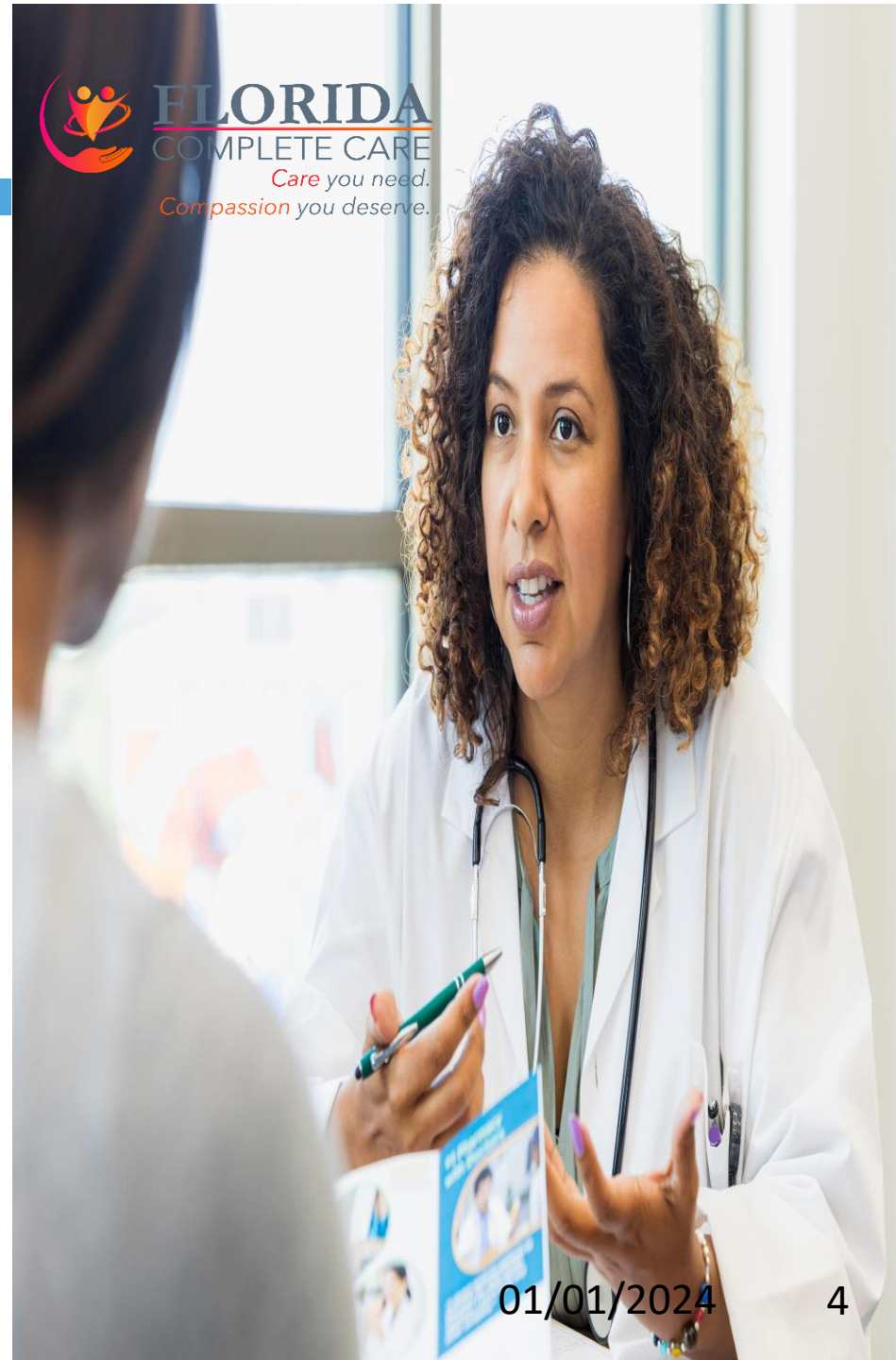
Request our Providers to collaborate with Florida Complete Care to provide Excellence in Care and to Complete MOC Attestation

OUR MISSION

We are a compassionate team committed to improving the quality of life for the most vulnerable populations.

Through our diverse partnerships, we ensure person-centered, comprehensive health and social care for those we serve.

You matter. We care.



Provider Role

COMMUNICATE with our Care Team

COLLABORATE with our Care Team

PARTICIPATE in the enrollee's ICT meetings, as appropriate

MAINTAIN eligibility as a Medicare and/or Medicaid provider

UNDERGO a rigorous Credentialing and Contracting process

COMPLETE an annual training and MOC attestation

FC2 Contracted Primary Care Providers:

- Annual wellness visits, physical examinations, labs, and screenings, etc.
- Post-hospitalization follow-up visits
- Medication Review and Reconciliations
- Routine visits and follow-ups to monitor health status or conditions



ELIGIBILITY

To be eligible for our SNP plans, enrollees must:

- Be entitled to Medicare Part A
- Enrolled in Medicare Part B
- Live in the Florida Complete Care Service Area
- And meet the requirements Specific to the SNP plan



I-SNP

Must reside, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care skilled nursing facility.

IE-SNP

In the Community

Must require an institutional level of care determined by the 701(t) and 701(b) CARES Assessment

D-SNP

Must be entitled to both Medicare/Medicaid and enrolled with Florida Community Care. Florida Complete Care will arrange for all the Medicare and Medicaid services you need, including long-term care services.

2024 D-SNP INTRODUCTION

Florida Complete Care: Fully Integrated Special Needs Plan (HMO D-SNP) H9986, Plan 003 January 1, 2024 - December 31, 2024

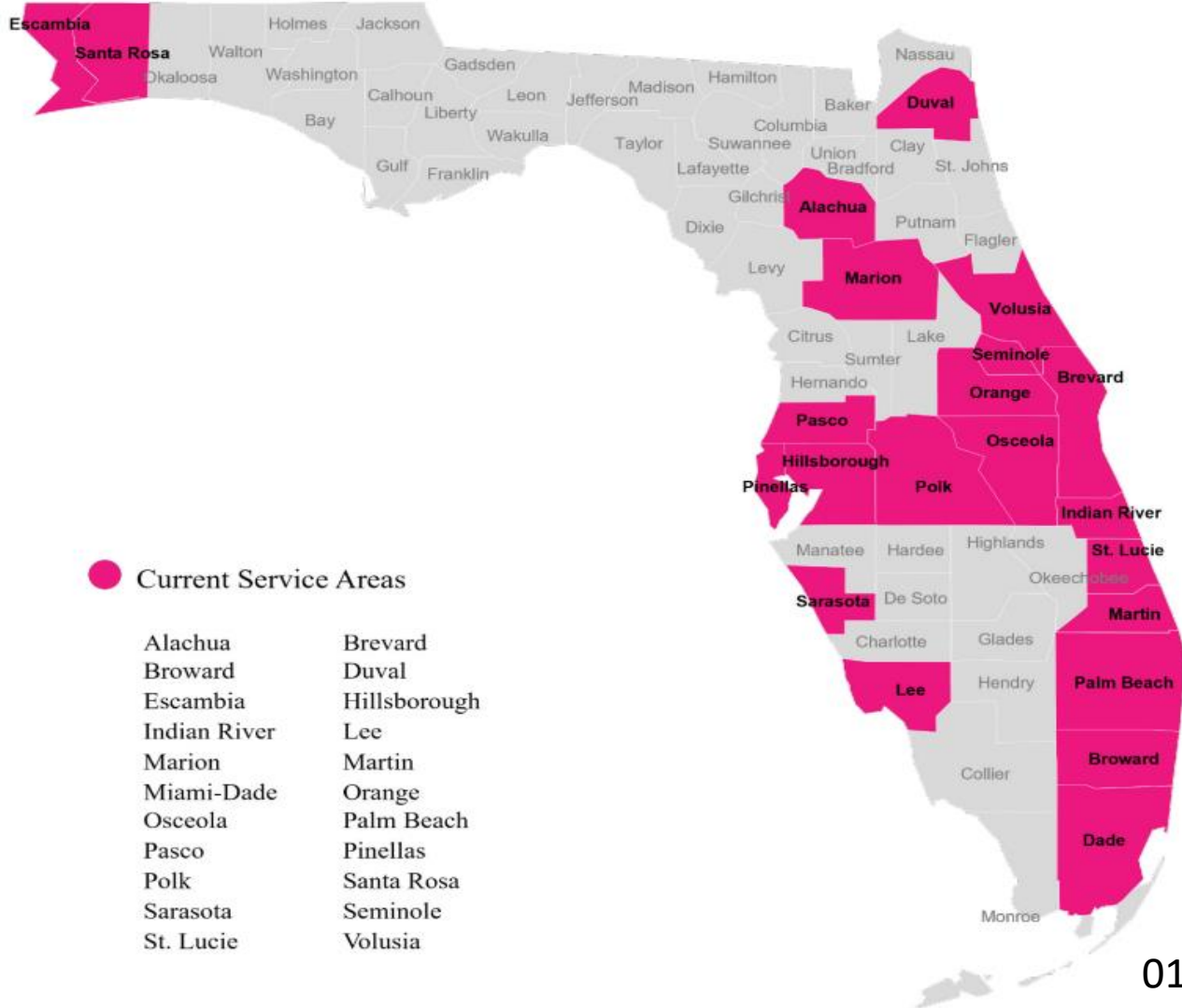
Florida Complete Care (HMO D-SNP) is a Fully Integrated Medicare Advantage HMO plan with a Medicare contract and a Florida Medicaid contract. Florida Community Care (FCC) is a Medicaid Health Plan owned and operated by the same organization as Florida Complete Care. Together, Florida Complete Care (HMO D-SNP) and FCC will arrange for all the Medicare and Medicaid services you need, including long-term care services. Enrollment in the Plan depends on the contract renewal of both Florida Complete Care and FCC.

Our D-SNP requires an integrated Grievance & Appeals and Denial Notice.

[Summary of Benefits for Florida Complete Care-DSNP Plan – English](#)

[Summary of Benefits for Florida Complete Care-DSNP Plan – Spanish](#)

OUR SERVICE AREA



OUR MODEL OF CARE GOALS

As provided under section 1859(f)(7) of the Social Security Act, every SNP must have a MOC approved by the National Committee for Quality Assurance (NCQA). The MOC provides the basic framework under which the SNP will meet the needs of each of its members. The MOC is a vital quality improvement tool and an integral component for ensuring that the unique needs of each member are identified by the SNP and addressed through the plan's care management practices. The MOC provides the foundation of care to promote the following :

- Quality of Care
- Cultural Competency
- Targeted Care Management
- Seamless Transitions of Care
- Appropriate Provision of Specialized Services
- Person-Centered Care
- Wellness and Preventive Programs



IMPROVING QUALITY OF CARE

Florida Complete Care Achieves improved quality of care through the following key components of the Model of Care:

- Completing the Health Risk Assessment (HRA) upon initial enrollment and annually. The HRA is completed face-to-face or telephonic by the assigned Care Manager within 90 days of enrollment
- Assigning a Care Manager and Primary Care Physician upon enrollment
- Developing an individualized care plan for all members
- Presenting 100% of the SNP population to an Interdisciplinary Care Team (ICT) at least annually
- A proactive approach to medical care resulting in reduced hospitalizations and effective transitions of care
- Collaborating with LTSS plans and demonstrating integrated care



STAR RATINGS

Florida Complete Care will monitor the following quality measures:

- Healthcare Effectiveness Data and Information Set (HEDIS)
- Consumer Assessment of Healthcare Providers (CAHPS)
- Health Outcome Survey (HOS)
- STAR Ratings



The Centers for Medicare and Medicaid (CMS) evaluates all Medicare Advantage Plans to ensure that our members have:

- Access to care and benefits
- Wellness and preventive programs
- Chronic condition management
- MOC HRA completion rate

New Medicare Advantage Plans are not rated for their first year.

Note: Florida Complete Care SNP plans have Medicare contracts. Enrollment in Florida Complete Care depends on contract renewal.

ACCESS TO AFFORDABLE CARE

Florida Complete Care achieves improved access to affordable care by ensuring the following:

- Access to multiple providers, specialists, and facilities within our network
- Connection with community resources to supplement enrollee needs
- Access to Legal Assistance as applicable
- Wellness and Preventative Programs
- Healthy Food Assistance
- Emergency, Post Discharge, and Medically Tailored Meals
- Over The Counter benefit for the enrollees
- Enrollee and Caregiver Healthcare Education

CENTRAL POINT OF CONTACT

Florida Complete Care integrates and coordinates care for our members across the care continuum through a central point of contact.



All SNP members are assigned a **Primary Care Provider upon enrollment**. The PCP is responsible for identifying the needs of the member.



The Care Manager **coordinates care** with the member and /or caregiver, Primary Care Provider, Specialist, and other participants of the member's ICT.



The Care Manager **ensures the integration** of services between Medicare and Medicaid.



The Care Manager **schedules appointments**, locates providers, and **authorizes services** such as Home Health Therapies, Intermittent Skilled Nursing Services, and Planned Inpatient Hospitalization.

SEAMLESS TRANSITIONS

Florida Complete Care ensures seamless transitions between care settings.

Transition of Care Settings include:
Planned and unplanned transitions between Healthcare Settings
The transition from Hospital or Facility or Home
Transitions between in-network and out-of-network providers

All transitions of care are reviewed during rounds held with the Plan Medical Director, Care Manager, and Utilization Management team.

The Care Manager will be the central point of contact during **ALL** transition of care settings.

The Care Manager will follow up with the member post-discharge from the hospital and facility to ensure a safe and Coordinated transition.



SERVICE DELIVERY



Through the coordination of care and appropriate delivery of services through the direct alignment of the HRA, ICP, and ICT.



Ensuring appropriate utilization of services for preventive health and chronic conditions.



Ensuring proper review and cost-effective medication management.

CARE MANAGEMENT

Florida Complete Care provides enrollees with a comprehensive Care Management Program.

- Care Management starts with the comprehensive **Health Risk Assessment (HRA)**. Florida Complete Care has chosen to use the 701B and 701T as their comprehensive assessment to be completed upon enrollment and annually thereafter.
 - The Care Manager will complete the HRA in person or telephonically within 90 days of enrollment, upon a change in condition, and every 365 days
- **Risk stratification** of the enrollee occurs once the HRA and claims data review is completed. The Care Manager will assign an enrollee level of risk based on social and environmental conditions as well as health status.
- The Care Manager together with the enrollee and/or authorized representative will develop the **Individualized Care Plan (ICP)**
- The ICP will then be reviewed by the **Interdisciplinary Care Team (ICT)** upon development and at least yearly.
- Members of the ICT are based on the enrollee's needs and preferences. The following are participants of the ICT:
 - Enrollee or an authorized representative*
 - Medical Director*
 - Care Manager as the ICT presenter* (*ICT participants required to attend)
 - Care Manager Supervisor*
 - Plan Pharmacist
 - Facility nursing representative (when applicable*)
 - Enrollee's Primary Care Practitioner
 - Enrollee's Specialty Providers
 - Social Worker

CARE MANAGEMENT CONT.

- The care plan will be shared with the ICT with the members of the enrollee's ICT via secure fax, email, or access to the care management system.
- Members of the ICT will be invited to attend the ICT via fax, telephonically, and/or email.
- The goals of the ICT are to:
 - Review and determine the needs of each enrollee
 - Coordinate enrollee care needs
 - Anticipate problems and crisis and how to mitigate those risks
 - Refer enrollees to community resources
 - Manage Care transitions
 - Coordinate Medicare and Medicaid benefits
- The Care Manager will assist the enrollee with **Care Coordination** of the ICP.
- The Care Manager will collaborate and coordinate or assist with the **coordination of the provision of medical and LTC benefits and promote continuity of care**. The integration of both payer sources will:
 - Achieve improved health outcomes using data to target effective comprehensive care management integration
 - Reduce administrative burden and avoid duplication of services through integrated Care Management activities while improving member experience
 - Improve financial performance of acute and LTSS payors through increased member retention and reduced medical loss ratios

PROVIDER RESOURCES

Provider Resources can be found at <https://fc2healthplan.com>



Join our Provider Network

[Learn More](#)



Prescription Drug Coverage

[Learn More](#)



Access Provider Portal

[Learn More](#)



Provider Documents

[Learn More](#)

[Prior Authorization Form – English](#)

[Prior Authorization Form – Spanish](#)

[Home Health Care Services Prior Authorization Request Form](#)

[Florida Complete Care Provider Manual](#)

[Member Rights and Responsibilities – English](#)

[Member Rights and Responsibilities – Spanish](#)

[Billing Guide](#)

[Electronic Remittance Advice Enrollment Form](#)

[Critical Incident Form](#)

[References: National Coverage Determinations](#)

SUPPLEMENTAL BENEFITS

Benefit	Benefit Description <small>(Note: Benefits listed with "SSBCI" are tailored to members who are determined to be frail. Contact Member Services for more information.)</small>	HMO I-SNP	HMO IE-SNP	D- SNP
Over-the-Counter Items	Nonprescription, over-the-counter drugs and health-related items To review a list of covered items, request a copy of the OTC Catalog from Member Services.	✓	✓	✓
Healthy Food Assistance	Healthy food and groceries at selected locations.		✓	✓
Emergency Preparedness Meals	Meals are offered for a medical condition that requires the enrollee to remain at home for some time. Includes a 5-day pack of shelf-stable meals available up to two times per year. The 5-day pack includes 10 total meals.	✓	✓	✓
Post- Discharge Meals	Meals following discharge from a SNF or hospital setting. Includes 2 meals per day for 14 days.		✓	✓
Medically Tailored Meals- SSBCI	Meals that are tailored specifically to the member's dietary needs or restrictions for up to 30 days (3 meals per day, total of 90 meals per year).		✓	✓
Fresh Produce Box- SSBCI	Members are eligible for a fresh produce box delivered once per month for three months following the completion of the Medically Tailored Meals benefit.		✓	✓
Legal Aid- SSBCI	Assistance with legal services to obtain a power of attorney for healthcare decisions. Covers legal fees up to \$250.00 once per lifetime.	✓	✓	✓

OUR BENEFITS

Full details about an enrollee's benefits can be found at <https://fc2healthplan.com> under Member Information or below.

[Annual Notice Of Changes: Florida Complete Care – English](#)

[Annual Notice Of Changes: Florida Complete Care – Spanish](#)

[Annual Notice Of Changes: Florida Complete Care In The Community – English](#)

[Annual Notice Of Changes: Florida Complete Care In The Community – Spanish](#)

[Summary of Benefits for Florida Complete Care – In The Community – English](#)

[Summary of Benefits for Florida Complete Care – In The Community – Spanish](#)

[Summary of Benefits for Florida Complete Care – English](#)

[Summary of Benefits for Florida Complete Care – Spanish](#)

[Summary of Benefits for Florida Complete Care-DSNP Plan – English](#)

[Summary of Benefits for Florida Complete Care-DSNP Plan – Spanish](#)

[Evidence of Coverage: Florida Complete Care – English](#)

[Evidence of Coverage: Florida Complete Care – Spanish](#)

[Evidence of Coverage: Florida Complete Care – In The Community – English](#)

[Evidence of Coverage: Florida Complete Care – In The Community – Spanish](#)

[Evidence of Coverage: Florida Complete Care – DSNP Plan – English](#)

[Evidence of Coverage: Florida Complete Care – DSNP Plan – Spanish](#)

OUR PART D BENEFITS

Full details about an enrollee's benefits can be found at <https://fc2healthplan.com>

Formulary Information:

A formulary (drug list) is a list of covered drugs selected by Florida Complete Care in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Florida Complete Care will generally cover the drugs listed in our formulary if the drug is medically necessary, the prescription is filled at a Florida Complete Care network pharmacy, and other plan rules are followed.

[2024 Prior Authorization Criteria](#)

[2024 Step Therapy Criteria](#)

[2024 Comprehensive Formulary](#)

[2024 Prescription Drug Search Tool](#)

[Part D Member Portal Login](#)

The Florida Complete Care Drug List (Formulary) tool allows you to search drug names to determine 2024 plan coverage for your formulary.

Perform the search via the following steps:

1. Search for a Drug
2. Select the drug, strength, and dosage form and Add to the List
3. Repeat Steps 1 and 2 for all drugs for which you would like to determine coverage
4. Review results

FOR MORE INFORMATION

Additional information about Florida Complete Care can be found at
<https://fc2healthplan.com>

For more information, please call Member Services toll-free at 1-833-FC2-PLAN (1-833-322-7526)/ TTY 711 and follow the instructions to be connected to a representative. We are open from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1st through March 31st, and Monday to Friday (except holidays) from April 1st through September 30th

Attestation

The Centers for Medicare & Medicaid Services (CMS) requires all contracted medical providers and staff to receive basic annual training about the Special Needs Plans (SNPs) Model of Care (MOC).

Providers will have several opportunities to complete and attest to the MOC training.

- Florida Complete Care Webinars
- Florida Complete Care Townhall Events
- Florida Complete Care Email Blasts
- Florida Complete Care Webpage: www.FC2healthplan.com.
- 2024 Model of Care Attestation Form

Under the Centers for Medicare and Medicaid Services (CMS) regulation for Manage Care Organizations and your contractual relationship with Florida Complete Care, there are specific compliance regulations that must be adhered to by you including this Special Needs Model of Care training. Completion of the SNP Training Attestation confirms training was completed within 90 days of contracting with the health plan and annually thereafter.