# PriorityMedicare D-SNP Model of Care (MOC)

The MOC provides the framework for our plan to meet each member's needs for simplicity. It is the foundation for promoting quality, care management and care coordination processes. As a D-SNP, it's our responsibility to ensure that these specific requirements are met.*

## What is the Model of Care?

Our D-SNP Model of Care is our plan to address the needs of our members covered by Medicare and Medicaid. The MOC has four key elements:

1. **Description of our D-SNP population**
   D-SNP members face many physical, behavioral, cognitive and societal challenges.

2. **Care coordination**
   We coordinate care by forming a unique plan for each member to address their health needs.

3. **Provider network**
   D-SNP members have access to the same robust provider network as all other PriorityMedicare members.

4. **Quality measurement and improvement**
   Whether it's our 82% timely completion rate of Health Risk Assessments or our exponential team growth, measuring progress is key to improving plans.

continued>

## Model of Care requirements:

- Each member must have a completed HRA
- Each member is assigned a care manager
- Each member has an Individual Care Plan (ICP), informed by the member, primary care provider (PCP), nurse practitioner and other providers as necessary, and signed by the PCP or nurse practitioner.
- Each member must be supported by an Interdisciplinary Care Team (ICT) which reviews and supports each member's ICP
  - The ICT must be comprised of a care manager, the PCP or nurse practitioner and the member
  - The member may identify additional team members of the ICT
- ICT meetings occur virtually or face-to-face
- A Quality Improvement Plan must be developed to assess MOC effectiveness

## Our key challenges facing members:

- Difficulty **accessing services** to maintain or improve health status
- Variation in **ability to find physicians or specialists**
- Access to **care in more appropriate settings**
- Lack of **consistent coordination** between medical and behavioral health systems
- Challenges in **navigating the complexities** of Medicare and Medicaid

## How we're addressing the barriers:

- **Identifying, coordinating, and ensuring access** to needed services
- Enhancing our person-centered care focus of ICPs by **establishing a formal process**; All ICT members and care managers are trained on the importance of a person-centered approach
- Enhancing capacity to **provide ongoing support** in home and community-based settings
- **Providing education and support to members and their caregivers** in culturally appropriate ways about resources available through Medicare and Medicaid, and how to access them
  - **Offering interpretation services in 200+ languages.**

**https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-MOC*