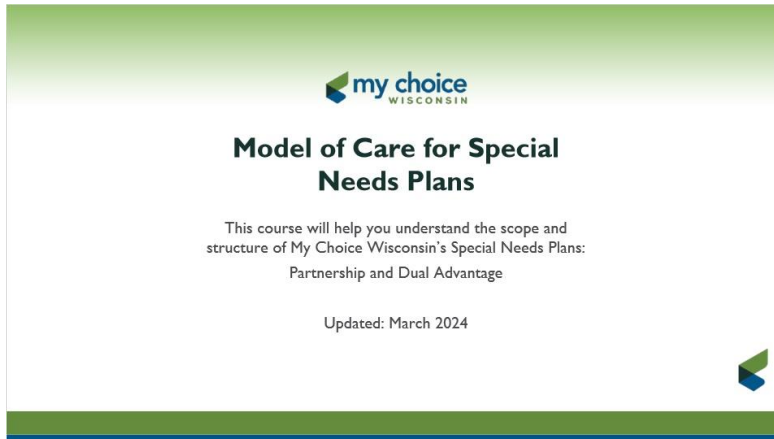


MOC Video for Providers PPT Slides

1. Model of Care Video

1.1 Welcome



1.2 Training Objective



Script:

This course is offered to meet the CMS regulatory requirements for Model of Care Training for our Special Needs Plan at My Choice Wisconsin. It also ensures all employees and providers that work with our special needs plans members have the specialized training this unique population requires.



1.3 Medicare Advantage Special Needs Plan

What is a Medicare Advantage Special Needs Plan?

- Created by Congress in 2003
- Part of the Medicare Modernization Act

My Choice Wisconsin's Dual Eligible SNPs:

- Partnership
- Dual Advantage



Script:

Special Needs Plans were created by Congress as part of the Medicare Modernization Act of 2003 as a new type of Medicare managed care plan focused on certain vulnerable groups of Medicare beneficiaries. My Choice Wisconsin offers 2 Dual eligible Special Needs Plans, Partnership and Dual Advantage. Both programs include individuals who are enrolled in Medicare and are eligible for Medicaid either categorically or through optional coverage groups such as medically needy or special income levels. In order to enroll in our programs, a member must live in a county where My Choice Wisconsin offers them.

1.4 Partnership Plan Overview

PARTNERSHIP

Plan Overview

- Dual eligible (Medicare & Medicaid)
- Contracted with WI DHS and CMS
- Capitated payment to fund services
- No premiums or copays

- Medicare Parts A, B & D
- Medicaid Acute and Primary
- Medicaid Long Term Care
- Medicaid Home & Community Waiver



Script:

Partnership is a dual eligible special needs plan that fully integrates Medicare parts A, B & D, Medicaid Acute and Primary health services, Medicaid long term care services, and Medicaid home and community-based waiver

services through contracts with the Wisconsin Department of Health Services and the Centers for Medicare and Medicaid. My Choice Wisconsin improves access to affordable care through its Model of Care which provides a comprehensive package of services that expand through the entire continuum of care by receiving a capitated payment from Medicaid and Medicare to fund these services. The Partnership program is a zero cost share plan with no premiums and no copays.

1.5 Partnership Eligibility & Membership



PARTNERSHIP

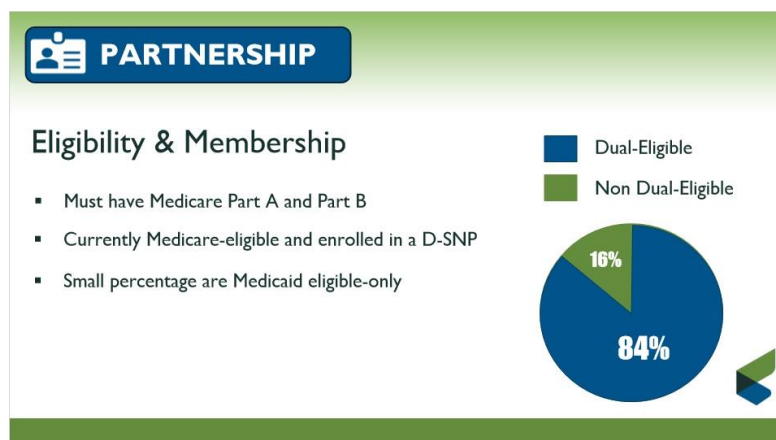
Eligibility & Membership

- Live in the My Choice Wisconsin service area
- Eligible for Medical Assistance (Medicaid) in WI
- 18 years or older
- Target group of frail elder, intellectual/developmental disability or physical disability
- Nursing home level of care

Script:

To be eligible for Partnership program, members must live in the service area. Members must be eligible for Medical Assistance (Medicaid) from the State of Wisconsin. Members must be 18 years or older, Members must meet a state target group of frail, elder, intellectual, or developmental disability or physical disability, and members must meet a nursing home level of care.

1.6 Partnership Eligibility & Membership



PARTNERSHIP

Eligibility & Membership

- Must have Medicare Part A and Part B
- Currently Medicare-eligible and enrolled in a D-SNP
- Small percentage are Medicaid eligible-only

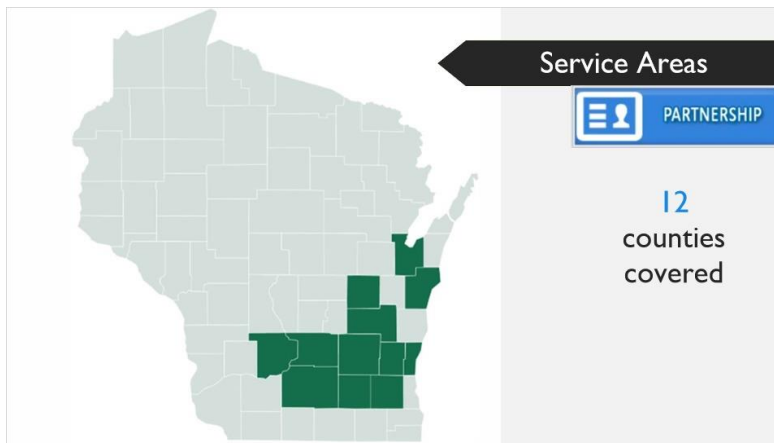
Legend:
■ Dual-Eligible
■ Non Dual-Eligible

Pie chart showing membership distribution:
Dual-Eligible: 84%
Non Dual-Eligible: 16%

Script:

If eligible, members must have Medicare Part A and Part B. Medicare eligible members are enrolled in the dual eligible Special Needs plan. While most members in partnership have Medicare and are enrolled in the Special Needs Plan, a small percentage are Medicaid eligible only. The information in this training focuses on the population of members who are dual eligible. About 84% in Partnership.

1.7 Partnership Service Areas



Script:

My Choice Wisconsin supports the Partnership program in 12 counties in Wisconsin.

1.8 Dual Advantage Plan Overview

The screenshot shows a page titled "DUAL ADVANTAGE" with a "Plan Overview" section. The overview lists three bullet points: "Dual eligible (Medicare & Medicaid)", "Covers all Medicare acute & primary services, including prescription drugs", and "Collaborates with providers of Medicaid services".

Script:

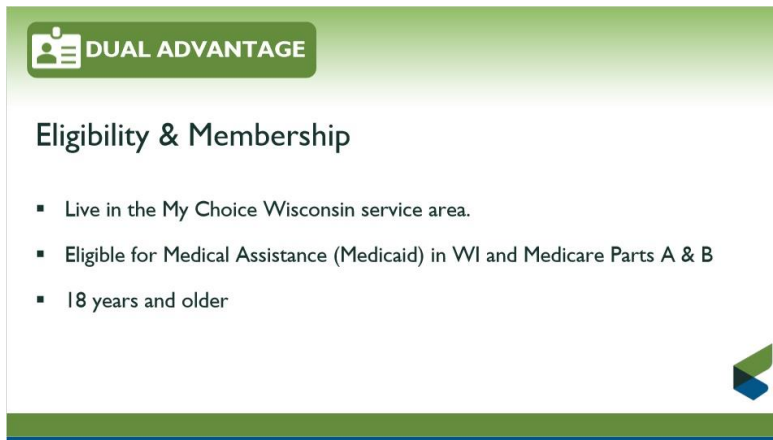
Dual Advantage is a dual eligible Medicare Advantage special needs program

that covers Medicare acute and Primary Health services, including prescription drugs.

Dual Advantage does not cover Medicaid benefits but does collaborate with providers of Medicaid services.

Dual Advantage beneficiaries receive their Medicaid benefits through a variety of sources.

1.9 Dual Advantage Eligibility & Membership



DUAL ADVANTAGE

Eligibility & Membership

- Live in the My Choice Wisconsin service area.
- Eligible for Medical Assistance (Medicaid) in WI and Medicare Parts A & B
- 18 years and older

Script:

To be eligible for Dual Advantage program, a member must live in the service area and be eligible for full Medicaid benefits and Medicare Parts A&B. Members must also be age 18 and older.

1.10 Dual Advantage Eligibility & Membership



DUAL ADVANTAGE

Eligibility & Membership

- May be a member of:
 - Family Care
 - Medicaid SSI
- Must have Medicare Part A and Part B
- Cannot be in Dual Advantage **and** Partnership

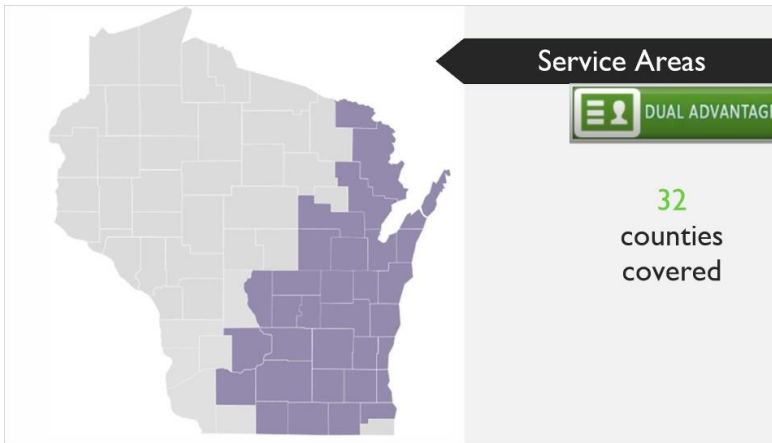
Script:

Adults are also eligible if they are already a member of Family Care or

Medicaid SSI managed care programs and are eligible for Medicare Parts A&B.

Members enrolled in partnership program cannot be enrolled in Medicare Dual Advantage and Partnership at the same time.

1.11 Dual Advantage Service Areas



Script:

My Choice Wisconsin supports the Dual Advantage program in 32 counties in Wisconsin.

1.12 SNP Model of Care Goals

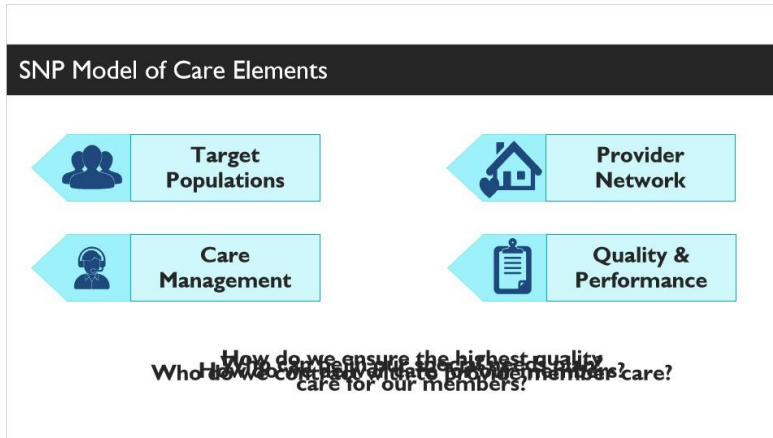


Script:

As part of the approval process to offer Partnership and Dual Advantage special needs plans, My Choice Wisconsin is required to create a written model of care which must be approved by CMS on a regular basis. The Special Needs Plan model of care goals are designed to improve and ensure

that members have access to affordable care and medical, mental health, social and preventative health services, coordinated care through an identified point of contact, transition of care across healthcare settings and practitioners, appropriate utilization of services, cost effective services, and overall improved member health outcomes.

1.13 SNP Model of Care Elements



Script:

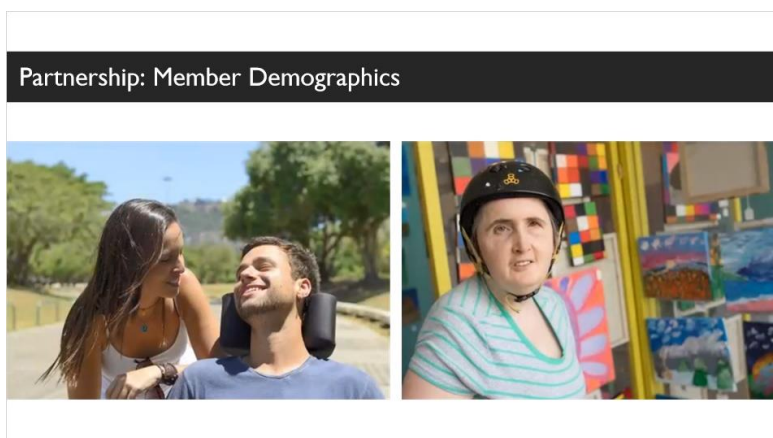
In this part of the training, we'll review the four key areas of special needs plan model of care: Description of the SNPs specific target population - who can be in our special needs plan?

Care management - how do we deliver care for our members?

Provider network - who do we contract with to provide member care?

Quality measurement and performance improvement - how do we ensure the highest quality care for our members?

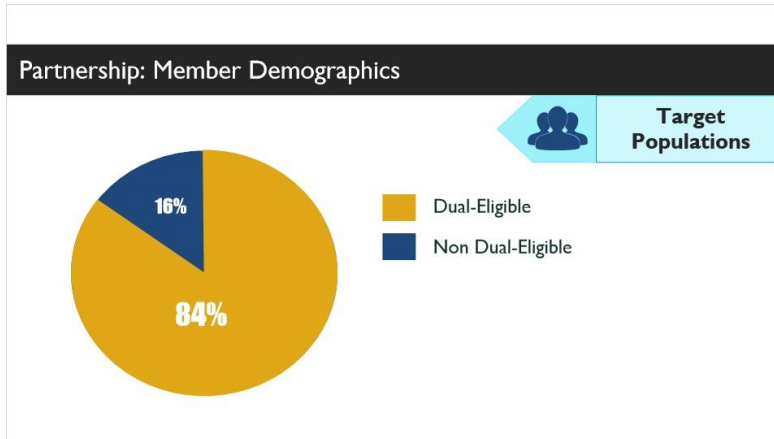
1.14 Partnership Member Demographics Intro



Script:

So, who are the members of our partnership program?
Let's review some demographics.

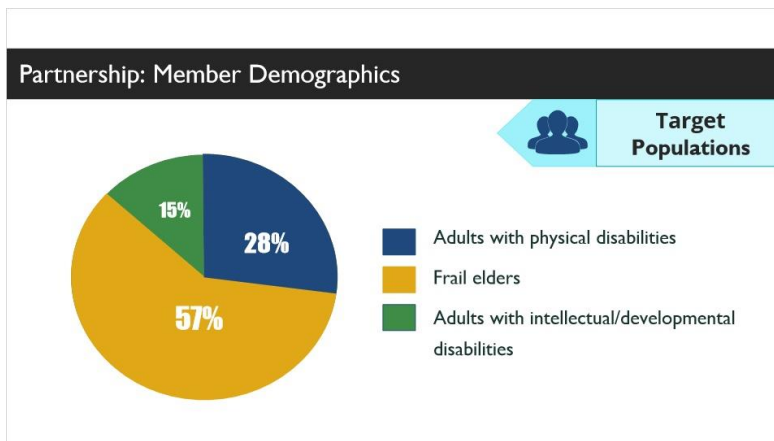
1.15 Partnership Member Demographics



Script:

84% of partnership members are dual eligible, meaning they qualify for both Medicare and Medicaid.

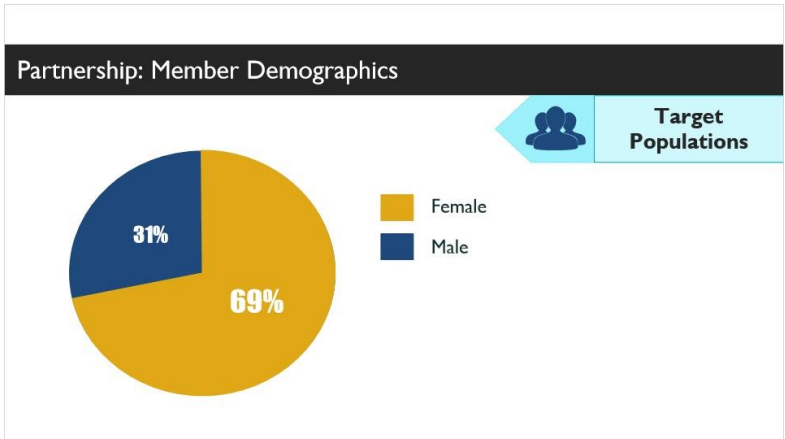
1.16 Partnership Member Demographics



Script:

Members from this group fall into one of our three target populations: adults with physical disabilities, frail elders, or adults with intellectual or developmental disabilities.

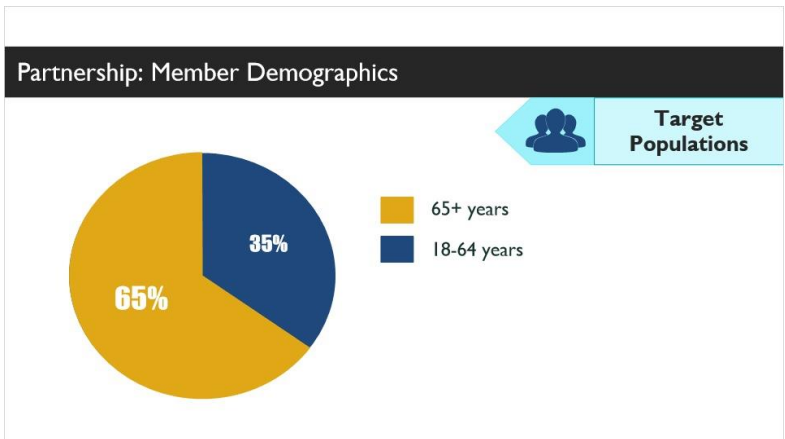
1.17 Partnership Member Demographics



Script:

69% of dual eligible partnership members are female, 31% are male.


1.18 Partnership Member Demographics



Script:

65% of our dual eligible partnership members are over the age of 64.


1.19 Partnership Member Demographics

Partnership: Member Demographics	
<ol style="list-style-type: none">1. Diabetes2. Major Depressive, Bipolar & Paranoid Disorders3. Vascular Disease4. Drug/Alcohol Dependence5. Congestive Heart Failure (CHF)6. Chronic Obstructive Pulmonary Disease (COPD)7. Morbid Obesity8. Specified Heart Arrhythmias9. Protein-Calorie Malnutrition10. Acute Renal Failure	 Target Populations

Script:

The 10 most prevalent diseases occurring across our dual eligible membership in order of prevalence are diabetes, major depressive, bipolar and paranoid disorders, vascular disease, drug or alcohol dependence, congestive heart failure, chronic obstructive pulmonary disease, morbid obesity, specified heart arrhythmias, protein calorie malnutrition, and acute renal failure.

1.20 Partnership Vulnerable Members

Partnership: Vulnerable Members	
<ul style="list-style-type: none">▪ Members with frequent hospitalizations▪ Members at end-of-life▪ Members who are ventilator dependent▪ Members with end-stage renal disease▪ Members with severe & persistent mental illness▪ Members with challenging behaviors	 Target Populations

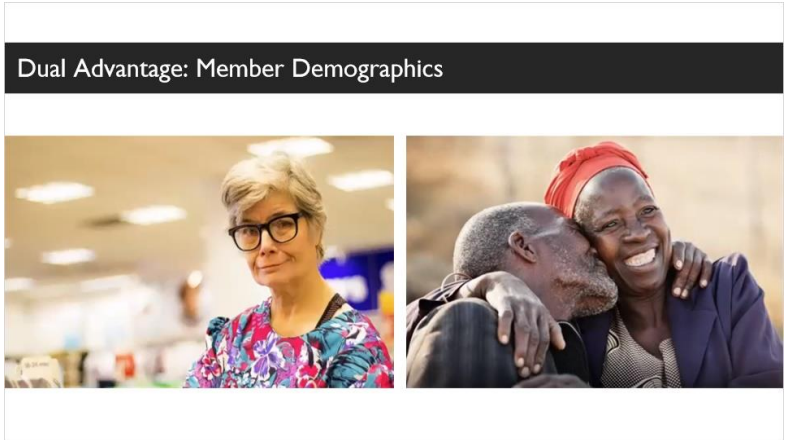
Script:

All members enrolled in partnership must meet a nursing home level of care and all are low-income status. There are some members in this population who are particularly vulnerable.

My Choice Wisconsin identifies its most vulnerable members as members with frequent hospitalizations, members that are at end of life, members dependent on a ventilator long term, members with end stage renal disease,

members with severe and persistent mental illness, and members with challenging behaviors related to severe intellectual disabilities or dementia.

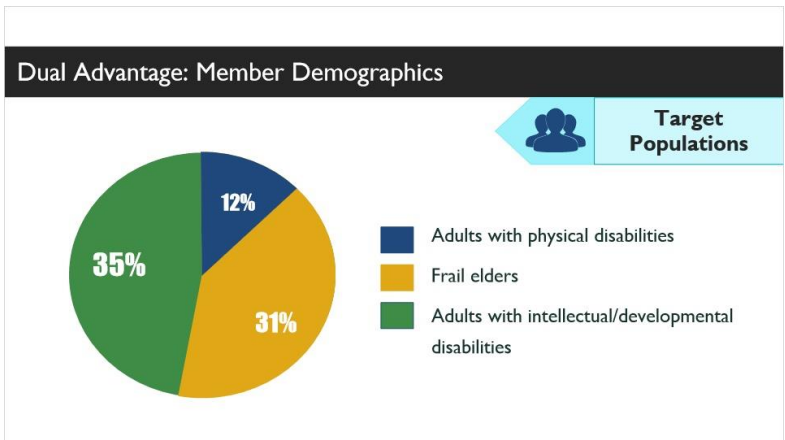
1.21 Dual Advantage Member Demographics



Script:

Who are the members of our Dual Advantage program. Let's review some demographics.

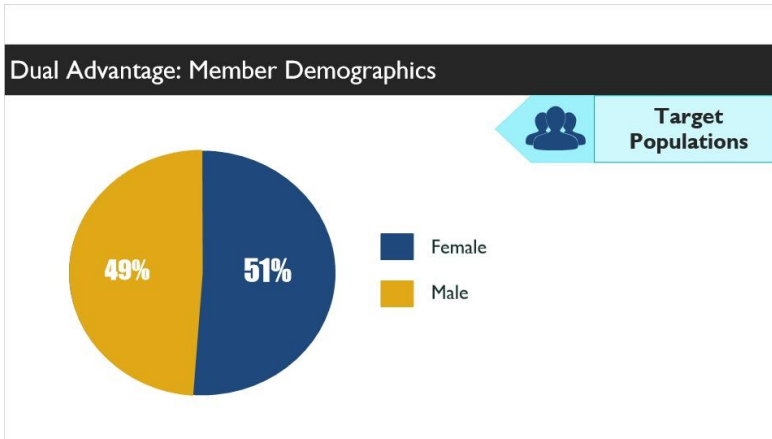
1.22 Dual Advantage Member Demographics



Script:

Although meeting criteria for one of the state target populations is not required to enroll in Dual Advantage, 78% of our membership in Dual Advantage does meet at least one of them.

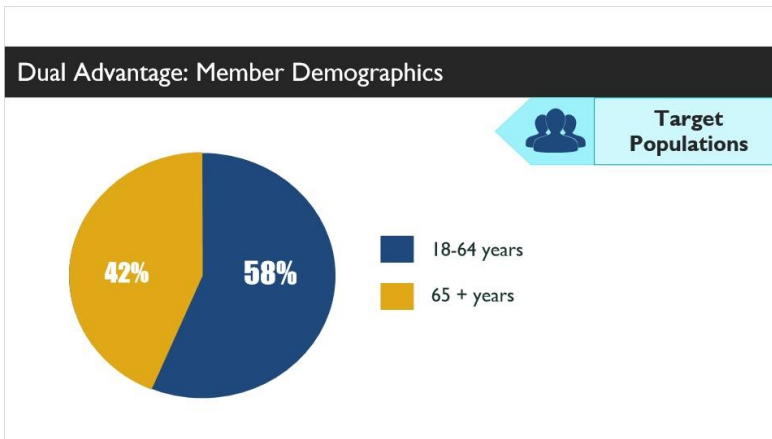
1.23 Dual Advantage Member Demographics



Script:

51% of Dual Advantage members are female and 49% are male.

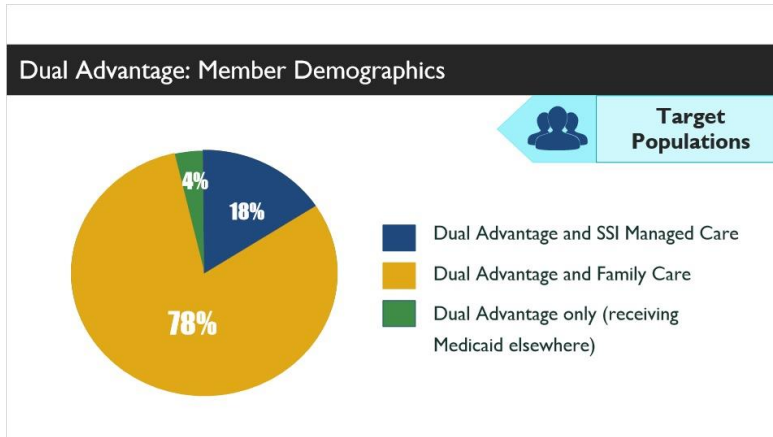
1.24 Dual Advantage Member Demographics



Script:

58% of Dual Advantage members are between the ages of 18 and 64.

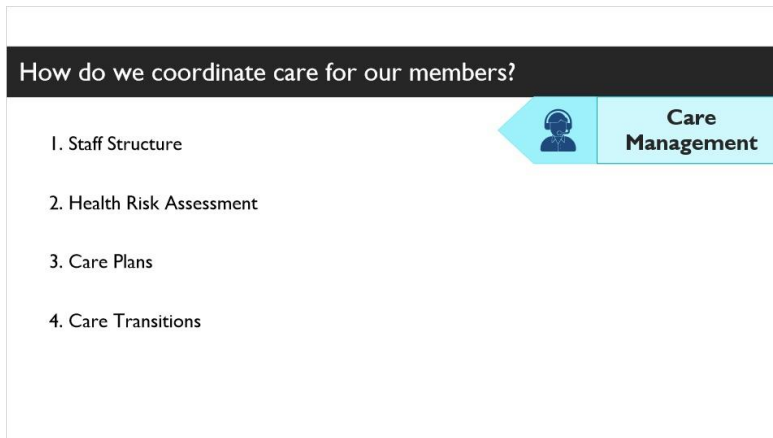
1.25 Dual Advantage Member Demographics



Script:

The majority of Dual Advantage members are also enrolled in Family Care Program or the SSI Managed Care program.


1.26 Coordinating Member Care



Script:

How do we coordinate care for our members? Let's review the staff roles, assessments, and care planning requirements of our model of care.

1.27 Care Management Model: Staff Structure


Care Management Model: Staff Structure	
<ul style="list-style-type: none">▪ Care management staff in interdisciplinary teams (IDT)<ul style="list-style-type: none">▪ outreach to members▪ health risk assessments▪ enrollment and eligibility staff▪ provider services staff▪ quality improvement staff▪ clinical & administrative oversight positions	 Care Management

Script:

My Choice Wisconsin uses a care management model that includes care management staff who provide outreach to our members to perform health risk assessments, develop individualized member care plans, and facilitate care transition activities.

Additional roles pertinent to the model of care include enrollment and eligibility staff, provider services staff, quality improvement staff, and clinical and administrative oversight positions.

1.28 Interdisciplinary Care Team (IDT)

Interdisciplinary Care Team (IDT)	
<ul style="list-style-type: none">▪ Provide ongoing assessment and care planning▪ Have experience working with elderly & adults with disabilities▪ Are competent to address needs of members▪ Receive extensive initial and annual training	 Care Management
My Choice Wisconsin's IDT includes:	
<ul style="list-style-type: none">▪ Care Manager or Care Coordinator▪ Registered Nurse Care Manager	

Script:

The interdisciplinary team (IDT) provides ongoing assessment and care planning with all members to ensure clinical, functional, and long-term care needs are addressed. My Choice Wisconsin IDT staff have experience working with elderly and individuals with disabilities as well as competency to address the needs of the population in My Choice Wisconsin's programs. All

IDT staff receive extensive initial and annual training to support their understanding of requirements and to strengthen their knowledge of the populations they work with. Core IDT for Every member includes a Care Manager or Care Coordinator, a Registered Nurse Care Manager, and for members with long term care benefits, there may be an additional RN Care Manager and Care Manager on the team.


1.29 Interdisciplinary Care Team (IDT)

Interdisciplinary Care Team (IDT)	
<ul style="list-style-type: none"> ▪ Assisting My Choice Wisconsin staff include: <ul style="list-style-type: none"> ▪ Nurse Practitioner / Physician Assistant ▪ Mental Health / AODA Care Manager ▪ Medical Director ▪ Pharmacist 	 Care Management

Script:

In addition to the core IDT, members have access to the other staff directly or indirectly who assist the IDT with care planning and care coordination activities. These include, but are not limited to, nurse practitioner or physician's assistant, mental health or alcohol and other drug abuse care manager, medical director, Pharmacist.


1.30 Interdisciplinary Care Team (IDT)

Interdisciplinary Care Team (IDT)	
<ul style="list-style-type: none"> ▪ Assisting providers outside of My Choice Wisconsin: <ul style="list-style-type: none"> ▪ Primary care providers ▪ Specialty medical providers ▪ Mental Health providers (psychiatrist or counselor) ▪ Restorative therapists (PT / OT / Speech) ▪ Nursing Home or residential providers ▪ Family / caregivers identified by member 	 Care Management

Script:

Additional service providers commonly participate as part of the IDT, such as, primary care providers, specialty medical providers, psychiatrist or counselor, restorative therapists, nursing home or residential providers, family and other caregivers identified by the member.


1.31 Care Management Model: Health Risk Assessment

Care Management Model: Health Risk Assessment	
<ul style="list-style-type: none">Care Management staff assess for:<ul style="list-style-type: none">MedicalFunctionalCognitivePsychosocialMental Health	 Care Management

Script:

Each member of the care team has a set of standardized assessments they are expected to complete in order to gain the necessary information to appropriately identify medical, functional, cognitive, psychosocial, and mental health needs of each member while taking into account member goals and preferences. This is achieved through coordination between staff across the organization.




1.32 Care Management Model: Health Risk Assessment

Care Management Model: Health Risk Assessment	
<ul style="list-style-type: none">Health Assessments by Registered NursePsychosocial Assessments by Care Manager or Care CoordinatorHistory & Physical Assessment by Nurse Practitioner or Physician Assistant (annual may be coordinated with PCP)Regular reassessment in each of the areas above	 Care Management

Script:

The Health Risk assessment is a compilation of assessments completed by various clinical care management staff and includes the following, Initial and annual health assessments by a registered nurse, initial and annual psychosocial assessments by a care manager or care coordinator, initial history and physical by a nurse practitioner or physician's assistant (annual H and P's may be coordinated with the members Primary Care Provider), reassessments done by the RN or Care Manager or Care Coordinator.



1.33 Health Risk Assessment (HRA)

Health Risk Assessment (HRA)	
<ul style="list-style-type: none">▪ Begins within 10 days of enrollment▪ May be in person or via phone▪ Reviewed quarterly, every 6 months, and annually▪ Additional reassessment as needed, particularly for:<ul style="list-style-type: none">▪ Change in member's condition▪ Care transition	 <p>Care Management</p>  

Script:

The initial health risk assessment begins within 10 days of a member's enrollment and is completed within 60 days or 90 days in person or via phone depending on the member's enrollment. Following the initial assessment, ongoing 6 month and annual assessments are completed routinely. At least once each quarter, the member's compilation of assessments are reviewed for any active areas or changes. Other assessments are completed as needed based on the individual member including at the time of any changes in condition. Specific templates are used to complete the HRA in order to ensure comprehensiveness and consistency and are documented in a centralized care management system.


1.34 Individualized Care Plans

Individualized Care Plans	
<ul style="list-style-type: none">▪ Developed within 60 days of enrollment▪ Care plan includes:<ul style="list-style-type: none">▪ Member-identified needs▪ Care team-identified needs▪ Member-identified goals▪ Reviewed every 6 months from most recent plan▪ May be shared with providers as appropriate	 Care Management 

Script:

Care plans are developed with each member within 60 days of their enrollment in a program. The care team meets with each member, their legal decision maker (if the member has one), and anyone else the member designates as important in creating the plan. Care plans include needs identified by the member and or the care team during the health risk assessment, as well as member identified goals. Care plans are reviewed at least every six months from the date of the most recent plan and are often completed in person with the member. Certain components of a member's care plan are shared with his or her medical and long-term care providers as appropriate, such as a list of diagnosis or medications to coordinate care.

1.35 Care Transitions


Care Transitions	
<ul style="list-style-type: none">▪ Follow up with members within three business days▪ Assess the member in their environment▪ Mitigate risk factors through assessment and care planning	 Care Management
Care Transition include:	
<ul style="list-style-type: none">▪ Hospital transitions to home or a resident facility▪ Non-Hospital transitions to or from a residential facility	

Script:

My Choice Wisconsin recognizes care transitions as a vulnerable time for all members and has developed extensive protocols for use during hospital and

non-hospital transitions. The IDT is responsible for assisting members with care transitions by attempting to establish contact within 3 business days after the transition to assess the member in their environment. The team conducts evaluations that focus on prevention of hospital admissions and readmissions and provides ongoing assessment and care planning to prepare for and prevent mitigating risk factors.


1.36 Non-Hospital Care Transitions

Non-Hospital Care Transitions	
<ul style="list-style-type: none"> ▪ Assist the member in identifying the appropriate setting to meet the member's level of care ▪ Assist with transition activities that promote safety and reduce risks such as home evaluations, medical equipment, medication management ▪ Initiate and discontinue services as indicated ▪ Share the member's plan of care across settings 	 Care Management

Script:

The IDT activities for non-hospital care transitions include but are not limited to assisting the member in identifying the appropriate setting to meet the members level of care; Assisting with transition activities that promote safety and reduced risks such as home evaluations, medical equipment, medication management; Initiating and discontinuing services as indicated; Sharing the member's plan of care across settings.

1.37 Hospital Care Transitions


Hospital Care Transitions	
<ul style="list-style-type: none"> ▪ Communicate and coordinate with hospital staff ▪ Coordinate discharge needs with hospital staff 	 Care Management
Staff involved in hospital care transitions:	
<ul style="list-style-type: none"> ▪ Utilization Review RN ▪ Registered Nurse Care Manager ▪ Care Manager 	


Script:

Hospital care transitions are closely monitored and managed by the IDT and other clinical staff. Open communication throughout the course of the stay is imperative to ensure good outcomes and to reduce readmissions. My Choice Wisconsin seeks to partner closely with hospital staff to improve outcomes and reduce readmissions. The utilization review RN is involved with hospital staff providing clinical care throughout the members hospitalization stay. RN and Care Manager staff actively coordinate discharge needs with hospital staff. It is important for hospitals to alert staff of readmissions as quickly as possible so the IDT can begin working on transition plans.

1.38 Provider Network Intro

Who do we contract with to provide care for members?

 **Provider Network**



Script:

Who do we contract with to provide care for our members? Let's review the MCO's Provider Network.

1.39 Specialized Provider Expertise

Specialized Provider Expertise


 **Provider Network**

- traumatic brain injury
- geriatric or intellectual disability needs
- specific training in complex behaviors
- primary care & specialty medical providers
- medical centers with dialysis services
- specialty outpatient clinics such as therapy services and heart & vascular physicians

Script:

My Choice Wisconsin has established a host of long-term care and medical providers in our network that specialize in the care of the dual eligible population across our programs. Our network includes specialized expertise such as providers with traumatic brain injury experience, psychiatrists specializing in geriatric or intellectual disability needs, residential providers with specific training and complex behaviors, and a full array of primary care and specialty medical providers. Our service area is robust with medical centers that provide dialysis services and specialty outpatient clinics such as therapy services and heart and vascular physicians.

1.40 Evidence-Based Clinical Guidelines

Evidence-Based Clinical Guidelines	
<ul style="list-style-type: none">▪ US Preventative Task Force▪ National Guideline Clearinghouse▪ Medicare▪ Medicaid▪ McKesson InterQual Review Criteria	 Provider Network


Script:

IDT staff under the direction of the medical director utilize an array of evidence based clinical guidelines. These guidelines include but are not limited to: US Preventative Task Force, National Guideline Clearinghouse, Medicare, Medicaid, McKesson InterQual Review Criteria.

1.41 Provider Network Training

Provider Network Training

- Model of Care
- Orientation
- Fraud, Waste, and Abuse
- Claims and Billing
- Informal training via communication with My Choice Wisconsin staff






Provider Network

Script:

Upon contracting with My Choice Wisconsin, Provider Services notifies providers of the availability of online Model of Care training. Other training available to providers includes but is not limited to online orientation training webinar, online fraud, waste, and abuse training, online claims and billing training, informal training online and in person. Informal training occurs whenever staff is communicating with providers.

1.42 Quality & Performance Intro

How do we ensure quality care for our members?




Quality & Performance

Script:

How do we ensure the highest quality of care for our members?
Let's review My Choice Wisconsin's quality management program, designed to monitor the quality of services and outcomes for our members.


1.43 Quality Measurements

Quality Measurements	
<ul style="list-style-type: none">▪ Health Effectiveness Data and Information Set (HEDIS)▪ Health Outcomes Survey (HOS)▪ Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)▪ Medicare Advantage Part C & Part D reporting▪ Annual Quality Review (conducted by MetaStar)▪ Measurable Goals & Health Outcomes	 Quality & Performance

Script:

My Choice Wisconsin has a Quality Management Department that meets the standards set forth by the Wisconsin Department of Health Services and the Centers for Medicare and Medicaid Services. This Department monitors performance for My Choice Wisconsin's programs using data from a number of sources. Health Effectiveness Data and Information Set (HEDIS), Health Outcomes Survey (HOS), Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS), Medicare Advantage Part C and Part D reporting, Annual quality review (conducted by MetaStar), Measurable Goals and Health Outcomes.

1.44 Measurable Goals and Health Outcomes


Measurable Goals and Health Outcomes	
<ul style="list-style-type: none">▪ Improved access to care▪ Improved affordability of care▪ Improved coordination of care▪ Enhanced care transitions▪ Appropriate utilization of preventative care services	 Quality & Performance

Script:

Measurable Goals and Health Outcomes are developed on an ongoing basis in the following categories: Improved access and affordability of the healthcare needs of the population; Improved coordination of care;

Enhanced care transitions across healthcare settings and providers;
Appropriate utilization of services for preventative health and chronic conditions.

1.45 Member Satisfaction


Member Satisfaction	
<ul style="list-style-type: none">▪ Wisconsin Member Satisfaction Survey▪ Health Outcomes Survey (HOS)▪ Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)	 Quality & Performance

Script:

To help inform and improve our quality measures and goals, My Choice Wisconsin also solicits information from our members about their experience with My Choice Wisconsin.

Member satisfaction is measured using data from the following sources: Wisconsin Member Satisfaction Survey, Health Outcomes Survey, CAHPS Survey.

1.46 Quality Improvement

Quality Improvement	
<ul style="list-style-type: none">▪ Performance Improvement Projects (PIPS)▪ Chronic Care Improvement Program (CCIP)▪ Quality Improvement Projects (QIPS)	 Quality & Performance
For each of these projects:	
<ul style="list-style-type: none">▪ Metrics and data systems are established▪ Specific measures and goals are evaluated and adjusted annually	

Script:

My Choice Wisconsin engages in ongoing quality improvement activities

through Wisconsin Department of Health Services and CMS approved performance improvement projects, chronic care improvement program, and quality improvement projects. Metrics are established for the measurable goals and quality improvement activities. The specific measures and goals are evaluated and adjusted annually. Additional information on our quality results can be found on our website.

1.47 Key Take-Aways

Key Take-Aways

My Choice Wisconsin's Dual Eligible SNPs:

- PARTNERSHIP
- DUAL ADVANTAGE

Target Populations

- Enrolled in Medicare
- Eligible for Medicaid

Script:

That was a lot of information. So here are some key takeaways from the training. My Choice Wisconsin offers 2 dual eligible special needs plans. To be eligible, members must live in the service area and be enrolled in Medicare and eligible for Medicaid from the State of Wisconsin.

1.48 Key Take-Aways

Key Take-Aways

Care Coordination


- Care management staff in interdisciplinary teams (IDT)
 - complete assessments
 - develop individualized plan of care
 - coordinate services
 - collaborate with providers

Script:

Care teams work with members to complete assessments and develop an individualized plan of care. They also coordinate a member's care with other medical professionals.

1.49 Key Take-Aways

Key Take-Aways

 **Provider Network**







My Choice Wisconsin's Provider Network has specialized knowledge and expertise needed to care for the members enrolled in our SNPs.

Script:

My Choice Wisconsin's provider network has specialized knowledge and expertise needed to care for the members enrolled in our Special Needs Plans.

1.50 Key Take-Aways

Key Take-Aways

-  Access to affordable care and medical, mental health, social and preventative health services **1**
-  Coordinated care through an identified point of contact **2**
-  Transition of care across health care settings and practitioners **3**
-  Appropriate utilization of services **4**
-  Cost-effective services **5**
-  Overall improved member health outcomes **6**

Script:

My Choice Wisconsin then monitors and measures the quality-of-service delivery to our members to ensure that they have access to essential available services, access to Affordable Care, seamless care coordination and care transitions, appropriate utilization of healthcare services, and overall


improved member health outcomes.

1.51 Review with Knowledge Checks

Review with Knowledge Checks

1. Pause the video at the beginning of each knowledge check question.
2. Read the question and choices and try to guess the correct answer.
3. Then resume or click play to see if you got it right.
4. Proceed through each knowledge check question in this way.

* There are 6 questions total.



1.52 Knowledge Check 1

Knowledge Check 1

To be eligible for My Choice Wisconsin's Dual Advantage program, a person must:

- A. Be enrolled in Partnership
- B. Be enrolled in or eligible for Medicaid and Medicare**
- C. Be enrolled in Family Care
- D. Be a member of My Choice Wisconsin

The Answer is B

A person can be a member of My Choice Wisconsin and enroll in Dual Advantage. Members can pair Dual Advantage with Family Care. Members cannot have both Dual Advantage and Partnership.

1.53 Knowledge Check 2

Knowledge Check 2

One of SNP Model of Care goals is to provide a transition of care across health care settings.

- TRUE**
- FALSE

The answer is TRUE

Other Model of Care goals include access to affordable and coordinated care, appropriate utilization of cost-effective services, and improved member health outcomes.

1.54 Knowledge Check 3

Knowledge Check 3

Care Management staff assess members and take into account only what the care team thinks the member's goals should be.

TRUE

FALSE

The answer is FALSE

Care Management staff also take into account the member's goals and preferences.

1.55 Knowledge Check 4

Knowledge Check 4

Care Transitions include which of the following responsibilities?

A. Coordinating discharge needs with hospital staff

B. Initiating and discontinuing services as indicated

C. Assisting in identifying appropriate setting to meet level of care

D. All of the above

The Answer is C

These are just some activities involved in care transitions and is not an all-inclusive list.

1.56 Knowledge Check 5

Knowledge Check 5

Providers in our network receive training on the model of care, fraud, waste, and abuse, and claims and billing.

TRUE

FALSE

The answer is TRUE

Provider training also includes informal training via communication with My Choice Wisconsin staff.

1.57 Knowledge Check 6

Knowledge Check 6

Quality Measures Goals and Health Outcomes are developed on an ongoing basis in the following categories:

- A. Improved access and affordability of care
- B. Improved coordination of care, including care transitions
- C. Cost reduction of necessary services
- D. Both A and B

The Answer is D

Categories also include the appropriate utilization of preventative care services.

1.58 End of Training

End of Training

Thank You for completing the training! Now you know about MCW's Model of Care Plan and how we provide care and services for our members.

You may exit the training.

