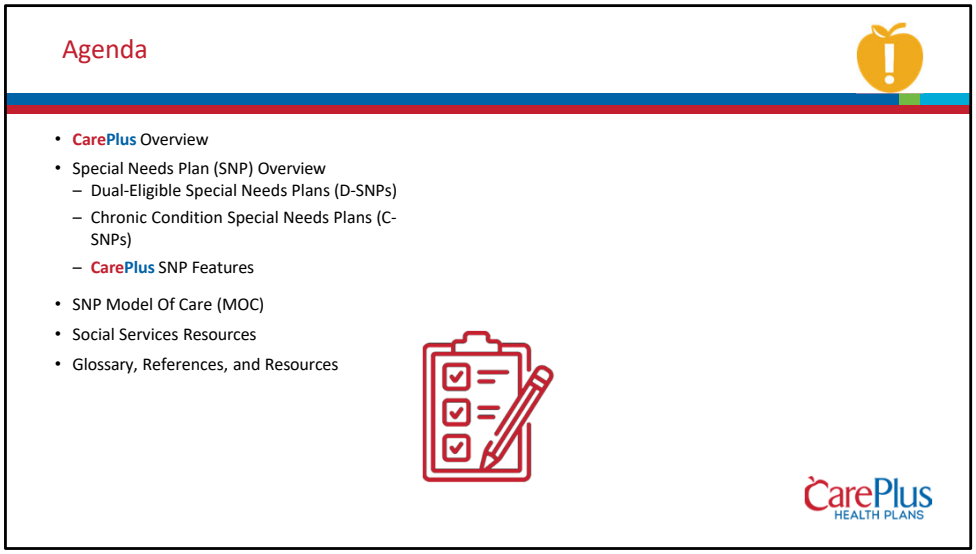
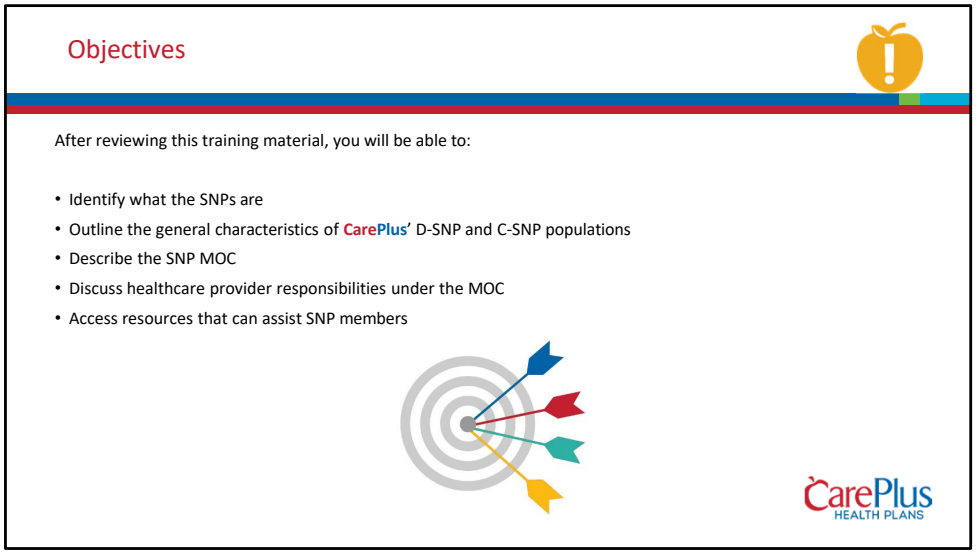
Welcome to CarePlus' 2024 training for physicians and other healthcare professionals who work with members enrolled in CarePlus' special needs plans. This annual training is required by the Centers for Medicare & Medicaid Services.



This is our training agenda.
We will first go over some basic CarePlus information then review the Dual-Eligible and Chronic Condition SNPs. After that, there is an overview of the components of CarePlus' model of care, or MOC, which is our plan for ensuring that the unique needs of SNP members are identified and met.

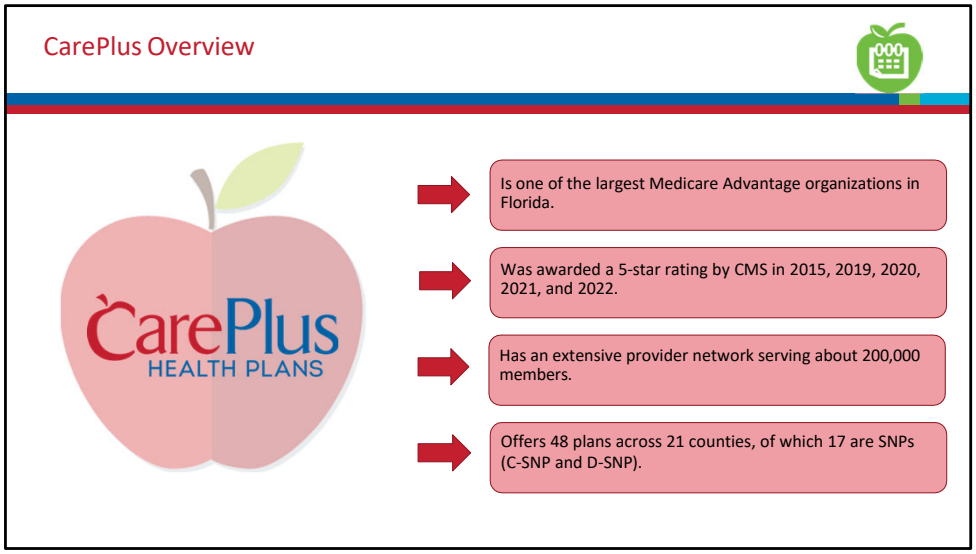


By the end of this module, you will be able to:

Describe D-SNPs and C-SNPs
Outline the general characteristics of CarePlus' D-SNP and C-SNP populations
Explain a MOC and describe CarePlus' MOC
Discuss healthcare provider responsibilities under the MOC
Access resources that can assist SNP members

CarePlus Overview

We will begin with a brief overview of CarePlus.



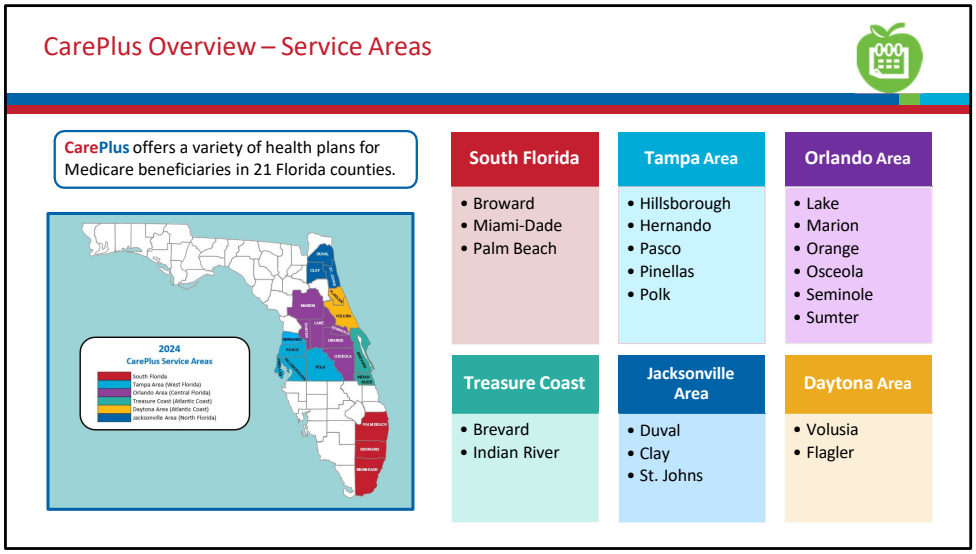
As of Aug. 21, 2023, CarePlus is one of the largest Medicare Advantage organizations in Florida, serving about 200,000 members. Our plans include extra benefits and resources and even wellness classes. We listened to our members' needs and designed our Medicare Advantage plans to help them get what they are looking for.

CarePlus has been awarded the Medicare Advantage contract since 1998 and since then has achieved the 5-Star rating from the Centers for Medicare & Medicaid Services (CMS) for outstanding plan performance and care coordination 5 times.
For 2023 and 2024, we received a 4-Star rating.

Our extensive network of fully credentialed physicians and other healthcare providers offer quality, compassionate, coordinated care to our members, all of whom have Medicare Parts A and B and reside in our service areas.

In 2024, CarePlus offers 48 plans including 12 C-SNP (CareComplete Platinum/CareBreeze Platinum) and 5 D-

SNP Plans (CareNeeds Plus/CareNeeds Platinum)
More than 83,000 members are enrolled in one of our CarePlus SNP Plans.

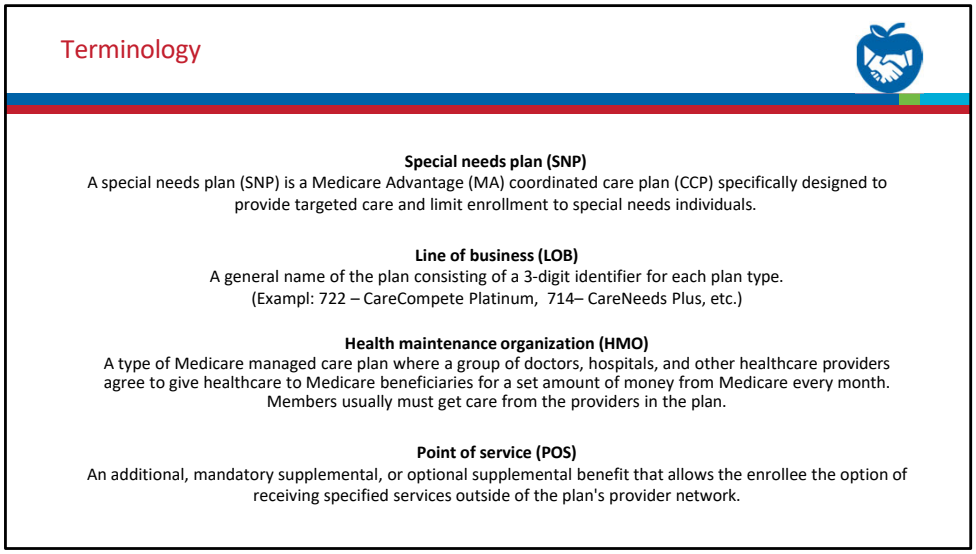


CarePlus offers a variety of health plans for Medicare beneficiaries across 21 counties in the state of Florida. In 2024 the service areas have remained the same as it was for 2023, however the names of two regions have been updated. Space coast has now been renamed to Treasure Coast and North Florida has now been renamed to Jacksonville Area.

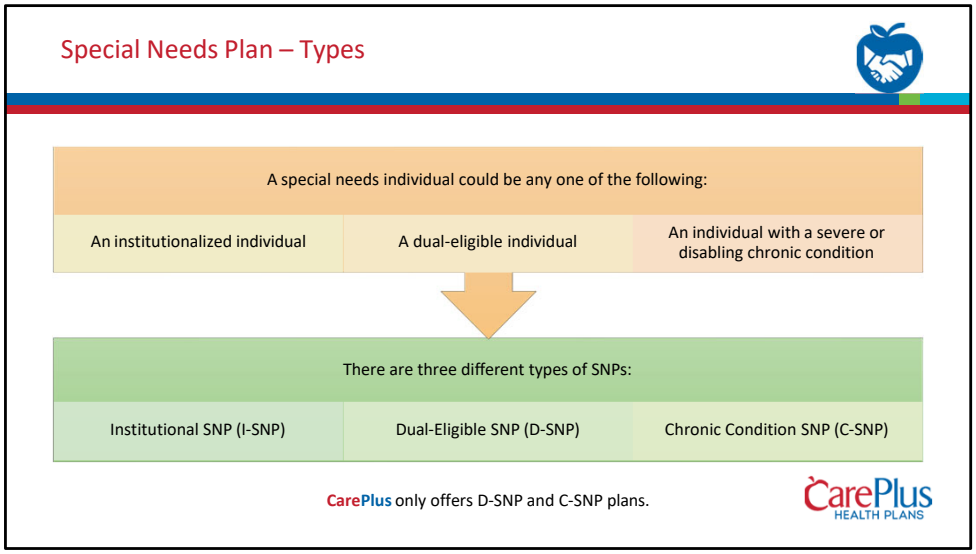
SNP Overview

CarePlus HEALTH PLANS

In this section, we will discuss everything you need to know about SNPs.

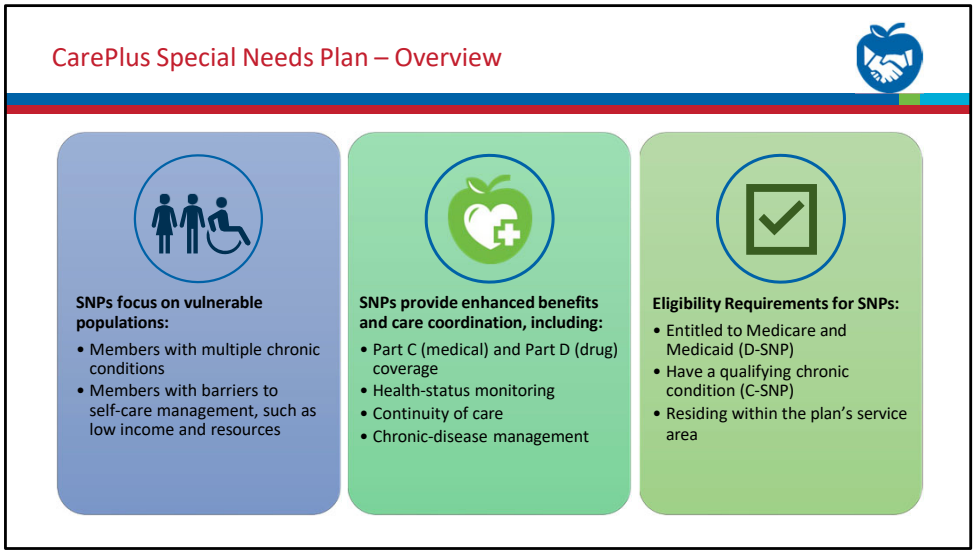


A SNP is a MA coordinated care plan (CCP) specifically designed to provide targeted care and limit enrollment to special needs individuals.



Special needs individuals can fall under three categories that determine the type of special needs plan they can enroll into.
An institutionalized individual can qualify for an I-SNP,
a dual eligible individual can qualify for a D-SNP,
and an individual with a chronic condition can qualify for a C-SNP.

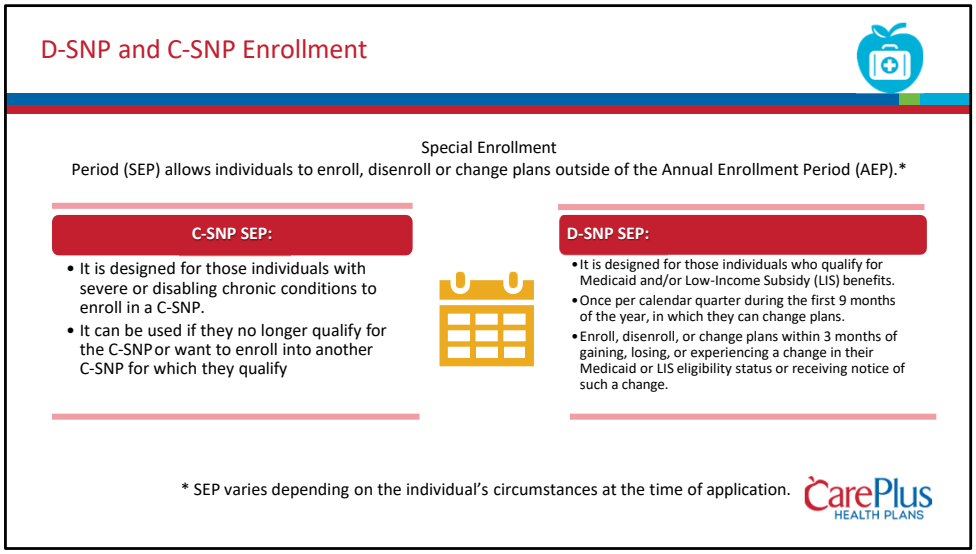
CarePlus does not offer I-SNPs.



A SNP is a Medicare Advantage plan limited to specific populations. It is designed to provide enhanced benefits and targeted care that meet a patient's special needs. All SNP members are case managed and monitored. Supported by their case manager, members work toward achieving the goals outlined in their individualized care plan, which is a plan designed to address their unique needs.

SNPs include medical (Part C) and drug (Part D) coverage and provide close care coordination, continuity of care, access to benefits and information, and chronic disease management.

Care managers collaborate with healthcare providers to develop care plans that specifically address the SNP member's needs.

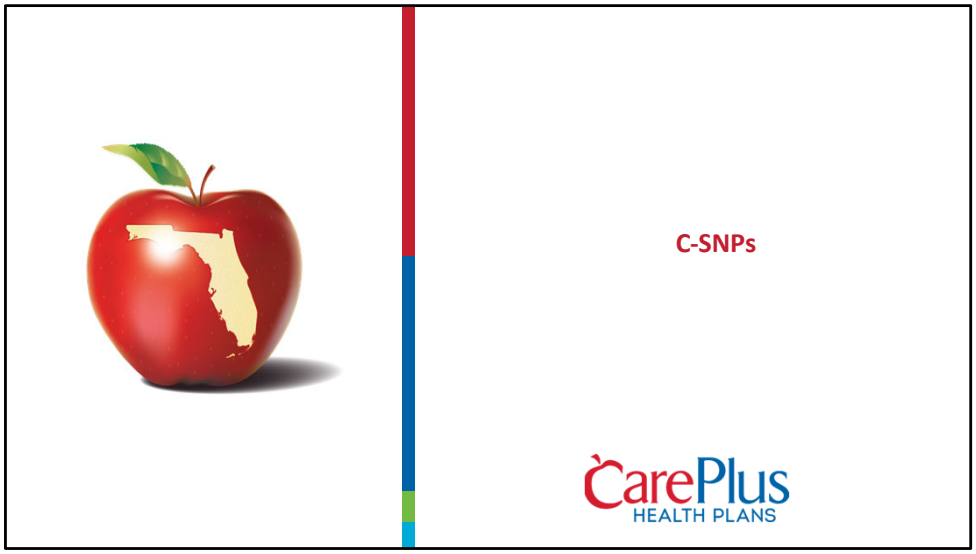


Dual-eligible and chronic condition members may generally enroll at any point during the year.

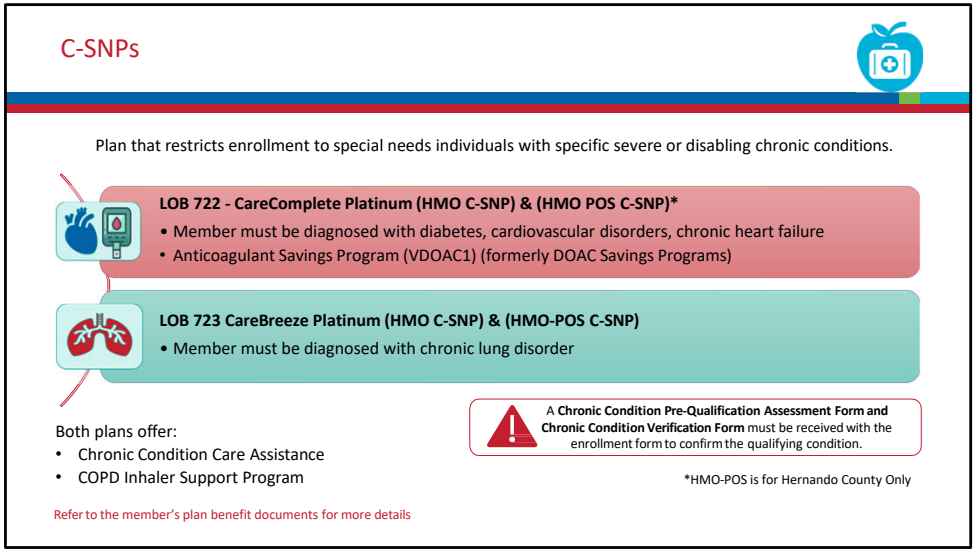
C-SNP members have a special enrollment period to enroll into a plan that can help address their condition. The SEP will end once they enroll.

D-SNP members have a special enrollment period where they can change plans once per calendar quarter during the first 9 months of the year.

Duals and other Medicare beneficiaries receiving the LIS, or Low-Income Subsidy, also have an SEP in which to enroll, disenroll, or change plans within 3 months of gaining, losing, or changing their LIS eligibility status or receiving notice of such a change.



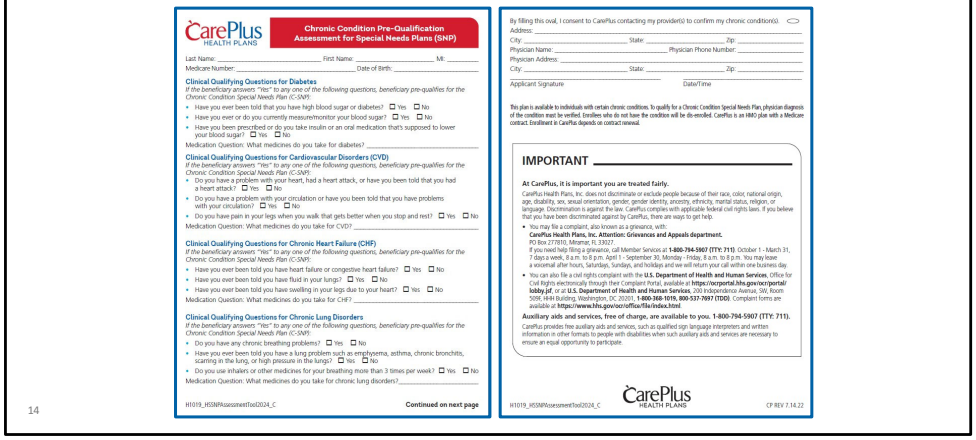
This next section is on C-SNPs.



There are 12 C-SNPs between CareComplete Platinum and CareBreeze Platinum.

Chronic Condition Special Needs Plan (C-SNP) - Special needs plans that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions. The CareComplete plans are for members who have been diagnosed with 1 or more of the following chronic conditions: Cardiovascular disorder, chronic heart failure, or diabetes. The CareBreeze Plans are for those diagnosed with a chronic lung disorder.

C-SNP – Chronic Condition Pre-Qualification Assessment



CarePlus HEALTH PLANS

Chronic Condition Pre-Qualification Assessment for Special Needs Plans (SNP)

Last Name: _____ First Name: _____ MI: _____

Medicare Number: _____ Date of Birth: _____

Clinical Qualifying Questions for Diabetes

If the beneficiary answers "Yes" to any one of the following questions, beneficiary pre-qualifies for the Chronic Condition Special Needs Plan (C-SNP):

- Have you ever been told that you have high blood sugar or diabetes? ☐ Yes ☐ No
- Have you ever or do you currently measure/monitor your blood sugar? ☐ Yes ☐ No
- Have you been prescribed or do you take insulin or an oral medication that's supposed to lower your blood sugar? ☐ Yes ☐ No

Medication Question: What medicines do you take for diabetes? _____

Clinical Qualifying Questions for Cardiovascular Disorders (CVD)

If the beneficiary answers "Yes" to any one of the following questions, beneficiary pre-qualifies for the Chronic Condition Special Needs Plan (C-SNP):

- Do you have a problem with your heart, had a heart attack, or have you been told that you had a heart attack? ☐ Yes ☐ No
- Do you have a problem with your circulation or have you been told that you have problems with your circulation? ☐ Yes ☐ No
- Do you have pain in your legs when you walk that gets better when you stop and rest? ☐ Yes ☐ No

Medication Question: What medicines do you take for CVD? _____

Clinical Qualifying Questions for Chronic Heart Failure (CHF)

If the beneficiary answers "Yes" to any one of the following questions, beneficiary pre-qualifies for the Chronic Condition Special Needs Plan (C-SNP):

- Have you ever been told you have heart failure or congestive heart failure? ☐ Yes ☐ No
- Have you ever been told you have fluid in your lungs? ☐ Yes ☐ No
- Have you ever been told you have swelling in your legs due to your heart? ☐ Yes ☐ No

Medication Question: What medicines do you take for CHF? _____

Clinical Qualifying Questions for Chronic Lung Disorders

If the beneficiary answers "Yes" to any one of the following questions, beneficiary pre-qualifies for the Chronic Condition Special Needs Plan (C-SNP):

- Do you have any chronic breathing problems? ☐ Yes ☐ No
- Have you ever been told you have a lung problem such as emphysema, asthma, chronic bronchitis, scarring in the lung, or high pressure in the lungs? ☐ Yes ☐ No
- Do you use inhalers or other medicines for your breathing more than 3 times per week? ☐ Yes ☐ No

Medication Question: What medicines do you take for chronic lung disorders? _____

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By filling this oval, I consent to CarePlus contacting my provider(s) to confirm my chronic condition(s). ⬭

Address: _____

City: _____ State: _____ Zip: _____

Physician Name: _____ Physician Phone Number: _____

Physician Address: _____

City: _____ State: _____ Zip: _____

Applicant Signature _____ Date/Time _____

This plan is available to individuals with certain chronic conditions. To qualify for a Chronic Condition Special Needs Plan, physician diagnosis of the condition must be verified. Enrollees who do not have the condition will be dis-enrolled. CarePlus is an HMO plan with a Medicare contract. Enrollment in CarePlus depends on contract renewal.

IMPORTANT

At CarePlus, it is important you are treated fairly.

CarePlus Health Plans, Inc. does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. CarePlus complies with applicable federal civil rights laws. If you believe that you have been discriminated against by CarePlus, there are ways to get help.

- You may file a complaint, also known as a grievance, with **CarePlus Health Plans, Inc. Attention: Grievances and Appeals department.** PO Box 277810, Miramar, FL 33027. If you need help filing a grievance, call Member Services at **1-800-794-5907 (TTY: 711)**. October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.

Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711).

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

CarePlus HEALTH PLANS

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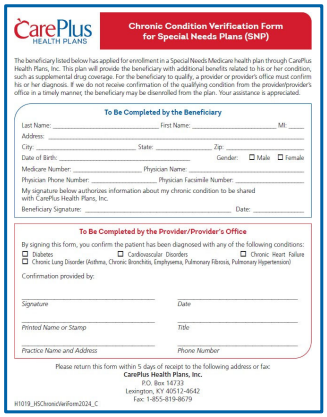
Here is a sample of the pre-qualification assessment for special needs plans.

C-SNP – Chronic Condition Verification Form



CarePlus HEALTH PLANS

Chronic Condition Verification Form for Special Needs Plans (SNP)

The beneficiary listed below has applied for enrollment in a Special Needs Medicare health plan through CarePlus Health Plans, Inc. This plan will provide the beneficiary with additional benefits related to his or her condition, such as supplemental drug coverage. For the beneficiary to qualify, a provider or provider's office must confirm his or her diagnosis. If we do not receive confirmation of the qualifying condition from the provider/provider's office in a timely manner, the beneficiary may be disenrolled from the plan. Your assistance is appreciated.

To Be Completed by the Beneficiary

Last Name: _____ First Name: _____ MI: ____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Gender: ☐ Male ☐ Female
Medicare Number: _____ Physician Name: _____
Physician Phone Number: _____ Physician Facsimile Number: _____
My signature below authorizes information about my chronic condition to be shared with CarePlus Health Plans, Inc.
Beneficiary Signature: _____ Date: _____

To Be Completed by the Provider/Provider's Office

By signing this form, you confirm the patient has been diagnosed with any of the following conditions:
☐ Diabetes ☐ Cardiovascular Disorders ☐ Chronic Heart Failure
☐ Chronic Lung Disorder (Asthma, Chronic Bronchitis, Emphysema, Pulmonary Fibrosis, Pulmonary Hypertension)

Confirmation provided by:

Signature _____ *Date* _____
Printed Name or Stamp _____ *Title* _____
Practice Name and Address _____ *Phone Number* _____

Please return this form within 5 days of receipt to the following address or fax:
CarePlus Health Plans, Inc.
P.O. Box 14733
Lexington, KY 40512-4642
Fax: 1-855-819-8679

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CarePlus HEALTH PLANS

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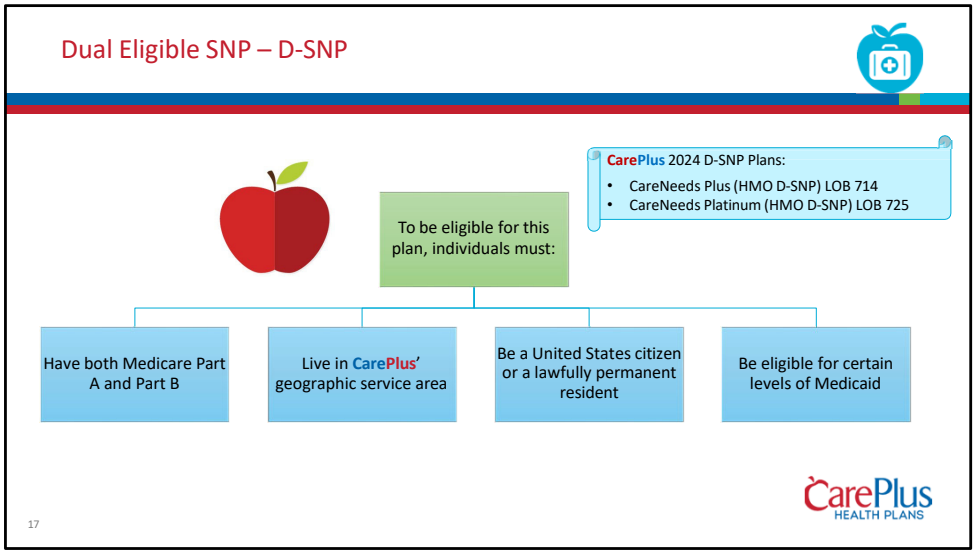
In order to remain enrolled in the C-SNP or for the enrollment to be considered complete, CarePlus must receive a completed Chronic Condition Verification Form or verbal confirmation from the provider's office confirming the qualifying condition if 1 was not received with the Enrollment Form.

As needed, the ACCESS[direct] Unit will coordinate between the member and the provider's office to assist in acquiring the required documentation.

If confirmation of the condition is not received from the provider, the member will be disenrolled by the end of the second month of enrollment.

Now we're going to talk about D-SNPS.



As of September 2023, CarePlus has more than 83,000 D-SNP members.

Individuals are eligible for membership in our plan as long as:
They have both Medicare Part A and Medicare Part B.
They live in our geographic area.
They are a U.S. citizen or are lawfully present in the U.S.
They have a certain level of Medicaid explained in the following slide.

D-SNP Categories

D-SNPs enroll individuals who are entitled to both Medicare (Title XVIII) and medical assistance from a state plan under Medicaid (Title XIX).

CareNeeds Plus and CareNeeds Platinum Eligibility Categories							
	Full Benefit Dual Eligible (FBDE)	Qualified Medicare Beneficiaries (QMB)	QMB with Comprehensive Medicaid Benefits (QMB+)	Specified Low-Income Medicare Beneficiaries (SLMB)	SLMB with comprehensive Medicaid benefits (SLMB+)	Qualified Individuals (QI1)	Qualified Disabled Working Individuals (QDWI)
Medicaid benefit covered	X		X		X		
Medicaid benefits NOT covered		X		X		X	X
Cost share paid by plan (cost-share-protected members)	X	X	X		X		
Cost share paid by member				X		X	X

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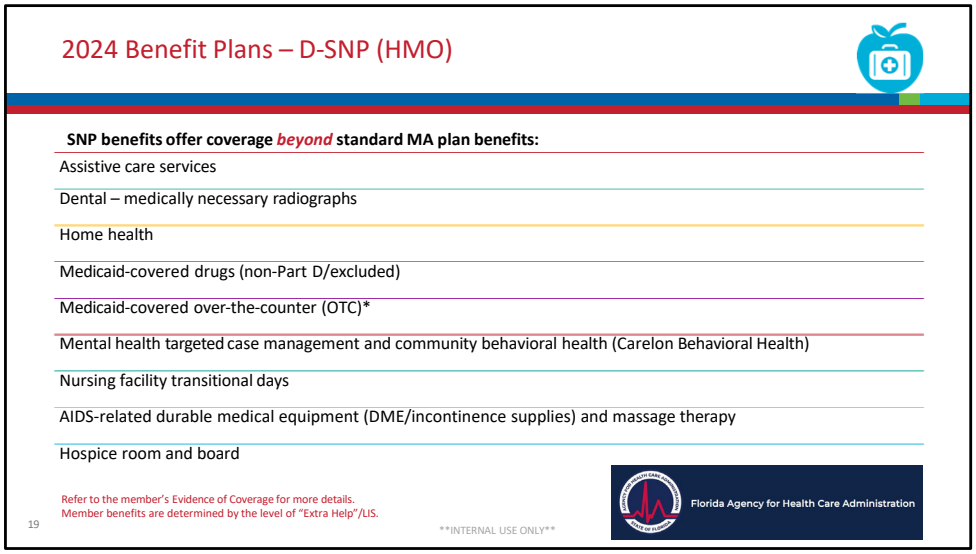
States may vary in determining their eligibility categories.

The chart displayed shows the Medicaid eligibility categories which may vary by state. As you can see, coverage for certain services is based on the individuals' eligibility category. Since CarePlus contracts with the Agency for Health Care Administration (AHCA), the D-SNP plans we offer cover both full and partial eligibles.

Partial duals are categorized as:
Qualified Medicare Beneficiaries, or QMB,
Specified Low-income Medicare Beneficiaries, or SLMB,
Qualified Disabled Working Individuals, or QDWI, or
Qualified Individuals, or QI.

Partial duals do not receive wrap benefits and are not cost share protected by the plan, except for QMB.

Full duals are categorized as:
QMB with comprehensive Medicaid benefits, or QMB+,
SLMB with comprehensive Medicaid benefits, or SLMB+, or
Full Benefit Dual Eligible, or FBDE.
Full duals receive both Medicare and Medicaid benefits, including wrap benefits and are cost share protected.



D-SNPs must cover certain Medicaid benefits for full dual members (QMB+, SLMB+, FBDE) specified in our contract's scope of services.

We contract annually with AHCA, the Agency for Health Care Administration or Florida Medicaid, to offer additional services for our dual-eligible SNPs.

By looking at a side-by-side comparison of what we provide per our CMS contract and what we're required to provide per our Medicaid contract, only a few Medicaid services fall outside the scope of our Medicare-covered services. These outliers are what we call wrap benefits, which are listed here on this slide.

2024 Benefit Plans – D-SNP (HMO)

All maximum out of pockets are $3,400

Refer to the member's plan benefit documents for more details

Most **CarePlus** D-SNP members enjoy these benefits:

- $0 prescription copay benefit (VZRX01) for LIS recipients
- $100 emergency ground ambulance*
- $120 emergency copay*
- **CarePlus** Spending Account Card with CareEssentials allowance and flex allowance.
- Chronic condition care assistance up to $1,000 per year
- Smoking Cessation Program (SMC004)
- Defined standard prescription drug plan for non-LIS†:
  - $545 prescription deductible
  - $5,030 prescription initial coverage limit
  - 25% coinsurance up to $8,000 out of pocket
  - $0 copay through the catastrophic stage
- Unlimited transportation (TRN027)
- Wellness and healthcare planning (WHP002/MyDirectives®)
- Wig benefit (WIG003)

* Not applicable for cost-share-protected duals
† D-SNP members receiving Extra Help pay LIS cost share

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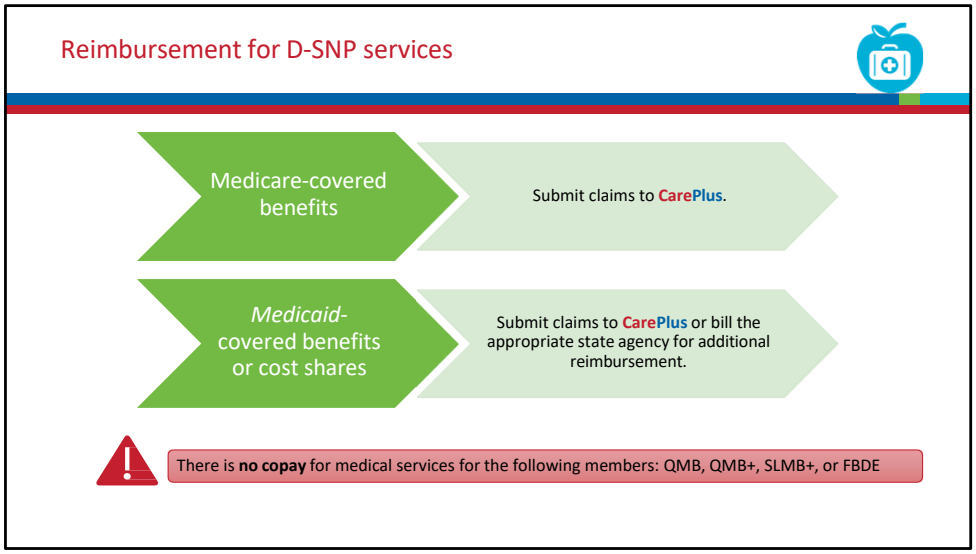
CarePlus SNPs provide members with meaningful opportunities to improve their health.

All of our D-SNP members will enjoy the benefits listed here on this slide.

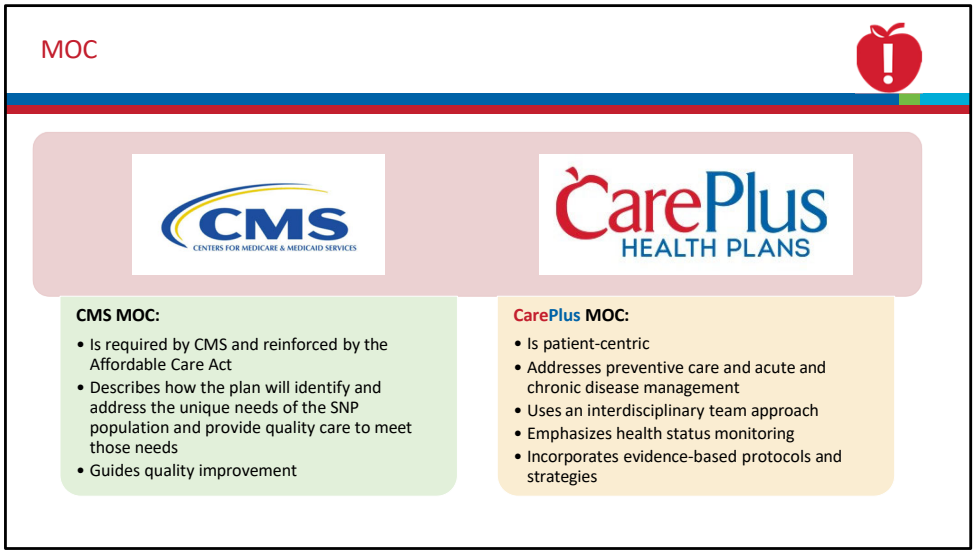


Services rendered to patients with CarePlus D-SNPs are reimbursed as follows:
Practitioners submit claims to CarePlus for Medicare-covered benefits
For Medicaid benefits or cost-share amounts, CarePlus coordinates reimbursement with the state.

Please bear in mind that patients with CarePlus D-SNPs who receive full Medicaid benefits (designated QMB PLUS, SLMB PLUS and FBDE) are not responsible for copays or coinsurance or any other type of reimbursement, including Part B drugs.

QMB members who do not receive Medicaid benefits also are cost share protected and not responsible for copays/coinsurance.

In this section we'll look at the components of CarePlus' SNP MOC. We will also review the services provided by CarePlus' Social Services Department. Lastly, we'll conclude the training with information about resources to supplement this training and assist your patients who have SNPs.

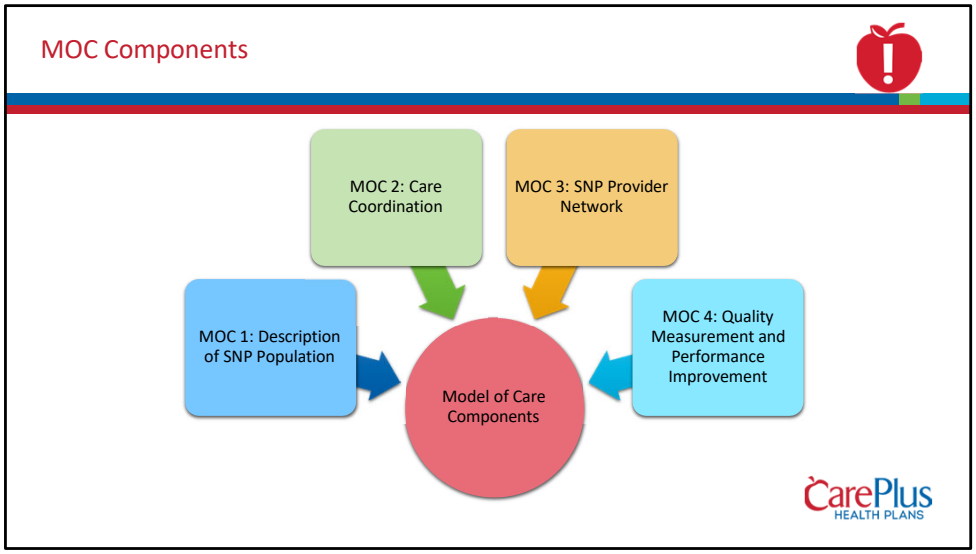


MA organizations are required by CMS to create and maintain a MOC for their SNPs.

The MOC is a tool that ensures that SNPs address member's unique needs. It also guides quality improvement efforts.

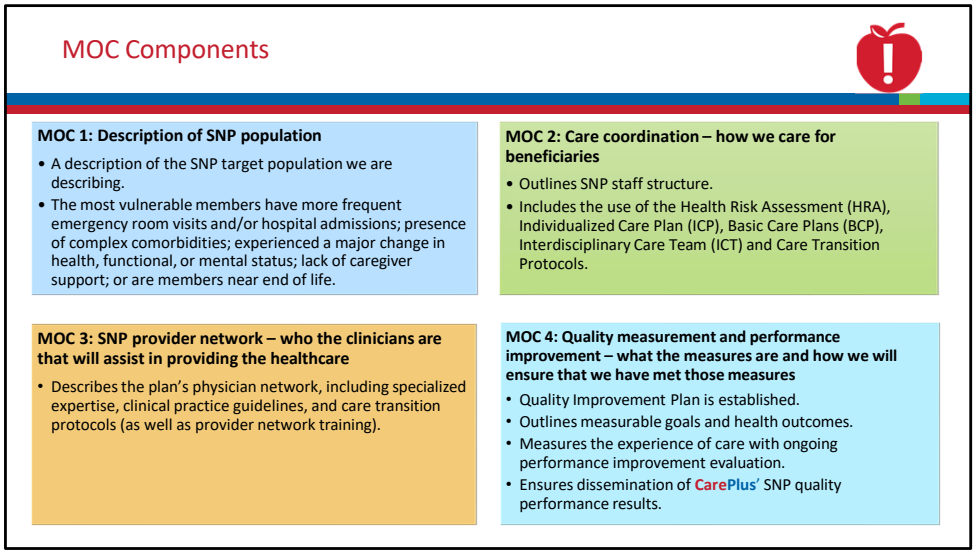
The Affordable Care Act has reinforced the MOC's importance as a fundamental component of SNP quality improvement. This act requires the National Committee for Quality Assurance to review and approve every MOC using CMS standards and scoring criteria.

CarePlus' MOC focuses on how care is delivered to our members by using an interdisciplinary approach that emphasizes health status monitoring and preventive care.



Let's talk about the Special Needs Plan Model of Care components.

The Centers for Medicare & Medicaid Services (or CMS) Model of Care requirements include 4 Model of Care Components.



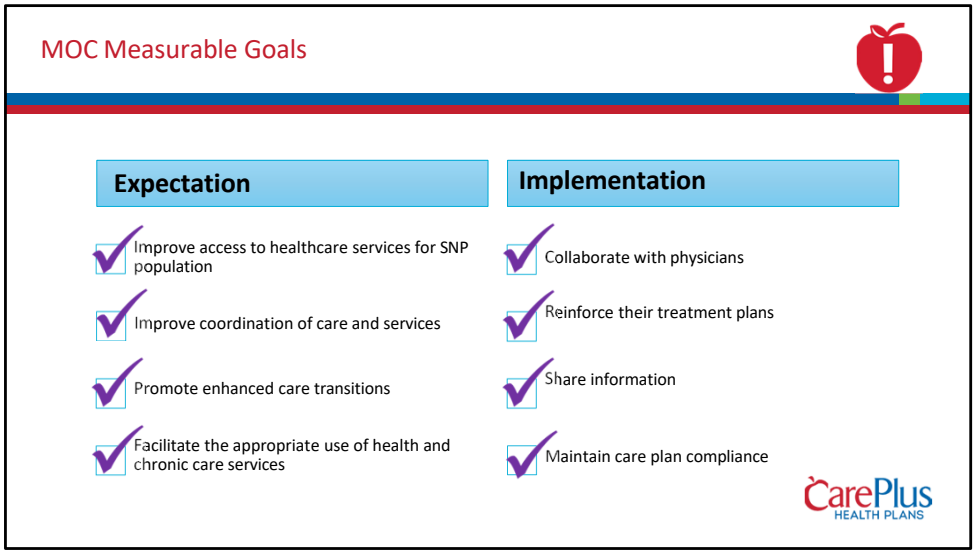
The Model of Care Components include :

MOC 1: A description of the SNP population (identifies the target population that we are serving)

MOC 2: Care coordination (addresses "how" we are caring for the beneficiaries and how the services will be rendered)

MOC 3: The provider network (addresses who the clinicians are that will assist in providing the healthcare)

MOC 4: Model of care quality measurement and performance improvement (addresses what the measures are and how we will monitor and ensure that we have met those measures)

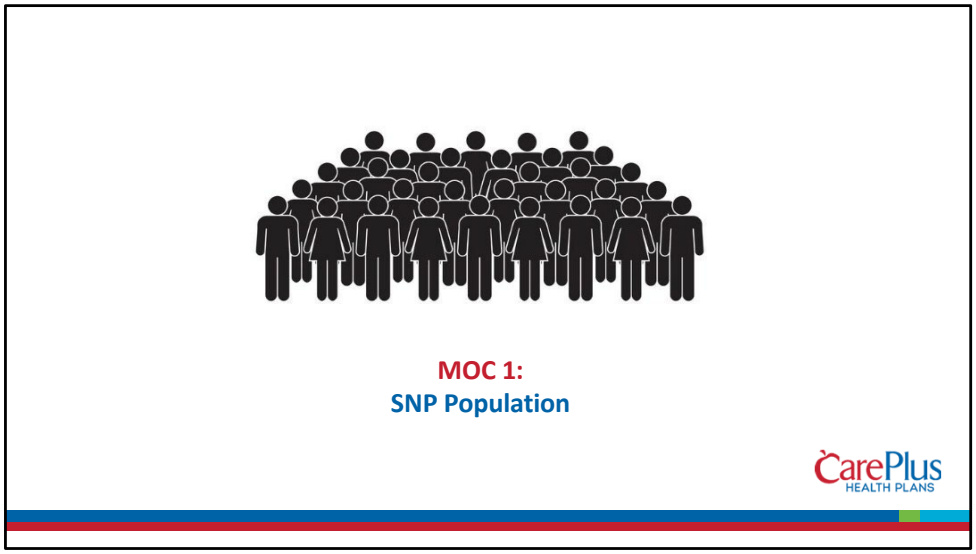


CarePlus' MOC has four measurable goals that address what we expect our SNPs to accomplish. Some include:

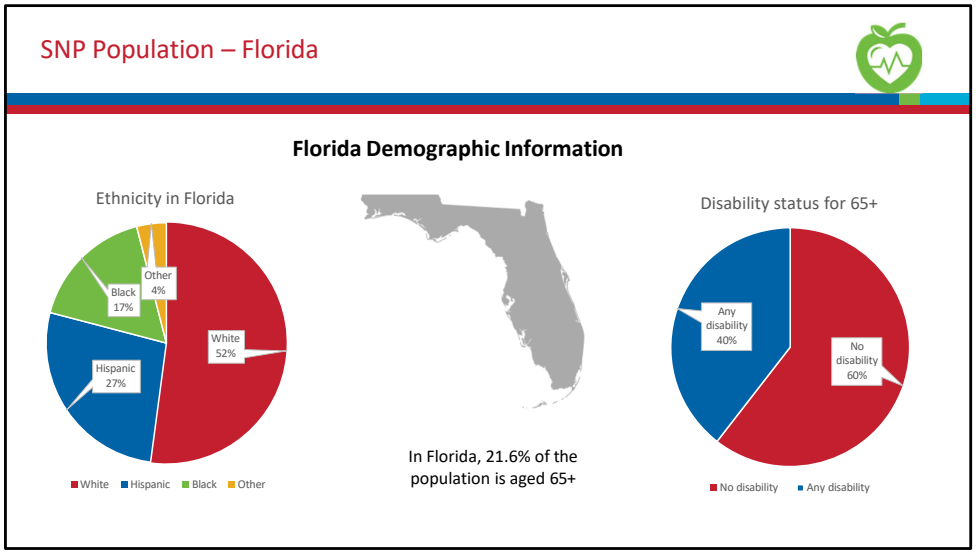
- Improving access to and affordability of healthcare services, and
- Promoting enhanced care transitions across all healthcare settings and among all medical professionals.

We achieve our MOC goals and promote the optimum health of CarePlus-covered patients by:

- Collaborating with physicians,
- Reinforcing their treatment plans,
- Keeping physicians informed of care transitions and changes we observe in their patients' health status, and
- Reinforcing the need for members to comply with their care plans, including medication regimen, diet, exercise, and therapy recommendations.



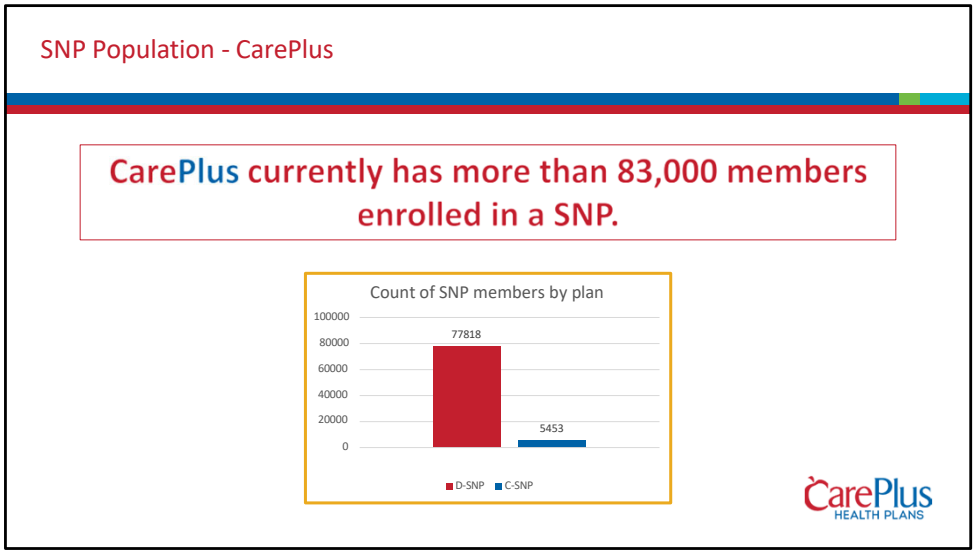
Let's take a look at the first of our MOC components: the SNP population.



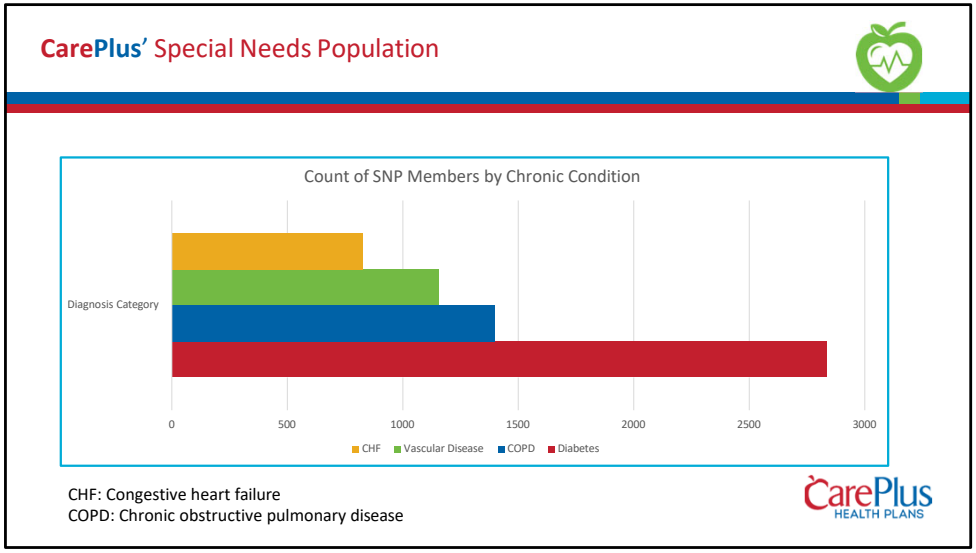
Here is some basic demographic information for the state of Florida. This information helps us understand the cultural needs of our SNP population.

Based on the U.S. Census bureau date from July 2022, the Florida population consists of:
52.3% White
27.1%, Hispanic
17% Black
4% Other

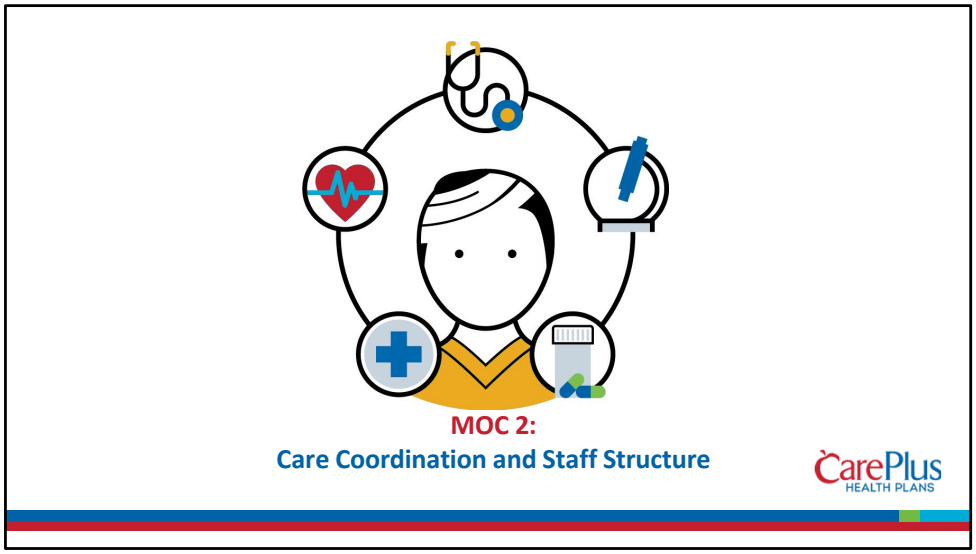
21.6% of the Florida population is above the age of 65, of which 40% have a disability.



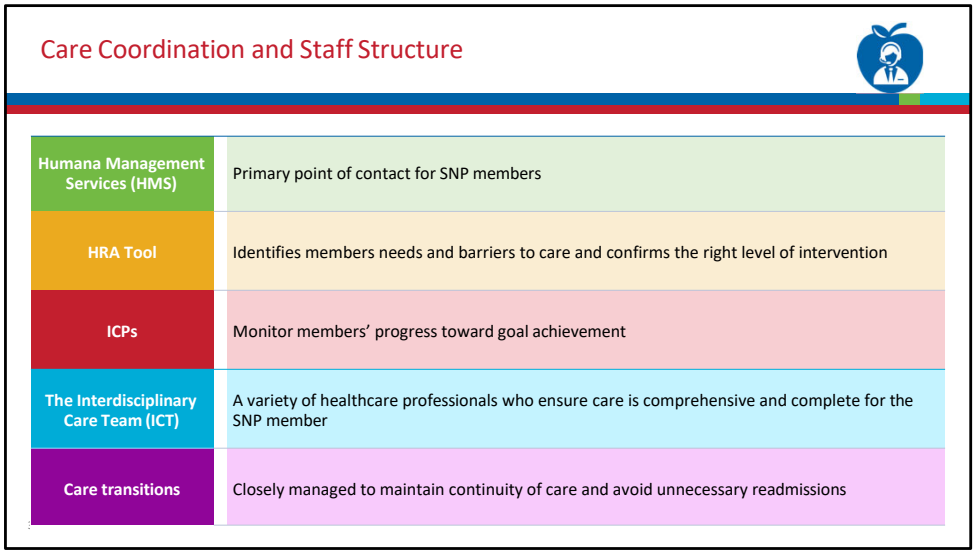
As of September 2023, CarePlus has 83,271 members enrolled in an SNP plan. As you can see, the majority of those members are enrolled in a D-SNP.



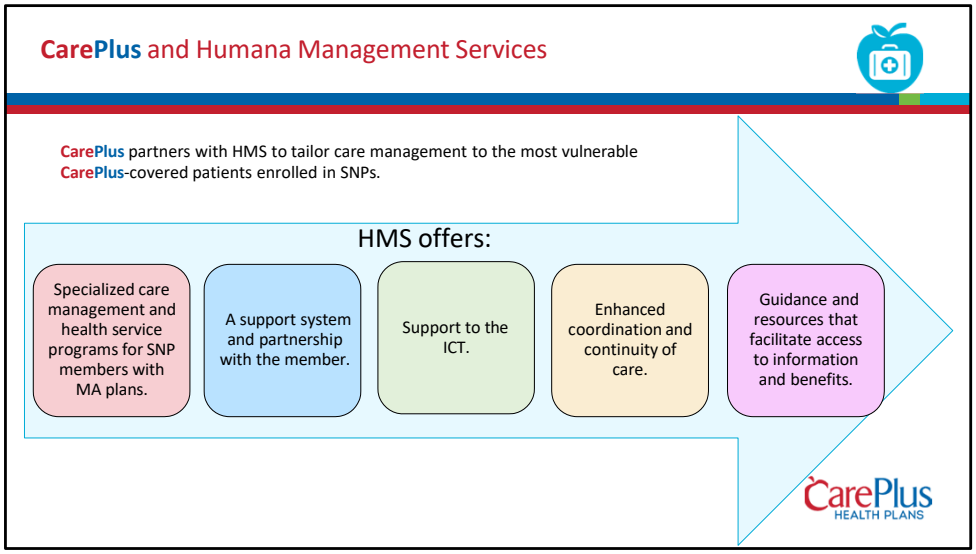
This chart displays the breakdown of the most common chronic conditions of our SNP members. The majority of our population is diagnosed with diabetes, chronic obstructive pulmonary disease, cardiovascular disease, and congestive heart failure.



Let’s take a look at the second of our MOC components: the care coordination and staff structure



Care coordination and staff structure involves HMS, the HRA Tool, ICPs, the ICT, and care transitions. We will go into each of these topics in the following slides.

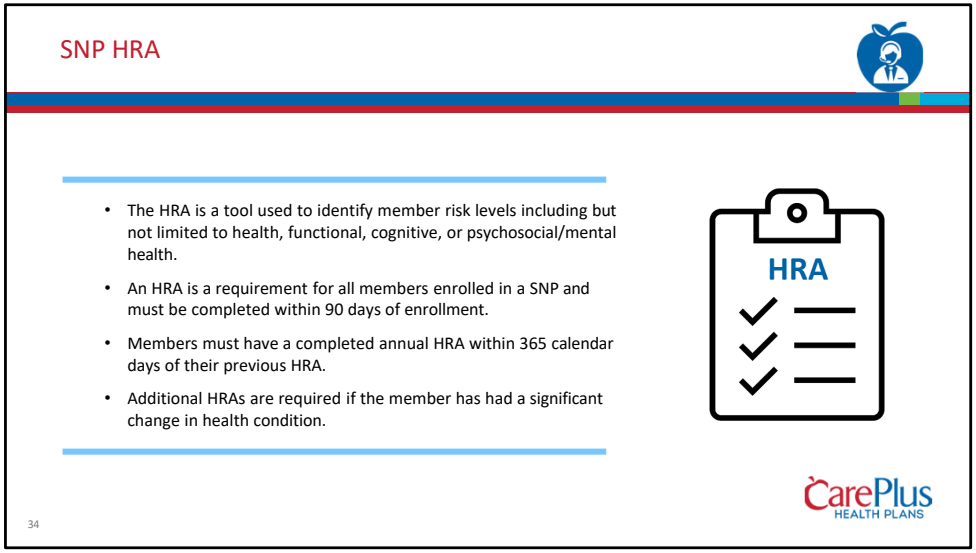


HMS is the CarePlus partner that provides care management services to the most vulnerable SNP members. Areas of risk are identified through an approved health risk assessment.

HMS builds therapeutic, trusting partnerships with members, their significant others, and caregivers while promoting enhanced coordination and continuity of care.

Acute and chronic care management services are delivered to members by telephone. HMS care managers assume the roles of liaison, coach, and advocate. They work 1-on-1 with members and support the ICT's effort to deliver comprehensive, timely solutions that mitigate complications.

HMS' programs link healthcare and community-based social care services with the goal of improving health outcomes and enabling members to remain as healthy, safe, and independent as possible.



The HRA is a requirement for all members enrolled in a SNP and is also a CMS STAR measure.

CMS requires that plans conduct initial and annual health risk assessments, or HRAs, for all SNP members. For CarePlus-covered SNP members identified as clinically at risk, primary care physicians receive HRA reports for review and input. Critical events, such as a hospitalization or other significant changes in health status, trigger a new HRA.

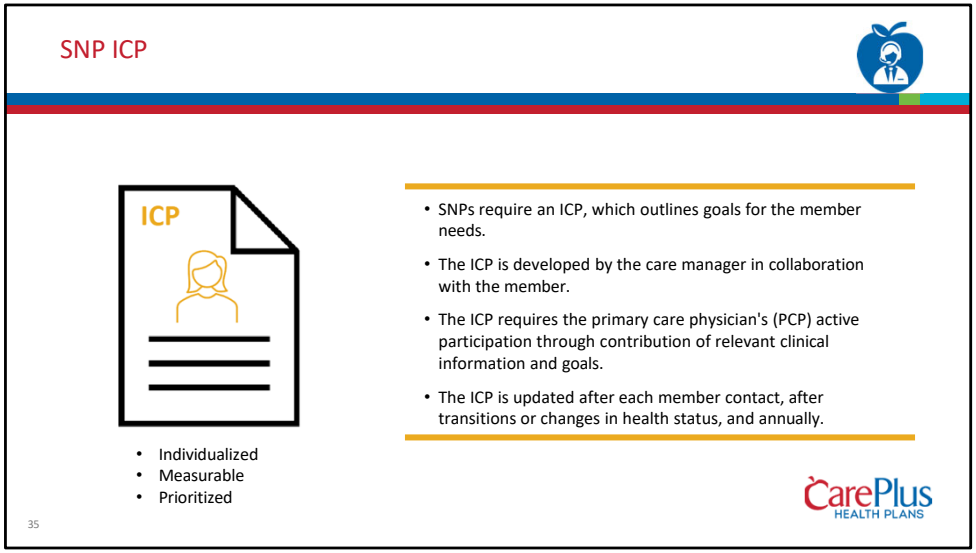
Using a CMS-approved HRA, an HMS care manager seeks to identify any unknown medical, functional, cognitive, environmental, social, financial, and/or psychosocial issues and needs that the SNP member may have.

Plan members must receive an assessment:

- Within 90 days of enrollment,
- Whenever they experience a significant change in health status,
- When their benefits change, and
- Annually.

  The member's HRA responses help the care manager develop the individualized care plan; determine the member's appropriate level of intervention, - either low, medium, high or severe; and make appropriate referrals.

  Ultimately, the HRA serves as a tool to help guide treatment, with care managers making every effort to provide members with the right care management services at the right time to best meet the members' needs.



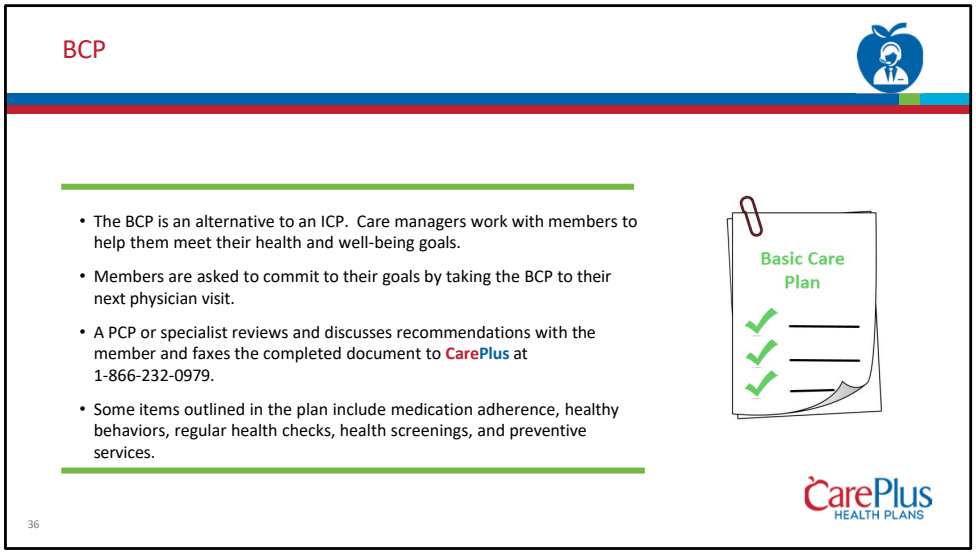
The ICP must be initiated or updated following the administration of any HRA or significant changes in the member's needs.

Timing on the ICP initiation and updating should follow the MOC implementer policy guidelines.

ICPs address:
Member preferences,
Barriers to self-management and access to care,
Short-term and long-term goals,
Interventions,
Referrals,
Educational opportunities,
Medication and safety reviews,
Preventive care, and
Other services, as required.

Care plan records are available to all stakeholders, with confidentiality maintained in accordance with HIPAA and state requirements. The frequency of meetings is established in a document called the Level of Intervention Outreach Protocol. Meetings may be required weekly, monthly, quarterly, or occur as needed. The member's HRA drives the care plan, and the PCP's active participation is imperative.

Goals must be individualized, measurable and prioritized based on the member's identified needs and preferences. When setting the goals, identification of barriers to meeting goals and target date for completion should be documented.



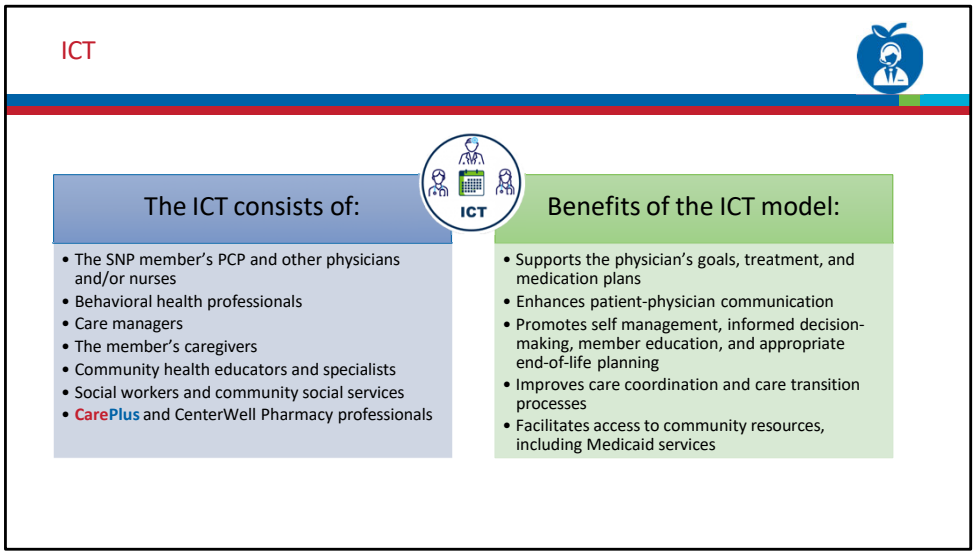
Basic Care Plan development is required to be completed in collaboration with PCPs for SNP members who are unable to be reached, refuse active care management or request not to be called/visited. The care manager develops a basic care plan and mails it to the member.

The member is asked to provide input and commit to the plan. The member also is asked to take the document to his or her next PCP visit and review it with the PCP, who adds recommendations.

Basic Care Plans are tailored to the member's SNP type and/or additional information available.

Basic care plan goals are measurable and achievable; they are formulated to engage the member with his or her PCP and care manager and move the member toward optimum health. The member is asked to commit to healthy behaviors, including medication adherence, regular health checks, preventive services, advance care planning, and communicating with the PCP about any symptoms they are experiencing,.

If at any point in time the SNP member engages in active care management, an ICP is created between the Care Manager and the member and/or his/her proxy and is accessible by the member's Provider for collaboration and input of relevant clinical information.



The MOC requires that care managers incorporate the input and interventions of an interdisciplinary care team, or ICT, comprising a variety of healthcare professionals.

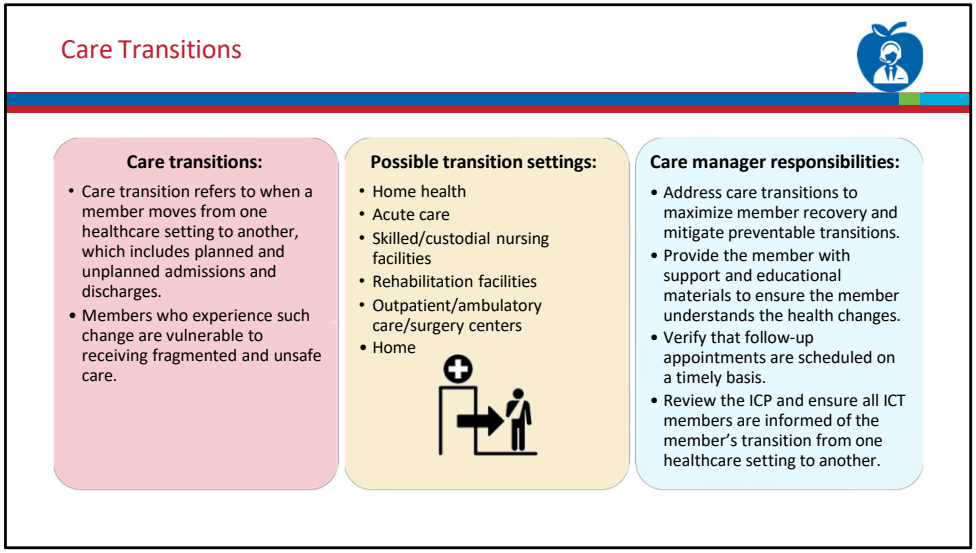
It is a team of associates from different disciplines who work together to manage the member's Individualized Care Plan.

The ICT meets on an ad hoc basis, but it must meet at least annually to review progress and identify additional interventions.

The ICT harnesses the power of collaboration among dedicated medical professionals. It supports the physician's goals for the member, with contributions from the CarePlus team of nurses, social workers, pharmacy specialists and behavioral-health specialists,

- Reinforces the physician's treatment and medication plans,
- Enhances direct patient-physician communication,
- Promotes member self-management and informed decision-making about healthcare,
- Provides comprehensive member education and appropriate end-of-life planning,
- Ensures more effective care coordination and care transitions, and
- Gives the member access to additional community resources and services.

- The ICT must include at minimum the member and/or caregiver, the member's care manager, and the member's PCP.
  Note: Any recommendations made by the ICT must be incorporated and properly documented in the ICP.



CMS defines a care transition, as a member moves from one health care setting to another. This includes planned and unplanned admissions and discharges.

Members who experience such change are vulnerable to receiving fragmented and unsafe care.

Care transition settings may include:

- Home
- Home health
- Acute care
- Skilled/custodial nursing facilities
- Rehabilitation facilities, and
- Outpatient/ambulatory care/surgery centers.

The Care Manager is responsible to share elements of the member's ICP with the new health care setting or provider. During the transition, the Care Manager:

•Provides the member with educational materials and ensures the member understands his or her health changes

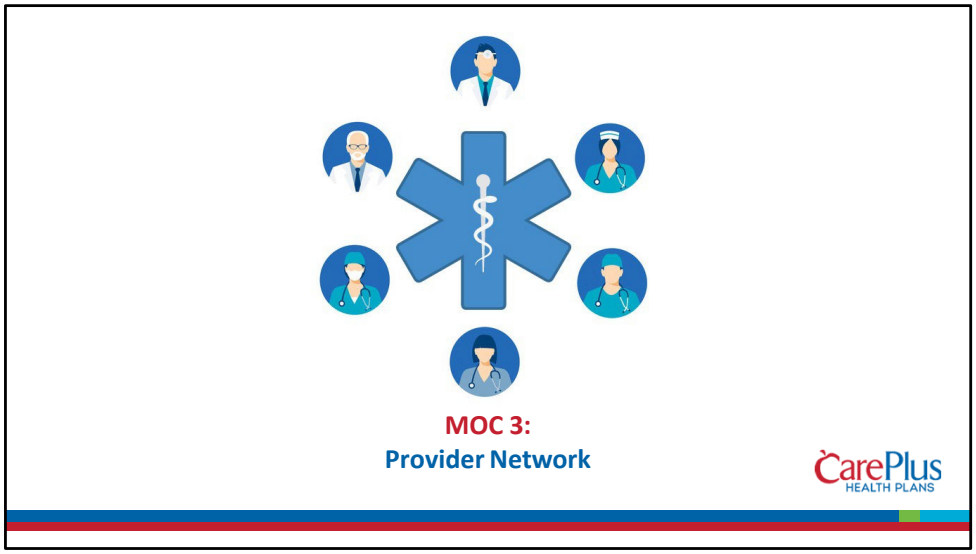
• Verifies that physician follow-up appointments are made, or assists the member in scheduling a timely follow-up appointment

• Ensures the member understands the post-discharge plan

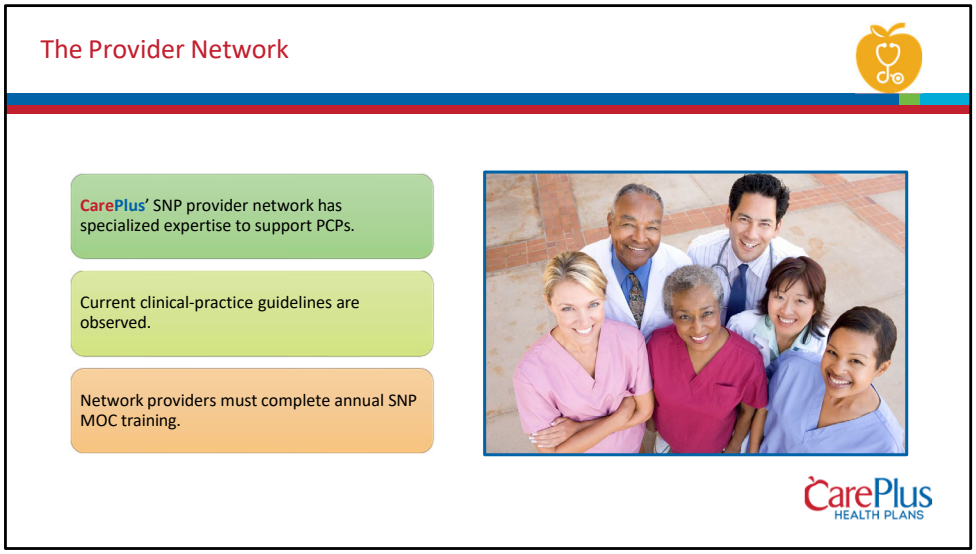
• Provides member and caregiver support/training

• Reviews the Individualized Care Plan

• Ensures all applicable ICT members are informed of the member's needs before, during, and post transition from one care setting to another, including the receiving facility.



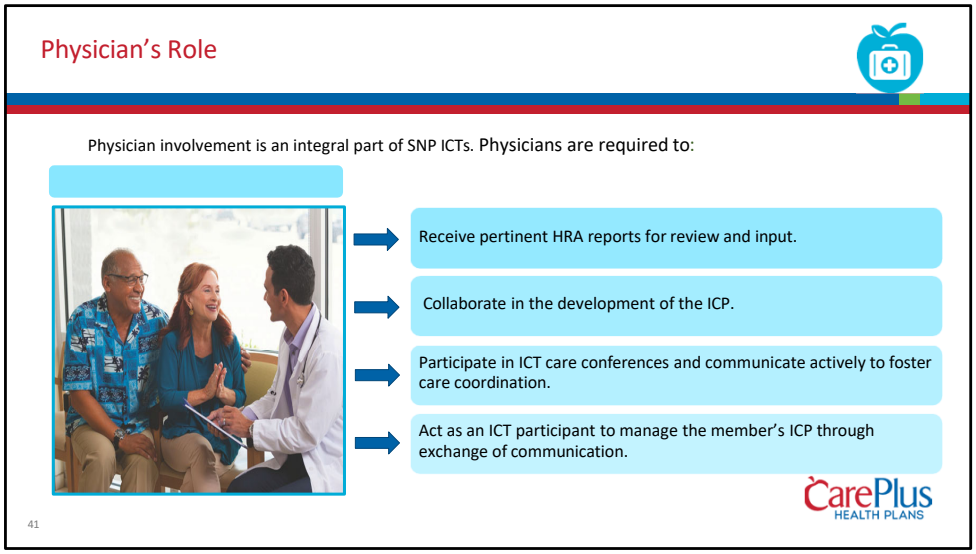
Component three of CarePlus' MOC addresses the SNP provider network.



In accordance with MOC 3, CarePlus offers a comprehensive network of PCPs, in addition to medical and surgical specialists and facilities available to support PCPs and meet the needs of the targeted populations.

Per CMS guidelines, providers must use current clinical practice guidelines. Compliance is monitored by medical record documentation reviews and quality-of-care reviews.

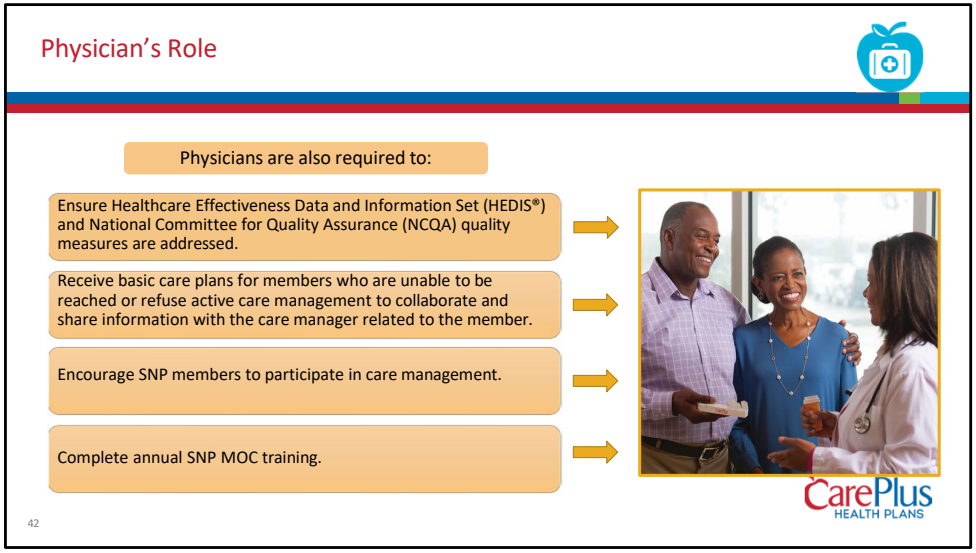
CarePlus' network providers and their staff are required by CMS to complete annual MOC training, Training also is available for out-of-network providers who care for CarePlus-covered patients on a routine basis.



Physician involvement is very important when it comes to SNP members care:

PCPs:

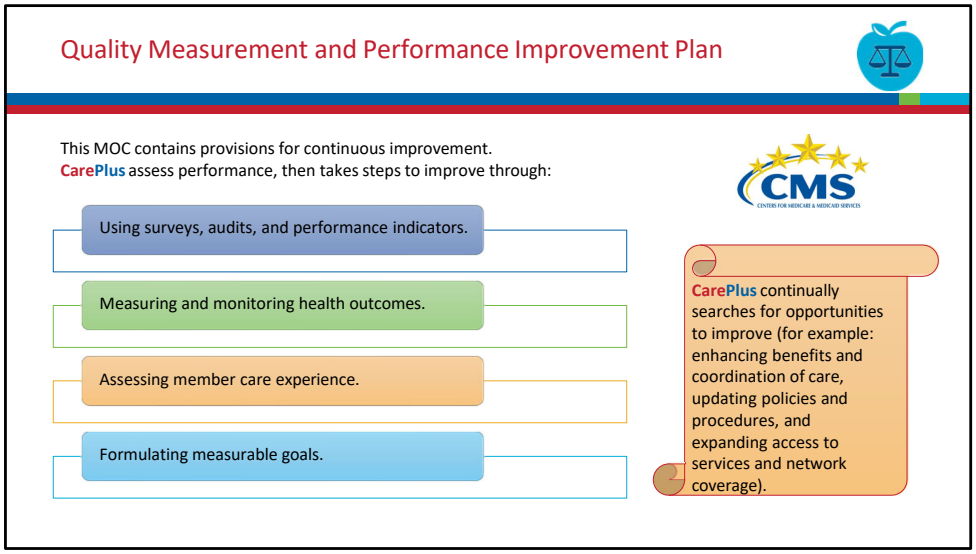
- Receive pertinent HRA reports for review and input
- Collaborate in the development of the ICP
- Participate in ICT care conferences and communicate actively to foster care coordination
- Act as an ICT participant to manage the member's ICP through exchange of communication



Physicians are also required to:

- Ensure Healthcare Effectiveness Data and Information Set (HEDIS®) and National Committee for Quality Assurance (NCQA) quality measures are addressed
- Receive basic care plans for members who are unable to be reached or refuse active care management to collaborate and share information with the Care Manager related to the member
- Encourage SNP members to participate in Care Management
- Complete annual SNP MOC training

The last MOC component is all about quality and improving our SNPs.



The MOC contains provisions for continuous improvement. We assess how we're doing, then we take steps to improve.

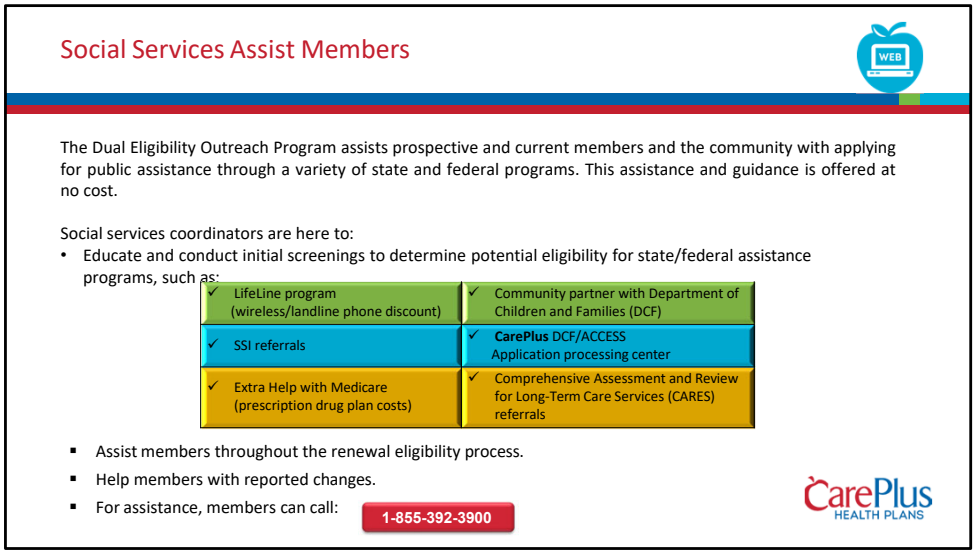
Opportunities for improvement are identified from surveys, audits and monitoring of performance indicators including member satisfaction, health outcomes, and access to and availability of services.

Areas targeted for improvement include the following:

- Optimizing benefits and policies
- Increasing services
- Facilitating access to medical, behavioral, social, and preventive services
- Adjusting physician and provider network coverage
- Streamlining processes
- Enhancing coordination of care
- Maximizing health outcomes
- Implementing system updates

The goal of the program is to improve member health outcomes.

CarePlus' Social Services Department supports your patients who have CarePlus SNPs.



CarePlus' Social Services Department is dedicated to helping all interested and potentially eligible CarePlus-covered patients, including dual-eligible individuals, understand and apply for state and federal assistance programs.

An initial screening determines a person's potential eligibility for benefits. Available federal benefits may include:

The Lifeline program, which offers a free cell phone or a discount on a landline to those with SNP eligibility, Supplemental Security Income, or SSI, and
Help with Medicare prescription drug plan costs.

Please note that Lifeline is a value-added item and service promoted to the member after enrollment.

The department also has an in-house application processing center staffed by associates who assist all interested and potentially eligible individuals.

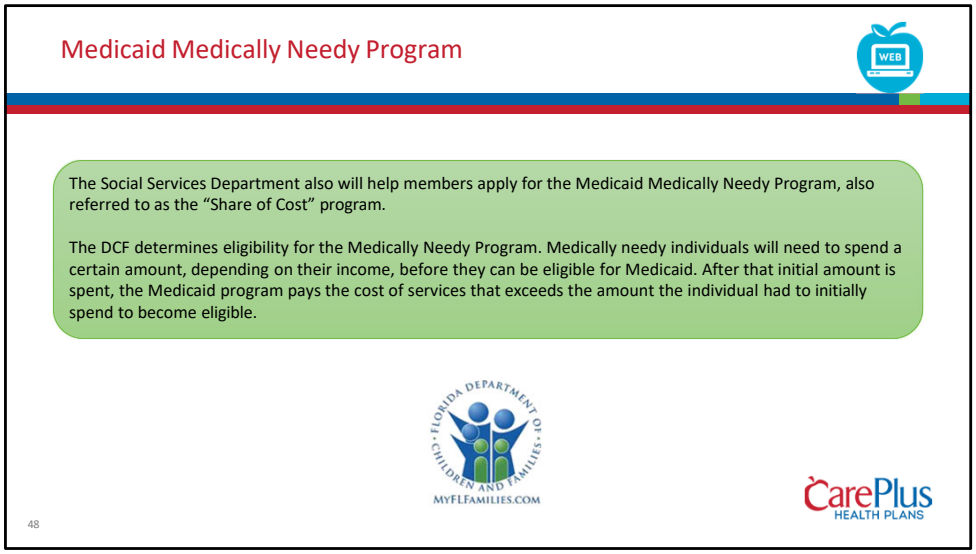
CarePlus proudly serves the community as a partner with the Florida Department of Children and Families' ACCESS Florida.
ACCESS Florida is a website that enables users to connect to programs and benefits that foster economic self-sufficiency.

Site users can apply, report any changes, or complete an updated review for public assistance benefits, such as:

- Medicaid,
- Food stamps (SNAP),
- Temporary cash assistance, and
- Long Term Care Community Diversion Program Referral

ACCESS is run by DCF's Economic Self-sufficiency Division, as part of the department's mission to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

DCF is the state agency designated to determine eligibility for benefits and services.



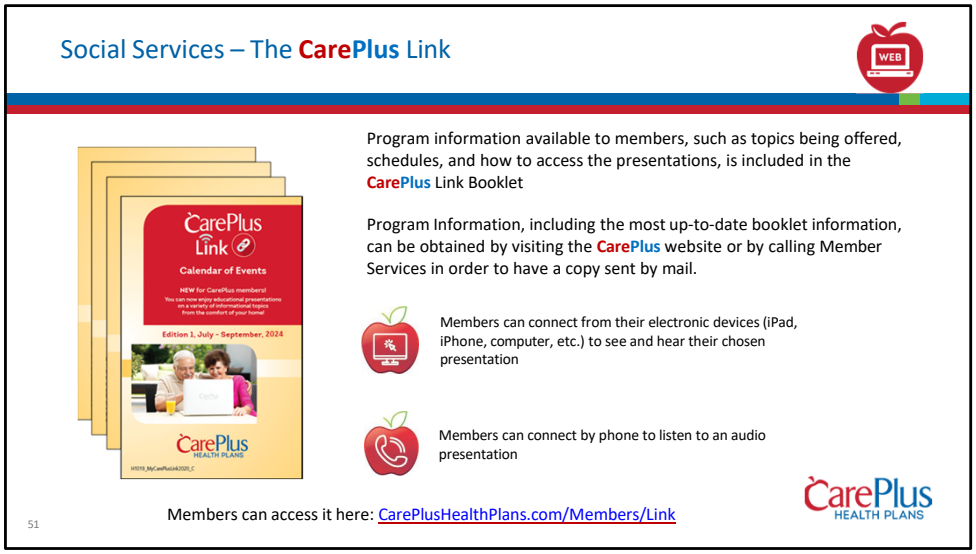
The Social Services Department also will help members apply for the Medicaid Medically Needy Program. This program is designed to assist low-income members whose household incomes are too high to qualify for Medicaid benefits. This program helps pay for medical services covered by Medicaid, but it does not pay health coverage in its entirety.

Recipients must pay a portion of their medical expenses before receiving benefits. Once they reach the limit of the amount they must pay, Medicaid steps in and pays the rest of their expenses.

CarePlus Link is a member-centered educational initiative that provides assistance and education to all of your CarePlus-covered patients.

CarePlus Link is a member-centered educational initiative that provides assistance and education to all of your CarePlus-covered patients.

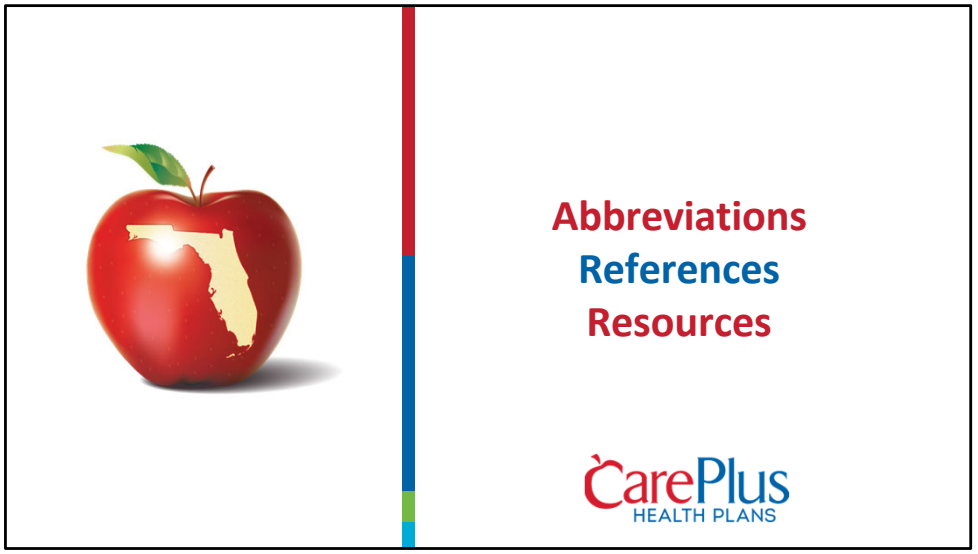
CarePlus Link has topics related to physical, mental, social, and lifestyle choices, which are available in Spanish and English.



The CarePlus Link Calendar of Events booklet provides information about topics that will be covered and the dates and times to connect.

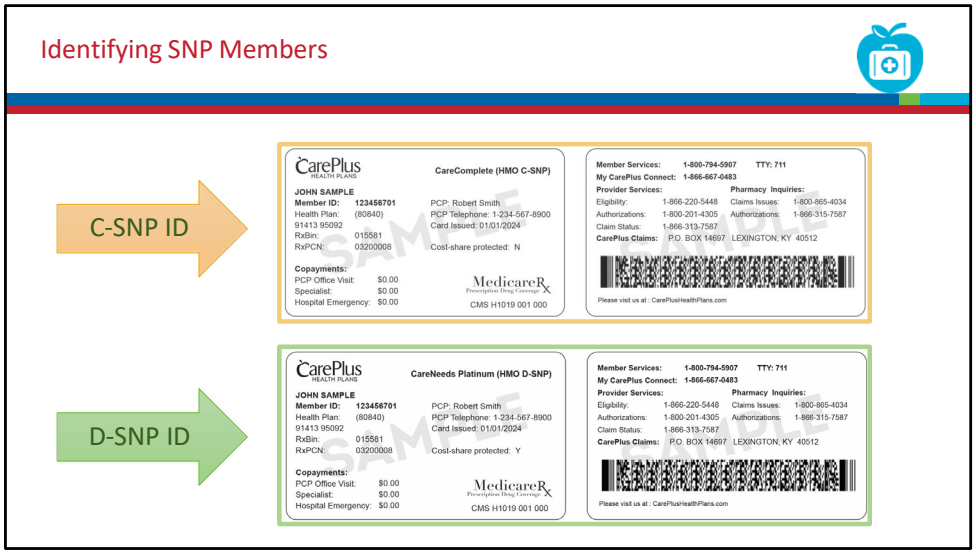
Members can use their electronic devices to log into sessions, or they can simply call in to listen.

To send in chat:
Members can access it here: CarePlusHealthPlans.com/Members/Link

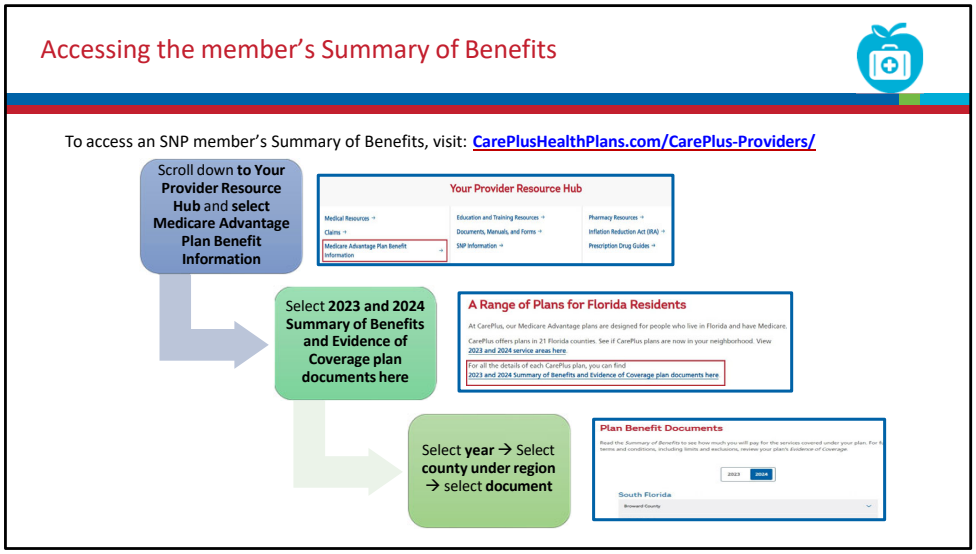


The following slides contain a glossary of terms used in this presentation, a list of the references consulted, and a compilation of resources that you may consult for more information about our SNPs.

Identifying SNP Members



These are sample ID cards for SNP members. From these cards, you can identify the member's plan, cost-share-protected status and PCP.



Providers may access the details of a member's SNP benefits from the CarePlus website.

Visit : CarePlusHealthPlans.com/CarePlus-Providers/

Scroll down to Your Provider Resource Hub and select Medicare Advantage Plan Benefit Information
Select 2024 Summary of Benefits and Evidence of Coverage plan documents here
Then select county under region, then you can select the document you wish to view.

Abbreviations

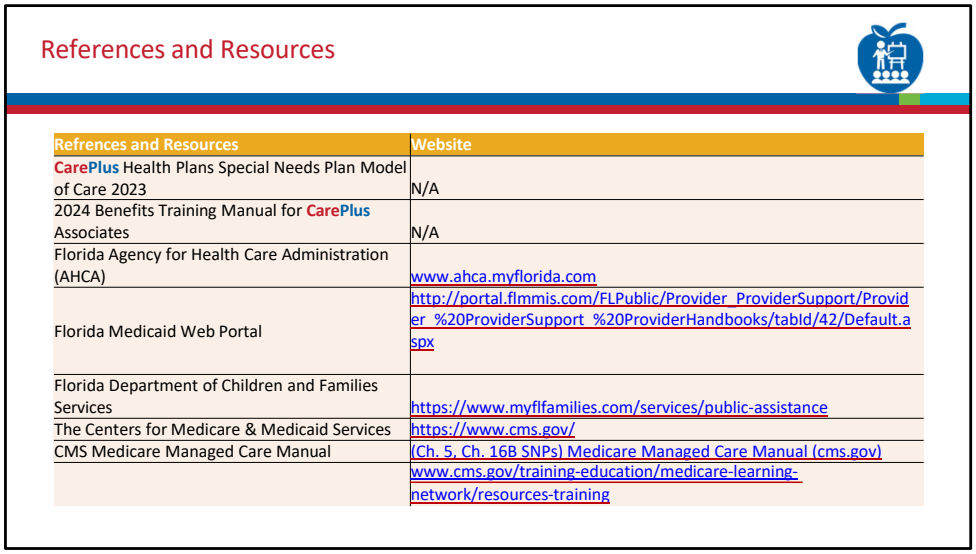
Abbreviation	Word
ACCESS	Automated Community Connection to Economic Self Sufficiency
BCP	Basic Care Plan
CARES	Comprehensive Assessment and Review for Long-Term Care Services
CMS	Centers for Medicare & Medicaid Services
C-SNP	Chronic Condition Special Needs Plan
D-SNP	Dual-Eligible Special Needs Plan
Dual-eligible (Full Duals):	FBDE Full Benefit Dual Eligible; QMB+ Qualified Medicare Beneficiary with Comprehensive Medicaid Benefits SLMB+ Specified Low-Income Medicare Beneficiary with Comprehensive Medicaid Benefits;
Dual-eligible (Partial Duals):	QDWI Qualified Disabled Working Individual; QI Qualified Individual; QMB Qualified Medicare Beneficiary; SLMB Specified Low-Income Medicare
HCP	Healthcare provider
HEDIS®	Healthcare Effectiveness Data and Information Set
HIPAA	Health Insurance Portability and Accountability Act of 1996
HMO	Health Maintenance Organization

These are the acronyms used during this presentation.

Abbreviations

Abbreviation	Word
HMS	Humana Management Services (care partners who case manage the SNP members)
HRA	Health Risk Assessment
ICP	Individualized Care Plan
ICT	Interdisciplinary Care Team
LIS	Low-Income Subsidy (Extra Help)
LOI	Level of Intervention
MA	Medicare Advantage
MIPAA	Medicare Improvement for Patients and Providers Act
MOC	Model of Care
MSB	Mandatory Supplemental Benefits
NCQA	National Committee for Quality Assurance
PCP	Primary Care Physician
SNP	Special Needs Plan

These are the acronyms used during this presentation.



Refrences and Resources	Website
CarePlus Health Plans Special Needs Plan Model of Care 2023	N/A
2024 Benefits Training Manual for CarePlus Associates	N/A
Florida Agency for Health Care Administration (AHCA)	www.ahca.myflorida.com
Florida Medicaid Web Portal	http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/Provider_%20ProviderSupport_%20ProviderHandbooks/tabId/42/Default.aspx
Florida Department of Children and Families Services	https://www.myflfamilies.com/services/public-assistance
The Centers for Medicare & Medicaid Services	https://www.cms.gov/
CMS Medicare Managed Care Manual	(Ch. 5, Ch. 16B SNPs) Medicare Managed Care Manual (cms.gov)
	www.cms.gov/training-education/medicare-learning-network/resources-training

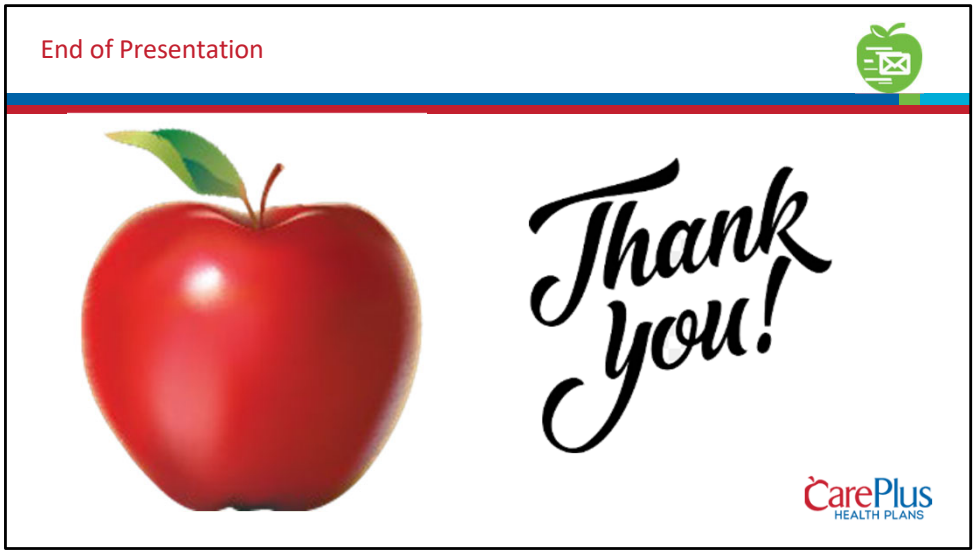
This slide and the next offer resources you can access for further information about CarePlus' SNPs and model of care.

References and Resources

Refrences and Resources	Website
Medicaid	www.medicaid.gov
Office of the Assistant Secretary for Planning and Evaluation	https://aspe.hhs.gov/
Florida Health Charts	www.flhealthcharts.gov
Kaiser Family Foundation	www.kff.org
CarePlus provider information – Email: CPHP_SNPINFO@CAREPLUS-HP.COM	www.CarePlusHealthPlans.com/CarePlus-Providers/SNP
	www.CarePlusHealthPlans.com/CarePlus-Providers

Additional Resources
Florida Medicaid program information: 1-888-419-3456
CarePlus Member Services for members: 1-800-794-5907 (TTY:711)
CarePlus Care Management Team: 1-800-734-9592 (TTY:711)
CarePlus provider operations helpline: 1-866-220-5448, Monday – Friday, 8 a.m. to 5 p.m., Eastern Time

Shown here are references cited on preceding slides.



CarePlus SNPs are designed to improve care for members with complex needs by improving continuity of care and coordination among healthcare professionals and caregivers.

Thank you for completing this training module and for being an important part of our SNPs. We appreciate the high-quality care you give to our special-needs members.