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## **Special Needs Plans and Model-of-Care Training for Physicians and Other Healthcare Providers**

Health Services Department | 2025

**CarePlus**  
HEALTH PLANS®

Welcome to **CarePlus**' 2025 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 and Medicaid Services.

## Agenda

- 01** | CarePlus Overview
- 02** | Special Needs Plan
- 03** | Dual-Eligible Special Needs Plans
- 04** | Chronic Condition Special Needs Plans
- 05** | CarePlus Special Needs Plan Features
- 06** | Special Needs Plan Model Of Care
- 07** | Social Services Resources

Here is our agenda for this training.

## Objectives

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

- Identify what the Special Needs Plans (SNPs) are.
- Outline the general characteristics of CarePlus' Dual-Eligible Special Needs Plan (D-SNP) and Chronic Condition Special Needs Plan (C-SNP) populations.
- Describe the SNP Model of Care (MOC).
- Discuss healthcare provider responsibilities under the MOC.
- Access resources that can assist SNP members.

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

- Describe D-SNP's and C-SNP's
- Outline the general characteristics of CarePlus' D-SNP and C-SNP populations
- Explain a model of care 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**.

## CarePlus Overview

CarePlus is one of the largest Medicare Advantage (MA) organizations in Florida and:



CarePlus was awarded a 5-Star rating by the Centers for Medicare & Medicaid Services (CMS) in 2015, 2019, 2020, 2021 and 2022.



CarePlus has an extensive provider network serving about 160,000 members.



CarePlus is offered in 20 counties across 6 service areas, with a total of 16 SNPs.

As of October 2024, CarePlus is one of the largest Medicare Advantage organizations in Florida, serving about **160,000** 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** was awarded the Medicare Advantage contract in 1998, and since then has achieved the 5-Star rating from the Centers for Medicare and 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.

Source: Member Enrollment number received from Marcus Witek

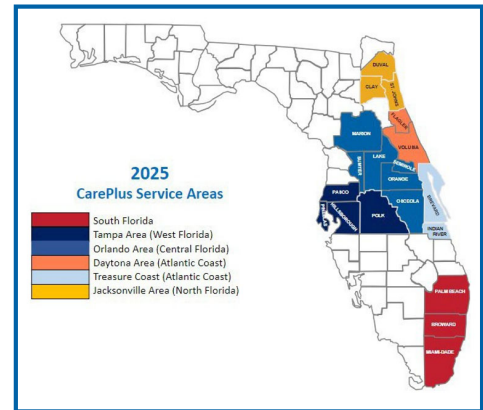
**Reference:** <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/mcradvpartdenrolldata/monthly-ma/98489158/ma-enrollment-scc-2023-08>

- In 2025, CarePlus offers 16 SNP Plans, 13 C-SNPs and 3 D-SNPs.
- Reference: 2025 Annual Benefits

## CarePlus Overview – Service Areas

CarePlus offers a variety of health plans for Medicare beneficiaries in 20 Florida counties.

|  |   |  |
|--|---|--|
| <b>Daytona area</b> <ul style="list-style-type: none"> <li>Volusia</li> <li>Flagler</li> </ul>                         | <b>Treasure Coast</b> <ul style="list-style-type: none"> <li>Brevard</li> <li>Indian River</li> </ul>                           | <b>Jacksonville area</b> <ul style="list-style-type: none"> <li>Duval</li> <li>Clay</li> <li>St. Johns</li> </ul>  |
| <b>South Florida</b> <ul style="list-style-type: none"> <li>Broward</li> <li>Miami-Dade</li> <li>Palm Beach</li> </ul> | <b>Tampa area</b> <ul style="list-style-type: none"> <li>Hillsborough</li> <li>Pasco</li> <li>Pinellas</li> <li>Polk</li> </ul> | <b>Orlando area</b> <ul style="list-style-type: none"> <li>Lake</li> <li>Marion</li> <li>Orange</li> <li>Osceola</li> <li>Seminole</li> <li>Sumpter</li> </ul> |



CarePlus offers a variety of health plans for Medicare beneficiaries in 20 Florida counties.

We have 6 combined market/service areas and a total of 528 groups.

**Source:** 2025 Benefits Training Manual Presentation: K:\CPHP\HSD\Secured\Learning & Development\2- Annual Trainings\Benefits Training\2025

## **SNP Overview**

In this section, we will discuss everything you need to know about Special Need Plans, or SNPs.

# Terminology

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## Terminology



### Special Needs Plan (SNP)

A special type of Medicare Advantage plan that provides more focused health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or who have certain chronic medical conditions.



### Line of Business (LOB)

A general name of the plan consisting of a 3-digit identifier for each plan type. (Ex. 718 – CareCompete, 714– CareNeeds Plus, etc.)

A special needs plan is a Medicare Advantage coordinated care plan specifically designed to provide targeted care and limit enrollment to special needs individuals.

Line of Business is the three digit identifier for each plan type.

**Reference:** <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans>

## Terminology



### Health Maintenance Organization (HMO)

A type of Medicare managed care plan where a group of doctors hospitals, and other healthcare providers agree to provide healthcare services to Medicare beneficiaries for a set amount of money from Medicare every month. Members usually must receive care from providers in the plan.



### Point of Service (POS)

An additional mandatory supplemental or optional supplemental benefit that allows the enrollee the option of receiving specified services outside of the plan's provider network.

**Health Maintenance Organization is a** type of Medicare managed care plan where a group of doctors hospitals, and other healthcare providers agree to give healthcare to Medicare beneficiaries for a set amount of money from Medicare every month. Members usually must get care from the providers in the plan.

**Point of Service (POS) is an** additional, mandatory supplemental, or optional supplemental benefit that allows the enrollee the option of receiving specified services outside of the plan's provider network.

## Special Needs Plan – Types

There are 3 different types of SNPs:

- Chronic Condition SNP (C-SNP) – An individual with a severe or disabling chronic condition
- Institutional SNP (I-SNP) – An institutionalized individual
- Dual Eligible SNP (D-SNP) – A dual eligible individual

### **SNPs focus on vulnerable populations:**

- Members with multiple chronic conditions
- Members with barriers to self-care management such as low income and resources

### **SNPs provide enhanced benefits and care coordination, including:**

- Part C (medical) and Part D (drug) coverage
- Health status monitoring
- Continuity of care
- Chronic-disease management

### **Eligibility Requirements for SNPs:**

- Entitled to Medicare and Medicaid (D-SNP)
- Have a qualifying chronic condition (C-SNP)
- Reside within the plan's service area

Note: CarePlus only offers D-SNP and C-SNP plans.

- Special needs individuals can fall under three categories that determine the type of Special Needs Plan for which they can enroll.
  - 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 Special Needs Plan 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 towards achieving the goals outlined in their individualized care plan – 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.

**Reference:** <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans>

## D-SNP and C-SNP Enrollment

Special Enrollment Period (SEP) allows individuals to enroll, disenroll or change plans outside of the Annual Enrollment Period (AEP).\*

### D-SNP SEP:

- It is designed for those individuals who qualify for Medicaid and/or Low-Income Subsidy (LIS) benefits.
- Once per calendar quarter during the first nine months of the year, in which they can change plans.
- Enroll, disenroll, or change plans within three months of gaining, losing, or experience a change in their Medicaid or LIS eligibility status or receiving notice of such a change.

### C-SNP SEP:

- It is designed for those individuals with severe or disabling chronic conditions to enroll in a C-SNP.
- It can be used if they no longer qualify for the C-SNP or want to enroll into another C-SNP for which they qualify.



\*SEP varies depending on the individual's circumstances at the time of application.

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 three months of gaining, losing, or changing their LIS eligibility status or receiving notice of such a change.

## **C-SNPs**

This next section is on Chronic Condition Special Needs Plans, or C-SNPs

## C-SNPs

Plan that restricts enrollment to special needs individuals with specific severe or disabling chronic conditions.

| CareComplete (HMO C-SNP) or<br>CareComplete Platinum (HMO C-SNP)   | CareBreeze Platinum (HMO C-SNP)  |
|--|--|
| Enrollee must have a diagnosis of one or more of the following conditions: <ul style="list-style-type: none"><li>• Cardiovascular disorders</li><li>• Chronic heart failure</li><li>• Diabetes</li></ul> | Enrollee must have a diagnosis of: <ul style="list-style-type: none"><li>• Chronic lung disorder</li></ul> |

**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 one 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.

The plans that CarePlus offers includes CareComplete (HMSO CSNP) , CareComplete Platinum (HMO-CSNP), and CareBreeze Platinum (HMO C-SNP)

## C-SNP Enrollment

Proper documentation is required to enroll in a C-SNP plan:

| Pre-enrollment requirements   | Post-enrollment requirements   |
|---|--|
| CarePlus must receive:  |  |
| <ul style="list-style-type: none"><li>Completed <a href="#">Enrollment Form</a> and</li><li><a href="#">Chronic Condition Pre-Qualification Assessment Form</a> or a <a href="#">Chronic Condition Verification Form</a> confirming the qualifying condition(s)</li></ul>                       | <ul style="list-style-type: none"><li><a href="#">Chronic Condition Verification Form</a> confirming the qualifying condition(s), if one was not received with the <a href="#">Enrollment Form</a> or</li><li>Verbal confirmation from the member's provider's office confirming the qualifying condition(s)</li></ul> |
| As needed, the ACCESS[direct] Unit will coordinate between the member and 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. |  |

To enroll in a C-SNP plan, proper documentation is required. CarePlus must receive the Enrollment form, Chronic Condition Pre-Qualification Assessment Form, or a Chronic Condition Verification Form.

# C-SNP – Required Documentation

## [Chronic Condition Pre-Qualification Assessment Form](#)

## [Chronic Condition Verification Form](#)

## [Enrollment Form](#)

**Chronic Condition Special Needs Plan (SNP) Pre-Qualification Assessment**

**CarePlus HEALTH PLANS**

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, then they pre-qualify for SNPs targeting applicants with diabetes:

- 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, then they pre-qualify for SNPs targeting applicants with cardiovascular disorders (CVD):

- 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, then they pre-qualify for SNPs targeting applicants with chronic heart failure (CHF):

- 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, then they pre-qualify for SNPs targeting applicants with chronic lung disorders (Asthma, Chronic Bronchitis, Emphysema, Pulmonary Fibrosis, and Pulmonary Hypertension):

- 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? \_\_\_\_\_

H1019\_HSNPAssessmentTool0205\_C Member Services Page 1 – Please return with application

**CarePlus HEALTH PLANS**

**Chronic Condition Verification Form for Special Needs Plans (SNP)**

The beneficiary listed below has applied for enrollment in a Chronic Condition Special Needs Medicare health plan (C-SNP) 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
City: \_\_\_\_\_ 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 ☐ Chronic Heart Failure
- ☐ Cardiovascular Disorders (Cardiac Arrhythmias, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Venous Thromboembolic Disorder)
- ☐ 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.**  
PO Box 14733  
Lexington, KY 40512-4642  
Fax: 1-855-819-8679

H10119\_HSNPVerificationForm0205\_C

**CarePlus HEALTH PLANS**

**2025 Enrollment Form**

Please follow these easy steps to become a CarePlus Medicare Advantage plan member.

**Have your Medicare card ready**  
Please print clearly and fill out the entire form. Write the information exactly as it is on your Medicare card. **Each individual who applies must fill out a separate form.**  
**Note:** All fields that are both "asterisked and underlined" are required. Non-required fields are optional. You cannot be denied coverage if you do not complete them.

**Sign and date the Enrollment Form**  
This form is not complete until you sign it. If you do not complete and return this form on time, we may have to deny your enrollment. If someone is authorized to complete this form for you, they must sign it. This person must provide their legal proof of authorization if requested.

**Please do not send multiple enrollment forms for the same plan and effective date.**  
If you have questions, please call Member Services at **1-800-794-5907 (TTY: 711)** From October 1 – March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 – September 30, we are open Monday – Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

**Read this important information**  
Before you sign, please read this entire Enrollment Form to make sure you understand the information provided.

**Electronic enrollment options**  
Have you considered enrolling online at [CarePlusHealthPlans.com](http://CarePlusHealthPlans.com) instead?  
It is a fast, secure, and easy way to apply.

You may mail this Enrollment Form to: **CarePlus Enrollment Forms**  
PO Box 14733  
Lexington, KY 40512-4642

Or fax this Enrollment Form to: **1-855-819-8679**

**Note:** Please use the Fax Cover Sheet on the back of this page.

H1019\_SNPALLPLANS2025\_C

Here is a sample of the documentation needed to enroll in a C-SNP plan.

Resource: 2025 CarePlus Annual Benefits Training



## **D-SNPs**

Now, we're going to talk about Dual Eligible Special Needs Plans, or D-SNPs.

## CarePlus – D-SNPs

CarePlus offers 3 D-SNPs: CareNeeds Platinum (PBP 023), CareNeeds Plus (PBP 073), and CareNeeds Platinum (PBP 146).

### D-SNP Highlights:

- ✦ CarePlus is contracted with the Agency for Health Care Administration (AHCA/Florida Medicaid) to offer our dual eligible SNPs.
- ✦ All dual-eligible members are eligible for financial assistance for prescription drugs, also known as Extra Help or Low Income Subsidy (LIS).
- ✦ D-SNPs are offered in all CarePlus service areas.
- ✦ Membership includes:
  - Qualified Medicare Beneficiaries (QMB)
  - Specified Low-income Medicare Beneficiaries (SLMB)
  - Qualified Disabled Working Individuals (QDWI)
  - Qualified Individuals (QI)
  - QMB with comprehensive Medicaid benefits (QMB+)
  - SLMB with comprehensive Medicaid benefits (SLMB+)
  - Full Benefit Dual Eligible (FBDE)

CarePlus offers D-SNPs in all service areas. The three DSNPs that CarePlus offers include CareNeeds Platinum (PBP023), CareNeeds Plus (PBP 073), and CareNeeds Platinum (PBP 146).

## CarePlus – D-SNP Eligibility



To be eligible for CareNeeds Plus or CareNeeds Platinum, members must:

- ✦ Have both Medicare Part A and Part B
- ✦ Live in CarePlus' geographic service area
- ✦ Be a United States citizen or a lawfully permanent resident
- ✦ Be eligible for certain levels of Medicaid\*

\*Levels of Medicaid: FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+

**Source:** 2025 benefits training presentation (Product Development)

You are eligible for membership in our plan as long as:  
You have both Medicare Part A and Medicare Part B  
— **and** — You live in our geographic service area (Section 2.3 below describes our service area). Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.  
— **and** — You are a United States citizen or are lawfully present in the United States  
— **and** — You meet the special eligibility requirements described below.

To be eligible for our plan, you must be eligible for both Medicare and certain levels of Medicaid: FBDE, QDWI, QI, QMB, QMB+, SLMB, SLMB+

## CarePlus – D-SNP Eligibility (cont.)

Member cost-shares are based on the level of Medicaid eligibility, assistance received from Medicaid, and the amount of Extra Help received from Medicare.

- ✦ \$0 copay for ALL covered medical services for cost-share protected members only: QMB, QMB+, SLMB+, FBDE.
- ✦ Full duals receive Medicaid wrap benefits and services.

| CareNeeds Plus and CareNeeds Platinum eligibility      |      |       |      |     |      |    |      |
|--|------|-------|------|-----|------|----|------|
|  | QMB+ | SLMB+ | FBDE | QMB | SLMB | QI | QDWI |
| Medicaid benefits 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    |

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 individual's eligibility category.

Because CarePlus contracts with the Agency for Healthcare Administration, 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.

Reference: <https://www.cms.gov/medicare/health-plans/specialneedsplans/d-snps>

## CarePlus – D-SNP Wrap Benefits

Our D-SNPs must cover certain Medicaid benefits for full dual members (QMB+, SLMB+, FBDE), as specified in our contract's scope of services. Medicaid benefits not inclusive in Medicare-filed benefits are what we call our Medicaid wrap benefits\*, which include:

- ✦ Assistive care services
- ✦ Dental – services to prepare the mouth for dentures
- ✦ Home health
- ✦ Medicaid – covered drugs (Part D excluded)
- ✦ Medicaid – covered over-the-counter (OTC) drugs
- ✦ Mental health targeted case management and community behavioral health services (Carelton Behavioral Health)
- ✦ Nursing facility transitional days

\*Not an all-inclusive list

**Source:** 2025 benefits training presentation (Product Development)

Medicaid benefits that are not inclusive in Medicare-filed benefits are called wrap benefits. Some services include assistive care services, dental, and home health.

## CarePlus – D-SNP Benefits

CarePlus D-SNP members enjoy many benefits.\*

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• <b>\$200</b> Emergency Ground Ambulance copay (\$0 for cost-share protected duals)</li><li>• <b>\$140</b> ER copay (\$0 for cost-share protected duals)</li><li>• Monthly CareEssentials Allowance to use on healthy foods, utilities, OTC items, and more<ul style="list-style-type: none"><li>• CareNeeds Platinum (023 and 146) – <b>\$225 CareEssentials Allowance</b></li><li>• CareNeeds Plus (073) – <b>\$125 CareEssentials Allowance</b></li></ul></li><li>• Transportation (50 one-way trips) <b>Note: Unlimited transportation available only for full duals on D-SNPs through Medicaid wrap benefit</b></li><li>• Smoking Cessation Program (SMC004)</li></ul> | <ul style="list-style-type: none"><li>• Wig Benefit (WIG003)</li><li>• \$0 copay for <b>CarePlus Well Dine™</b> meal program (WDE205)</li><li>• <b>OTC Allowance again available on D-SNPs (after being from removed from D-SNPs in 2024) accessible via CarePlus Spending Account Card</b><ul style="list-style-type: none"><li>• <b>CareNeeds Platinum (023 and 146) – \$75/Quarter</b></li></ul></li><li>• \$0 Rx Copay Benefit (VZRX01) for LIS recipients</li><li>• <b>Enhanced Alternative</b> drug plan:<ul style="list-style-type: none"><li>• CareNeeds Platinum (023) – <b>\$500 Rx deductible</b></li><li>• CareNeeds Platinum (146) – <b>\$510 Rx deductible</b></li><li>• CareNeeds Plus (073) – <b>\$590 Rx deductible</b></li></ul></li><li>• <b>\$2,000</b> Part D MOOP</li></ul> |
|--|---|

\*Cost share/benefits based on eligibility category.

Here are some of the benefits that D-SNP members enjoy.

**Source:** 2025 benefits training presentation (Product Development)

## CarePlus – D-SNP Drug Plan

Enhanced alternative drug plan available on all CareNeeds Plus and CareNeeds Platinum plans.\*

### Enhanced Alternative drug plan (available on all D-SNPs: 023, 073, and 146)

- Members who receive "Extra Help" pay \$0 for covered prescriptions through \$0 Rx Copay VBID.
- **Members who don't receive "Extra Help" pay:**
  - **Deductible stage: 100% for all drugs, regardless of place of service, for a 30- or 100-day supply until they reach deductible:**
    - CareNeeds Platinum (023) – **\$500 Rx deductible**
    - CareNeeds Platinum (146) – **\$510 Rx deductible**
    - CareNeeds Plus (073) – **\$590 Rx deductible**
  - **Initial coverage stage: After reaching deductible (and until they pay \$2,000 out of pocket), they pay plan-specific coinsurance for:**
    - **100-day supply of Tier 1 or Tier 2 prescription drugs from a preferred mail-order pharmacy**
    - **30- or 100-day supply of Tier 1 prescription drugs from any participating pharmacy except preferred mail-order (as noted above)**
    - **30- or 100-day supply of Tiers 2-5 prescription drugs**

\*Cost share/benefits based on eligibility category.

Source: 2025 benefits training presentation (Product Development)

## Reimbursement for D-SNP services



- **Medicare/CarePlus-covered benefits** → Submit claims to CarePlus.
- **Medicaid-covered benefits (LTC and other waiver services)** → Submit to or bill agency.

When in doubt, submit to CarePlus.

Note: There is **no copay** for medical services for the following members: QMB, QMB+, SLMB+, or FBDE

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, 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.

Information obtained from Karen Coombs



## Special Needs Plan – Model of Care

In this section we'll look at the components of **CarePlus**' SNP model of care, or 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.

## Model of Care (MOC)



### **CMS MOC:**

- Is required by CMS and reinforced by the Affordable Care Act
- Describes how the plan will identify and address the unique needs of the SNP population and provide quality care to meet those needs
- Guides quality improvement



### **CarePlus MOC:**

- Is patient-centric
- Addresses preventive care and acute and chronic disease management
- Uses an interdisciplinary team approach
- Emphasizes health status monitoring
- Incorporates evidence-based protocols and strategies

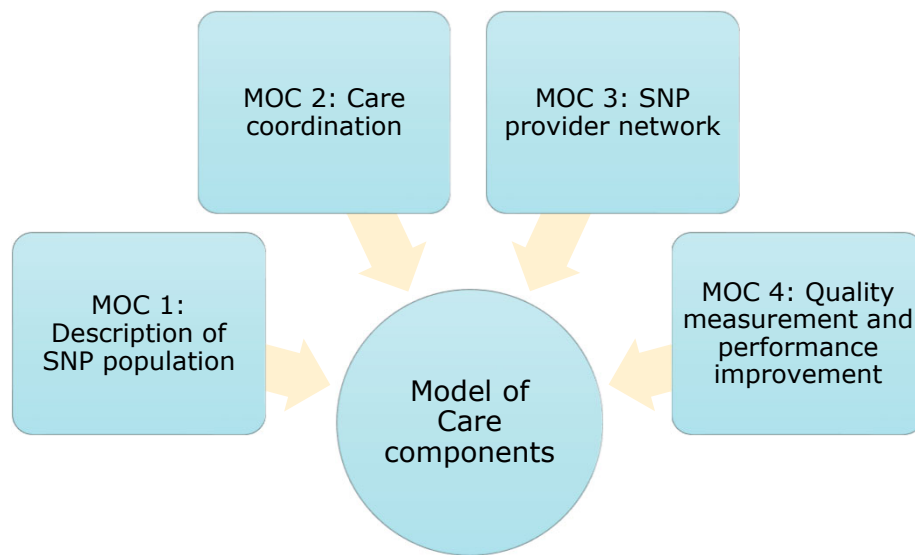
Medicare Advantage organizations are required by CMS to create and maintain a Model Of Care (MOC) for their Special Needs Plans.

The MOC is a tool that ensures that SNPs address members' 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.

## MOC Components



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.

## MOC Components

| <b>MOC 1<br/>SNP Population</b>   | <b>MOC 2<br/>Care Coordination</b>   | <b>MOC 3<br/>SNP Provider Network</b>  | <b>MOC 4<br/>Quality Measurement &amp; Performance Improvement</b>  |
|---|--|--|---|
| A description of the SNP target population we are describing  | How we care for beneficiaries  | Description of the clinicians who will assist in providing the health care   | Describes what the measures are and how we will ensure we have met those measures   |
| The most vulnerable members have more frequent emergency room visits and/or hospital admissions; presence of complex comorbidities; experienced a major change in health, functional, or mental status; lack of caregiver support; or are members near end of life. | Outlines SNP staff structure. Includes the use of the Health Risk Assessment (HRA), Individualized Care Plan (ICP), Basic Care Plans (BCP), Interdisciplinary Care Team (ICT) and Care Transition Protocols. | Describes the plan's physician network, including specialized expertise, clinical practice guidelines, care transition protocols, and provider network training. | Outlines measurable goals and health outcomes. Measures the experience of care with ongoing performance improvement evaluation. Ensures dissemination of CarePlus' SNP quality performance results. |

The Model of Care Components include :

- MOC 1: A description of the SNP Population (identifies the target population 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 the clinicians who will assist in providing the health care)
- 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)

## MOC Measurable Goals

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

### Expectation

- ✓ Improve access to healthcare services for SNP population
- ✓ Improve coordination of care and services
- ✓ Promote enhanced care transitions
- ✓ Facilitate the appropriate use of health and chronic care services

### Implementation

- ✓ Collaborate with physicians
- ✓ Reinforce their treatment plans
- ✓ Share information
- ✓ Maintain care plan compliance

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,
- 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.

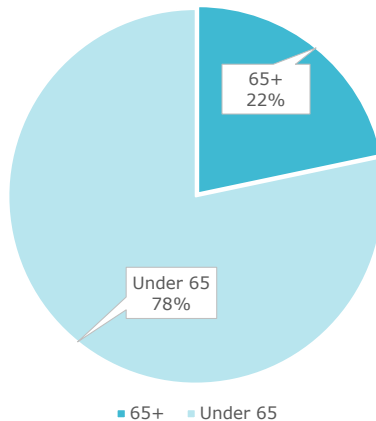


## **MOC 1: SNP Population**

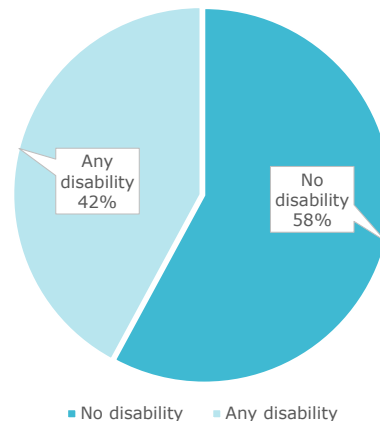
Let's take a look at the first of our MOC components: the SNP population.

## SNP Population – Florida Demographic Information

Age in Florida



Disability status for 65+



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

Reference: <https://www.census.gov/quickfacts/fact/table/FL/PST045222>

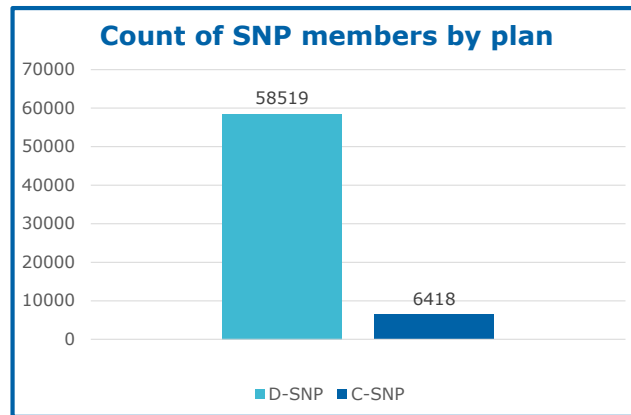
21.7% of the Florida population is older than 65, of which 42.1% have a disability.

### Reference:

<https://dhds.cdc.gov/SP?LocationId=12&CategoryId=DISEST&ShowFootnotes=true&showMode=&IndicatorIds=STATTYPE,AGEIND,SEXIND,RACEIND,VETIND&pnl0=Chart,false,YR5,CAT1,BO1,,,,AGEADJPREV&pnl1=Chart,false,YR5,DISSTAT,,,,PREV&pnl2=Chart,false,YR5,DISSTAT,,,,AGEADJPREV&pnl3=Chart,false,YR5,DISSTAT,,,,AGEADJPREV&pnl4=Chart,false,YR5,DISSTAT,,,,AGEADJPREV>

## SNP Population - CarePlus

CarePlus currently has more than 64,000 members enrolled in a SNP.

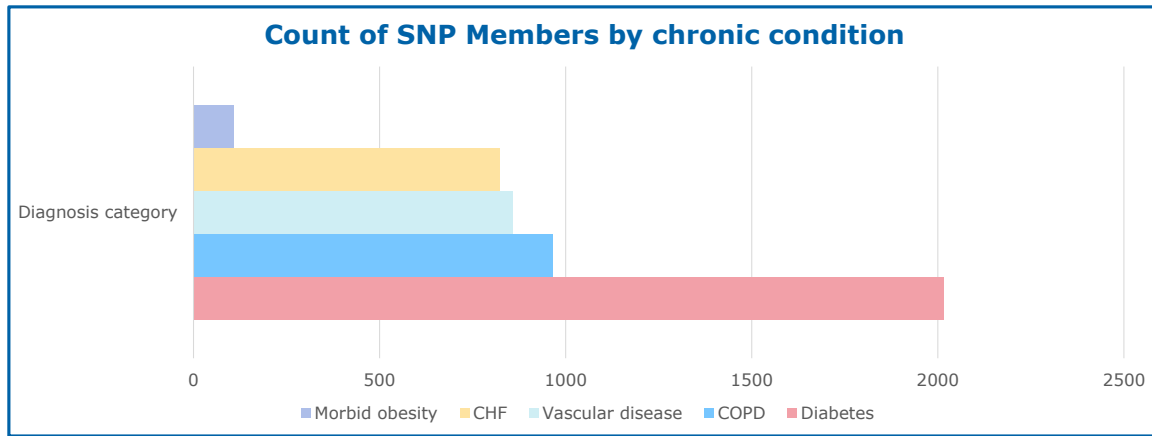


As of October of 2024, CarePlus has over 64,000 members enrolled in an SNP plan. As you can see, most of those members are enrolled in a D-SNP.

Reference: PowerBI SNP Report for HSO



## CarePlus' Special Needs Population



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.

Source: PowerBI SNP Report for HSO



## **MOC 2: Care Coordination and Staff Structure**

Let's take a look at the Second of our MOC components: the Care Coordination and Staff Structure

## Care Coordination and Staff Structure

|  |   |
|--|---|
| <b>Humana Management Services (HMS)</b>  | Primary point of contact for SNP members  |
| <b>HRA tool</b>                          | Identifies members' needs and barriers to care and confirms the right level of intervention         |
| <b>ICPs</b>                              | Monitors members' progress toward goal achievement  |
| <b>Interdisciplinary Care Team (ICT)</b> | A variety of healthcare professionals who ensure care is comprehensive and complete for SNP members |
| <b>Care transitions</b>                  | Closely managed to maintain continuity of care and avoid unnecessary readmissions                   |

Care Coordination and Staff Structure involves Humana Management Services, the Health Risk Assessment Tool, Individualized Care Plans, the Interdisciplinary Care Team, and Care Transitions. We will go into each of these topics in the following slides.

## CarePlus and Humana Management Services

CarePlus partners with HMS to tailor care management to members enrolled in SNPs.



### HMS offers:

- ✦ Specialized care management and health service programs for SNP members with MA plans
- ✦ A support system and partnership with the member
- ✦ Support to the ICT
- ✦ Enhanced coordination and continuity of care
- ✦ Guidance and resources that facilitate access to information and benefits

Humana Management Services 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 one-on-one 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.

Source: Confirmed information with Gladys Rivera Mendez

## SNP – Health Risk Assessment (HRA)

The HRA is a tool used to identify member risk levels, including but not limited to, health, functional, cognitive, or psychosocial/mental health.



- An HRA is a requirement for all members enrolled in a SNP and must be completed within 90 days of enrollment.
- Members must have a completed annual HRA within 365 calendar days of their previous HRA.
- Additional HRAs are required if the member has had a significant change in health condition.

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.

## SNP – Individualized Care Plan (ICP)

SNPs require an ICP which outlines goals for the member's needs.



- 
- The ICP is developed by the care manager in collaboration with the member.
  - The ICP requires the PCP's active participation through contribution of relevant clinical information and goals.
  - The ICP is updated after each member contact, after transitions or changes in health status, and annually.
  - The ICP should be individualized, measurable, and prioritized.

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- 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.

## SNP – Basic Care Plan (BCP)

The BCP is an alternative to an ICP. Care managers work with members to help them meet their health and well-being goals.



- 
- Members are asked to commit to their goals by taking the BCP to their next physician visit.
  - PCP or specialist reviews and discusses recommendations with the member and faxes the completed document to CarePlus at 1-866-232-0979.
  - Some items outlined in the plan include medication adherence, healthy behaviors, regular health checks, health screenings, and preventive services.

Basic Care Plan, or BLP, 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.

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

BCPs 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.

## Interdisciplinary Care Team (ICT)

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

### The ICT consists of:

- The SNP member's PCP and other physicians and/or nurses
- Behavioral health professionals
- Care managers
- The member's caregivers
- Community health educators and specialists
- Social workers and community social services
- CarePlus and CenterWell Pharmacy® professionals

### Benefits of the ICT model:

- Supports the physician's goals, treatment, and medication plans
- Enhances patient-physician communication
- Promotes self management, informed decision-making, member education, and appropriate end-of-life planning
- Improves care coordination and care transition processes
- Facilitates access to community resources, including Medicaid services

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 primary care physician.

Note: Any recommendations made by the ICT must be incorporated and properly documented in the ICP.



## Care Transitions

Care transition refers to when a member moves from one healthcare setting to another, which includes planned and unplanned admissions and discharges.

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



### Possible transition settings:

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



### Care Manager responsibilities:

- Addresses care transitions to maximize member recovery and mitigate preventable transitions.
- Provides the member with support and educational materials to ensure the member understands the health changes.
- Verifies that follow-up appointments are scheduled on a timely basis.
- Reviews the ICP and ensures all ICT members are informed of the member's transition from one healthcare setting to another.

CMS defines a care transition, as a member moves from one healthcare 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 healthcare 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.



## **MOC 3: Provider Network**

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

## The Provider Network



CarePlus' SNP provider network has specialized expertise to support PCPs.



Current clinical practice guidelines are observed.



Network providers must complete annual SNP MOC training.

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's Role

Physician involvement is an integral part of SNP interdisciplinary care teams (ICTs).

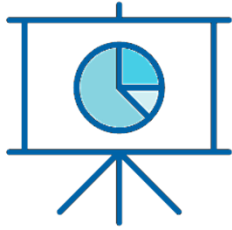
### Physicians are required to:

- Receive pertinent HRA reports for review and input.
- Participate in ICT care conferences and communicate to actively foster care coordination.
- Act as an ICT participant to manage the member's ICP through exchange of communication.
- Ensure Healthcare Effectiveness Data and Information Set (HEDIS®) and National Committee for Quality Assurance (NCQA) quality measures are addressed.
- Collaborate in the development of the ICP.
- 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 Model of Care (MOC) training.

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 individualized care plan, or 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
- 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 pertaining to the member
- Encourage SNP members to participate in care management
- Complete annual SNP Model of Care (MOC) training

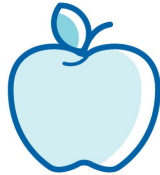


## **MOC 4: Quality Measurement and Performance Improvement Plan**

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

## Quality Measurement and Performance Improvement Plan

CarePlus continually searches for opportunities to improve, for example, enhancing benefits and coordination of care, updating policies and procedures, and expanding access to services and network coverage.



CarePlus assess performance, then takes steps to improve through:

- Using surveys, audits, and performance indicators
- Measuring and monitoring health outcomes
- Assessing member care experience
- Formulating measurable goals

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
- And implementing system updates

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

## Social Services

**CarePlus'** Social Services department supports your patients who have **CarePlus** Special Needs Plans.

## CarePlus – Outreach Program

The Dual-Eligibility Outreach Program provides help at no cost to prospective and current members and the community applying for public assistance through a variety of state and federal programs.

Social services coordinators are here to:

- Help members during the renewal eligibility process and with reported changes.
- Educate and conduct an initial screening to determine potential eligibility for state/federal assistance programs such as:

|  |  |
|--|--|
| ✓ LifeLine program<br>(wireless /landline phone discount)  | ✓ Community partner with Department of<br>Children and Families                        |
| ✓ SSI referrals  | ✓ CPHP DCF/ACCESS<br>application processing center                                     |
| ✓ Extra Help with Medicare<br>Prescription Drug Plan costs | ✓ Comprehensive Assessment and Review for<br>Long-Term Care Services (CARES) referrals |

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.

**Source:** 2024 benefits training presentation (Product Development)



## ACCESS [direct] Unit

The ACCESS[direct] Unit is the place for sales agents to validate eligibility for state/federal programs. This unit serves as the bridge between CarePlus, Humana, or external agents and the CarePlus Dual-Eligibility Outreach Program.

### Sales agents can call ACCESS[direct] to:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Verify Medicare, Medicaid, and LIS eligibility</li><li>• Validate Medically Needs Share of Cost amount</li><li>• Validate Medicaid recertification date and/or view Medicaid application status</li><li>• Assist with CarePlus non-processed applications</li><li>• Answer CarePlus enrollment-related questions</li><li>• Verify CarePlus PCP status, plan benefits, and prescription benefit coverage</li><li>• Initiate expedited referrals for prospective members to apply for state/federal benefits</li></ul> | <ul style="list-style-type: none"><li>• Provide sales markets with expedited approvals and denials</li><li>• Submit CarePlus marketing material requests (<a href="https://carepluskits.com">CarePlusKits.com</a>)</li><li>• Provide in-person or virtual educational training</li><li>• Present at sales (field) events hosted by agents for current and prospective members as applicable</li><li>• Validate Special Election Period (SEP)</li><li>• Confirm plan availability by county</li><li>• Explore resolution of Medicaid-accretion issues</li><li>• Verify CarePlus C-SNP eligibility</li><li>• View appointment and certification inquiries</li></ul> |
|--|---|

Source: 2025 CPHP Benefits Training

## Medicaid Medically Needy Program

The Social Services department also will help members apply for the Medicaid Medically Needy Program, also referred to as the "Share of Cost" program.



- The Department of Children and Families (DCF) determines eligibility for the Medically Needy Program.
- Medically needy individuals will need to spend a certain amount, depending on their income, before they can be eligible for Medicaid.
- After that initial amount is spent, the Medicaid program pays the cost of services that exceeds the amount the individual had to initially spend to become eligible.

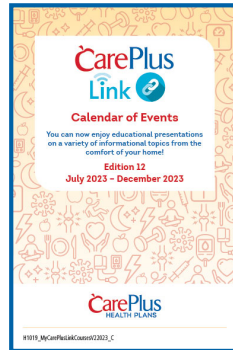
The Social Services department also will help members apply for the Medicaid Medically Needy Program. This program is designed to assist low-income members whose household incomes are too high to qualify for Medicaid benefits. This program helps pay for medical services covered by Medicaid, but it does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

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

## Social Services – The CarePlus Link

Accessible from the comfort of home, CarePlus Link is a series of phone and web-based virtual presentations, offered at various dates and times for CarePlus members.



- Members can connect from their electronic devices to see and hear a presentation.
- CarePlus Link topics include the value of continued growth; physical, mental, social, and lifestyle balance; and other useful plan information.

The CarePlus Link booklet includes program information, schedules, and how to access presentations. The booklet is available at [CarePlusHealthPlans.com/Link](https://CarePlusHealthPlans.com/Link) or by request from Member Services.

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.

Source: 2025 Benefits Training

## **Abbreviations, References, and Resources**

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 Special Needs Plans.

## Identifying SNP Members




**CareComplete Platinum (HMO C-SNP)**

**JOHN SAMPLE**  
**Member ID:** 123456701  
**Health Plan:** (80840)  
 91413 95092  
**RxBin:** 015581  
**RxPCN:** 03200008

**Copayments:**  
 PCP Office Visit: \$0.00  
 Specialist: \$0.00  
 Hospital Emergency: \$0.00

PCP: Robert Smith  
 PCP Telephone: 1-234-567-8900  
 Card Issued: 01/01/2025  
 Cost-share protected: N




CMS H1019 001 000

**Member Services:** 1-800-794-5907 TTY: 711  
**My CarePlus Connect:** 1-866-667-0483


**Provider Services:** **Pharmacy Inquiries:**  
 Eligibility: 1-866-220-5448 Claims Issues: 1-800-865-4034  
 Authorizations: 1-800-201-4305 Authorizations: 1-866-315-7587  
 Claim Status: 1-866-313-7587

**CarePlus Claims:** P.O. BOX 14697 LEXINGTON, KY 40512



Please visit us at : CarePlusHealthPlans.com

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**CareNeeds Platinum (HMO D-SNP)**

**JOHN SAMPLE**  
**Member ID:** 123456701  
**Health Plan:** (80840)  
 91413 95092  
**RxBin:** 015581  
**RxPCN:** 03200008

**Copayments:**  
 PCP Office Visit: \$0.00  
 Specialist: \$0.00  
 Hospital Emergency: \$0.00

PCP: Robert Smith  
 PCP Telephone: 1-234-567-8900  
 Card Issued: 01/01/2025  
 Cost-share protected: Y




CMS H1019 001 000

**Member Services:** 1-800-794-5907 TTY: 711  
**My CarePlus Connect:** 1-866-667-0483

**Provider Services:** **Pharmacy Inquiries:**  
 Eligibility: 1-866-220-5448 Claims Issues: 1-800-865-4034  
 Authorizations: 1-800-201-4305 Authorizations: 1-866-315-7587  
 Claim Status: 1-866-313-7587

**CarePlus Claims:** P.O. BOX 14697 LEXINGTON, KY 40512



Please visit us at : CarePlusHealthPlans.com

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

Resource: Cards obtained from 2025 CarePlus Annual Benefits Training

# Accessing the member's Summary of Benefits

To access an SNP member's Summary of Benefits, visit: [www.CarePlusHealthPlans.com](https://www.CarePlusHealthPlans.com)

The image displays four numbered screenshots illustrating the steps to access a member's Summary of Benefits on the CarePlus website:

- Step 1:** The CarePlus Health Plans website homepage. The 'Explore Medicare Plans' dropdown menu is highlighted, and the 'CarePlus Medicare Advantage Plans' option is selected.
- Step 2:** The 'A Range of Plans for Florida Residents' page. The link 'For all the details of each CarePlus plan, you can find 2024 and 2025 Summary of Benefits and Evidence of Coverage plan documents here.' is highlighted.
- Step 3:** The 'Choose with Confidence' page. The 'CarePlus Medicare Advantage Plans' link is highlighted.
- Step 4:** The 'Plan Benefit Documents' page. The '2025' year selector is highlighted, and the 'South Florida' region is selected in the dropdown menu.

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

- Visit : <https://www.careplushealthplans.com>
- Select the Explore Medicare Benefits tab, then select CarePlus Medicare Advantage Plans.
- Scroll down and select 2024 2025 Summary of Benefits and Evidence of Coverage plan documents here
- Scroll down and select CarePlus Medicare Advantage Plans.
- Select the correct year and plan.

## 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                            | The 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 (aka 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

## References and Resources

| References and Resources                                    | Website   |
|---|---|
| CarePlus Health Plans Special Needs Plan Model of Care 2023 | N/A   |
| 2025 Benefits Training Manual for CarePlus Associates       | N/A   |
| Florida Agency for Health Care Administration (AHCA)        | <a href="http://www.ahca.myflorida.com">www.ahca.myflorida.com</a>  |
| Florida Medicaid Web Portal                                 | <a href="http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/Provider%20ProviderSupport_%20ProviderHandbooks/tabId/42/Default.aspx">http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/Provider%20ProviderSupport_%20ProviderHandbooks/tabId/42/Default.aspx</a> |
| Florida Department of Children and Families Services        | <a href="https://www.myflfamilies.com/services/public-assistance">https://www.myflfamilies.com/services/public-assistance</a>   |
| The Centers for Medicare & Medicaid Services (CMS)          | <a href="https://www.cms.gov/">https://www.cms.gov/</a>   |
| CMS Medicare Managed Care Manual                            | <a href="https://www.cms.gov/training-education/medicare-learning-network/resources-training">https://www.cms.gov/training-education/medicare-learning-network/resources-training</a>   |

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

## References and Resources

| References and Resources   | Website  |
|--|--|
| Medicaid   | <a href="http://www.medicaid.gov">www.medicaid.gov</a>   |
| Office of the Assistant Secretary for Planning and Evaluation  | <a href="https://aspe.hhs.gov/">https://aspe.hhs.gov/</a>  |
| Florida Health Charts  | <a href="http://www.flhealthcharts.gov">www.flhealthcharts.gov</a>   |
| Kaiser Family Foundation   | <a href="http://www.kff.org">www.kff.org</a>   |
| CarePlus provider information – Email: CPHP_SNPINFO@CAREPLUS-HP.COM  | <a href="http://www.CarePlusHealthPlans.com/CarePlus-Providers/SNP">www.CarePlusHealthPlans.com/CarePlus-Providers/SNP</a> |
|  | <a href="http://www.CarePlusHealthPlans.com/CarePlus-Providers">www.CarePlusHealthPlans.com/CarePlus-Providers</a>         |
| Additional Resources   |  |
| Florida Medicaid program information: <b>1-888-419-3456</b>  |  |
| CarePlus Member Services for members: <b>1-800-794-5907 or TTY 711</b>   |  |
| CarePlus Care Management Team: <b>1-800-734-9592 or TTY 711</b>  |  |
| CarePlus provider operations helpline: <b>1-866-220-5448</b> , Monday – Friday, 8 a.m. to 5 p.m., Eastern time |  |

Shown here are references cited on preceding slides.

# Thank you!



**CarePlus** Special Needs Plans 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 Special Needs Plans. We appreciate the high-quality care you give to our special-needs members.

**After you complete this training module, a certificate of completion will be sent to the email you entered during the guest sign-in process. Please retain this certificate in your records as proof of completion.**