



TEXAS INDEPENDENCE HEALTH PLAN

Model of Care FAQ

External Provider Use Only

What is a Model of Care?

Texas Independence Health Plan is contractually obligated by The Centers for Medicare & Medicaid (CMS) to provide training for all in-network providers and out-of-network providers who treat our Special Needs Plan (SNP) members on a regular basis. This training is known as a Plan's Model of Care (MOC).

All MOCs must include these four domains in the training:

1. SNP population description
2. Care Coordination elements
3. Medicare provider overview
4. MOC performance goals

What are the MOC goals?

Understand CMS MOC requirement

Understand all parts of MOC

Understand how you fit into the MOC process

It is important to understand that all insurers have their own unique MOC and therefore you will need to complete MOC training for each Plan you are participating with.

How do I complete MOC training?

You must complete the MOC training each year online. This is a yearly, CMS requirement. All MOC training, for TIHP contracted providers and non contracted providers who routinely provide care to TIHP members, must be completed by October 1st of each year and annually thereafter.

Should you have any clinical questions, please reach out to Liam M. Fry, MD, FACP, CMD Corporate Medical Director at 512-477-4088 or lfry@txihp.com

What are Special Needs Plans?

- Special Needs Plan (SNPs) are a type of Medicare Advantage (MA) Plan that provide additional coordinated, specialized care for the most vulnerable Medicare beneficiaries.
- These plans serve individuals with chronic or disabling conditions.
- The enrollees in these plans must be eligible to receive care and services from doctors or hospitals in their Medicare SNP networks.



What are the specific plans known as?

There are three different types of Special Needs Plans

Institutionalized (I-SNP)

Covers individuals who reside in an institution for a period of at 90 days or longer.

Dual Eligible (D-SNP)

Covers individuals that are eligible for both Medicare and Medicaid and generally live in the community.

Chronic Condition (C-SNP)

Covers individuals with chronic conditions, such as dementia, diabetes, or stroke.

TIHP participates in I-SNP. The enrollees in the TIHP I-SNP plan are individuals who, for 90 days or longer, have or are expected to reside in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF) or a SNF/NP.

What are Special Needs Plans?

- Medicare SNPs cover the same Medicare services that all Medicare Advantage plans must cover. Medicare SNPs may also cover extra services tailored to the special groups they serve, such as extra days in a hospital.
- A SNP will access the full spectrum of a member's unique needs; medical, psychological, cognitive, functional, and mental health needs as well as the risks of members.
- A SNP is required to provide MOC training to all in-network and out-of-network providers who treat members routinely.



Who are SNP providers?

A SNP provider is contracted with TIHP to provide services to the members in the Plan.

These providers are considered out-of-network.

A SNP provider can also be non-contracted and still provide services to the members in the Plan.

These providers are considered out-of-network.

Who are the TIHP I-SNP members?

TIHP only covers members that are I-SNP eligible.

- All members reside in a long-term care facility (LTC) or skilled nursing facility (SNF).
- All members must be expected to reside in such a facility for a period of 90 days or longer.
- Most members have co-morbidities, such as diabetes and congestive heart failure.
- Many members have trouble communicating what their needs are due to language or cognitive barriers.



How will I know when I need to complete the MOC training?

TIHP will make all providers aware of the required MOC training via the TIHP website, and other direct or indirect communication. It is the responsibility of the provider (in or out of network) to complete this MOC training and Attestation within forty-five (45) days of a signed contract (for in network providers), then annually thereafter by October 1st of each calendar year.

Will I receive a receipt when I complete this training?

Yes. Upon completion of the MOC training, you will have to fill out an Attestation to receive a receipt. It is important that you fill out all the required fields. You will then have the ability to print a copy of the Attestation and Model of Care for your records.

Please remember that completing MOC training is a yearly CMS requirement.



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For clinical questions, please contact:
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