

Special Needs Plan (SNP)

Model of Care

Annual Training

RiverSpring Special Needs Plans

RiverSpring MAP*

Dual SNP (HMO D-SNP)

800-362-2266

Eligibility:

- Has both Medicare and full Medicaid
- Has a chronic health care need and is eligible to live in a nursing home, but is able to live safely at home
- Requires community based long term care services for 120 days or longer

RiverSpring STAR

Institutional and

Institutional Equivalent SNP (HMO I-SNP)

800-580-7000

Eligibility:

- Has Medicare
- Resident or expected to reside in a nursing home for 90 days or longer at time of enrollment
- Resident in community but requires an nursing home level of care

- Lives in our service area – NYC, Nassau and Westchester
- Has Medicare Part A and Part B

*RiverSpring MAP is a **dual** Medicare and Medicaid plan which provides acute and long term care services.

Medicare SNP Benefits

Please refer to the *Explanation of Coverage (EOC)* of each Plan for a complete list and detailed description of the health care benefits covered by each plan.

- Primary and Specialty Physicians
- Hospital Services
- Prescription Drugs
- Interdisciplinary Care Team
- Care Manager
- Over-the-Counter (OTC) Items
- Chiropractic Care
- Home Health Care
- Durable Medical Equipment (DME)
- Ambulance
- Diagnostic Tests, Labs and Radiology Services
- X-Rays
- Preventative Care
- Skilled Nursing Facility Care
- Prosthetic Care
- Urgently Needed Care
- Outpatient Surgery
- Diabetic Supplies
- Emergency medical services
- Skilled rehabilitation services

RiverSpring Star (HMO I-SNP) Plan

| Benefits | 2020 – Members Pay | 2021 – Members Pay |
|---------------------|---|---|
| Premiums | \$36.60 | \$42.30 |
| Deductible (Part D) | \$435 | \$445 |
| Emergency | \$0 or 20% of Medicare amount (up to \$90 max) | \$0 or 20% of Medicare amount (up to \$90 max) |
| OTC | \$70 per month. Can only order through a catalog. | \$170 per month. Can order through a catalog or use the OTC Debit card. |
| Doctor Office Visit | 20% of Medicare amount per visit | 20% of Medicare amount per visit |
| Dialysis Services | Authorization not required | Authorization is required for a member not certified as ESRD on the HCFA 2728 form. |

*Refer to Evidence of Coverage for a detail summary of benefits

RiverSpring MAP (HMO D-SNP)

| Benefits | 2020 | 2021 |
|---|---|---|
| Premiums | \$0 | \$0 |
| Deductible | \$0 | \$0 |
| Hospital | \$0 | \$0 |
| OTC | \$140 per month. Can only order through a catalog. | \$155 per month. Can order through a catalog or use the OTC Debit card. |
| Physical, Occupational and Speech therapy | PT - 40 visits per year ST/OT – 20 visits per year | No service limits for PT, OT and ST that are medically necessary |
| Dialysis Services | Authorization not required | Authorization is required for a member not certified as ESRD on the HCFA 2728 form. |

*Refer to Evidence of Coverage for a detail summary of benefits

Goals and Outcomes

Our goal is to maximize health and minimize need for institutionalization. We achieve our goal through:

- Developing, with the members and their PCP, individualized care plans (ICPs) that *efficiently* meet members' needs with clear, identifiable goals.
- Incorporating preventive, medical, mental health, social services and other creative services into the care plan as needed given each individual's particular life situation.
- Monitoring member's health status to assure that the care plan is working as planned.
- Adjusting care plans to meet changing needs, including seamless transition through care settings.
- And, for covered services, assuring that good quality services are provided as ordered.
- Care Management for the member by Nurse Care Manager or the Nurse Practitioner.

Health Risk Assessment (HRA)

- The HRA includes the Universal Assessment Systems for New York (UAS- NY), depression scale and General Practitioner assessment of cognition (GPCOG).
- The HRA assesses the member's medical, environmental, cultural and cognitive needs.
- The HRA validates the need for an institutional level of care and is a key factor in formulating the Individualized Care Plan (ICP).
- The HRA assessment is used to identify members in terms of medical vulnerability for serious morbid events.

Interdisciplinary Care Team (ICT)

OVERVIEW

The Nurse Care Manager or NP leads the Interdisciplinary Care Team. Participants **may** include:

- Nurse Care Manager
- Member and/or Caregiver
- Primary Care Physician/Specialist
- Social Workers
- Medical Director
- Other clinical team members based on the needs of the Member

ROLE OF THE ICT

- Participates in development of the care plan
- Reviews services across care settings for appropriate utilization of care.
- Ensures care plan addresses member's medical, functional, cognitive, cultural and psychosocial needs

Individualized Care Plan (ICP)

The NCM or the NP is the leader of the Interdisciplinary Care Team and is responsible for developing and updating the ICP with the ICT. The Individualized Care Plan is based on:

- Member needs, preferences, and goals
- Address the physical, behavioral, cultural and psychosocial needs of the member
- Input and communication with the Interdisciplinary Care Team
- Health Risk Assessment
- Outcome measures to determine whether goals are met

Cultural Competency

- RiverSpring Health Plans provides effective, individualized and respectful care in a manner sensitive to member's values, beliefs, and needs that are associated with a person's age, gender, sexual orientation, cultural, linguistic, racial, ethnic, and religious backgrounds, and congenital or acquired disabilities.
- RiverSpring Health Plans arranges language assistance services for members with LEP through bilingual staff, interpreters and other translation services, and use of family/ friends at the member's request.
- Members are notified of their right to receive language, and the availability of, services through the Evidence of Coverage and other documents provided to members.

Providers are legally obligated to provide meaningful communication with members who have Limited English Proficient (LEP) and their authorized representatives.

- Title VI of the Civil Rights Act of 1964 - Prohibits recipients of federal funding from discriminating on the basis of race, color, national origin, gender, age, sexual orientation and disability.
- 14 NYCRR section 633.1 and 633.4 - All persons shall be given the respect and dignity that is extended to others regardless of race; religion; national origin; creed; age; gender; sexual orientation; developmental disability; or health condition. An individual/family member cannot be discriminated based on their ability to speak English and this includes individuals who may be deaf and/or hard-of-hearing.

Participating Provider Network

- Our Provider Network consists of healthcare providers who are contracted to provide health care services to RiverSpring Health Plans D-SNP and I-SNP members.
- Our network includes primary care and specialty physicians who are board certified in their medical specialties. PCPs are important to the member's ICT.
- Our network covers the entire spectrum of covered services including physicians, hospitals, lab and X-ray services, rehabilitation facilities, dialysis centers, mental health facilities, skilled home care and durable medical equipment companies, among the most common.

Clinical Practice Guidelines

- RiverSpring Health Plans believes that the members' physicians, who know them well, are best suited to determine the best course of treatment in most cases. When needed, we reference Evidence-Based Clinical Practice Guidelines (CPG) and Nationally Recognized Protocols for both D-SNP and I-SNP.
- The RiverSpring Medical Director promotes clinical practice guidelines and collaborates with community physicians to ensure the delivery of age-appropriate, evidence-based care to members.
- We encourage any participating physician to contact the plan about any concerns regarding any members. We specifically chose not have a voicemail function in order to ensure that any concerns are handled by an appropriate individual in a timely manner.

Performance and Health Outcomes

RiverSpring Health Plans invests heavily in trying to assure that members receive quality services that are effective and compliant with all requirements:

- The plan monitors to assure that members have up to date assessments and care plans and that members in the hospital have appropriate discharge planning for smooth transitions to the home;
- The plan monitors high risk members to assure that the most intensive and highest level clinical input is included in developing approaches to resolving difficult issues;
- The plan staff does active internal audits to assure compliance with our requirements and to test that care plans are implemented as planned and our contracted plan auditor does others.

The plan has an active quality assurance department; however, all departments and all staff are involved in quality and effectiveness.

Marketing

- RiverSpring Health Plans does not discriminate against potential enrollees on the basis of health status, anticipated need for health care, disability or perceived disability, or need for services. RiverSpring Health Plans complies with requirements under the regulation implementing Section 1557 of the Affordable Care Act of 2010 - Nondiscrimination Communication Requirements, Multi Language taglines and Grievance Procedures.
- RiverSpring Health Plans will not directly or indirectly engage in door-to-door solicitation, telephone, or other cold call marketing activities. RiverSpring Health Plans will not solicit referrals or require Participating Network Providers to engage in marketing practices on behalf of RiverSpring Health Plans. RiverSpring Health Plans will not distribute materials or assist potential enrollees in completing application forms in hospital emergency rooms, in provider offices, or other areas where health care is delivered unless requested by the individual.
- RiverSpring Health Plans will not market for an upcoming plan year prior to October 1. Starting October 1, RiverSpring Health Plans can market current and prospective years and will ensure marketing materials will clearly indicate what plan year is being discussed.

Participating Provider Network

RiverSpring Contracts Department is responsible for ensuring that participating providers, facilities and vendors are actively licensed and credentialed.

- This includes ensuring that all applicable licensures and certifications are active without restrictions from any governing or professional bodies, in compliance with CMS and DOH regulatory credentialing standards.

Recredentialing occurs on a three-year (3) cycle and as necessary, e.g. when the Plan becomes aware of poor outcome from a regulatory survey or adverse events

- Substantiated concern or sanction with providers results in actions such as corrective action plan from provider/vendor or recommendation of termination or non-renewal from participation with the Plan.



Compliance

Suspect Something, Say Something

Fraud, Waste and Abuse (FWA) is a significant concern for RiverSpring Health Plans and the entire health insurance industry.

Any RiverSpring Health Plans director, officer, manager or staff member, or any other person affiliated with RiverSpring Health Plans, who suspects FWA is required to report the suspected FWA. A report of suspected FWA may be made directly to the Compliance Department, as below or to anyone in authority at the plan:

- **Compliance Hotline:** 1-855-265-6106
- **E-mail:** Reportfraud@elderservehealth.org

Anyone who reports FWA may do so anonymously. Information received or discovered will be treated as confidential, and the results of investigations will be discussed only with persons having a legitimate reason to receive the information (e.g., State and Federal authorities, Medical Directors and/or Senior Management).

RiverSpring Health Plans has a strict policy of non-retaliation and non-intimidation against anyone who in good faith reports suspected FWA or another compliance issue.

Health Insurance Portability and Accountability Act (HIPAA)

- RiverSpring Health Plans complies with both with HIPAA and NY State laws related to personally identifiable or protected health information.
- Our *Privacy Officer* is: **Jenny Ling**
Compliance Officer
1-347-842-3528
- Our *Security Officer* is: **Damon Ramaglia**
Vice President of IT
1-347-842-3584

