



Model of Care (MOC) Provider Training

**MI Coordinated Health (MICH): Dual
Special Needs Plan (D-SNP)**

MOC TRAINING FOR THE PROVIDER NETWORK

UPHP Provider Relations team will support provider education to in-network providers.

- Providers will be required to complete MOC training within 30 days of onboarding.
- To ensure continuous access, we will post the MOC training materials on our [website](#) for self-study and attestation, as well as in our [provider manual](#), which will include a direct link to the MOC training. These materials will be available year-round on our public provider website.
- UPHP provider network representatives will play a key role in reinforcing the availability of these resources during site visits, assisting providers in accessing and effectively utilizing the training materials.

INTRODUCTION TO THE MODEL OF CARE (MOC)

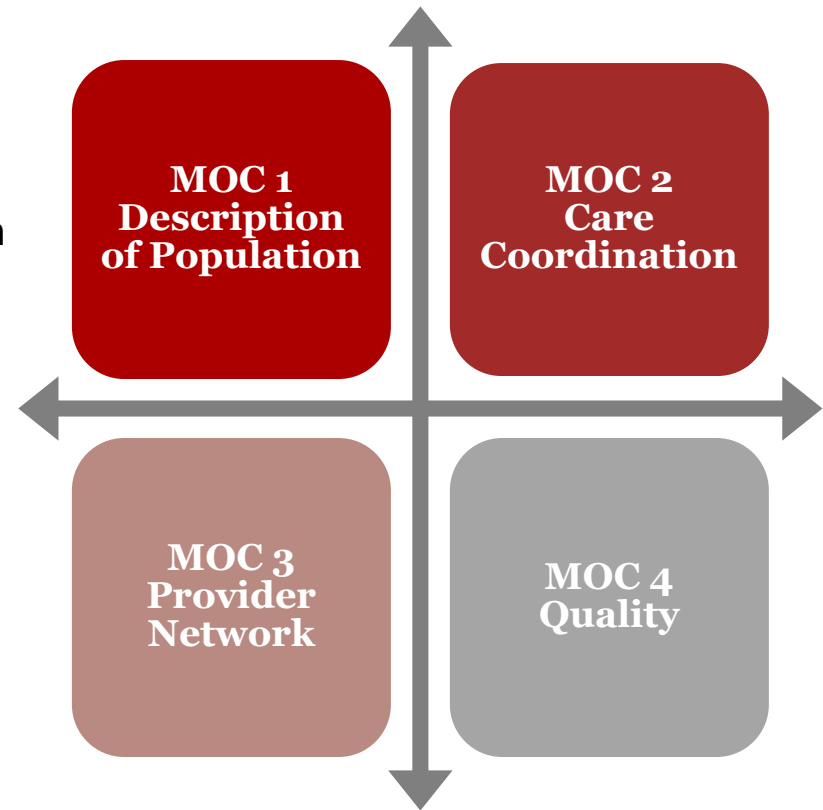
What is the Model of Care (MOC)?

- It is our plan for addressing the diverse and complex needs of our D-SNP population.
- The MOC ensures that the unique needs of our dual eligible members are met through a structured framework, and:
 - Aligns with federal MOC requirements under 42 CFR §422.101(f) and Chapter 5 of the Medicare Managed Care Manual.
 - Is approved by the National Committee for Quality Assurance (NCQA).
 - Meets the Michigan-specific MOC requirements.

THE MODEL OF CARE (MOC)

The MOC is divided into four key sections:

- **MOC 1:** Description of the SNP Population
- **MOC 2:** Care Coordination
- **MOC 3:** Provider Network
- **MOC 4:** Quality Measurement and Performance Improvement



INTRODUCTION TO DUAL SPECIAL NEEDS PLANS (D-SNPs)

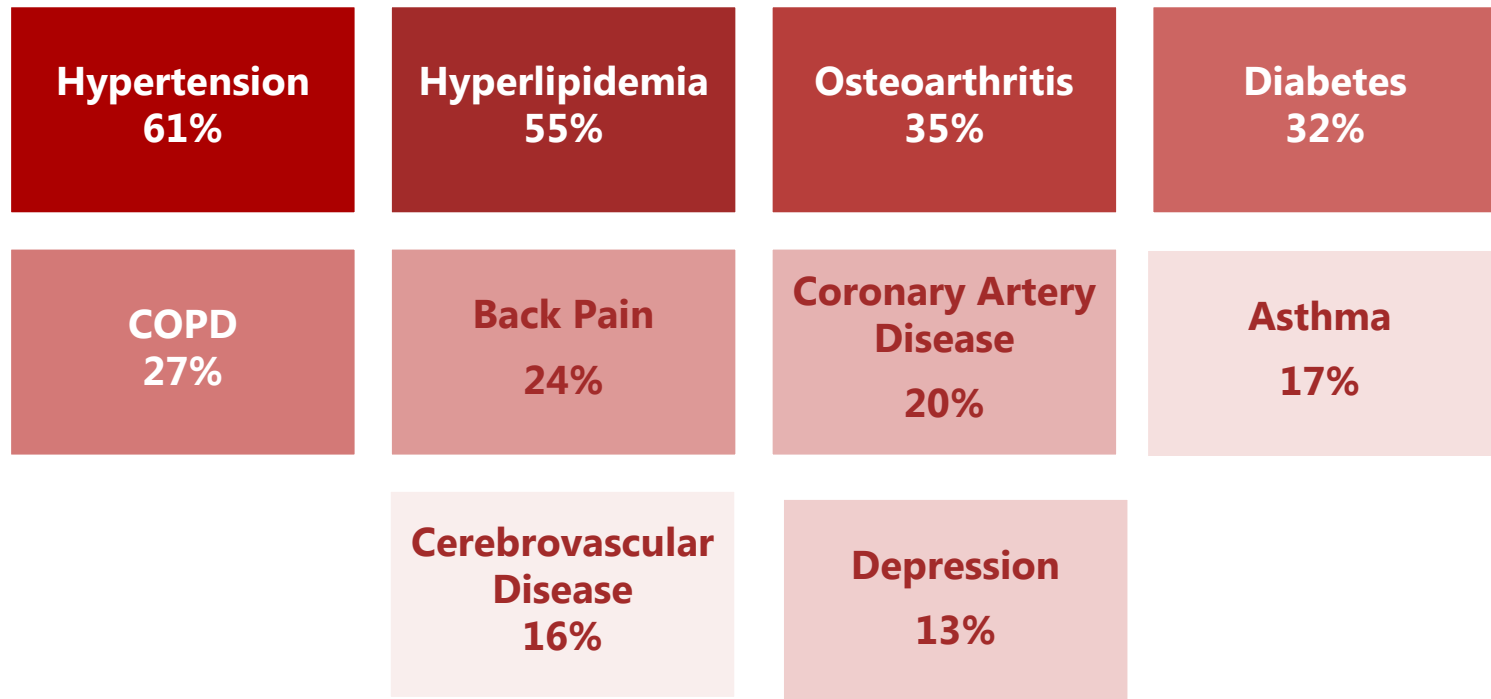
What are D-SNPs?

- A D-SNP (Dual Special Needs Plan) is a type of insurance plan specifically designed for individuals who are eligible for both Medicare and Medicaid.
 - Must be eligible *and* enrolled in Medicare Parts A and B.
 - Must be eligible for full Medicaid Benefits.
 - Be at least 21 years of age or older.
- They provide standard benefits that are available in Original Medicare and Medicaid.
- Aim to improve access to health care services and enhance the quality of care for those who qualify for both programs.

WHO IS THE D-SNP POPULATION

Chronic Conditions

Top 10 Diseases for UPHP Dual-Eligible Members in the Upper Peninsula (UPHP, 2024)



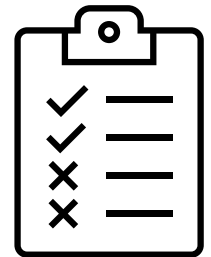
HEALTH RISK ASSESSMENT TOOL (HRAT)

Within the first 15 calendar days of enrollment, UPHP:

- Reviews all available program level and utilization data and assigns initial risk level in order to:
 - Prioritize outreach
 - Determine which members need in-person assessments
 - Complete the Health Risk Assessment Tool (HRAT)

Within the first 90 calendar days of enrollment, UPHP

- Completes Health Risk Assessment Tool (HRAT) which:
 - Is a standardized tool
 - Assesses member's current health status, including the following:
 - Medical
 - Functional
 - Cognitive
 - Psychosocial
 - Behavioral
 - Evaluates HRSN, LTSS, Quality of Life, Strengths, Supports and Risks



INDIVIDUALIZED CARE PLAN (ICP)

An individualized care plan is a personalized document that outlines specific care needs, preferences, and goals for individuals receiving care.

Completing the HRA assists the Care Coordinator in the following ways and guides ICP development:

- Appropriate risk score/stratification
- Tailored follow-up schedule with member
- Identification of behavioral health, substance use disorder (SUD), and/or intellectual/developmental disability (I/DD) needs
- Identification of complex medical needs and need for additional assessments to meet needs

The ICP may be created in collaboration with the member's caregiver, UPHP Care Coordinator, primary care provider, specialist(s) and the member's integrated care team.

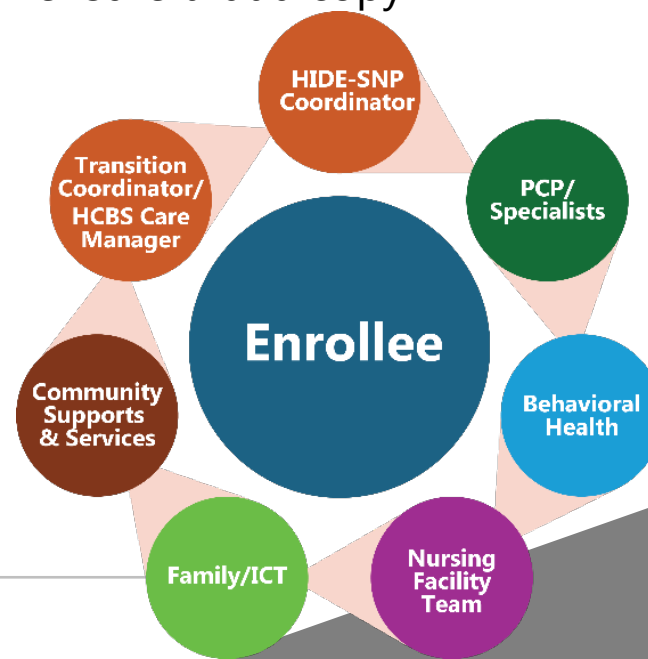
INTERDISCIPLINARY CARE TEAM (ICT)

Composition & Role

- Every MICH member must have an ICT.
- At a minimum, the ICT is comprised of the member/caregiver, the member's PCP, and the UPHP Care Coordinator.

The UPHP care management team serves as the communication hub of the ICT to ensure that the ICT members are updated and current with any significant health or social changes or care transitions. As the ICP is updated, the Care Coordinator will ensure that a copy of the updated ICP is available to the ICT.

Evaluating member outcomes: on a routine basis the UPHP Care Coordinator measures the progress made in member goal attainment, shares that progress with the member and ICT, and documents a summary in the member's ICP.



Provider Role in the Model of Care

- The PCP is a member of the member's Interdisciplinary Care Team (ICT) and has input into the development and changes to the member's Individualized Care Plan (ICP).
- Other providers caring for the member may also be asked to participate in the ICP.
- The member is at the center of the ICT, with the Care Coordinator and the PCP playing integral roles. The PCP is essential in ensuring members receive comprehensive, integrated, coordinated, holistic, and member-centric care.

CULTURAL AWARENESS & COMPETENCY

UPHP's Organizational Commitment to Advancing Health Equity

- UPHP maintains the capabilities to continually monitor HIDE-SNP Enrollee membership demographic characteristics and identify and address any disparity(ies) through its comprehensive population segmentation and data analysis activities.
- UPHP initiates quality improvement projects aimed at reducing racial and ethnic disparities as part of its population health management strategy.
- UPHP maintains a Diversity, Equity, and Inclusion (DEI) Committee and multi-year assessment and plan for the organization.
 - The plan details objectives around integrating DEI into applicable organizational policies, procedures, company operations, culture, and external interactions (i.e. Enrollees, vendors, community), as well as company-wide and provider programs and initiatives to bolster diversity.

MEETING HEALTH RELATED SOCIAL NEEDS

Health-related social needs (HRSN) are defined as social and economic needs that individuals experience, which affect their ability to maintain their health and well-being.

- These needs can include factors such as employment, affordable housing, access to healthy food, personal safety, transportation, and affordable utilities. (HHS.gov)
- The Health Risk Assessment tool is part of our strategy to help identify members' HRSN(s).
- UPHP houses a free to use, up-to-date electronic resource data base across Region 1 on its website; <https://uphp.findhelp.com/>



CRITICAL INCIDENT MANAGEMENT

A **critical incident** is any actual, alleged or suspected event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of MICH members.

- All UPHP employees are trained to report suspected critical incidents to the UPHP Care Coordinator for follow up evaluation and reporting.
- UPHP maintains policies and procedures to assure appropriate response and tracking of critical incidents affecting UPHP members in the MICH program.
- To report a critical incident, you can contact UPHP's Customer Service Department and ask to speak with the member's Care Coordinator.

COORDINATION WITH BEHAVIORAL HEALTH

- UPHP supports prevention and treatment efforts for adults with mild-to-moderate behavioral health needs through its comprehensive provider network, providing education on benefits and the impact early treatment, and integrated care coordination between physical and mental health providers.
- UPHP contracts and credentials mental health and substance use providers and monitors its network monthly by testing the network against network adequacy standards.
- To support member care coordination while also ensuring the member's right to privacy, UPHP and NorthCare Network (the region's PIHP) utilize the Michigan Standard Consent Form for Behavioral Health (form MDHHS-5515-Consent to Share Behavioral Health Information for Care Coordination Purposes).

PROVIDER NETWORK MANAGEMENT

Ensuring Network Meets D-SNP Target Population's Needs: UPHP will ensure network adequacy and access to care for D-SNP members by maintaining a provider network in sufficient numbers, mix, and geographic locations throughout our service area and for the provision of all covered services.

Oversight of Provider Network: The UPHP Provider Relations Team is accountable for ensuring network access and availability levels that meet the unique needs of our members.

- The team plays a crucial role in developing, managing, and optimizing our D-SNP network to ensure members have access to high-quality providers that uniquely meet their needs.

Monitoring Network Adequacy: The Provider Relations Team is committed to maintaining a comprehensive and compliant network that aligns with all Medicare and Medicaid requirements.

- We will proactively ensure our network meets members' access and availability needs by regularly reviewing provider data, including specialties, locations, availability, and capacity.
- Continuous monitoring will allow us to track changes in provider status, such as new additions, terminations, or reduced practice hours.
- Using Quest's geo-mapping tools, we will assess whether members have timely and geographically appropriate access to providers, and we will generate regular reports to evaluate compliance with metrics such as member-to-provider ratios and appointment wait times.
- Additionally, we will analyze claims data and single-case agreements (SCAs) to identify patterns of out-of-network usage and review member survey and grievance data to uncover potential network gaps.

PROVIDER NETWORK SPECIALIZED EXPERTISE

Our D-SNP provider network features a wide range of providers and services tailored to meet the unique needs of our D-SNP members.

- **Primary care:** Our network includes primary care providers in internal medicine, family medicine, geriatrics, physician assistants, and nurse practitioners.
- **Specialist Providers:** We include a diverse range of specialists in our network to address conditions commonly experienced by the D-SNP's target population.

<ul style="list-style-type: none">• Allergy and Immunology• Cardiology• Cardiothoracic Surgery• Chiropractor• Dermatology• Endocrinology• ENT/ Otolaryngology• Gastroenterology• General Surgery	<ul style="list-style-type: none">• Gynecology, OB/GYN• Infectious Diseases• Nephrology• Neurology• Neurosurgery• Oncology (Medical, Surgical)• Oncology (Radiation)• Ophthalmology	<ul style="list-style-type: none">• Orthopedic Surgery• Physiatry/ Rehabilitative Medicine• Plastic Surgery• Podiatry• Psychiatry• Pulmonology• Rheumatology• Urology• Vascular Surgery
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PROVIDER NETWORK SPECIALIZED EXPERTISE – cont. 2/3

Facilities: UPHP has established contracts with a diverse array of inpatient and outpatient facilities to address the needs of our members. These facilities include hospitals (including Acute Care Hospitals, Critical Access Hospitals, Inpatient Rehabilitation Facilities, three Inpatient Psychiatric Facilities, and seven Long-term Care Hospitals), Ambulatory Surgical Centers, Comprehensive Outpatient Rehabilitation Facilities, Federally Qualified Health Centers (FQHCs), Rural Health Centers, Durable Medical Equipment (DME) suppliers, Skilled Nursing Facilities, Urgent Care Centers, and Laboratories.

Long Term Services and Supports: LTSS are a critical and complex component of supporting the D-SNP target population. We will offer LTSS through various provider types, including those in home- and community-based services (HCBS) as well as institutional care settings. HCBS includes Home Health Agencies, Personal Care Providers, Private Duty Nursing, Adult Day Services, Respite Care Providers, Homemaker Services Providers, and Assistive Technology Providers. As noted above, our network will also include Skilled Nursing Facilities. We will also provide Michigan Medicaid Community Transition Services (CTS) for eligible individuals. CTS are provided by Area Agencies on Aging (AAA), Centers for Independent Living (CIL), and other qualified community-based organizations.

Dental: UPHP collaborates with Delta Dental of Michigan to ensure access to comprehensive dental care for members in Michigan's Upper Peninsula. This partnership integrates Delta Dental's expertise in administering dental benefits with UPHP's focus on managed care for Medicare and Medicaid populations. The partnership provides members with preventive, diagnostic, and restorative dental services, aiming to improve oral health outcomes and reduce barriers to care.

PROVIDER NETWORK SPECIALIZED EXPERTISE – cont. 3/3

Vision: UPHP internally manages our network of vision care providers to ensure high-quality care and accessibility for our members. We establish agreements with vision care providers that include reimbursement rates, performance standards, and compliance expectations. We also collaborate with providers on innovative programs, such as telehealth vision services to enhance access and outcomes for the rural communities we serve.

Pharmacy: We are partnering with a pharmacy benefit manager (PBM), Express Scripts, to efficiently manage our pharmacy network. Our PBM will help provide access to specialized services that address unique member needs such as specialized pharmacy services, accommodating members who may have difficulty traveling to a pharmacy, delivering medications for those with mobility or transportation challenges, and providing options for telehealth pharmacy consultations when appropriate.

Non-Emergency Medical Transportation (NEMT): UPHP's Transportation Team internally manages our network of NEMT providers. UPHP ensures transportation providers meet established safety, licensing, and insurance standards. We work with transportation providers at the time of onboarding and annually thereafter to establish expectations, service standards, and reimbursement terms. To optimally meet the needs of the D-SNP population, many of whom face transportation barriers, we operate a centralized system that coordinates ride requests and assigns trips to available and suitable providers. Mileage reimbursement is also available through the NEMT benefit.

MOC QUALITY IMPROVEMENT PLAN

UPHP maintains a Quality Assessment and Improvement/Utilization Management (QAI/UM) program that is a comprehensive and continuous quality improvement plan designed to ensure that the Model of Care effectively meets the unique health care needs of enrollees.

- This is achieved through a structured approach that integrates data collection, analysis, and interventions to monitor and enhance care delivery, health outcomes, and member satisfaction.
- Nearly all UPHP departments contribute toward QAI/UM annual goals.
- Key sources of data that are used to ensure goals and outcomes are measured and achieved:
 - Health Care Effectiveness Data Information Set (HEDIS) Measures
 - Care management metrics
 - Transitions of care related metrics
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Health Outcome Surveys (HOS)
 - Utilization data
 - Medication adherence

MOC QUALITY IMPROVEMENT PLAN

Health Outcome Metrics for 2026



Improve Annual Health Risk Assessment (HRA) Completion Rates - Existing Members



Increase Individualized Care Plan (ICP) Completion



Enhance Interdisciplinary Care Team (ICT) Meetings



Increase Comprehensive Diabetes Care – Eye Exams



Improve Controlling Blood Pressure (CBP) Star Measure

Thank You!

Please complete the attestation linked below as proof of training compliance.

[Provider Model of Care \(MOC\) Training Completion Attestation – Fill out form](#)

Questions?

Contact: Provider Relations, providerrelations@uphp.com