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2026 Medicare Required Staff Training

PART 6 – Special Needs Plans - Model of Care Training

Model of Care Training 2026 – Basic Topics

- Objectives
- What are Champion Health Plans?
- What is a SNP?
- What types of SNPs are there?
- What kind of SNPs does Champion Health Plans have?
- What are some special services and needs met by each Champion SNP?
- Why are SNPs beneficial to members and providers?
- What is a Model of Care?
- Who is eligible to enroll in this SNP?
- Who is the primary physician?

Objectives

- How does Champion Health Plan coordinate care?
- What is the value of the HRA, ICP, and ICT?
- How does the Plan transition care?
- How is this network any different from other health plans?
- How often is the Model of Care (MOC) Training?
- How important is the MOC Training?
- Who oversees the MOC to ensure it is effective?
- What is the Quality Improvement Plan?

Objectives (Cont'd)

- What is the value of Measurable Goals?
- What are some of the Measurable Quality Goals?
- What are some of the Health Outcome Goals?
- How are the Goals measured?
- Does anyone care about *my* experience with Champion Health Plan?
- Will I ever know the results of the measurements and Goals?
- What's the purpose of all this?

What are Champion Health Plans?

Champion Health Plan of California, Inc., is an entity that owns and operates Medicare Advantage Prescription Drug (MAPD) plans that:

1. Provides both health care (professional and institutional) and prescription drug coverage
2. Provides care for Medicare beneficiaries with ESRD on Dialysis
3. Improves the quality of life for the members
4. Improves health outcomes for the members
5. Reduces hospitalization utilization and hospital costs
6. Puts the most appropriate providers in charge of members' care
7. Supports the providers and members
8. Provides "Assistive Compliance" for members and providers

What is a SNP?

- A "SNP" is a Special Needs Plan
- Medicare SNPs are a type of Medicare Advantage Plan (like an HMO).
- Medicare SNPs limit membership to people with specific diseases or characteristics.
- Medicare SNPs tailor their benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve.
- Instead of trying to fit the member into the services and benefits, the design the benefits and services to fit the specific population of the SNP
- What types of SNPs are there?

There are three (3) basic types of SNPs

1) Institutional SNP (I-SNP) or Institutional Equivalent SNP (I/E SNP)

- **I-SNP** enrollment is restricted to MA eligible individuals who, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- **I/E-SNP** enrollment is restricted to MA eligible individuals who are qualified for an institutional level of care (LOC) but who choose to remain in the community (usually at home). They require the institutional LOC.
- What types of SNPs are there? (cont'd)

2) Dual Eligible Special Needs Plans (D-SNPs)

- **D-SNP** enrollment is restricted to enroll individuals who are entitled to both Medicare and additionally, medical assistance from a state Medicaid plan.

- States may cover some Medicare costs, depending on the state and the individual's eligibility.
- States may provide additional benefits based on the member's income level.
- What types of SNPs are there? (cont'd)

3) Chronic Condition Special Needs Plans (C-SNPs)

- **C-SNP** enrollment is restricted to individuals with specific severe or disabling chronic conditions.
- Approximately two-thirds of Medicare enrollees have multiple chronic conditions requiring coordination of care among primary providers, medical and mental health specialists, dialysis treatments, inpatient and outpatient facilities, extensive ancillary services related to diagnostic testing and therapeutic management, etc.
- The coordination takes time, patience, and "connections." Champion Health Plan has the connections and an assigned person to help the member and providers in scheduling appointments, etc.

What kind of SNPs does Champion Health Plans have?

Champion Health Plan has been approved for 2026 to enroll qualified beneficiaries in the following SNPs:

1. **CKD / ESRD C-SNP** – these are Chronic Care Special Needs Plans (C-SNPs) for individuals with Chronic Kidney Disease (stage 4 and 5) and includes beneficiaries with End Stage Renal (Kidney) Disease (ESRD) who require Dialysis.
2. **SPMI C-SNP** – this SNP type is for individuals diagnosed and being treated for severe and persistent mental illness such as schizophrenia, schizoaffective disorder, bipolar disorder, and personality disorder.
3. **"Group 4" C-SNP** – this SNP type is for individuals with one or more of the following diseases: **Diabetes Mellitus (MD), and/or Heart Failure, and/or Cardiovascular Disease (CVD)**.
4. **Champion also has a "non-SNP" plan** for more traditional care.

Special Needs Plans are "special" plans serving only a subset of the Medicare population.

Why are SNPs beneficial to members and providers?

- Medicare provides higher funding for Plans to take care of beneficiaries who have ongoing, costly, serious, and disabling conditions like ESRD with Dialysis. Therefore ...
- The Plan develops special benefits its members because they have special needs that other populations don't need.
- Champion Health Plan provides special services that Medicare beneficiaries may not easily find in other non-SNP health plans.

- The Plan provides special providers who are experienced in caring for patients with ESRD on dialysis.
- Champion also provides special support for members and providers.

What is a Model of Care (MOC)?

- Medicare wants to ensure that members in SNPs receive coordinated care to better meet their needs.
- Medicare developed a list of requirements that SNP health plans must meet. SNPs are held to a higher standard.
- Champion Health Plan's (MOC) must be improved, revised, and resubmitted annually by the health plan for review and approval (*or denial*) by Medicare and the National Committee for Quality Assurance (NCQA).
- The MOC provides the basic framework under which the SNP will meet the needs of each of its enrollees. The MOC is a vital quality improvement tool for ensuring that the unique needs of each enrollee are identified by the SNP and addressed through the plan's care management practices.

Who is eligible to enroll?

Champion Health Plan can only accept enrollees who meet the following criteria:

- 1) Member must have Medicare Part A (hospital benefit/coverage)
- 2) Member must have Medicare Part B (professional benefit/coverage)
- 3) To enroll in one of the C-SNPs, the beneficiary must have a qualifying diagnosis as described above to be eligible for a C-SNP.

Who is the primary physician?

- C-SNP enrollees may choose the specialist they see the most as their Primary Treating Physician (PTP). They may decide their PTP should be their nephrologist (kidney doctor), a cardiologist (heart doctor), a psychiatrist, or another key specialist. The specialist must be willing to serve as their PTP.
- And/or, ... they may choose an internist or general medicine doctor as their Primary Care Physician (PCP) if they choose to do so.
- Whomever they choose will direct and coordinate their care and will refer the member for additional necessary services

How does Champion Health Plan coordinate care?

- For C-SNP members, Champion helps the PCP or PTP, by assigning a Care Manager (CM) who understands the members complex conditions as well as their culture and language (when possible). If not, an interpreter is available to assist.
- The Care Manager (CM) is the member's "New BFF" (best friend) who helps coordinate with the member's doctors and assists in navigation to ensure all the member's health care needs are met timely.

- The CM helps schedule the tests, and medical appointments that the PCP/PTP has ordered, to ensure they are *not* in conflict with appointments for Dialysis Treatment.
- If the member has multiple serious complex health conditions and many medications (polypharmacy) a Complex Care Manager (CCM) who is a registered nurse (RN) may be assigned.
- Care Coordinators assist the Care Managers with administrative functions.

How does Champion Health Plan coordinate care? (Cont'd)

- The CCM/CM and their coordinators help the PTP/PCP to obtain medical records from other providers/practitioners that the member has seen and shares the records with all the doctors caring for the member.
- This ensures the doctors have all the information they need to make decisions and coordinate the member's care.
- Having all the records helps the doctor know all services received and/or still needed.
- The doctor can prioritize the needs and prevent duplication of services or medications.

What is the value of the HRA, ICP, and ICT?

- A Care Manager is assigned to each member.
- The member's Care Manager attempts calling the new member immediately upon enrollment to help identify specialists needed, appointments needed, etc. to ensure continuity of care (CoC).
- The Plan also assists the doctors by promptly collecting information about the member's health care
 - Within 90-days of enrollment,
 - Annually thereafter, and
 - After a change in health status.
- Information comes from the member via a Health Risk Assessment (HRA).
- Data from the HRA is quickly entered into the Plan's web-based membership database, called Pop IQ.

What is the value of the HRA, ICP, and ICT?

(cont'd)

- Pop IQ utilizes all member data from many sources including but not limited to the HRA, Claims data, Encounter data, Lab Data, Pharmacy data, from PEARL electronic medical records, and public data.
- *Using artificial intelligence (AI), Pop IQ identifies current risks, potential risks and identifies steps to reduce or eliminate risks and potential risks, to improve outcomes.*
- Pop IQ develops a preliminary individual care plan (ICP) for the initial preview and input from the PCP/PTP and CM/CCM.

What is the value of the HRA, ICP, and ICT?

(cont'd)

- A Care Coordinator (CC) assists CMs and CCMs with clerical tasks like sending the ICP to doctors (by FAX or secure email based on the doctor's preference) for review and input.
- When the ICP is corrected or enhanced per input from the doctor, the CC works with the Dialysis Center who schedules and conducts an Interdisciplinary Care Team (ICT) meeting.
- At the ICT meeting, the ICP is finalized for implementation.
- The CM/CCM bears responsibility to ensure that each step on the plan is completed timely and well documented.

How does the Plan transition care when a member is discharged from the hospital to another care setting?

The Plan has adopted the Coleman Transition Protocols. It includes 5 contacts with the member to complete the transition:

1. TOC-1 is while the member is inpatient. The Plan's Concurrent Review Nurses work with the Hospital Case Manager, the Hospitalist, and other Physicians regarding their need to schedule appointments soon after discharge. Champion reminds the member how to reach their Champion Care Managers at any time, and explains the TOC process.
2. TOC-2 takes place after discharge and is a brown-bag medication reconciliation in person or by telehealth with a nurse, physician, or clinical pharmacist
3. TOC-3, 4, and 5 are phone calls from the CM/CCM to answer members questions, schedule follow up appointments, coordinate care, and ensure the member is following discharge instructions

How is the SNP networks different from other health plans?

- A key in achieving success of improved health outcomes is that Champion Health Plan contracts with a specialized network for the member's chronic qualifying condition.
- Additionally, instead of contracting with unknown providers/practitioners, the Plan seeks to contract with PCPs and specialists that care extensively for individuals with ESRD, CKD, Diabetes, Heart Failure, Cardiovascular Diseases, or severe and persistent Mental Illnesses.
- The Plan seeks physicians who are already seeing individuals with these types of diseases and who like treating these conditions and this type of patient.
- The Plan seeks to build teams of doctors that already work well together to ensure the best coordinated care possible for each member.

How is this network any different from other health plans? (cont'd)

- The Plan also seeks physicians and providers who can visit members in their homes when it is needed.
- Examples of some home care for a bed-ridden member could be:

- Primary Care
- Specialist Care
- Dentistry
- Podiatry
- Physical Therapy
- Occupational Therapy
- Wound Care
- Fistula Care
- X-ray
- Etc.

How often is the Model of Care (MOC) Training required to take place?

- Medicare requires C-SNPs to use the feedback from satisfaction surveys, quality measurements, health outcomes, utilization, and other data.
- C-SNPs must evaluate, improve and resubmit the MOC annually.
- Training must take place within the first 90 days of employment/hiring/contracting/working with the SNP patients and retraining is required annually to provide any updates and new information to providers and staff.

How important is the MOC Training?

- Understanding the Model of Care for this population will help us all to achieve improved outcomes and a higher quality of life for the patients we each serve.
- Understanding that the Star Rating and Risk Adjustment Coding determines the next two years' payment rates for the Plan and its providers. Greater payments enable increasing staff and benefits. It should incentivize us to strive for the bonus payments to provide better care more efficiently.
- Additional funding from Star Ratings can expand the C-SNP services and benefits in the future.

Who oversees the MOC to ensure it is effective?

- The Chief Medical Officer (CMO) is responsible to ensure the timely and complete implementation of the MOC. The CMO is assisted by the Medical Director(s), Care Managers, Nurses, and other qualified staff.
- Providers and Practitioners,
- Pharmacists, social workers and other clinicians and administrative staff
- The Compliance Officer and Compliance Director also monitor and conduct internal audits to ensure the Model of Care is well implemented.

What is the Quality Improvement Plan?

- Health plans are required to develop and maintain a quality improvement plan to ensure continuous improvement in the care provided to members to help improve their outcomes, increase their quality of life, and raise their satisfaction with services, staff, and providers.
- Medicare requires that the Plan have measurable goals in order to determine if the Plan is improving outcomes, quality of life and satisfaction of the members and providers.
- The QI Work Plan is reviewed quarterly or semi-annually, and evaluated annually.

What is the value of Measurable Goals?

- To reach a goal one must have a good plan, implement it, and later determine if the steps were effective in achieving the desired outcome.
- To know if a goal has been reached, there must be a defined target or "benchmark" that is measurable (quantifiable).
- To know if the steps (interventions) were successful, they must be measured at the start, and periodically thereafter.
- Finding what works best may take some "trial and error," and some new innovative approaches. Learning what works is the reason for the measurement goals.

What are some of the Measurable Quality Goals?

Champion Health Plan submitted quality goals/measurements in each Model of Care. The MOC and quality measures were reviewed and approved by CMS and the National Committee for Quality Assurance (NCQA).

Champion is required to measure its compliance with the target goals it set. These are to be reported quarterly in the clinical oversight meetings of the Quality Council.

How are the Goals measured?

To determine if a goal is met ...

1. First measure the percentage of times the goal is already being met. This is called the "baseline."
2. Then set a "benchmark," the percentage desired (goal).
3. Then Champion Health Plan starts activities "interventions" to improve the percentages.
4. Data are collected and measured to show exact number that reached the goal.
5. The new measurement is compared to the baseline to measure the rate/amount of improvement.
6. New/improved interventions are started and later remeasured.

Member & Provider Experience - Does anyone care about experiences with Champion?

Yes!

- **The Plan** utilizes a SNP-specific survey to measure member's satisfaction (baseline and second measurement). The Plan wants very much to improve members lives and satisfaction with the Plan and its services.
- **Champion Health Plan** also cares about providers' satisfaction with the Plan and SNP model. The Plan strives to reduce the burden on **providers**.
- **Members & Providers** are surveyed to measure their experience .
- **The Plan** uses the baseline to identify areas in which providers or members are not satisfied and takes steps to improve.
- **Medicare** audits the health plan to ensure there is improvement

Who will know results of the measurements and Goals?

- The Quality Council meets to discuss goals and measures.
- They may post results of some measurements on the Champion website ,
- They may send a newsletter to members and providers with some results of the surveys and various measurements.
- The results are to show areas in which Champion has reached its quality goals, health outcome goals, and its satisfaction goals.
- The results simultaneously also show some areas identified as needing improvement.

What's the purpose of all this?

- Members and providers deserve a health plan that:
 - Supports them,
 - Meets their needs,
 - Improves health outcomes,
 - Satisfies its members and providers.
- The Plan would like to be or become the favorite health plan by improving the quality of life, quality of care, and health outcomes.

Who to contact if you have questions or suggestions:

- The Care Management Department and the Compliance Department can answer questions about the Model of Care or any other questions you may have about the Plan. If they can't answer your question, they will find someone who can help you. The Compliance Officer can be reached as follows:

Compliance Officer, Connie Snyder

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