CM

Title: Interdisciplinary Care Team (ICT) Policy			**Policy Number:** CM-004
Primary Department: Care Management	**LOB:** Medicare Advantage		**Author:** Ileana Havrilla and Hannah Beal
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Interactive Related Department(s)			
☐All Departments ☐Compliance ☐Medical Management ☐Provider Operations ☐Sales and Marketing	☐Appeals and Grievances ☐Pharmacy ☐Member Services ☐Quality Management ☐Utilization Management		☐Care Management ☐Enrollment ☐Plan Administration ☐Claims ☐Other _____

POLICY PURPOSE

Troy Health, Inc. is committed to comply with all regulations and requirements for Medicare Advantage Special Needs Plans.

The purpose of this policy is to describe the process by which Troy Health Plan completes Interdisciplinary Care Team activities for all Medicare beneficiaries enrolled in the dual eligible Special Needs Plan (SNP) as required by regulatory requirements set forth by the Centers of Medicare and Medicaid Services (CMS) as well as Model of Care Guidance issued by the National Committee for Quality Assurance (NCQA).

To ensure Troy Medicare's Special Needs Plan provides an Interdisciplinary Care Team (ICT) for the development, implementation, and monitoring of individualized care plans with each enrollee in accordance with the SNP's approved Model of Care (MOC) and requirements as set forth by the Centers for Medicare and Medicaid Services (CMS), as well as applicable regulations issued by the State of North Carolina for the coverage of Eligible Special Needs Plan Medicare/Medicaid Beneficiaries.

SCOPE

This policy applies to the Interdisciplinary Care Team (ICT) in Medical Management and Care Management at Troy Health.

REFERENCES

- 42 CFR §422.101(f)(I); 42 CFR §422.152(g)(2)(iv), 42 CFR §422.101(f)(1)(iii)
- Medicare Managed Care Manual, Chapter 5, Section 20.2.1
- Model of Care Scoring Guidelines for Contract Year 2023

RESPONSIBLE PARTIES

- Vice President of Health Services
- Chief Medical Officer

DEFINITIONS

- **Individualized Care Plan (ICP)** - The ICP is the mechanism for evaluating the member's current health status and is the ongoing action plan to address the member's care needs. An ICP is created to address member health needs identified in the HRA, and/or any needs that member wants to address in the ICP.
- **Interdisciplinary Care Team (ICT)** – an organized group of healthcare professionals that work together to provide SNP members with the care they need. ICT members may include the member's primary care provider (PCP), a specialist physician, the Troy Chief Medical Officer, the member's Care Manager or other members of the internal ICT.
- **Internal Interdisciplinary Care Team** - the team of Care Managers, Social Workers, Care Management Leadership, Dietician, and/or the Medical Director at Troy Medicare that meet for bi-monthly review of high-risk members includes
- **Model of Care (MOC)** - a document that is approved by the NCQA which describes the basic framework under which a SNP will meet the needs for each of its members.
- **TruChart** - Troy Medicare's care management documentation platform.

POLICY

CMS regulations require all SNPs to use an Interdisciplinary Care Team (ICT) in the management of health care for each SNP member. The health professionals and service professional team members bring their diverse training and backgrounds to contribute to and work collaboratively with the member and/or caregiver in the development of the Individualized Care Plan (ICP) to improve health outcomes.

Troy Medicare must include all members in the ICT as required by its Model of Care. Troy Medicare's Model of Care requires the member, care manager, and primary care provider at a minimum and includes and any other individual who is actively engaged in the development or implementation of the member's Individualized Care Plan (ICP).

The organization must show documentation of ICT's coordination of care for the member. This documentation is captured during the ICP process and charting documentation of discussions during internal ICT team meetings. ICT offer suggestions and feedback on the member's care plan and needed services.

PROCEDURE

Interdisciplinary Care Team (ICT).

1. To facilitate and promote ICT collaboration, the Care Manager shares the ICP after the HRA review and care planning discussion with the ICT.

2. For members at all risk levels, the ICP is shared by mailing it to the ICT. The letter included with the ICP has the Care Manager's contact information and an invitation to collaborate on the ICP. Any suggestions or updates received back from the ICT are incorporated into an updated version of the ICP.

3. To document collaboration, the Care Manager will put a note in TruChart labeled ICT Collaboration. This note will document that the ICP was mailed to the ICT members.

4. In addition, high-risk members are discussed during bi-monthly Internal ICT meetings (called rounds). Internal ICT meetings are scheduled by Care Management Leadership and include the following attendees: Care Managers, Social Workers, Dietician, and the Medical Director.

5. The Internal ICT meetings Include:

    a. The assigned Care Manager will present the case by providing an overview of the member, their current ICP, and any barriers for ICP completion.

    b. The Internal ICT team will offer suggestions, possible interventions, and needed referrals, this could include referral to dietician or social worker.

    c. Internal ICT rounds are then documented in TruChart. Documentation must contain who was in attendance, interventions, and that a care plan review was completed.

    d. The Care Manager will update the Care Plan as needed following internal ICT rounds and send an update to the member and PCP.

APPROVALS

Chief Medical Officer	**Committee Approval**
10 / 31 / 2022	10 / 31 / 2022
Date:	**Date:**