SOLIS
HEALTH PLANS

Model of Care Training for Providers

All 2026 SNP Plans

Training Objectives for Solis Associates

Review SNP Program Associates, Clinical Team Roles, and Responsibilities within our Staff Structure

- Comprehension of our Special Needs Plans (SNPs) components and benefits
- Understanding how members qualify for SNP
- Review components of SNP Model of Care (MOC)
- Provider expectations with SNP members
- Communicate training and comprehension requirements
- Explain SNP Care/Case Management processes and philosophy
- Describe Health Risk Assessment (HRA) Process
- Provide information about Solis SNP Resources

Training Objectives for Solis Providers

Review SNP Program provider roles and responsibilities while working in tandem with Solis clinical team and administration professionals to provide effective and appropriate health services.

- **Initial and Annual Training for Solis Providers and Provider Staff** will include clinical team and their associated responsibilities as assigned by Provider management team.
- **Maintaining Records of Training Completion** - The efforts include, documenting and maintaining training records as evidence of completed training while taking corrective actions for deficient or incomplete training in the same manner as defined for Solis staff.

SNP Model of Care (MOC)

A **Special Needs Plan (SNP)** is a **Medicare Advantage (MA)** coordinated care plan specifically designed to provide targeted care and limit enrollment to special needs individuals.

A special needs individual could be any one of the following:

- An institutionalized individual
- Dual eligible (Medicare & Medicaid)
- An individual with a severe or disabling chronic condition, as specified by CMS

There are 3 different types of SNPs:

- Chronic Condition SNP (C-SNP)
- Dual Eligible SNP (D-SNP)
- Institutional SNP (I-SNP)

SNP Health Plans Available by County

Miami-Dade
- Solis Balanced Plan (HMO C-SNP)
- Solis Wellness Plan (HMO C-SNP)
- Solis Wellness Giveback Plan (HMO C-SNP)
- Solis Guardian Plan (HMO D-SNP)

Broward
- Solis Wellness Plan (HMO C-SNP)
- Solis Wellness Giveback Plan (HMO C-SNP)
- Solis Guardian Plan (HMO D-SNP)

Palm Beach
- Solis Wellness Plan (HMO C-SNP)
- Solis Wellness Giveback Plan (HMO C-SNP)
- Solis Guardian Plan (HMO D-SNP)

Hillsborough, Pasco, Pinellas
- Solis Wellness Plan (HMO C-SNP)
- Solis Wellness Giveback Plan (HMO C-SNP)
- Solis Guardian Plan (HMO D-SNP)

Orange, Osceola, Seminole
- Solis Wellness Plan (HMO C-SNP)
- Solis Wellness Giveback Plan (HMO C-SNP)
- Solis Guardian Plan (HMO D-SNP)

Polk
- Solis Wellness Plan (HMO C-SNP)
- Solis Wellness Giveback Plan (HMO C-SNP)
- Solis Guardian Plan (HMO D-SNP)

Solis SNP Goals and Outcome

More about our Model of Care (MOC) goals:

- The Solis MOC is designed to ensure the provision and coordination of specialized services that meet the needs of the SNP eligible beneficiaries.
- The SNP Program is created to meet and maximize the quality of care, access to care, and health outcomes for the population it serves.

We meet these goals by:

- Improving access to essential services and affordable care
- Improving coordination and transitions of care
- Providing appropriate utilization of services
- Engaging our provider network in support services
- Improving member health outcomes

Roles & Responsibilities

Solis SNP MOC assigns the following roles and responsibilities for conducting initial & annual follow-up education training.

Efforts include, documenting and maintaining training records as evidence of completed training while taking actions such as, scheduled re-training opportunities if required.

Role	Responsibility
Admin & Clinical Associates	Interdisciplinary Care Team (ITC) to coordinate care
Clinical Team	Individualized Care Plan (ICP) for each member
PCPs and Specialty Providers	Specialized Provider Network
Admin & Clinical Associates	Coordination of Care
Clinical Team	Care Transition Management
Clinical Team	Case Management for all Members
Clinical Team & Providers	Annual Health Risk Assessments
Admin & Clinical Associates	Coordination of Benefits for all Members
Admin & Clinical Associates	Quality Improvement Program
Clinical Team & Providers	Chronic Care Improvement Program

SNP Model of Care (MOC) Elements

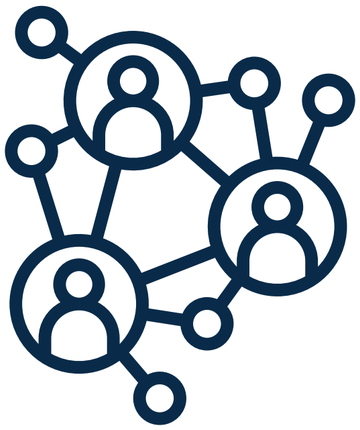
SNP Model of Care is the overall plan for SNP structure, processes, resources, and requirements.

There are **4 Model of Care elements**:

Target Population

Care Coordination

Quality Measurement



Provider Network

Training Objectives for Solis Providers

As the SNP MOC identifies the target population, healthcare delivery will be provided with respect to social, stratification factors, and unique characteristics of each enrollee.

Together, our teams will create a foundation upon which specific measures are used to implement a continuum of care which will also include a contingency plan to address gaps.

- By using internal and external reporting data, we will **provide current eligibility lists** of our SNP beneficiaries which are updated on a regular basis.

- Solis will **record the social, cognitive and environmental factors, living conditions and possible co-morbidities** associated with the SNP population.
  - For contingency purposes this will be provided by the plan for the Provider Staff on a monthly basis.
- **HRA information will be combined with medical records** and used to describe current medical and health conditions impacting our SNP enrollees.

Training Objectives for Solis Providers (Continued)

Together, our teams will create a foundation upon which specific measures are used to implement a continuum of care which will also include a contingency plan to address gaps.

- Providers and their staff will also **maintain focus on the most vulnerable beneficiaries** at the population level and tailor services that go above and beyond those provided to the general population.
  - Monthly review will be scheduled between Providers and Solis staff to recognize and implement changes or updates.
- Provider recognition and knowledge of barriers, deficits in health literacy, changes in socioeconomic status, and continual measured stratification of the most vulnerable beneficiaries will again, help establish a correlation between these characteristics and the recognized unique clinical requirements.
- Our Providers will also assist in leveraging relationships with other care partners in the community such as specialist care entities, to provide needed resources.

Health Services

Solis plan benefits and the SNP MOC is designed to optimize the health and well-being of members, especially the aging, vulnerable, and chronically ill individuals by:

- Matching interactions with member needs in their current state of health
- Identifying care needs through a comprehensive initial Health Risk Assessment and Annual Reassessments (HRA)
- Creating Individualized Care Plans (ICP) with goals and measurable outcomes
- Building an Interdisciplinary Care Team (ICT) to meet these needs
- Ensuring Providers are involved in care decisions
- Effectively managing utilization
- Improving access to affordable medical, mental health, and social services

SNP Care Coordination - MOC

Care Coordinator

- Initial assessment (HRA) is completed within 90 days of enrollment.
- Annual reassessment is also conducted.
- HRA is completed, documented, and assigned to CM.

Nurse Case Manager (CM)

- Individualized Care Plan (CP) generated and reviewed by nurse based on chronic conditions, needs, and stratification identified in the HRA.
- The ICP (goals and interventions) are discussed with member/caregiver. Member is involved in their care.

Interdisciplinary Care Team (ICT)

- ICP is sent to member, PCP, specialists, and providers involved in member's care as interdisciplinary care team.
- Member is followed up based on the Risk level.

Provider Expectations

It is important that the entire Solis Team, including network of providers work together to successfully meet our SNP MOC mission and goals.

The Primary Care Providers, the Solis case managers as well as the member are the primary members of the SNP member care team. PCPs will be expected to contribute to the following areas:

- Participate in ensuring safe care transitions.
- Participate as a member of the SNP member's ICT (when needed).
- Collaborate with the Solis assigned members Care Manager to facilitate member coordinated care.
- Review, approve and update members ICP (when indicated).
- Review annually updated clinical care guidelines and care transition protocols (available online).
- Review care gap reports provided on a monthly basis.
- Schedule member for annual wellness visits to address preventive care.
- Manage members with chronic conditions by addressing needs.
- Encourage members to complete their Health Risk Assessment and work with their assigned Health Plan CM.

Solis Providers

INTEGRATED HOME CARE SERVICES

OpusCare

PREMIER EYE CARE
A Health Network One Company

DentaQuest

papa

alivi HEALTH

20/20 Hearing Care NETWORK

Thank you for participating in our 2026 SNP MOC Training!

It is very important that the entire Care Team, including Solis internal staff, our network of Providers, and our members, all work together to successfully meet our SNP MOC goals and outcomes:

- Meeting the needs of the SNP eligible beneficiaries
- Maximizing the quality of care, access to care, and health outcomes

Thank You!

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