**H0524 Kaiser Foundation Health Plan Inc.**
**Dual Eligible (All Dual) Special Needs Plan**

**Model of Care Score: 100.00%**
**3-Year Approval** **January 1, 2015 to December 31, 2017**

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## Target Population

Kaiser Permanente California Dual Eligible Special Needs Plan (D-SNP) serves members who have Kaiser Permanente's Medicare coverage and full benefits under Medicaid. Members are dispersed across both Northern (KP NCAL) and Southern California (KP SCAL) in both urban and rural areas.

Almost two thirds of KP SCAL SNP members are female (62 percent), 20 percent are White and 29 percent are Hispanic. Twenty six percent are divorced or separated and 19 percent have less than a high school education. One third of members receive supplemental security income (SSI). Living conditions vary for members, 17 percent live alone, 23 percent live with a spouse/partner and 37 percent live with children or another relative.

In KP NCAL, the SNP member gender demographics differ based on age. The over age 65 population is predominantly female (69%), whereas the under age 65 population is more evenly split (59% female). Thirty nine percent of the total SNP population is white and 18 percent are Hispanic. Almost half of all SNP members receive supplemental security income (SSI). Thirty percent of members live alone and 13 percent live in government senior housing.

SNP members often have chronic conditions; across CA, over 70 percent of members have at least one chronic condition and 20 percent have three or more chronic conditions. Diabetes, arthritis and chronic kidney disease are more prevalent among members 65 years and older compared to members younger than 65. There are higher rates of anxiety, major depression, drug addiction, alcoholism and schizophrenia among members younger than 65 years and across the entire membership there are high rates of neurological disease and depression.

## Provider Network

In Southern California, the provider network includes 14 medical centers (hospitals), 209 ambulatory medical office buildings and contracted agencies and facilities. The Southern California network includes over 6,000 physicians representing all specialties. In Northern California, the provider network includes 21 medical centers (hospitals), 15 home health agencies, 11 hospice agencies, 2 skilled nursing facilities, 1 acute rehabilitation facility and over

100 ambulatory medical office buildings. The Northern California network includes over 8,000 physicians representing all specialties.

In addition to primary care and specialty physicians, registered or licensed vocational nurses support the clinic health care team. Other ancillary services include health educators, dietitians, case managers, advice nurses, social workers, pharmacists, registered nurse practitioners (RNP) and physician assistants (PA), speech therapists, audiology therapists, physical therapists, occupational therapists and department specific technicians, such as orthopedic, pulmonary, radiology or laboratory technicians.

Primary care physicians (PCP) have access to and seek consultation from specialty physicians including board certified geriatricians, palliative care and end of life experts. In order to best serve the targeted needs of the KP CA SNP membership, members have access to specialists including but not limited to endocrinologists, gastroenterologists, hematologists, nephrologists, neurologists, oncologists, pulmonologists, pain management specialists, rheumatologists and psychiatrists.

**Care Management and Coordination**

Kaiser Permanente California conducts initial and annual health risk assessments (HRA) to evaluate member frailty, hospital readmissions and advanced illness. The interdisciplinary care team (ICT) case manager (CM) explains the HRA, conducts it with the member if not yet completed, and initiates the development of the member's individual care plan (ICP). The CM is the key contact for the member and is an RN, medical social worker or nurse practitioner (NP).

Kaiser Permanente California utilizes member feedback and risk stratification in order to target patients for contact and to anticipate interventions. The ICP is developed based on the information obtained from the HRA, comprehensive SNP member interview and other resources. The ICP is driven by the member, who determines the content of the treatment goals. The ICP is reviewed and shared with the member and the health care team, which includes the interdisciplinary care team (ICT) and the primary care physician (PCP). The ICP includes assessment results, review of community benefits and services, patient prioritized goals, a barrier assessment, interventions and a follow-up plan/schedule.

The ICT is a multidisciplinary care model of providers who jointly consult on the member's behalf. The ICT provides an effective vehicle to examine the member's health care needs through a variety of disciplines. Members of the ICT include but are not limited to: geriatric providers, a program manager, CM, clinical pharmacist and behavioral health specialists. The CM reviews pharmacy, emergency room and hospital utilization, for appropriateness. A SNP

physician lead provides clinical oversight and leadership of the ICT and CM staff.

This MOC summary is intended to provide a broad overview of the SNP's MOC. Although the full extent of any MOC cannot be conveyed in a short summary, this summary provides the reader with a general overview of how the SNP addresses beneficiary needs.

For more information about this health plan refer to the Special Needs Plan's website at: www.kp.org