

**Harmony Health Plan (WellCare), H1216, H1264, H0913, H9730, H3361
Dual Eligible (Medicare Zero Cost-Sharing) Special Needs Plan**

Model of Care Score: 98.75%

3-Year Approval

January 1, 2014 – December 31, 2016

Target Population

Harmony's target population are those who are Qualified Medicare Beneficiaries (QMB) and Full Benefit Dual Eligibles (FBDEs) who also qualify for community-based long-term care. Harmony has a large Medicaid and Medicare population and experience working with a population who face barriers to healthcare access and health status improvement including: health literacy, economic disadvantage, disability, and chronic medical and/or behavioral conditions. Harmony's current population in its D-SNPs includes a mix of age ranges, with 30 percent of members under 65 years of age. This SNP serves members throughout the major metropolitan areas of Missouri, including Saint Louis, University City, Hazelwood, Saint Charles and Maryland Heights.

Provider Network

Harmony's provider networks are constructed to meet the unique needs of high risk and potentially vulnerable populations. Harmony seeks to include a culturally diverse network of providers who are experienced with the target population and located in geographic proximity to where the members live. Further, Harmony contracts with specialists that focus on the most prevalent medical and behavioral conditions of the target population.

If a member is unable to utilize a network provider to obtain medically covered services, Harmony will provide and cover these services with out-of-network providers and the member would pay at an in-network rate.

Harmony attempts to contract with Federally Qualified Health Centers (FQHC) throughout its service areas. These providers, in particular, are especially relevant to the dual-eligible population as most of these members have limited income sources. These centers have strong programs for diabetes and cholesterol management as well as cardiovascular care. 2

Care Management and Coordination

After enrollment into a Harmony plan, members are outreached to complete a health risk assessment (HRA). The HRA is conducted telephonically and assesses the member's medical, physical, cognitive, psychosocial and functional needs, as well as current caregiver and community resources. After completing the HRA, members are assigned to a case manager. The case manager reviews the completed HRA and conducts a comprehensive needs assessment with the member. This information is used to develop an individualized care plan (ICP) and determine the frequency and intensity of interventions for each member.

The case manager, with the member and their caregivers, work with the member's PCP to develop the ICP. Each member's care plan identifies goals that reflect the member's unique needs, are realistic and measurable, include a time frame for achievement, when appropriate, identifies services and care to meet member's goals and connects the member/caregiver with add-on benefits and services such as community resources. The ICP also includes member self-management plans and information.

Once the ICP is developed, the case manager is responsible for assembling the appropriate members of the interdisciplinary care team (ICT). The ICT at a minimum includes the member, caregiver, PCP and Harmony case manager. Other members of the ICT can include specialists, social service support, behavioral health specialists, and others depending on the members' specific needs. The care plan is shared with the members of the ICT who are involved with the member's care. The member is integrated in the ICT and receives a copy of the care plan.

The primary care physician (PCP) serves as a gatekeeper and orders services for the member via the case manager who coordinates the use of participating providers and services. The case manager is the single point of contact for the ICT, and is responsible for all communication to all the members of the ICT including updating any changes in member health status via the care plan.

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: <https://www.wellcare.com/medicare/snps>