H1587 Arkansas Superior Select Inc. Dual Eligible (Full Benefit) Special Needs Plan

Model of Care Score: 83.33% 1-Year Approval¹

January 1, 2015 – December 31, 2015

Target Population

Arkansas Superior Select Inc. (known as Superior Select) is a Full Benefit dual eligible plan in which members must have Medicare and Full Medicaid, be a non-nursing home certifiable member that lives in the community or be a member living in the community that has been assessed as nursing home certifiable or be a member that resides in an institutional setting. The plan's service areas includes the following counties, Baxter, Benton, Carroll, Clay, Cleburne, Conway, Craighead, Crawford, Faulkner, Franklin, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Logan, Madison, Marion, Mississippi, Perry, Poinsett, Pulaski, Randolph, Sebastian, Sharp, Stone, Van Buren, Washington and Yell. Members are between the ages of 18-85+ years of age, predominantly Caucasian and are likely to have medical conditions such as osteoporosis, diabetes, congestive heart failure, chronic kidney disease, heart disease, depression, Alzheimer's/dementia, chronic obstructive pulmonary disease, arthritis and stroke.

Members face limitations in access and barriers to care based on socioeconomic status, geography, and availability of personal resources. The service area is vast and diverse and many regions within the area are extremely rural and sparsely populated. This environmental factor contributes to the isolation that many elderly and disabled individuals face.

Provider Network

Superior Select's provider network is designed to meet the needs of its members and provide access to quality care and services from a wide selection of primary and specialty care providers. The network includes, primary care physicians (PCP), acute care facilities, nursing facilities, labs, imaging, specialty clinics, long term care facilities, pharmacies, rehabilitation centers, home health care, dialysis clinics, medical specialists, geriatricians, pain specialists, nursing professionals, behavioral and mental health specialists, and allied health professionals.

Care Management and Coordination

Superior Select utilizes a health risk assessment tool (HRAT) that assists with the identification of needs and coordination of appropriate services to maintain the member in the least restrictive setting possible. The domains covered by the HRAT include medical, mental health,

¹ Per CMS guidance, plans that use the cure process receive a one-year approval, regardless of their final score.

psychosocial, functional, cognitive and nutritional needs. Functional assessments are usually taken initially to determine the level of care and services for the member. Assessing adequate caregiver support, restorative therapy, durable medical equipment (DME), skilled nursing services and activities of daily life (ADL)/instrumental activities of daily living (IADL) needs, are also performed. The HRAT is completed within 90 days of enrollment and updated annually. The mode of collecting data for the HRAT depends on the members' capabilities but will either be in writing, by telephone or face-to-face. The HRAT determines if the member has low, moderate or high risks.

Following completion of the HRAT, the care manager will coordinate efforts to create an individualized care plan (ICP), with active involvement of the member or caregivers, PCP, as well as other providers. The ICP is a comprehensive treatment plan that consists of a list of problems and issues and identification of prioritized goals and objectives and the means of achieving them. The ICP includes the dates for goal completion and follow-up while interventions are listed with responsible party identified. Modifications to the ICP are usually performed during the annual HRAT reassessments; however, the ICP may be updated if the member has issues or self-reported conditions that affect their ability to meet their goals. After the ICP is finalized, it is shared with the interdisciplinary care team (ICT).

The ICT is used to support care planning, implementation and monitoring of the ICP for its members. ICT members include the member and/or caregiver, the Superior Select care manager, and as appropriate, concurrent review staff, behavioral health (care manager and/or social worker), member services representative, quality management, network management representative, clinical pharmacist, Superior Select medical director, appropriate plan care team member , and external guests such as community services representatives, as appropriate. The ICT will also collaborate with the member's providers, specifically the member's PCP and appropriate chronic condition specialists. The ICT will meet quarterly or more frequently if necessary.

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: <u>www.TributeHealthPlans.com</u>