

**Humana, H1951**  
**Dual-Eligible (Medicaid Subset - \$0 Cost Share) Special Needs Plan**

**Model of Care Score: 85%**

**3-Year Approval**

**January 1, 2012 – December 31, 2014**

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**Target Population**

Humana's target population includes members that may have complex medical needs and increased psychosocial needs that impact compliance with care plans and health outcomes. This population also demonstrates higher rates of mental illness, cognitive impairment and higher incidence of diabetes, stroke and Alzheimer's disease. Some members become eligible because they are sick and others because they are poor.

**Provider Network**

Humana offers members a comprehensive network of care centered on primary care and segmented with medical and surgical specialists. This network includes, but is not limited to, acute care facilities, long term care facilities, skilled nursing facilities, laboratories, radiography facilities, long term care facilities, skilled nursing facilities, rehab facilities, rehabilitative specialists, mental and social health specialists, home health specialists and end of life care specialists. Humana may also grant approval for utilization of out-of-network facilities when appropriate. The Humana Cares Manager (HCM) facilitates communication among stakeholders, which includes the interdisciplinary care team (ICT), member and the primary care physician (PCP). Physicians and providers agree to comply with Humana's quality assurance, quality improvement, accreditation, risk management, utilization review, utilization management, clinical trial and other administrative policies and procedures, as applicable to the specific physician or provider.

**Care Management and Coordination**

Humana's health risk assessment (HRA) tool assesses risk across functional, social, cognitive, financial, health, behavioral and environmental health domains. The initial HRA is administered by phone or in-person to each SNP member upon enrollment and then within one year of previous assessment. Reassessment may also occur when a member is hospitalized, reports a change in status, changes the number of medications prescribed or to some other change in member utilization of services. Humana data analytics and quality assurance clinical teams provide analyses and clinical oversight of the tool. The findings of these assessments are available to the ICT via a portal for review.

All Humana members are required to have an active, individualized care plan (ICP) that the HCM or Humana care coordinator (HCC) creates and is updated and reviewed at each member encounter. Field care staff may also participate in the initiation and revision of care plans when meeting with SNP members face-to-face. The care plan addresses the gaps identified through the

assessment process and planned interventions, such as connections to benefits and special services, in order to meet specific goals and objectives including improving member health, quality of life and satisfaction with the health plan. The care plan will address short term and long term goals. For actively managed members, Humana discusses and mutually designs the care plans with the member and/or caregiver, and shares it with physicians as appropriate, before documenting it in its care management system.

The principal care manager, an HCM-RN or an HCC, coordinates and engages other members of the ICT when required, based on member needs. The ICT may be composed of Humana Cares' associates including, but not limited to, the chief medical officer, the clinical pharmacist, social workers, a community resource directory advisor, a quality assurance clinical specialist, other members of the HCM-RN's SNP team including the team manager and/or other SNP HCM-RNs. The care manager facilitates the inclusion of the member/caregiver, when feasible, by providing instructions on how and when the ICT will be contacting them in advance of the ICT conference. Humana facilitates the actual ICT meeting with the member/caregiver through a conference call system and notifies participating Humana associates with a notification email, while external participants are notified in advance by phone.

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 member needs.

For more information about this health plan refer to the Special Needs Plan's website at: [www.humana.com/SNP](http://www.humana.com/SNP)