

**H2174 Trillium Community Health Plan
Dual-Eligible (Full Benefit D-SNP) Special Needs Plan**

**Model of Care Score: 85.00%
1-Year Approval¹**

January 1, 2015 – December 31, 2015

Target Population

Trillium's dual-eligible special needs plan (D-SNP) operates in Lane County, Oregon. The plan serves members who receive both Medicare and Medicaid assistance. D-SNP members are defined as aged, blind, and/or disabled. D-SNP members represent a population with a high incidence of frailty, mental/developmental issues and complex chronic conditions. Trillium dual eligible members often have disabilities from mental illness or developmental delay that adversely impacts their ability to access health care and understand important health care issues.

There are over 3,000 D-SNP members enrolled in Trillium Health Plan. Of these members, 14.3 percent have chronic obstructive pulmonary disorder, 7.6 percent have cancer and 7.5 percent have chronic heart failure. In addition, members frequently suffer from multiple comorbid conditions.

Demographically, 62 percent of members are under the age of 65 years. Many of these members have disabilities and live in poverty or have incomes below twice the poverty level. For members that are under 65 years old, the ratio of women (51 percent) is fairly equal to men (49 percent). For the older population over 65 years of age, about two thirds are women (66 percent). Poverty rates also tend to be substantially higher among women on Medicare than men.

Provider Network

Trillium provides access to preventive and primary care through a specialized provider network which understands the specific needs of the D-SNP membership. Trillium's network of providers also trains to provide care for members who are vulnerable and have poor health literacy. The network includes services such as, facilities, laboratory, skilled nursing, pharmacy, practitioners, specialists, allied health professionals and behavioral/mental health.

Trillium collaborates with its provider network in establishing best practices and defining effective performance measures. The plan assures that providers use evidenced based clinical practice guidelines and nationally recognized protocols by semiannual analysis of claims data, pharmacy record, lab data, and member electronic health records. Medical records reviews assure that providers use appropriate clinical guidelines.

Care Coordination

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

The care coordination process begins with a health risk assessment (HRA) when a member enrolls into Trillium Health Plan. The HRA assess health status, estimates the level of health risk and provides feedback to members and staff about Medicare benefits, community resources and the member's relationship with their primary care provider (PCP). HRA's are offered to all members within 90 days of initial enrollment, and are repeated either annually or whenever there is a significant change in a member's health status. The member's prior authorization, claims data, and HRA responses are used to screen the needs and risks of the member and to develop an individual care plan (ICP).

The plan also solicits input from the member in development of the care plan whenever possible. Trillium makes the care plan available to all staff involved with care of the member. Depending upon findings of the triggered areas on Trillium's HRA, the components of the care plan can include but are not limited to, impairments, treatments/procedures, barriers, preferences and limitations.

Based upon the member's ICP, the plan assembles an interdisciplinary care team (ICT) for all members which reflects specific components of the care plan. All participants on the ICT, including the member, work together to reach goals and maintain treatment procedures reflected in the care plan. The primary composition of the ICT includes, medical management specialists, PCPs and Trillium Health Plan 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:
<http://trilliumadvantage.com/snp-2014.php>