Fidelis SecureCare, H2323
Institutional (Facility) Special Needs Plan

Model of Care Score: 91.88%
3-Year Approval **January 1, 2012 – December 31, 2014**

Target Population

The Fidelis SecureCare target population resides in nursing facilities in its licensed service areas in the following Michigan counties: Allegan, Bay, Genesse, Kalamazoo, Kent, Muskegon, Saginaw, Wayne, Oakland, Macomb, Washtenaw and Jackson. The average age of the Fidelis population is 77 years, 68% of members are female and 32% are male. Members have a health plan tenure of two years, a hospice enrollment rate of 4% and a mortality rate of 2%. In addition, the average Part C HCC risk score for members is 2.3, and they have an average of 4.8 comorbidities, manage an average of 6 medications and require assistance with 2 or more activities of daily living. The most prevalent diseases are dementia, congestive heart failure and vascular diseases.

Provider Network

The Fidelis provider network includes a full panel of specialists from various disciplines to address the complement of chronic diseases affecting members; for example, providers from neurology, cardiology, pulmonology, endocrinology, renal services, rheumatology, orthopedics, behavioral health and psychiatry. Additionally, emphasis has been given towards disciplines frequently used by members which include podiatrists, wound care specialists, infusion therapy companies and outpatient clinics offering blood transfusion and/or hydrations services. The network also includes laboratory, radiology, outpatient and other specialty clinics for member diagnostic and treatment administration needs as well as skilled nursing homes where Fidelis members receive rehabilitative care including nursing, therapy and pharmacy services.

Care Management and Coordination

Enrolled members receive an initial health risk assessment (HRA) questionnaire via mail or their assigned case manager conducts the assessment. The plan utilizes the HRA to assist in identifying the member's health, social and economic support needs, including multiple chronic illnesses, pain management issues, high pharmacy utilization, psychosocial needs, economic hardships and end of life issues. The plan attempts to complete the HRA as soon as possible following the member's effective date but no later than 90 days after enrollment. The registered nurse (RN) case manager (CM) reviews the HRA in order to assign a risk stratification level and to begin scheduling visits, training or other interventions, disseminate the HRA information to the individualized care team (ICT) and utilize the results of the HRA to begin care planning.

Employed nurse practitioners, contracted primary care physicians (PCPs) or mid-level clinicians build an individualized plan of care (ICP) using the HRA that addresses and documents the

member's treatment plan, risk level, care plan objectives, specific supplemental clinical services, health maintenance requirements, medical management support and early change in condition identification and treatment facilitation. The CM presents the proposed care plan to the ICT and member or their family/responsible party. Plans of care are re-evaluated annually or upon change in condition or post-hospitalization.

The Fidelis ICT is comprised of internal health plan resources and members and/or family/responsible party representatives. The ICT includes the Fidelis medical director, behavioral health medical director, health services director, care coordination director, pharmacy director, social worker, care manager and quality management and appeals director. Based on the needs of individual members, other contracted and non-contracted practitioners involved in the member's care may be asked to participate in ICT meetings; this can include PCP or mid-level practitioners, medical specialists, nursing facility nurses, therapists, nutritionists, social workers or chaplains. The CM explains and counsels the member on the ICT, their role in the ICT, and how the ICT is an ongoing resource for them. To promote and facilitate meeting participation, members/family/responsible parties receive written notifications about scheduled meetings via mail 3-4 weeks in advance of a meeting so there is sufficient time to plan their attendance. The CM also includes conference line numbers in the meeting invitation so they can participate 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.fidelissc.com