

**Fidelis SecureCare, H2323  
Dual-Eligible (All Duals) Special Needs Plan**

**Model of Care Score: 91.88%**

**3-Year Approval**

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

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**Target Population**

The Fidelis Dual-Eligible SNP target population is likely to have complex medical requirements as well as increased psychosocial and economics needs, which are known to impact care plan compliance and overall health outcomes. The plan's service territory includes Wayne, Oakland and Macomb counties in Michigan and a member profile of each county underscores the complex medical and psychosocial requirements of the population.

**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 interdisciplinary care team (ICT) and utilize the results of the HRA to begin care planning.

Employed nurse practitioners or 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/midlevel 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 telephonically.

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](http://www.fidelissc.com)