

**H2323 Fidelis SecureCare of Michigan
Dual Eligible (Dual Eligible Subset) Special Needs Plan**

Model of Care Score: 70.00%

1-Year Approval

January 1, 2015 to December 31, 2015

Target Population

The Fidelis SecureCare of Michigan (Fidelis) Dual Eligible SNP target population is eligible for Medicare and Medicaid. Members have complex medical requirements as well as increased psychosocial and economic needs which are known to have an impact on care plan compliance and overall health outcomes. Fidelis' service area includes the following Michigan counties: Wayne, Oakland and Macomb.

Fidelis evaluated 2011 data to better understand the demographics and health outcomes of members residing in Wayne County. As of 2011, there were 75,236 members dually eligible for Medicare and Medicaid. Approximately 20 percent of households reported income less than the poverty level and 50 percent of households were located in federally-designated Medically Underserved Areas, compared to 16.5 percent statewide. Most members reported at least one chronic illness and 39 percent reported at least three chronic illnesses. The most prevalent chronic illnesses include, liver disease, hypertensive heart disease, kidney disease and diabetes. The member profile above underscores the complex medical and psychosocial requirements of this population.

Provider Network

Fidelis' provider network includes medical care, mental health and social services. Fidelis ensures members have access to providers with geriatric expertise, including general practice, family practice, internal medicine and geriatricians. Fidelis specialty providers include neurology, cardiology, pulmonology, endocrinology, renal services, rheumatology, orthopedics, behavioral health and psychiatry. Emphasis is given to disciplines frequently used by members which include podiatrists, wound care specialists, infusion therapy companies and outpatient clinics offering blood transfusion and/or hydration services.

Fidelis addresses members' diagnostic and treatment administration needs by providing access to laboratory, radiology, outpatient and other specialty clinics. Fidelis contracts with vision, hearing, dental, transportation and escort providers. Finally, the network includes skilled nursing homes where Fidelis members receive rehabilitative care including nursing, therapy and pharmacy services.

Care Management and Coordination

Within 90 days of enrollment, members fill out an initial health risk assessment (HRA). The HRA identifies health, social and economic support needs such as multiple chronic illnesses, pain management issues, high pharmacy utilization, psychosocial needs, economic hardships and end of life issues. HRA results are reviewed by a registered nurse (RN) case manager (CM) and are used to stratify members into a risk level. The level influences the frequency of scheduled monitoring visits and outreach calls. The most frail and vulnerable members receive the highest intensity follow-up. Stratification ranges from level 1 (low risk) to level 4 (high risk) and can change at any time because of changes in a member's health status.

The CM completes a comprehensive medical assessment for each member, which is combined with the HRA results to develop the individualized care plan (ICP). The ICP reflects member issues, short and long-term goals and needed interventions and is shared regularly with the interdisciplinary care team (ICT) and the member's primary care physician (PCP) for input and updates. This communication is central to supporting self-care; improving health status, outcomes and quality of life; determining goals and directives of care; improving frequency of needed services based on standards of care and establishing advance directives. An HRA is administered annually, and the annual process concludes with a comprehensive evaluation by a Fidelis physician. Risk level is reassessed and the existing ICP is updated.

Members and families are invited to participate in weekly ICT meetings. Member status and needs are discussed along with a draft ICP. Finalized ICPs are generated as a result of these meetings. The ICT is comprised of the following health plan resources and members, Fidelis medical director, behavioral health medical director, health services director, care coordination director, pharmacy director, social worker, CM and quality management and appeals director. Other practitioners involved in the member's care may be asked to participate in ICT meetings. These practitioners may include but are not limited to, PCP/midlevel practitioners, medical specialists, nursing facility nurses, therapists, nutritionists, social workers or chaplains.

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://www.fidelissc.com/>