

HealthPartners H2422
Dual-Eligible (Medicare Zero Cost-Sharing) Special Needs Plan

Model of Care Score: 85%
3-Year Approval

January 1, 2012 – December 31, 2014

Target Population

HealthPartners serves members of the Minnesota Senior Health Options (MSHO) program. MSHO is a fully integrated dual eligible special needs plan (FIDE-SNP) that provides specialized care to seniors, age 65 and older, who are eligible for medical assistance and Medicare parts A and B. The population served by this program are primarily frail and elderly. Thirty-seven percent of the plan's members live in the community and have been assessed as nursing home certifiable. An additional 38% of non-nursing home certifiable members also live in the community. The remaining 24% of members reside in an institutional setting. The average age of the MSHO population is 77. The cultural make-up is diverse with 60% of members identifying their race as Caucasian, 23% as Black or African American, 13% as Asian or Pacific Islander, 3% as Hispanic or Latino and 1% Native American or Alaskan Native. In addition, 93% of the membership speaks English, 2% speak Vietnamese, Somali, or Spanish and 1% speaks Hmong.

Provider Network

HealthPartners' Medical Group Clinics serve approximately 300,000 members primarily in the Twin Cities, St. Cloud, and western Wisconsin markets. They provide and coordinate access to preventive care, primary care, acute/post-acute rehabilitation and long-term care services through an integrated health care delivery system. This system is primarily composed of clinics that provide a range of geriatric programs, hospital services and other facilities.

HealthPartners Medical Group Clinics provide access to a range of primary care and specialty services at 25 clinics. In addition to primary care, there are over 34 medical and surgical specialties represented by the group. The medical group staff consists of over 700 physicians, including approximately 200 family practice and internal medicine physicians who provide services to adult and geriatric members. The clinics deliver hospital care primarily through a 427-bed tertiary care facility and a teaching/research hospital located in St. Paul. The hospital also provides services in a number of acute care areas such as: trauma, burns, emergency, surgery, heart, digestive and cancer care.

In addition, throughout the geographic service area, HealthPartners has a network of providers and facilities with specialized clinical expertise pertinent to the targeted special needs population in MSHO. These providers have training and experience in managing medically complex and/or chronic conditions and provide diagnostic and treatment services to meet the specialized needs of the targeted population.

Care Management and Coordination

HealthPartners uses a comprehensive risk assessment tool required by the State of Minnesota for health risk assessments (HRA). The assessment addresses medical, social, environmental and mental health factors, including the physical, psychosocial and functional needs of members. The HRA helps drive the individual care planning process. A care coordinator works in partnership with the member or responsible parties to develop the care plan through the HRA. The care coordinator cooperates with the member in developing, coordinating, and in some instances, providing supports and services identified in the plan of care and obtaining consent to medical treatments or services. The plan provides care coordination based on the needs and choices made by the member or responsible party. The member's assigned care coordinator is responsible for assessing his/her needs and developing, implementing and monitoring a care plan. Care coordinators work with providers as part of the interdisciplinary care team (ICT) to assess, plan and deliver care.

The ICT is made up of specialists that are appropriate for the specific member's health care needs and it consists of the specialists that the member chooses to work with. The primary care clinic supplies input and leadership, together with the member, regarding specialists and other health care professionals that may be needed on the ICT at various points during the care of the member. The MSHO care coordinator also gives input with regard to care planning and composition of the members ICT.

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.healthpartners.com/msho