

**Blue Plus H2425**  
**Dual-Eligible (Medicaid Subset Zero Cost Sharing) Special Needs Plan**

**Model of Care Score: 95.63%**

**3-Year Approval**

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

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**Target Population**

Blue Plus operates a fully integrated dual eligible Medicare Advantage Prescription Drug Special Needs Plan (SNP) known as SecureBlue for dual-eligible individuals age 65 or older. Currently Blue Plus holds a contract with the State of Minnesota Department of Human Services (DHS) to administer benefits and services for the Medicaid program. In Minnesota the SNP is referred to as the Minnesota Senior Health Options (MSHO) program.

Members in SecureBlue MSHO must have Medicaid eligibility, receive services under Medicare Parts A and B, be age 65 or older and reside within the 62 counties of the approved CMS and DHS service areas. The enrollment in SecureBlue consists of over 10,300 members. The average age of a member is 81.8 of which, 74.5 percent are female and 25.6 percent are male. The approved service area consists of 62 counties within Minnesota; encompassing both urban and rural areas. Nearly half of the SecureBlue's membership report that they are widowed and 43 percent indicate that they are divorced, separated or currently single. Only 9.2 percent report that they are married.

**Provider Network**

The Blue Plus network includes over 96 percent of providers in the State of Minnesota, as well as additional providers in contiguous border counties in North Dakota, South Dakota, Iowa and Wisconsin. The network includes providers who have clinical expertise serving individuals with multiple and complex care needs. Blue Plus also has procedures in place to authorize out of network services when the contracted network does not meet a member's needs, as determined by the member's care plan. Blue Plus regularly tracks and trends out-of-network referrals for potential network expansion follow-up.

Blue Plus ensures that the number and type of providers are sufficient to meet the needs of the projected enrollment and cover all of the benefits of the plan through a variety of means, including, but not limited to: network availability/accessibility reports, utilization management department reports, quality improvement reports, customer service reports, member comments and requests, applicable appeals/grievances follow-up and member satisfaction surveys.

**Care Management and Coordination**

The care coordinator develops an individual plan of care (ICP) based on needs identified in a health risk assessment (HRA). Member preferences are also taken into consideration, which may include referrals and facilitation for community social services, elderly waiver services, specialty care, chronic care improvement/disease management programs, therapy programs and self-

management programs. The responsibility of developing the ICP resides with the care coordinator. The member and authorized representative and, if appropriate, the primary care giver contribute information in the completion of the face to face risk assessment. After the member completes the HRA, the care coordinator develops an ICP in collaboration with the member, primary caregiver and other appropriate members of the interdisciplinary care team (ICT). The care plan includes, but is not limited to: member strengths, member choice of personal goals, member preferences related to preventive health screening and a member-identified personal risk management plan.

The ICT comprises three main components: 1) the member or authorized representative, 2) care coordinator and 3) the applicable network provider specialties focused on the member's medical or social needs. The composition of ICTs is determined based on the member's need for both medical and social services or home and community based services. All members are assigned a care coordinator upon enrollment and receive a face-to-face assessment within 30 days. The outcome of this assessment determines the initial participants in the ICT. Regular contact with the member and at a minimum, annual reassessments help determine if changes are needed to the makeup of the ICT throughout a member's enrollment in SecureBlue.

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: