

**H2458 Medica Health Plans
Dual Eligible (Medicare Zero Cost Sharing) Special Needs Plan**

Model of Care Score: 85.00%

3-Year Approval

January 1, 2015 to December 31, 2017

Target Population

Medica's DUAL Solution (DUAL Solution) provides services to dual eligible seniors ages 65 and older in Minnesota's Senior Health Options (MSHO) program. As of December 2013, DUAL Solution had 9,794 members. DUAL Solution enrolls older, frail, members who qualify for Medicaid. About 75 percent of members live in a community setting and 25 percent live in a long term care (LTC) facility. The Elderly Waiver benefits, for the 68 percent that are eligible, have reduced the need for institutional placement. The average age of members is 79, and members range from 65 years to 110 years.

According to the most recent Medicare Health Outcomes Survey (HOS) results, 60 percent of members have four or more chronic conditions. Two-thirds of members are female and more than half live in the Minneapolis/St. Paul metropolitan area while the remaining 43 percent of members live in rural areas. Members who live in the metro area have better access to services compared to those living in more rural areas. Most members (74 percent) are white, nine percent are Asian and six percent are Black. Less than one percent of members need translator assistance with the largest percentage of members requesting Russian, Spanish, Somali and/or Southeast Asian translators.

Provider Network

Medica contracts with geriatricians and internal medicine practitioners with a geriatric focus. Based on a review of claims, members access care from internal medicine, gerontology, cardiology, orthopedics, ophthalmology, oncology, rheumatology and infectious disease practitioners. Medica contracts with 94 percent of all Minnesota's physicians. The network also provides access to services such as lab, physical therapy, occupational therapy and rehabilitation.

Medica works with a number of geriatric focused care systems in this program, including Optage and Geriatric Services of Minnesota. Medica owns Integrated Care by Medica, a geriatric nurse practitioner based organization. It is a clinic without walls and the primary focus is on institutional members, but is branching out to community based members.

When not available through the primary care site, behavioral health services are provided by Medica Behavioral Health (MBH). MBH has psychiatrists, psychologists, nurse practitioners and chemical dependency counselors and with allied health professionals throughout the state.

Care Management and Coordination

Every member is initially assessed by a care coordinator (CC) using an evidenced based health risk assessment (HRA) tool within 30 days of enrollment. The CC may be a nurse or a social worker. The results of the initial HRA determine what services the member receives and the frequency of follow up. A full reassessment occurs at least annually with all members. Based on the results of the HRA, members are referred to a more comprehensive assessment, which determines eligibility for long term and home and community based services.

In addition to the HRA, CCs contact the primary care physician (PCP), caregiver and others involved as needed to obtain relevant information. The HRA is also used to develop the individualized care plan (ICP). CCs identify needs and concerns from the HRA and work with the member and the member's interdisciplinary care team (ICT) to develop goals and interventions. CCs complete the ICP based on the results of the assessment, discussions with the member/responsible party and the ICT, and send a copy of the ICP to the member within 30 days of the HRA. The ICP includes interventions, based on prioritized goals, designed to mitigate risk and address special needs identified through the HRA process. Member stated goals and those related to safety (medical, environmental) are considered the highest priority.

Every SNP member must have an ICT. The composition of the ICT varies based on a member's assessment. The CC identifies other ICT members who provide assistance in maintaining and maximizing the member's functional abilities and/or quality of life. ICT members include but are not limited to: a PCP, a specialty care physician, registered nurse, social worker, mental health or behavioral health practitioner, medication treatment management pharmacist and a personal care attendant. ICT members are added based on identified member physical, emotional and service needs.

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: <https://www.medica.com/find-plans/medicaid-plan-options/plans-for-people-age-65-or-older/medica-dual-solution>