

**UnitedHealthcare, H3113
Institutional (Facility) Special Needs Plan**

Model of Care Score: 95.63%

3-Year Approval

January 1, 2012 – December 31, 2014

Target Population

The UnitedHealthcare Medicare & Retirement Institutional Special Needs Plan (I-SNP) target population includes individuals that reside in Nursing Homes. The 2009 Health Outcome Survey of the population demonstrated that 50% of the population was below 75 years of age, 58% were female, 82% were white, 11% were black and 7% were other, 29% did not graduate from high school, 16% were enrolled in Medicaid and 37% had an income less than \$20,000. The 2010 Prevalence Report indicated the top diagnoses to be renal failure, vascular disease, congestive heart failure, diabetes, major depressive, bipolar and paranoid disorders, chronic obstructive pulmonary disease and specified heart arrhythmias.

Provider Network

UnitedHealthcare Medicare network includes those providers and services important to the Special Needs population, including primary care physicians (PCP), long term care specialists, physicians specializing in Internal Medicine, Family Practice, Gerontology, Cardiology, Endocrinology, Nephrology, Behavioral and Mental health, Orthopedics, Urology, Rheumatology, Ophthalmology and hospital “Centers of Excellence.” The ancillary network includes pharmacists, physical/occupational therapists and speech pathologists, radiology and laboratory specialists and dialysis centers. Specialty physicians, therapists, health care providers and other social service or community-based providers are a part of the interdisciplinary care team (ICT) which coordinates member care, along with the member, PCP and care manager.

Care Management and Coordination

The nurse practitioner (NP) or physician assistant (PA) conducts a comprehensive initial health risk assessment (HRA) face-to-face which includes, but is not limited to, member’s health status, condition specific assessment, clinical indicators, activities of daily living, medication review, mental health and cognitive assessment, advanced care planning discussion and care level assignment. The initial HRA is conducted within 30 days of enrollment and the reassessment is done each quarter during the quarterly comprehensive visit. Individually assigned NP/PAs in conjunction with the PCP, member and family if feasible, review and analyze needs, prioritize goals and determine treatment plan and follow up. The NP/PA documents the assessment in the member’s medical record in the skilled nursing facility (SNF) and share the findings and recommendations verbally with the PCP, ICT, member and family.

The NP/PA develops and reviews the individualized care plan (ICP) with the PCP and updates it at least monthly to reflect changing conditions, changes in treatment plan or changes in the

wishes or preferences of the member. As other members of the ICT become involved they review and update the ICP which also occurs at monthly case rounds and quarterly case conferences or anytime the member's condition warrants it. The ICP identifies the interventions that will support the maximum level of function for the member, promote quality of life and identify the intervention goals, noting the risk and benefit of each goal. Pertinent network providers can access the ICP in the medical record.

The ICT includes the PCP, the member and their caregiver/responsible party and or family, the assigned NP/PA as well as other employed and contracted professionals. The plan augments member care with other providers on an as needed basis through contractual arrangements with the organization, such as behavioral health professionals. UnitedHealthcare encourages member involvement in the ICT; members stratified as high risk receive monthly face-to-face encounters with the NP/PA while members with an advanced illness receive more frequent communication in person and over the phone. ICT members collaborate on and make updates to member needs or changes in the medical record system, to which all ICT members have access.

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:
<https://www.uhcmedicaresolutions.com/>