New York State Catholic Health Plan, H3328
Dual Eligible (Dual Eligible Subset - Medicare Zero Cost-sharing)
Special Needs Plan

Model of Care Score: 86.25%
3-Year Approval **January 1, 2014 – December 31, 2016**

Target Population

The Fidelis Care Special Needs Plan (also known as New York State Catholic Health Plan) operates in 16 counties within the State of New York. The current gender mix is 60% female and 40% male. The age break-out of the membership demonstrates that 40% of the population is under the age of 65. This population contains members who are disabled and require additional health care services and outreach such as transportation assistance or in-home personal care assistance. The five most recurrent diagnoses experienced by the membership are: heart failure, respiratory disorders, diabetes, disorders of lipid metabolism and behavioral health disorders.

Provider Network

Fidelis Care maintains a network of over 29,000 contracted medical practitioners within the network. The network includes geriatricians, cardiologists, surgeons, infectious disease/HIV specialists, mental health specialists, psychologists, substance abuse counselors and other specialists. Participating facilities also include teaching hospitals, community hospitals, clinics, inpatient mental health facilities, HIV clinics, community dialysis centers, wound care centers, laboratory and radiology service providers, skilled nursing facilities, sub-acute facilities, home health agencies and rehab facilities.

Access and availability differ widely between upstate and downstate counties. This difference is particularly evident in services such as non-emergent transportation and a variety of in-home supportive services. Due to this, Fidelis maintains a broad panel of credentialed providers and vendors to meet the needs of the SNP membership.

Members who require additional specialized care or treatment unavailable from an in-network provider access care through an out-of-network specialist arranged through the medical management department. Fidelis Cares' medical management and contracting departments monitor and assess utilization of out-of-network providers for patterns of needed access and use this information to prioritize provider contracting.

Care Management and Coordination

The individual plan of care is a "living document," and just as the individual and the membership of the interdisciplinary care team (ICT) may change over time, so does the plan of care. This patient-centered document begins with the Fidelis Care case manager, the member and the health risk assessment (HRA). As additional information is collected, conditions, barriers to care and planned implementations are created, all founded in evidence-based practices, patient desires and cultural preferences. The plan's case manager and the member develop the document with input solicited from other staff members, particularly the behavioral health staff if appropriate. Fidelis provides the care plan to the member's primary care physician (PCP) and other members of the ICT. It is ultimately the PCP and the member who come to an agreement on the individual plan of care.

Fidelis Care employs registered nurses to develop all of the care plans with input from licensed social workers, behavioral health specialists, physicians and pharmacists who utilize the analysis of the HRA (initial, annual or any intervening HRA performed due to a change in the member's condition) claims, utilization and inpatient pharmacy data. Members are assigned a risk stratification of high, medium or low in relation to their health risk scores.

The care team reviews the initial care plan and stratification results then re-evaluates the plan of care on an as needed basis. The ICT members are selected for their understanding of the SNP population and its special needs, as well as their ability to review needs assessments and develop the care plan. The ICT includes but is not limited to a physician, registered nurse, behavioral health specialist and medical social worker. Members are notified by mail and by phone when the ICT will be reviewing their care plan needs and are encouraged to attend the meeting. Whether the member participates or not, Fidelis mails a copy of the care plan to the member/responsible party and the member's PCP.

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.fideliscare.org.