

**Liberty Health Advantage Inc., H3337
Dual-Eligible (Full Benefit) Special Needs Plan**

Model of Care Score: 95.63%
3-Year Approval

January 1, 2013 to December 31, 2015

Target Population

The target population for this Special Needs Plan (SNP) is members who are eligible for Medicare and full-benefit Medicaid. As of June 30, 2011, there were 989 members, 477 of which are female and 512 male. Eighty-nine percent of the members are between the ages of 50 and 89.

Provider Network

As of February 2012, Liberty Health has 3,943 clinicians in its network. It includes 1,319 primary care practitioners (PCP) and 2,615 specialty care practitioners. In addition, the network includes contracted facilities, such as hospitals, skilled nursing facilities, surgery centers, urgent care centers, home health care, dialysis centers, hospice and laboratories. On the rare occasion that a SNP member must receive medically necessary services out-of-network, the SNP's contracting department negotiates a cost-effective rate.

Care Coordination

Liberty Health's health risk assessment (HRA) tool is a questionnaire that addresses medical conditions, medical history, mental health history, psychosocial issues, functional status and cognitive needs. Within 90 days of enrollment and annually, the personal care advocates make 3 attempts to reach the members by telephone to complete the HRA. In addition to using the member HRA, Liberty Health obtains detailed clinical information about the member from the physician HRA that is completed by the primary care provider (PCP) who is required to complete the physician HRA within 90 days of receipt and annually at least 30 days before the anniversary date of the member's previous assessment. The case manager reviews the HRAs and stratifies the member based on the complexity and severity of any existing disease and the risk for hospitalization.

The case manager and other members of the interdisciplinary care team (ICT), including ad hoc members as appropriate, use the content of the HRAs to identify the member's medical and non-medical needs, which include psychosocial issues, the level of caregiver support available to the member, cognitive challenges, physical functionality, cultural and linguistic preferences, knowledge gaps, the member's ability to self-manage and any other potential barriers to care. The case manager and the rest of the ICT collaborate to tailor a preliminary care plan that addresses the member's unique needs. The case manager calls the member/caregiver to discuss the preliminary care plan, inquires about any additional needs or addresses any issues or concerns. After the discussion with the member/caregiver, the case manager revises the preliminary care plan accordingly and it becomes the initial individualized care plan (ICP). The

ICP includes results of the HRA, barriers to care, short and long-term goals, outcome measures, specific services that would meet the member's needs, benefits, member preference for care, add-on benefits, prioritized interventions, timeframes for follow-up and reevaluation, network and community resources and planning for continuity of care. The case manager is responsible for reviewing, revising and updating the ICP and sharing the updates with the ICT members whenever the member/caregiver or PCP communicates a change in member's health status or at least annually subsequent to completion of the annual HRA.

The ICT for each SNP member includes, at a minimum, a medical director, case manager, licensed clinical social worker and a licensed clinical pharmacist. The case manager has primary responsibility for coordinating and facilitating all medical and behavioral health services for SNP members. Ad hoc ICT participants vary depending on the member's needs and may include the member, the member's PCP, a behavioral health vendor, ancillary health care providers, hospitalists, in-home care clinicians and hospice providers. The ICT has weekly face to face meetings to review care plans for SNP members.

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.lhany.com>