Independent Health Association, INC. H3362
Dual Eligible (All Dual) Special Needs Plan

Model of Care Score: 99.38%
3-Year Approval **January 1, 2013 – December 31, 2015**

Target Population

Independent Health's Home Choice Medicare Advantage (IHA) Dual-Eligible Special Needs (D-SNP) Plan operates a Medicare Advantage Special Needs Plan serving individuals who qualify for both Medicare and Medicaid benefits. The plan's population has a prevalence of chronic physical and mental/cognitive diseases. IHA enrolls all categories of Medicaid beneficiaries in the service area of New York except those with a diagnosis of End Stage Renal Disease (ESRD). Rarer conditions such as multiple sclerosis, Parkinson's disease and cerebral palsy are also prevalent among dual eligible members in the plans service area. There are approximately 25,000 dual eligible members in the D-SNP service area of Erie and Niagara Counties, New York.

Provider Network

The D-SNP population has a high rate of chronic conditions, particularly those that impact their mental health or functional status. Specific providers within various specialties are chosen to participate due to their expertise in dealing with and treating dual eligible members who have complex needs. Practitioners and providers hold a contract with the New York State Department of Health. IHA monitors the quality and efficiency of its network providers on a quarterly basis. The network includes but is not limited to: mental health providers, dialysis facilities, outpatient clinics, durable medical equipment providers, nursing facilities, hospitals and rehab facilities.

Care Management and Coordination

Within ninety (90) working days of activation of the member's D-SNP coverage, and at least annually within 12 months of the most recent assessment, IHA conducts a comprehensive health risk assessment (HRA) that includes: medical and mental health history including current diagnoses, medications, functional and cognitive status/needs and psychosocial status/needs. The plan uses the HRA to develop members individual care plans (ICP).

IHA's interdisciplinary care team (ICT), including the member and their caregivers, develops a comprehensive ICP for all members that addresses their particular needs. Members provide input via responses on their HRA, by telephone or in-person conversations with their care manager. The ICP is initiated and co-coordinated by the care manager (a licensed registered nurse or social worker) and resides in the plan electronic health records system. The care manager or other IHA team member may discuss with the member: how the plan of care incorporates member access to

education and outreach efforts, the communication process, resources available, how the member is expected to participate in his/her plan of care and has on-going access to the ICT.

IHA establishes a "core team" of experts to manage the ICT for all members and surrounds them with the support of caregivers and network professionals to provide an integrated care experience for members. The ICT consists of: registered nurse care managers, primary care physicians, social workers, the member, caregivers and any other specialists deemed necessary based on the individual needs of the member.

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.**icare**nyhealth.com