

**Samaritan Health Plan, H3811  
Dual Eligible (Full Benefit) Special Needs Plan**

**Model of Care Score: 88.13%**

**3-Year Approval**

**January 1, 2013 – December 31, 2015**

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**Target Population**

Samaritan Advantage Special Needs Plan has approximately 2,000 eligible members on both Medicare and Medicaid. Of the membership, 1,100 live in mostly rural Linn County, 420 live in Benton County and 450 live in Lincoln County, in the State of Oregon. Approximately 70% of the full dual-eligible members are under the age of 65; 20% of those under the age of 65 are under the age of 34; 75% are disabled; 20 full dual-eligible members have end stage renal disease (ESRD). Samaritan membership has a wide-range of age groups, levels of disability and frailty characteristics amongst its duals.

**Provider Network**

Samaritan maintains and monitors a network of providers that consist of both primary care providers (PCPs) and specialty physicians who participate in both the Medicare and Medicaid programs. The provider network includes hospital, skilled nursing facilities, kidney dialysis centers, rehabilitation facilities, specialty providers, primary care providers, ancillary providers and durable medical equipment providers. If it is necessary for a provider to refer the member to another provider, they work with the interdisciplinary care team (ICT) to coordinate the referral. The PCP, referring provider and the ICT member communicate by phone, fax and letter or directly through the electronic medical record (EMR).

**Care Management and Coordination**

Samaritan conducts a comprehensive initial health risk assessment (HRA) within 90 days of enrollment and an annual HRA for its population. This paper-based tool identifies the specialized needs of the member's medical, psychosocial, functional and cognitive status. Medical questions include questions about their health one year ago, psychosocial and cognitive needs questions include living conditions and environment, while functional questions include activities of daily living. The medical director, the director of medical management and operations and the director of quality & compliance review and analyze reports to stratify the data using risk factors and diseases. The care manager generates and reviews these reports at least monthly. The plan communicates the results from the stratification of the HRA data to the ICT, which initially includes the member and the member's PCP. This communication, of both the HRA and stratification results, is done via phone, mail, fax or email. The health plan medical director participates in most ICT meetings to assist in direct communication of care plan goals.

The ICT meets following receipt of the member's HRA and compilation of other health data, including chart notes and claims records, to develop the member's individualized care plan (ICP)

in collaboration with the care manager and in cooperation with the member or with the member's caregiver. As the ICT coordinator, the care manager assures that the ICP incorporates the member specific goals, specific services and benefits, applicable outcome measures, member preferences for care, add-on benefits and special services. The member's ICT reviews and revises the ICP as needed for health status changes, but at least annually, and communicates the revisions through various methods, including by fax or mail to members of the ICT. The ICP is stored electronically in the health plan core system where it is accessible to health plan staff including the care management team and customer service staff.

ICT membership is comprised of the member, the PCP, a care manager, board-certified physicians, social workers, home health staff and other members depending on the member's individual needs. The care manager will contact the member to explain the program and initiate their participation. In addition to this initial contact, the ICT team also makes an effort to contact the member based on follow-up assignments listed in the core system. Samaritan also records all ICT, health plan and member interactions in the core system.

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: <http://www.samhealth.org/SHPlans>