H3818 FamilyCare Health Plans, Inc.
Dual Full Benefit Special Needs Plan

Model of Care Score: 98.33%
3-Year Approval **January 1, 2015 – December 31, 2017**

Target Population

FamilyCare focuses on members that are eligible for Medicare and Medicaid benefits, have common or high-cost disease, are frail or disabled, multiple chronic conditions or are near the end of life. Members live in either the urban areas surrounding Portland, Oregon (60 percent) or the rural counties in Eastern Oregon and Clatsop County on the Oregon coast (40 percent).

Of the 1609 dual-eligible members, 59 percent are female and 50 percent are less than 65 years old. The ethnic breakdown of members is: Caucasian (71 percent), White, Non-Hispanic (11 percent), Hispanic (7 percent), Asian or Pacific Islander (6 percent), Black (4 percent) and American Indian (1 percent). Diabetes (35.92 percent) is the most identified chronic condition among FamilyCare's population followed by depression (17.83 percent), diabetes/hyperlipidemia (14.99 percent) and heart failure (10.59 percent).

Provider Network

The plan has a network of providers that includes: acute care facilities, inpatient care, outpatient care, transplant facilities, long-term facilities, skilled nursing facilities, home health agencies, hospice, and an ambulatory surgical center. Additionally, there is a wide range of medical, behavioral and mental health specialist as well as nursing and allied health professionals. FamilyCare members also have access to rehabilitative, psychiatric, laboratory and radiology/imaging services.

Each member either chooses or is assigned a primary care provider (PCP) within 30 days of enrollment. The PCP acts as a "gatekeeper" to the member's healthcare. Members may self-refer to a specialist or work with a care coordinator (CC) for assistance with finding specialized services.

Care Coordination and Management

All members receive a health risk assessment (HRA) within 90 days of enrollment and annually thereafter. The HRA includes a series of questions that evaluate the member's health and lifestyle, and is used for assessing, addressing and identifying risk factors that are known to predict the risk of potentially avoidable healthcare issues and identification of members who

would benefit from follow-up and case management. The member's CC or a health intake specialist conducts the HRA primarily by phone or face-to-face, if needed.

Following the completion of the HRA, the CC develops the individualized care plan (ICP) with the member and/or their caregiver's input. The ICP addresses the following areas: member's knowledge and understanding of their disease or condition, identification of barriers, development of interventions, goal setting, community resources and targeted education. The service coordinator is responsible for the dissemination of the results to the member, caregiver, PCP, the interdisciplinary care team (ICT) and any other health plan staff or providers involved in the member's care. The ICT reviews the ICP annually, or more often when there is a change in the member's health status.

Primary members of the ICT include the CC, member and the PCP. Additional individualized members will be invited to participate in the ICT meeting or asked to provide input on ICP development based on member needs. By engaging the member to assume an active role in their care, the ICT coordinates and improves care and services across the health care spectrum, especially for members with special needs and complex health issues. The ICT develops and reviews care plans and recommends interventions and strategies to determine best care practices to encourage good health outcomes for the member. The CC serves as the central point of contact for the member, PCP, health care specialists, mental health providers and social service providers.

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: http://familycareinc.org/