Preferred Medicare Choice, H4004

Dual Eligible (Full Benefit) Special Needs Plan

Model of Care Score: 90%

3-Year Approval **January 1, 2012 – December 31, 2014**

Target Population

Preferred Medicare Choice (PMC) is a full dual-eligible health plan designed to provide services to the elderly and disabled population in Puerto Rico. PMC offers Premier Preferred Platino, an integrated D-SNP designed to meet the needs of Medicare members who also receive certain benefits under Medicaid. Currently, PMC has a total of 37,846 members and 75% of these members are over 65 years old. Twenty-one percent of the members are between a 70-74 years age range, while 10% are over 85 years old.

Provider Network

PMC contracts with a network of more than 7,000 providers which includes: primary care physicians (PCPs), specialists, ancillary providers and hospitals to provide care and services to members. The practitioner network contains specialized services designed to manage members' physical and behavioral health conditions. It consists of over 6,000 physicians of whom more than 128 are board certified specialists and includes nursing professionals, allied health professionals, healthcare facilities and ancillary services. PMC evaluates the adequacy of the provider network and accessibility on an annual basis to ensure that it meets specified requirements, while also taking into account members' individual or regional needs.

In addition to hospitals, the plan contracts with urgent care centers, skilled nursing facilities, ambulatory surgical centers, rehabilitation facilities and mental healthcare facilities around Puerto Rico. To facilitate members' transitions from a facility to a homebound or institutional setting, PMC contracts with a durable medical equipment network and home care services providers.

Care Management and Coordination

PMC implements a health risk assessment (HRA) to estimate health problems, risk factors and risk probabilities of the population. The HRA utilizes questions to assess a member's probable service utilization, probability of repeated admissions and other health-related needs, by inquiring about the individual's physical, psychosocial and functional limitations. The plan administers an HRA within 90 days of a member's enrollment. It leads to a risk score that PMC uses to establish the initial stratification of members and facilitate the implementation of an individual care plan (ICP). Based on the HRA responses, a series of recommendations are prompted to develop an evidence-based, individualized care plan (ICP). PMC creates an ICP for every member in the plan using information from HRA results and when feasible, with the input

of the member or his/her caregiver. ICPs are comprehensive and incorporate evidence-based practices for chronic conditions as well as psychosocial needs. The plan shares ICPs with the member/caregiver, PCP or other selected providers.

The ICP informs the decisions and composition of an interdisciplinary care team (ICT). The ICT acts as a workgroup that consists of care managers, registered nurses, social workers, health educators, behavioral/mental health practitioners, PCPs, medical directors, and may include primary, ancillary and specialty care providers among others. The workgroup includes member representation when feasible and the plan encourages voluntary participation by all members. Whenever the member attends, PMC documents this information in the member's individual care plan. The workgroup meets face-to-face at least quarterly, while a core team meets monthly or as frequently as needed based on the stratified results of the HRA and the member's ICP.

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.pmcpr.org