

**MercyCare HMO, H4123**  
**Dual Eligible (\$0 Cost Share) Special Needs Plan**

**Model of Care Score: 85.00%**

**3-Year Approval**

**January 1, 2012 – December 31, 2014**

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**Target Population**

MercyCare HMO, Inc. (MercyCare) is a fully owned subsidiary of the Mercy Health System (MHS). The target population of MHS are full dual-eligible adult and elderly populations of Rock and Walworth Counties and those Medicaid beneficiaries defined by the State of Wisconsin to be eligible to enroll in a MA SNP health plan. Additional members covered include those with SSI managed care and other full benefit duals.

**Provider Network**

MercyCare does not differentiate the SNP provider and pharmacy networks from other Medicare lines of business that serve in the service area. The providers in this network develop specialized expertise in the following facilities: inpatient acute care, inpatient hospice care, outpatient observation care, outpatient ambulatory surgery, outpatient dialysis, comprehensive inpatient rehabilitation, long term acute care, skilled nursing facility, Level II trauma center and urgent care. Medical specialists in the network include, but not limited to: diabetes centers, Institute of Neuroscience, Lipid Management clinic, pain centers, regional cancer centers for hematology and radiation oncology, and several other regional centers which have their own specialties (e.g., eye, hand, heart/vascular). There are several behavioral and mental health facilities, nursing professionals, and allied health professionals in the provider network.

**Care Management and Coordination**

MHS uses certified vendors to perform health risk assessments (HRAs). The customized tool asks questions regarding cognitive function, fall risk, durable medical equipment (DME) needs and functional status of its members. The HRA includes questions addressing general health status, medical history and medical problems, psychosocial, nutritional, functional, and cognitive status. An HRA must be completed within 30 days of enrollment and annually thereafter. The pharmacist will review the member's medications and any desirable changes will be incorporated into the care plan. The SF-12 will also be used to determine a baseline of the member's perception of their physical health and mental health. After interventions, the tool will be used on an ongoing basis.

The individualized care plan (ICP) is the initial and ongoing mechanism of evaluating the member's current health care condition, medical history, assesses vulnerability if case management was not involved, and formulating an action plan to address areas of concern. With input from the Interdisciplinary Care Team (ICT) and the member, the case manager develops

the ICP. ICPs are based on beneficiary's healthcare preferences and beliefs, the HRA, medical record information, pharmacy records and telephonic contact with the member for an assessment and use of screening tools by the case manager. The areas of concern include biological, psychological, social, and health system. The ICP and any revisions are communicated by the case manager through mechanisms to the ICT, member, other pertinent providers and when necessary the receiving facility for any change in level of care.

For each eligible SNP member, the ICT at a minimum is comprised of core members that will include a care management Registered Nurse (RN) coordinator, a social worker, and a clinical pharmacist working in conjunction with the member and/or family, caretakers and the assigned PCP. The health plan medical director and behavioral health medical director are available for consultation as needed. The core team conducts an initial assessment of both medical and behavioral health needs in an integrated manner and the patient's behavioral health providers are included in any case conferences as indicated. Depending on the member's individual care requirements, other specialists and ancillary care providers will be requested to participate as part of the ICT. Care coordination functions to incorporate the needs of the member, ranging from minor behavioral health illnesses who live functional independent lives within the community to those with severe mental illnesses or severe emotional disabilities requiring non-institutional individual supervision at all times.

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://mercyarehealthplans.com>, select "Seniors/Medicare."