Amerigroup, H4211, H8991 Dual Eligible (Subset - Medicare Zero Cost-sharing) Special Needs Plan

Model of Care Score: 93.75%

3-Year Approval January 1, 2013 – December 31, 2015

Target Population

Amerigroup has a dual-eligible plan that enrolls those eligible for Medicare and Medicaid who are also eligible to receive assistance from the state Medicaid agency to pay Medicare copayments. When compared to a Health Outcome Survey in five of Amerigroup's markets, hypertension, diabetes, arthritis and other heart conditions were the most frequently self-reported diagnosis for the SNP population. Only 0.3% of the SNP population is enrolled in hospice and 1.1% of the SNP population has a diagnosis of end stage renal disease (ESRD).

Provider Network

Amerigroup's network of contracted providers includes specialties trained to manage the highest ranking conditions in the SNP population (diabetes, chronic obstructive pulmonary disease (COPD), psychiatric conditions (depression, bipolar), renal and pulmonary). Provider types available in the network include geriatricians, skilled nursing facilities, ancillary providers, cardiologists and endocrinologists. Network providers are included in the interdisciplinary care team (ICT), depending on the condition of the member and the results of health risk assessment (HRA). Using nationally recognized standards of care, Amerigroup works with providers to develop clinical policies and guidelines for the care of its membership. The Medical Advisory Committee oversees and directs Amerigroup in formulating, adopting, monitoring and revising guidelines.

Care Management and Coordination

A standard comprehensive HRA tool is used to assess all SNP members. The HRA assesses the member in multiple domains including physical health, mental health, functional, cognitive and psychosocial and consists of a series of questions that use branching logic to expand the questions based on the answer. The plan contacts new enrollees within the first 90 days to complete the HRA and then annually thereafter to all SNP members. Licensed/credentialed health care professionals perform an analysis of the HRA results and stratify the needs of the member based on the answers and information provided during the assessment process. The results of the HRA are available in the case management system for all of the internal participants in the ICT to review.

The assigned case manager develops the care plan after conducting the HRA and discussing needs with the member, appropriate providers and ICT. The case manager also considers the member history and includes short term and long term goals, interventions and outcomes. The case manager maintains the care plan in the care management system and updates it annually or as the member's condition changes. Only internal Amerigroup associates can access the care plan in the system and, when applicable or requested, the plan provides copies of the care plan to the member, member's representative or other members of the ICT.

The ICT is a multi-member team that may consist of a medical expert, mental health/behavioral health expert, social services expert and other practitioners as determined by the member's needs. Amerigroup bases the composition of the ICT on the complexity of the member's condition. If, based on risk established by the HRA, the member is considered a low risk and has minimal needs the ICT may only include a nurse and a medical expert. Whereas, members who are determined to be at high risk or have more complex care coordination needs have an ICT composition based on those needs. In all cases, the primary care physician (PCP) is included in the ICT since they are responsible for coordinating the member's care. The member or the member's caregiver is a part of the ICT and is encouraged to set some of their own goals and identify their needs including those cultural beliefs that may impact their ability to achieve the desired results. If the case manager feels the member should attend the interdisciplinary care team meetings, or the member wishes to do so, he/she will be contacted by phone if the meetings are being conducted telephonically.

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: www.amerigroup.com