

**H4510 Humana, Inc.**  
**Chronic or Disabling Condition (Chronic Heart Failure and/or Diabetes) Special Needs Plan**

**Model of Care Score: 88.33%**

**3-Year Approval**

**January 1, 2015 – December 31, 2017**

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**Target Population**

Humana has partnered with Medical Care Consortium to implement an integrated Chronic Condition Special Needs Plan (C-SNP) specifically designed for members with chronic heart failure (CHF) and/or diabetes mellitus (DM) and to expand its service area. Members eligible for the plan are entitled to Medicare Part A, are enrolled in Medicare Part B, have a physician confirmed diagnosis of CHF and/or DM, reside within one of Humana's service areas in Texas and are not currently undergoing treatment for end-stage renal disease.

At the end of the third quarter of 2013, approximately 53 percent of the population in San Antonio had diabetes and 17 percent had congestive heart failure; in Corpus Christi, approximately 44 percent of the population had diabetes and 16 percent had congestive heart failure.

**Provider Network**

Humana and MCCI together offer members a comprehensive network of care centered on primary care providers (PCP), medical and surgical specialists available to meet their needs. This network also includes, but is not limited to, acute care facilities, skilled nursing facilities, laboratories, radiography facilities, rehabilitative specialists, mental and social health specialists, home health specialists and end-of-life care specialists. In addition the plan maintains a designated network of sub-acute, long-term care and assisted living facilities. When appropriate, Humana and/or MCCI may grant members approval for the utilization of out-of network facilities.

**Care Management and Coordination**

Within 90 days of enrollment and annually thereafter, the plan completes the health risk assessment (HRA). The HRA focuses on the member's acute and chronic needs and provides his or her current health status and overall risk score across seven health domains – functional, social, cognitive, financial, medical, behavioral health, environmental health. It also includes a safety assessment, social history, a pain assessment, end of life planning and preventative services. All members complete the annual HRA within 365 days of the prior HRA. In the event

of a hospitalization or a change in: health status, prescribed medications or utilization of services, reassessments occur more frequently.

Whether done telephonically, in-person or through a combination of the two methods, a Care Manager (CM), in conjunction with the member and interdisciplinary care team (ICT), coordinate efforts to create, review and update the ICP. The essential elements of the ICP include: a case management plan with prioritized goals that consider the member's and caregiver's goals, preferences and desired level of involvement; barriers to meeting their goals or complying with the plan; a schedule for follow up and communication; a self-management plan and a process to assess member progress. When the member's health status, needs or utilization patterns change or when the member experiences either a planned or unplanned care transition, the CM modifies the ICP. The CM also stores the modified ICP in the plan's secure, web-based documentation system where it is accessible to the rest of ICT. Upon request, Humana mails updated ICPs to the member.

At the center of the ICT are the member, caregiver(s), medical director, PCP, CM and the medical social worker. The CM leads the ICT's efforts and is responsible for coordinating care across the continuum. The CM also engages other ICT members when needed such as: disease management specialists, behavioral health specialists, community resources, restorative health specialists, dietitians, home health specialists and end-of-life specialists (hospice).

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.humana.com](http://www.humana.com).