

**H4525 SHA, L.L.C.**  
**All Dual Special Needs Plan**

**Model of Care Score: 96.67%**

**3-Year Approval**

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

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**Target Population**

SHA, L.L.C. (SHA) serves individuals living in three primary metropolitan communities – Lubbock, Abilene, and Midland/Odessa – in Texas. Approximately half of the plan’s 1500 members have partial Medicaid with only the Medicare Saver’s benefit and the other half are full duals, with only 20 percent receiving additional Medicaid benefits.

In regard to membership, it is predominantly female (62 percent), over 50 percent of members are between 65-69 years of age and 28 percent of the population is under 65 years of age. Members have an income level of roughly 72 percent of the average median household income with 11 percent identified at the poverty level. Diabetes is the most prevalent chronic disease followed by congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), vascular disease and asthma.

**Provider Network**

SHA’s provider network consists of a diverse range of providers that includes: general, family and internal medicine providers; specialty providers such as endocrinologists, nephrologists, ophthalmologists, cardiologists, oncologists; gynecologists; vascular specialists, behavioral and mental health specialists; nursing professionals and allied health providers such social workers and pharmacists. SHA connects members to acute care hospitals, medical centers, emergency care, inpatient and outpatient laboratory services, dialysis service centers and skilled nursing and long-term care facilities,

**Care Management and Coordination**

Upon enrollment, each member is mailed a welcome packet containing the Health Risk Assessment Tool (HRAT). The member may choose to complete the HRAT by mail, telephonically or in person at a SHA office. The HRAT assesses the medical, functional, cognitive, psychosocial and mental health of each member as well as the member’s knowledge of medical conditions and medications, access to transportation, living environment, goals and/or preferences for care. Unless a member experiences a significant change in health status or living situation which requires a new assessment, an HRAT reassessment occurs annually.

The case manager (CM) utilizes the results of the HRAT data, clinical and claims information and input from the interdisciplinary care team (ICT) to develop an individualized plan of care (ICP) tailored to fit the member's needs. The ICP includes input from the member regarding their goals and preferences, barriers to meeting goals, and self-management plans. The ICP is modified and revised whenever the member's needs, status or desires change.

The CM serves as the facilitator for communication and collaboration with the member's providers. Communication mechanisms may include telephonic conversations with providers, information transmission via secure e-mail or fax transmissions, mailed information or in-person consultations. SHA's physicians may act on the plan's behalf in initiating peer-to-peer interactions when needed to facilitate communications or care delivery.

The ICT is comprised of core and external members. Core members include the CM, medical director and Medicare services coordinator; external members may include: the primary care physician, disease management case manager, pharmacist, hospital specialist or other specialist depending upon the member's needs. Any significant identified issues or outstanding needs of new members are presented to the ICT at the next regularly scheduled ICT conference for review and input by the rest of the ICT. Members are advised of the upcoming ICT conference in an outreach call or letter made prior to the ICT conference. Members can participate in the conference or they can relay their concerns via the CM who may serve as their representative during the conference. In addition to the regularly scheduled review, the ICT discusses members following any transition of care setting or service level change.

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.firstcare.com/advantage](http://www.firstcare.com/advantage)