

**H5425 Scan Health Plan
Dual Eligible (All Dual) Special Needs Plan**

Model of Care Score: 95.00%

3-Year Approval

January 1, 2015 – December 31, 2017

Target Population

SCAN Health Plan (SCAN) Dual-Eligible Special Needs Plan (D-SNP) serves individuals who are eligible for Medicare and entitled to receive Medicaid benefits (Medi-Cal in California) and live in San Joaquin County. These members are dually eligible, but are singularly enrolled with the health plan.

The age breakdown among members is: 65-74 years old (47.8 percent), 75-85 years old (38.9 percent) and 85 years or older (13.3 percent). The majority of members are female (65.5 percent) and Latino/Hispanic (47.1 percent) with the two preferred languages being English (45.8 percent) and Spanish (43.7 percent).

Medical conditions and co-morbid conditions associated with the D-SNP population may include a wide-range of chronic conditions including but not limited to: diabetes (42.4 percent), renal failure (32.4 percent), congestive heart failure (13.9 percent), mental health disorders (20.5 percent), chronic obstructive pulmonary disease (19.4 percent), obesity (15.5 percent) and congestive heart failure (13.9 percent). Other health conditions affecting D-SNP members that may complicate care include: arthritis, multiple falls and incontinence. Limited functional status, pain and depression can contribute to social issues such as isolation and increased caregiver burden. Low-income also adversely affects medication adherence and nutrition.

Provider Network

The network is composed of services essential to the care of members with chronic conditions, such as primary care physicians (PCP), specialists with expertise in endocrinology, ophthalmology and cardiology; diagnostic services, home health services, hospice or palliative care and outpatient rehabilitation. Contracted facilities include: hospitals, intermediate care centers, after hours clinics, acute and long-term care, tertiary care, ambulatory clinics, skilled nursing facilities and specialty outpatient clinics. Specialty services are contracted or available as needed on a case-by-case basis.

Care Coordination and Management

Within 90 days of enrollment and annually thereafter, a care navigators (CN) contacts the member via phone to complete an initial health risk assessment (HRA) and documents their responses in SCAN's care management system. The HRA assesses members' risk in four broad domains: medical, psychosocial, cognitive and functional needs. Based on the HRA results, utilization data, referrals data

and medical documentation, the member may be further assessed to determine the appropriate level of care management, interventions and services. High risk cases will be reviewed by the interdisciplinary care team (ICT) to help coordinate care and facilitate the best possible healthcare outcomes.

The CN develops an individualized care plan (ICP) for each member either by phone or in-person with each member based on their identified needs and input during the HRA. The CN documents the finalized ICPs in SCAN's software platform, mails a copy to members and faxes a copy to the PCP. The CN reviews the ICP annually, at a minimum, or whenever the member experiences a change in condition or status.

The interdisciplinary care team (ICT) is composed of highly-skilled clinical staff at both the health plan and the provider organization caring for the member. Team members include staff from the plan such as medical directors, geriatricians, case managers as well as staff from the provider organization: PCP, specialists, nurse practitioners and physician assistants. The ICT meets in-person on a weekly basis to communicate and discuss the member's care. Professionals from the disciplines mentioned above attend and PCPs/care managers from provider organizations are encouraged to call in or attend in-person. All ICT members have access to the HRA, ICP and ICT notes in the electronic care management system.

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.scanhealthplan.com.