

**Freedom Health Plan H5427**  
**Chronic or Disabling Condition (Chronic Lung Disorders) Special Needs Plan**

**Model of Care Score: 91.88%**

**3-Year Approval**

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

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**Target Population**

This Freedom Health Plan is a C-SNP that targets Medicare members with chronic lung disorders (CLD), who have a primary diagnosis of asthma, chronic bronchitis, emphysema, pulmonary fibrosis, or pulmonary hypertension. It targets members with chronic lung disorders due to the prevalence of the diseases in the Medicare-age U.S. population, generally, and the high prevalence of the disease among its members, specifically. Freedom Health manages health risks associated with CLD due to the impact that it may have on members and the high risk associated co-morbidities and early mortality.

**Provider Network**

Freedom maintains a provider base that reflects the needs of a chronic SNP focusing on chronic lung disorders. The Plan has a network of providers and board-certified specialists with clinical expertise including primary care providers (PCPs), pulmonologists, nursing professionals, rehabilitation and restorative therapy specialists, social workers, mental health specialists, medical specialists, pharmacists, oral health specialists and mid-level practitioners. The Health Plan also maintains a network of facilities that have specialized clinical expertise pertinent to the SNP population which includes acute care hospitals, tertiary medical centers, acute care rehabilitation facilities, skilled nursing facilities and extensive pharmacy locations among others. Freedom Health Plan's provider relations department is responsible for the development and maintenance of the provider network. An annual network adequacy assessment occurs to determine if the provider network meets the needs of the membership.

**Care Management and Coordination**

Freedom conducts an initial comprehensive health risk assessment (HRA), within 90 days of the Member's enrollment, utilizing a written form completed by the Member and returned in a self-addressed stamped envelope. In addition, the Plan conducts a separate disease specific assessment for all members. The HRA and disease specific assessments are stratified based on a tiered system according to the responses for each individual member. The SNP develops care plans from the Member's responses noted on the HRA and the disease specific assessment. Each of the responses correlates to an appropriate problem, intervention and goal. Following the development of the initial care plan, derived from the member's information, other essential elements are incorporated into the member's individualized plan of care (ICP). This information is obtained by either the PCP or a clinical case manager, depending on the risk tier of the Member. Recommendations from the Plan's clinical and administrative staff are also taken into consideration with regards to care plan development.

Freedom develops an interdisciplinary care team (ICT) at the time of initial creation of the Member's ICP. It determines ICT participants based on the problems, interventions and goals established during the care planning process. The Plan requires the ICT to include a core team comprised of the Member, plan representatives and PCP. Additional team members are identified based on the composition of the SNP membership and an initial review of health and service needs based on the HRA. The core ICT is designed to provide sufficient flexibility to meet the members' health care and service needs. Freedom focuses on supporting the Member and PCP as the primary component of the ICT to create a member based approach to health.

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:

<https://www.freedomhealth.com/medicare/snp/members>