H5427 Freedom Health Plan, Inc.
Chronic or Disabling Condition Chronic Lung Disorders Special Needs Plan

Model of Care Score: 100.00%
3-Year Approval **January 1, 2015 – December 31, 2017**

Target Population

Freedom Health Plan, Inc.'s (Freedom) Chronic Special Needs Plan (C-SNP) targets Medicare Members with Chronic Lung Disorders (CLD) that include one or more of the following diagnoses: Asthma, Chronic Bronchitis, Emphysema, Pulmonary Fibrosis, and/or Pulmonary Hypertension. Members with Chronic Obstructive Pulmonary disease (COPD) also qualify because they have two of the qualifying diseases, namely Chronic Bronchitis and Emphysema.

Women comprise 54 percent of the C-SNP's population and men 46 percent. The majority of the members are in the 65-74 age group (50 percent) with approximately 35 percent in the 75 and older age bracket. Members diagnosed with pulmonary disease also share other common comorbidities such as vascular disease, kidney disease, congestive heart failure and psychiatric disorders.

Provider Network

Freedom has a network of providers and board-certified specialists with clinical expertise well-suited to address chronic lung disease processes and the comorbidities associated with them. In addition to these specialists, Freedom has a vast primary care network that includes providers specializing in internal medicine, geriatric medicine and family practice. Its network also consists of acute care hospitals, tertiary medical centers, acute care rehabilitation facilities, laboratory providers, skilled nursing facilities, pharmacies, free-standing radiology facilities, outpatient diabetes management education, cardiac rehabilitation centers and wound care centers.

Care Coordination and Management

Within 90 days of enrollment and annually thereafter, each member completes an initial comprehensive health risk assessment (HRA). In addition to the HRA, members undergo a separate disease-specific health assessment. The assessment responses reflect the member's perception of his or her medical, psychosocial, cognitive and functional status to identify potential care gaps. Information from all of the assessments is documented in the plan's electronic system.

Based on a review and analysis of the member's responses and depending on his or her risk stratification level (Tier 1, 2 or 3), either the nurse/social worker (NCM/SW) or primary care physician (PCP) develops the individualized care plan (ICP). The essential elements of the ICP

are problems, goals and interventions. In the ICP, the interdisciplinary care team (ICT) prioritizes goals for a member's health status, establishes timeframes for reevaluation, identifies resources to benefit the member (recommendations to appropriate level of care) and outlines a plan for continuity of care (including transitions).

As care management conversations occur between nurse case managers, PCPs, members, and other key member ICT participants, case notes are documented in the health plan's case management system and updates are made to the ICP and communicated to the care team. The PCP always gets a faxed copy of the updated care plan, which supplements verbal notification through telephone contact. The PCP as the "medical home" is on point to disseminate the information to other key stakeholders including specialists, facilities etc. It is also the PCP's responsibility to ensure that the revised ICP is acted upon and implemented to assure quality outcomes. Member cases are also presented and discussed at the formal, quarterly ICT meeting attended by administrative and clinical personnel, pharmacy and physician committee members.

The composition of the ICT is based on the problems, interventions and goals established during the care planning process. Core members of the ICT include: the PCP, the NCM/SW, specialists and other care professionals and the member/caregiver. Depending on the member's health condition and unique needs, additional expertise may be added to the ICT.

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