

H5428 San Mateo Health Commission
Dual Eligible Subset – Medicare Zero Cost-sharing Special Needs Plan

Model of Care Score: 91.67%

3-Year Approval

January 1, 2015 – December 31, 2017

Target Population

San Mateo Health Commission (SMHC) serves dual eligible individuals who receive Medi-Cal benefits and reside in San Mateo County, California. The approximately 8,800 dual eligible members enrolled in SMHC are culturally and ethnically diverse as reflected in the languages spoken among its members: English (59 percent), Spanish (15 percent), Mandarin/Cantonese (10 percent), Tagalog (9 percent), Russian (3 percent) and other (4 percent).

The majority of SMHC members have one or more chronic conditions: mental health diagnosis (44 percent), diabetes (43 percent), disabled under the age of 65 (28 percent) and developmental disabilities (7 percent). Moreover, 44 percent are 75 years old or older, reflecting a population that is or soon will be frail and facing changes in living status, including end-of-life considerations. In addition, 19 percent of the members are diagnosed with serious mental illnesses. Typical of a dually eligible population, members face barriers to accessing health services and supports due to socioeconomic factors such as literacy and income.

Provider Network

SMHC has over 2,300 specialists in its network and members have access to a primary care network with over 600 primary care physicians (PCP), over 200 pharmacies, over 150 skilled, 12 contracted acute care facilities and one tertiary care acute care facility. SMHC members also have access to a multitude of specialty allied health providers, which includes long term care nursing facilities, home and community-based services, nursing professionals, outpatient rehabilitation facilities, surgery centers, medical transportation, hospice and durable medical providers. The network also includes a wide range of safety net providers, including the San Mateo County public hospital and clinic system.

The PCP has the key role in SMHC's provider network to serve as the primary gatekeeper and coordinator of care for his/her patients. A nurse case manager (NCM) within the care coordination department is appointed to serve as point of contact to help educate the provider network and interdisciplinary care team (ICT), which includes the PCP, on services and benefits available to the member.

Care Management and Coordination

The SMHC plan uses a health risk assessment tool (HRAT) to identify the medical, functional, cognitive, psychosocial and mental health needs of each member. HRAT results stratify members as high, medium or low risk and help identify the most vulnerable members including frail or disabled individuals, individuals with end-stage renal disease, members near the end-of-life, or with multiple or complex chronic conditions. Each member completes the initial HRAT upon enrollment and undergoes reassessment annually, or more frequently if their needs change or there are significant changes in their health status.

Once the HRAT is complete, the NCM develops the individualized care plan (ICP) in conjunction with input from the member's PCP, specialists and other care representatives. Participation of the member and their caregiver is central to the care planning process. The NCM documents the case summaries and interventions discussed during the ICT meeting in the plan's electronic care coordination database, communicates updates to the PCP and/or other parties and sends copies of the minutes to all stakeholders.

The basic composition of the ICT includes: the member, caregiver, PCP, NCM, medical social worker or social services representative, behavioral health representative and other identified professionals, as appropriate.

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: <http://www.hpsm.org>