

**Simply Healthcare Plans, INC., H5471**  
**Dual Eligible (Dual Eligible Subset) Special Needs Plan**

**Model of Care Score: 98.75%**

**3-Year Approval**

**January 1, 2014 – December 31, 2016**

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**Target Population**

Simply Healthcare Plans (SHP) Dual Eligible Special Needs Plan's target population consists of individuals who are dually eligible for Medicare and Medicaid (All Duals) benefits and services and reside in the SHP service areas (South and Central Florida). The target population also has Medicare Part A, Part B, and Part D. About 30 percent of SHP's dual eligible population primarily speaks Spanish and just over half (55 percent) are female.

**Provider Network**

SHP's provider network is comprised of primary care physicians (PCPs), medical specialists pertinent to diabetes including, internal medicine specialists, nephrologists, endocrinologists, geriatricians, pain management specialists, physiatrists, pulmonologists, neurologists, nursing professionals, mid-level practitioners, social workers and other allied health professionals. Facilities include inpatient acute care, rehabilitation, skilled nursing and long term care facilities, ambulatory surgical centers, laboratory services and dialysis facilities.

**Care Management and Coordination**

SHP's health risk assessment (HRA) is a comprehensive questionnaire that evaluates the member's medical, psychosocial, behavioral, cognitive, and functional needs and risks. It addresses important risk indicators such as medication usage, prescribed and over-the-counter, substance abuse/addiction, lifestyle, hospitalizations, transportation, advance directives, and other issues. SHP uses the HRA for risk identification, stratification, delivering follow-up interventions for those at risk, as well as for trend-tracking. The care manager reviews the risk stratification at the completion of the HRA and develops a summary for use by the interdisciplinary care team (ICT) members. The initial HRA is completed within 90 (ninety) days of enrollment and again within one year of the last assessment. It may be completed over the telephone, face-to-face, or paper-based by correspondence.

Each SNP member will have an individualized care plan (ICP) prepared by the care manager who may be a Registered Nurse or Master's Level Social worker. He/she functions as the center of coordination of care across all settings and providers. The ICP serves as a guide for the care manager, PCP, and other ICT providers in providing the medical and psychosocial needs of the member. The member/caregiver/legal representative, PCP, and members of the ICT are actively involved and updated with ongoing assessments via individual contacts, ad hoc meetings, and ICT meetings in which the member is included to interact with the members of the ICT. The ICP addresses identified medical, psychosocial and pharmaceutical needs, promotes preventive measures and compliance, details add-on benefits identified that would further meet the member's needs (for example,

supplemental meals, additional transportation, assistance for activities of daily living, over-the-counter medications) and includes referrals to specific disease management programs.

An individualized ICP is developed for each SNP member. The ICT, led by the care manager, develops and implements the ICP with the member and/or caregiver and includes input from the PCP, specialists and any other provider involved in the member's care, e.g. community resources specialist. Members of the ICT meet with the member/caregiver on a frequency determined by the individual level of risk, which is determined on review of the initial and yearly HRA as well as by any episodes of care and the member's medical, behavioral, social, or preventative health needs. The ICT meetings are conducted by phone and/or face-to-face. Communication between members of the ICT, including providers and SNP members may be by telephone, fax, written correspondence, or e-mail.

This Model of Care (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 Special Needs Plan (SNP) addresses beneficiary needs.

For more information about this health plan refer to the Simply Level area in the Special Needs Plan's website at: <http://www.simplyhealthcareplans.com/medicare/benefits/>