

**H5577 Medical Card System (MCS) Advantage Inc.
Dual Eligible (Full Benefit) Special Needs Plan**

Model of Care Score: 95.00%

3-Year Approval

January 1, 2015 to December 31, 2017

Target Population

Medical Card System Advantage (MCS) SNP membership includes permanent residents of Puerto Rico who are eligible for Medicare and Medicaid. Members primarily speak Spanish and are of Hispanic or Latino ethnicity. As of January 2014, MCS covered 59,250 members who are Other Full Benefit Dual Eligible (FBDE). The most prevalent diagnoses among MCS members are hypertension, diabetes mellitus and episodic mood disorders. The SNP membership also presents a high prevalence of lipoid metabolism disorders.

Based on Consumer Assessment of Health Providers and Systems (CAHPS) data, 45 percent of members rated their mental health status as fair/poor and 80.5 percent reported that they did not complete high school. Approximately 52 percent live in urban areas, 90 percent live in their own home or apartment (rent or own), 8 percent live with a family member and 1.2 percent live in retirement homes. About two-thirds of SNP members reported that they require assistance to perform activities of daily living (ADL) and require a caregiver for help.

Provider Network

MCS has a provider network of over 8,000 specialists and primary care physicians, including but not limited to internal medicine, endocrinologists, cardiologists, oncologists and mental health professionals. MCS members have access to social workers and providers who specialize in pain management, behavioral health providers, nutritionists, therapists and home health providers. MCS encourages geriatricians to serve as primary care physicians (PCP) for vulnerable and disabled beneficiaries. MCS' contracted facilities include skilled nursing facilities (SNF) and rehabilitation facilities. MCS has over 26 independent practice associations (IPA's) counseling and coordinating care for over approximately 2,100 PCPs attending to SNP members.

Care Management and Coordination

MCS ensures every member has a comprehensive health risk assessment (HRA) within 90 day of enrollment and performs subsequent HRAs annually. Each member is assigned to an interdisciplinary care team (ICT) based on the health risk stratification level that is generated using HRA data. MCS has two types of ICTs, standard and complex. The core members of the ICT-standard include: the member and/or caregivers, the member's PCP, the MCS premium management director, MCS senior medical director, MCS community outreach manager, MCS pharmacy director, MCS education and wellness director, a mental health clinical operations representative and the MCS utilization management (UM) director. The ICT-complex core members include: the member, the member's PCP, the care manager (CM), MCS senior medical

director, MCS community outreach manager, MCS pharmacy director and a mental health care coordinator or behavioral health resource counselor.

The ICT-complex serves more vulnerable members, and may also include the following: specialists, a preventive health/health promotion educator, pastoral specialist, restorative health specialist (physical, occupational, speech, or recreational therapist), nutrition specialist, home health care professional or a care giver or family member. The ICT-standard meets at least annually to review and revise individualized standard care plans for those members who meet the criteria for low/mild and the medium/moderate risk stratification. When a member is reclassified to the high risk/severe risk level, the member is referred to the ICT-complex team, which is responsible for implementing and monitoring care plans for the high risk/severe risk members. This ICT typically meets once a month to discuss cases.

The CM is responsible for sharing member preferences with the ICT. The CM is also responsible for communicating ICT recommendations to the member. The CM monitors the member as s/he receives services across care settings. All documentation occurs within MCS' system, which enables the CM to review authorizations and when the member is discharged from a facility.

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.mcs.com.pr/es/Paginas/default.aspx>