H5652 UnitedHealthcare Insurance Company Institutional (Institutional Facility) Special Needs Plan

Model of Care Score: 80.00%

2-Year Approval January 1, 2015 – December 31, 2016

Target Population

The UnitedHealthcare Insurance Company Institutional Special Needs Plan (I-SNP) offers Erickson Advantage (EA), a Medicare Advantage project administered by Evercare. This I-SNP targets eligible members who reside in, or are expected to reside in, an EA long-term care (LTC) or skilled nursing facility continuously for 90 days or longer. Most residents have previously lived in EA continuing care retirement community and/or assisted living facilities prior to moving to the LTC unit.

The I-SNP consists of approximately 250 members. On average, members are more than 80 years of age, have approximately six chronic diseases and have a high prevalence of dementia and mobility problems.

Prevalence rates for the top five diagnosis/conditions within the membership include: vascular disease (93.62 percent), diabetes with chronic complications (21.28 percent), specified heart arrhythmias (21.28 percent), congestive heart failure (14.89 percent) and chronic obstructive pulmonary disease (8.51 percent).

Provider Network

EA communities offer full-time, on-campus medical centers staffed with primary care providers (PCPs), podiatrists and mental health practitioners. Specialists may also be available in: cardiology, endocrinology, ophthalmology, orthopedics and urology. Members can access laboratory and basic radiology services along with pharmacies on campus. The plan also contracts with outpatient and tertiary facilities with specialized expertise in complex cardiovascular procedures.

EA provides transportation to specialists' offices, outpatient and acute facilities to accommodate members who do not come on campus. The continuing care retirement communities provide skilled nursing and long term care facilities on campus, which include nurse practitioners, registered nurses, rehabilitation therapists, social work and mental health specialists, who work with the care coordinator.

Care Management and Coordination

Within 72 hours of admission to a LTC facility and quarterly thereafter, the nurse practitioner (NP) conducts a face-to-face, initial assessment with each member and documents the results in an electronic medical record and the LTC clinical software system. It includes the following: an evaluation of member's health status and condition specific issues, clinical history and medications, activities of daily living, mental health status, cognitive function, cultural and linguistic needs, visual and hearing barriers as well as care planning with the member and responsible party relative to the focus of care (e.g., longevity, function, comfort, etc.).

Based on the assessment results and with member/family input, either verbally or in person, the PCP and NP develop an individualized care plan (ICP) that identifies the interventions to support the maximum level of function and the quality of life for the member. ICPs become part of the member's chart, which the LTC staff review, update and make available to the interdisciplinary care team (ICT).

Every 30 days, or more frequently, the PCP or NP reviews and assesses member's progress with the ICP and his or her clinical condition. They also modify care, make updates or changes to minimize further decline in health status. At the quarterly care conferences, the NP and PCP review and update the ICP to ensure that it addresses the wishes of the member and/or responsible party, including goals and preferences, and barriers toward goals.

The ICT in the LTC facility includes professionals who are responsible for the day to day oversight and management of the member. They include the NP, PCP, nurses, social workers, EA care coordinator, geriatric nursing assistants, dietitian, activities coordinator, other ancillary services as needed (e.g. rehabilitation therapy), and member and/or responsible party.

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: www.ericksonadvantage.com