

**Health Plan of CareOregon, Inc., H5859  
Dual Eligible (Full Duals) Special Needs Plans**

**Model of Care Score: 85.00%**  
**3-Year Approval**

**January 1, 2012 to December 31, 2014**

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**Target Population**

CareOregon enrolls beneficiaries who are fully dual eligible, having both Medicare (Parts A and B) and Medicaid coverage. More than 60% of its membership is under the age of 65. Overall, its membership is younger, has several chronic conditions and higher prevalence of mental health conditions than the typical Medicare population. For example, its data shows that 8 out of the top 12 drugs (based on dollars spent) are in the anti-psychotic medication classification.

**Provider Network**

The provider services department is responsible for contracting with the entire network of clinicians and facilities to meet all participation requirements. Many of the members receive primary care services from community health centers (Federally Qualified Health Centers and Rural Health Centers). These clinics have special expertise working with vulnerable populations that are linguistically and ethnically diverse and work closely with the local community to coordinate social services. A high proportion of mental health services are arranged through participating community mental health centers, which have specific expertise with low-income and medically complex individuals, and they have resources for the members to access community-based services. All SNP members choose or are assigned to a primary care clinic. The clinic coordinates care for the members and works as part of the interdisciplinary care team (ICT) to ensure that member needs are met. CareOregon also created a program where more than 50 clinic sites collaborate together to develop team-based care.

**Care Coordination**

CareOregon uses a health risk assessment (HRA) that was developed internally by the CareSupport program evaluation coordinator, with input from internal staff and external experts. It's a questionnaire that includes a broad spectrum of questions related to self-reported health status, medications and treatment, living situation and functional level, mental health status and cognitive needs, the presence or need of a caregiver, and current relationship with the member's primary care provider (PCP) and other clinicians. For new members, the HRA is conducted by phone within the first 90 days of enrollment and for existing members, annual reassessment is sent out on the birth month of the member. All responses are placed in a database, which automatically scores each HRA. Clinical staff (nurse case managers) in the CareSupport unit evaluate the responses of the HRA and contact the member for a 360-degree review of the member's situation if the score is greater than or equal to 2.

CareOregon combines data from the HRA and internal data on medical diagnoses and pharmacy usage to develop an individualized care plan (ICP) profile for each member. The elements of the

care plan include health status, health risks, health conditions and health tests for members to consider based upon health status and age. The ICP is updated and revised annually, unless there are changes in the member's health status.

CareSupport department uses a team-based approach to coordinate care for the SNP members. The interdisciplinary care team (ICT) consists of nurses, health care coordinators, licensed behavioral health specialists and pharmacists. Depending on the needs of the member, any of these team members may take the lead in engaging the member, primarily done by phone. Additionally, the provider, specifically the PCP, is a critical part of the team. The team meets frequently to review the following domains: improve medical status and stability, establish and strengthen the medical home, facilitate access to necessary durable medical equipment (DME), medications, and specialty or ancillary services, encourage and support self-management knowledge, skills, and ability and assure adequate caregiver, social and community support.

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.careoregonadvantage.org/>