

**First Medical Health Plan, Inc., H5887
Dual Eligible (Full Benefit) Special Needs Plan**

Model of Care Score: 82.50%

2-Year Approval

January 1, 2014 – December 31, 2015

Target Population

First Medical Health Plan (First+Plus) offers this Dual-eligible special Needs Plan (D-SNP) for Medicare beneficiaries who also qualify for Puerto Rico's Medicaid-equivalent program offered through ASES, the Commonwealth of Puerto Rico's Medicaid Program.

D-SNP members are those Medicare and Medicaid beneficiaries who tend to be more vulnerable because of a low socioeconomic or low income status, subsidiary housing and other factors. The most common chronic conditions for current members are diabetes, hypertension, high cholesterol and asthma. This population tends to have high utilization in areas such as hospitalization, pharmacy and use of durable medical equipment (DME).

Provider Network

First+Plus maintains a network of providers that is in compliance with Centers for Medicare & Medicaid Services (CMS) and the Commonwealth of Puerto Rico regulations and includes a wide range of specialties and facility types to allow access by all members to all covered services. The provider network includes board certified providers, such as primary care physicians, medical and behavioral health specialists, outpatient facilities and other specialized providers as needed. When providers are unavailable or inadequate to meet a member's medical needs, First Medical arranges for necessary specialty care outside of the plan's network.

Care Management and Coordination

Upon enrollment, all SNP members are automatically enrolled in case management, unless they choose to opt-out. The case manager (CM) is responsible for contacting the member and completing a comprehensive health risk assessment (HRA) within 90 days and annually thereafter. In addition, the SNP notifies the primary care provider (PCP) of his/her membership and the PCP will contact the member for an initial consultation, where an HRA is completed.

The case manager utilizes the results of the HRA and various software tools and reports to assist in the development of an individualized care plan (ICP) in conjunction with the member/caregiver, PCP, appropriate specialists and any other key individuals. At a minimum, the case manager completes the ICP within 90 days and reevaluates the care plan on an annual basis (12 months from the last assessment) for any necessary revisions. The reevaluation takes

into consideration the member's progress towards identified goals, results of the annual HRA, findings from the various reports and input from the member/caregiver.

Members are prioritized for initial care planning based on the risk score assigned by the case managers. The CM works with the member by phone to develop specific goals and activities to address the member's health care needs. The draft care plan is then presented to the interdisciplinary care team (ICT) for review and approval. If the ICT recommends changes to the care plan, the changes are discussed with the member and incorporated into the final ICP by the CM. Once the ICP is approved by the ICT, a copy is sent to the member and the member's PCP.

Selection of ICT members is determined by evaluating what disciplines are typically involved in the care of individuals in this plan. The core ICT members include the PCP, medical director, case manager, social worker with behavioral health expertise, health educator, pharmacist and nutritionist. Individual member care goals and outcomes of the risk assessment may necessitate the addition of other disciplines to the ICT, such as endocrinologists to evaluate members with diabetes complications and/or comorbidities. In general, the case manager is responsible for maintaining contact with the PCP and the member/caregiver; however, they may be asked or can request to participate in the ICT. The ICT team meets at least weekly to discuss plans of care, transition plans, case management discussion of complex cases, member outcomes, monthly statistics and methods to improve case management services.

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.firstpluspr.com>