

**Care1st Health Plan, H5928**  
**Dual Eligible (Medicaid Subset-\$0 Cost Share) Special Needs Plan**

**Model of Care Score: 96.25%**

**3-Year Approval**

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

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**Target Population**

Care1st currently administers “Zero Cost Share Medicaid Subset” special needs plans (SNP) in Riverside, Santa Clara, San Joaquin and Stanislaus Counties, California. A “Zero Cost Share Medicaid Subset” SNP has a State Medicaid agency contract to enroll the following categories of Medicaid eligible individuals who are also Medicare entitled: Qualified Medicare Beneficiary (QMB), QMB Plus (QMB+) and any other dual eligible beneficiaries for which the State holds harmless for Part A and Part B cost sharing except Part D. Fifty-two percent of the population is female and 38 percent of the population has Vietnamese as a primary language.

**Provider Network**

Care1st has a comprehensive network of contracted care facilities to cover the needs of the dual eligible population, which includes hospitals, emergency facilities, dialysis centers, urgent care centers, radiology centers, diagnostic/surgery centers, skilled nursing, rehabilitation, psychiatric and day care. Care1st also has a comprehensive network of primary care physicians (PCPs) and specialists. Care1st contracts with Optum to offer coverage for all the behavioral health needs. Within its network, it also includes nursing professionals, allied health professionals and ancillary care services. The PCP is the gatekeeper and is responsible for identifying the needs of the member.

**Care Coordination**

Care1st created a standardized health risk assessment (HRA) questionnaire that evaluates the physical, psychosocial, cognitive and functional needs of the SNP members. The assessment includes health history, special care needs, living situation, activities of daily living (ADLs), safety issues, mental status, functional assessment, pain assessment, medication history and health educational needs. Based on the unique combination of answers to the HRA, members are stratified into 3 different tiers. Those members with the highest acuity level are automatically referred to the complex case management department for further assessment. Care1st conducts HRAs on all newly enrolled members within 90 days of enrollment and then annually via telephone or by mail.

After the completion of the HRA, the PCPs are responsible to complete a full comprehensive physical examination when the members become eligible and every year thereafter. The full comprehensive physical examination includes a full risk assessment, medical and surgical history, medication reconciliation, vital signs and BMI, full functional assessment, full pain assessment, discussion of advanced directives, full head to toe physical examination and assessment, documentation with a status and plan of all members’ chronic conditions.

The individualized care plan (ICP) includes an itemized list of identified problems, interventions and goals that are in distinct categories that consist of clinical, functional, preventive measures,

psychosocial and compliance issues. In addition, all areas of the member's health and social status, community resources, benefits available and add-on benefits are taken into consideration when building the care plan. The case manager develops and discusses the ICP with the member/caregiver and ensures that the goals are agreed upon with the member at that time. The frequency of revisions and updates will be determined based on the members' needs, but at a minimum twice yearly and upon a change in member's health status. The case manager utilizes the ICP as a tool to accomplish set goals, track interventions and document progress towards set goals.

All care is delivered to members through contracted physicians with the delegated medical groups. The composition of the interdisciplinary care team (ICT) consists of a PCP, specialists, case managers, social workers, mid-level providers, pharmacists, health educators and behavioral health providers who are delegated to the medical groups with Care1st representation. The composition will be individualized according to the member's clinical and psychosocial needs. The core ICT members meet on an average twice a week to discuss SNP members that are either hospitalized or have high acuity issues. Meetings are conducted face to face and via conference call.

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.care1stmedicare.com](http://www.care1stmedicare.com)