

**AlohaCare H5969**  
**Dual Eligible (Full Duals) Special Needs Plan**

**Model of Care Score: 89.38%**

**3-Year Approval**

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

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**Target Population**

AlohaCare's SNP targets dual-eligible members; it places special emphasis on members who are frail or disabled, who have multiple chronic illnesses, and those who are near end-of-life.

**Provider Network**

The SNP's provider network includes 563 Primary Care Providers (PCPs) and 1,416 Specialists (M.D.s and D.O.s) covering all islands in the state. The network also includes: 9 geriatricians, 15 physical medicine/rehabilitation specialists, 15 skilled nursing facilities, 10 DME companies, five home health agencies, three hospice providers and 165 pharmacies, three of which are home infusion or long term care pharmacies.

**Care Management and Coordination**

Each SNP member receives a health risk assessment (HRA) within the first 90 days of enrollment. AlohaCare's HRA is called the Health Screening Survey (HSS) and the SNP sends it to each new member at the time of enrollment and all members annually thereafter. A completed HSS is the member's self-report of his or her current perception of health and functional status.

An AlohaCare nurse (RN) care manager reviews the information and based on the member's response identifies health risks and scores the member's HSS. The survey results are collected and analyzed. These results are used as input for developing the individualized care plan (ICP). Members who receive a higher score are referred for a clinical assessment with an assigned RN care coordinator. The clinical assessment determines the member's assignment into the most appropriate care management acuity level. The assigned care level determines the frequency of member contact and care interventions. Information from the HSS and the clinical review also drive member referrals into other programs, such as medication therapy management program (MTMP) and chronic care improvement program (CCIP). The assigned RN care coordinator opens a care management case for the member within AlohaCare's care management application.

Once a case is opened, the member's assigned care manager/coordinator develops and monitors the ICP, which is the initial and ongoing mechanism for evaluating the member's current health care condition and medical history and for formulating an action plan to address areas of

concern. Since members can have varying levels of health, the ICP provides a structure to organize the interdisciplinary care team (ICT) and to document results.

In all situations, the ICP is designed in conjunction with member and if appropriate, the member's family and/or legal representative, the PCP, relevant specialists and care providers. Special care is placed on ensuring that the member is an active participant and comfortable with the goals and objectives established in his/her care plan.

The ICP addresses short and long range goals that may include receiving assistance with care coordination, transitions of care, life planning, identification of care resources and linkages to these resources, removing barriers to care and encouragement and support to achieve the identified goals. The PCP is an integral part of the planning and monitoring of the goals.

The ICP is re-evaluated on a regular basis or if the member's health status undergoes a substantial change, which requires re-assignment to a different level of care. When changes or updates are made to the member's ICP, the RN care coordinator verbally discusses them with the member and assures his/her understanding of the goals and interventions necessary to achieve the goals. The RN care coordinator mails a letter along with the revised ICP to the member and to the member's PCP/specialists. Any revisions to the ICP are also discussed with the interdisciplinary clinical team, which includes Pharmacy, Clinical Operations, Medical Management, Disease Management, Behavioral Health and Medical Directors.

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.alohacare.org](http://www.alohacare.org)