

**H5969 AlohaCare
Full Benefit Dual Special Needs Plan**

Model of Care Score: 98.33%

3-Year Approval

January 1, 2015 – December 31, 2017

Target Population

AlohaCare serves 545 members who are fully dual eligible, have Medicare (Parts A and B) and Medicaid coverage and live in one of the following islands: Oahu, Hawaii, Kauai, Maui, Molokai or Lanai.

The average age of members is 73.1 years and females comprise 66.4 percent of membership. The cultural diversity of membership includes: Asian (24.2 percent), White (3.1 percent), Hawaiian (1.8 percent), Other Pacific Islander (1.3 percent) and other (69.6 percent). The majority of members are English speaking (41.1 percent) while the remaining speak Korean (3.3 percent), Ilocano (2.4 percent), Tagalog (2.2 percent) or other languages (29.9 percent).

Chronic kidney disease and related conditions of diabetes and end stage renal disease were reported as the primary medical conditions affecting over 45.7 percent of AlohaCare's members. Additionally, members have multiple chronic medical conditions with diabetes or chronic kidney disease most often occurring with a cardiovascular and related conditions (e.g., coronary artery disease, congestive heart failure, myocardial infarction, hypertension, hyperlipidemia, etc.) thus increasing the complexity of their health status.

Given their dual-eligibility, the presence of two (or more) care coordinators from two different health plans may further complicate and pose care coordination challenges. Other barriers include cultural issues, limited English proficiency and poor health literacy. Compounding the issue of co-morbidities is the lack of coordination among a member's treating providers, especially between the medical and behavioral health disciplines. Lastly, Hawaii's geography coupled with a lack of public transportation poses challenges in access to care.

Provider Network

AlohaCare's members have access to a comprehensive network of medical, behavioral health, facilities, home health/home infusion, skilled nursing facilities, home and community-based as well as institutional long term services and support providers. AlohaCare also maintains relationships with non-contracted specialists that include limited provider specialty types in which Hawaii is experiencing a state-wide shortage, particularly on the neighbor islands, such as general surgeons, oral surgeons, neurologists, rheumatologists and orthopedists.

Care Coordination and Management

All new members complete a health risk assessment (HRA) to evaluate their physical, psychosocial, cognitive and functional needs within 90 days of enrollment. The HRA results and a clinical assessment conducted by the registered nurse patient care coordinator (CC) highlights health risks, determines the member's assignment into the most appropriate internal care management program and drives member's referrals into other programs. The assigned care level also determines the frequency of member contact and care interventions.

Upon completion of the HRA and clinical assessment, the CC develops the individualized care plan (ICP) in conjunction with the member and, if appropriate, the member's family and/or legal representative, the primary care provider (PCP), relevant specialists and care providers. 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 CC mails a copy of the initial ICP as well as subsequent ICP ramifications to each provider involved in the member's care. The CC communicates regularly with the PCP regarding any changes in the member's status, obtains guidance regarding care management options, barriers, and the types of interventions that will enable the member to meet their goals.

The core members of the interdisciplinary team (ICT) include the member, their caregiver, CC and PCP. Given the varied and individualized needs of members, the CC identifies specific internal disciplines that may provide the best collaborative team with the experience and expertise to assist the member. Possible ICT contributors may include staff from the following areas: behavioral health, clinical operations, disease management, medical management and pharmacy. All ICT members have the ability to communicate, collaborate and document within AlohaCare's electronic care management system.

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