

**H5995 Atrio Health Plan
Dual-Eligible (Full Benefit) Special Needs Plan**

Model of Care Score: 81.67%
2-Year Approval

January 1, 2015 – December 31, 2016

Target Population

ATRIO Health Plan operates as a full benefit dual-eligible special needs plan (D-SNP) in the State of Oregon. Members enrolled in ATRIO qualify for full Medicaid coverage because they are at or below 100 percent of the federal poverty level.

An analysis of data by ATRIO shows a higher percentage of female SNP members at 59 percent compared to 41 percent male. The majority of these members are between 64-88 years of age. The preferred language is English at 58 percent, while 34 percent of members' preferred language is unidentified. Similar to the Oregon population as a whole, Atrio's population is predominantly Caucasian (85 percent).

Compared to the overall Medicare population, ATRIO's D-SNP population tends to have higher utilization rates of medical, pharmaceutical and mental health services, attributed to an increase of comorbidities, a higher incidence of permanent disability and the presence of chronic disease. A significant number of ATRIO's SNP members have a diagnosis of chronic pain and/or a chronic mental health disorder.

Provider Network

ATRIO contracts with a network of providers and healthcare facilities to meet the needs of its members. ATRIO regards the primary care provider (PCP) as the expert in determining the health care needs of its membership. The plan requires each member to have an identified PCP. In addition to a network of PCPs, ATRIO also contracts with a network of specialty and ancillary care providers. This includes services such as, medical specialists, behavioral health, nursing, allied health and facilities.

ATRIO draws on its provider network to select participants on the interdisciplinary care team (ICT), which may include, pharmacists, plan medical directors, peer support/mentors, medical evaluators and licensed nurses. ICTs may also include specialists outside of this panel such as clergy members, social service professionals, counselors, and family/friends. Whenever possible each ICT consists of, at a minimum, the assigned nurse case manager, the member/caregiver and their PCP.

Care Coordination

ATRIO uses a health risk assessment (HRA) to identify member's needs. The HRA questionnaire assesses medical, psychosocial, cognitive and functional needs as well as the member's medical and mental health history. All members receive an initial HRA and an annual

reassessment. Once completed and returned, HRAs are entered and maintained in the case management software system. The system generates a total score which indicates the potential medical risks of the member. The HRA score serves as direction for potential case management activities and intervention planning.

The plans case managers use the HRA and software to develop individualized care plans (ICP) for all SNP members by assisting in the identification of prioritized needs, specific goals and appropriate interventions. ATRIO uses its ICP to establish a framework to provide care coordination. The plan delegates the responsibility of development and management of the ICP's framework to the nurse case manager. The ICPs are contained within the case management software and are generated using member specific information from a variety of sources including but not limited to, claims, HRA's, medical records and information gathered by the case manager.

The members PCP serves as the main point of contact within the ICT. The PCP also assumes an integral role of directing processes and taking the lead in managing clinically related aspects of the members care plan. The provider participates in the ICT by reviewing the care plans and suggesting revisions and modifications as needed. The PCP also acts as the expert for determining the health care needs of the SNP member and contributes to the ICT by providing accurate diagnoses and evaluations. Ultimately, the PCP takes responsibility for ordering follow up testing, preventative health care services and making referrals to specialists as deemed necessary.

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.atriohp.com/>