

**Select Health of South Carolina, H6132
Dual Eligible (Medicare Zero Cost-Sharing) Special Needs Plan**

Model of Care Score: 87.50%
3-Year Approval

January 1, 2013 – December 31, 2015

Target Population

Select Health of South Carolina (SHSC) members must be eligible for both Medicare Parts A and B and Medicaid. The plan enrolls members from all categories of Medicaid eligibility including Qualified Medicare Beneficiary without other Medicaid (QMB only), Qualified Medicare Beneficiary with Comprehensive Medicaid Benefits (QMB+), Specified Low-Income Medicare Beneficiary without other Medicaid (SLMB only), Specified Low-Income Medicare Beneficiary with Comprehensive Medicaid Benefits (SLMB+), Qualifying Individual (QI), other full benefit dual eligible (FBDE) and Qualified Disabled and Working Individual (QDWI). Most members are in the low-income segment of the population, with income levels less than 135% of the Federal Poverty Level (or less than 200% for QDWI beneficiaries).

Provider Network

SHSC has contracts with a sufficient number of providers to serve the members and maintain appropriate access to primary care services, specialty services, behavioral health care services, and facility providers. The provider network includes primary care practitioners and specialists with expertise in geriatrics, orthopedics, cardiac care, diabetes and endocrinology, oncology and behavioral health.

Care Management and Coordination

SHSC use a health risk assessment (HRA) tool that collects information on a member's general health, level of activity, behavioral health, physical health, medication usage, medical and behavioral health history, and preventive health history. The HRA is mailed with a postage-paid envelope to all members as part of the New Member Welcome Packet. The instructions give members the option to complete the written form and return it in the postage-paid envelope, or call the plan's toll-free phone number to complete the HRA over the phone. The HRA must be completed within 90 days of enrollment and updated at minimum, annually thereafter.

The interdisciplinary care team (ICT) is a group of professionals, paraprofessionals and non-professionals who possess the knowledge, skill and expertise necessary to accurately identify the comprehensive array of the member's needs, identify appropriate services, and design specialized programs responsive to those needs. The composition of the ICT varies according to the member's individual care needs. In addition to the member and/or caregiver, ICT members may include health plan physicians, nurses, social workers and pharmacists, the member's

primary care physician (PCP), specialists and ancillary providers involved in the member's treatment and community resource staff.

Data from the HRA is combined with other available information on the member (age/sex data from the eligibility system, utilization history from the claim and pharmacy system) to form the comprehensive assessment used to develop the individual plan-of-care (ICP). Plan of care topics, goals and interventions are designed by a nurse or social work care manager. The member and/or care giver is involved in the ICP through input in the HRA and, as appropriate, through individual discussion of the ICP with the care manager and other members of the ICT. Each ICP includes problem statements, short and long term goals, planned interventions and resources, time frame for reevaluation, planning for continuity of care, including transitions of care, and collaborative approaches, including member and family participation.

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 member needs.

For more information about this health plan refer to the Special Needs Plan's website at: www.firstchoicevipcare.com