

**Healthfirst Health Plan H7015**  
**Dual Eligible (Medicare Zero Cost-Sharing) Special Needs Plan**

**Model of Care Score: 93.13%**

**3-Year Approval**

**January 1, 2013 – December 31, 2015**

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**Target Population**

Healthfirst Health Plan offers a D-SNP known as the NJ Maximum Plan to dual-eligible members in all Medicaid eligibility categories. Specifically, this includes: Full-benefit dual eligible (FBDE), QMB, QMB+, SLMB, SLMB+, QI and QDWI. The target population primarily consists of aged/blind/disabled (ABD) individuals who are currently members in Healthfirst's New Jersey FamilyCare (NJFC) Medicaid managed care plan. Secondly, the target population includes all ABD individuals who reside in the plan's service area, but are not currently Healthfirst members. The SNP's service area includes Bergen, Essex, Hudson, Middlesex, Passaic, Somerset and Union counties in New Jersey.

**Provider Network**

Healthfirst's comprehensive provider network includes all the necessary clinical providers and facilities to offer a full spectrum of covered healthcare services. Members may seek and receive care throughout the network, subject only to any applicable prior authorization or other requirements. Members are not limited to receiving care at any particular hospital system within the network, nor are they limited to any particular provider.

Healthfirst's primary and specialty care providers practice in a variety of settings including hospitals, hospital-sponsored and independent community-based practices, private provider offices and Federally Qualified Health Centers. When recruiting and contracting with physicians and specialists to render services to members, the plan's preference is to contract with board-certified providers. Use of any out-of-network facility or provider (other than emergency services) requires authorization; particularly if there are medically necessary services that cannot be obtained from contracted providers or if a recently enrolled member is undergoing an active course of treatment with a non-contracted provider.

**Care Management and Coordination**

Healthfirst identifies the individualized care plan (ICP) as a set of data and information about the member that facilitates communication, collaboration and continuity of care among providers across all care settings. The ICP serves as the foundation for care coordination and management of member needs. The ICP is individually tailored and takes member health and functional status into consideration. The ICP incorporates and summarizes findings from the member's health risk assessment (HRA), which includes medical and non-medical information, such as: current problems, baseline physical condition, cognitive function, mental health/substance abuse,

medication, allergies, advance directives and contact information for all professional/informal care providers.

The ICP provides a roadmap that, through collaboration with members and their providers, attempts to remove barriers and facilitate outcomes. The care manager has overall responsibility for developing, maintaining and updating the ICP. The care manager is a professional nurse with a New Jersey State license.

The interdisciplinary care team (ICT) consists of Healthfirst staff and providers who share resources to support members' needs. The ICT shares information and agrees on planning, goals and expected health outcomes for all members. ICT membership is developed by the case manager based on the member's initial/ongoing assessments and dialogue with the member and the primary care physician (PCP)/treating physician. Changes in composition of the ICT are determined by changes in member health status.

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: <http://www.healthfirstnj.org/2014-nj-medicare-plan.html>