University Care Advantage, H6623, H7352
Dual-Eligible (Full Benefit D SNP) Special Needs Plan

Model of Care Score: 91.25%
3-Year Approval **January 1, 2014 – December 31, 2016**

Target Population

University Care Advantage (UCA) serves the health care needs of dual-eligible members who reside in Central and Southern Arizona counties. UCA serves dual eligible members in the following Medicare/Medicaid subsets: Medicaid Only, Qualified Medicare Beneficiary, Qualified Medicare Beneficiary Plus, Specified Low-Income Medicare Beneficiary, Specified Low-Income Medicare Beneficiary Plus and Qualified Individuals. Characteristics of enrolled members are similar within all counties in the service area. Overall, this population is young for a Medicare population and ethnically diverse with a significant Spanish-speaking enrollment. The low level of literacy, poor hearing and low reported mental and physical health all create barriers to receiving optimal care from healthcare providers. This is exhibited in members' poor medication adherence and reported lack of discussion with their providers regarding important health factors. These challenges are further complicated by high rates of chronic medical and behavioral conditions within the covered population, including members with co-morbid medical and behavioral conditions.

Provider Network

UCA has a network of contracted providers that includes a full spectrum of medical specialists, subspecialists, inpatient facilities, dialysis facilities, pharmacies, primary care providers (PCP), nursing professionals, outpatient clinics, durable medical equipment (DME) vendors, behavioral health professionals and other health services providers.

UCA monitors the network on a biannual basis to assess, address and manage members' access to care. Additionally, UCA uses this analysis to predict patterns of care and utilization of the network. This analysis allows identification of any potential gaps in the network and proactive responses to meet the needs of members. The analysis also includes an in-depth review of current specialists, facilities and allied health professionals. The UCA network includes providers who specialize in areas such as Endocrinology, Cardiology, Nephrology, Psychiatry, Geriatrics, HIV, Transplants and Behavioral Health.

Care Management and Coordination

UCA utilizes health risk assessments (HRA), medical risk assessments, utilization claims data, pharmacy data, input from providers and predictive modeling with a goal of creating an individualized plan of care (POC) for each member. The member's personal care manager creates the POC with the member and his/her PCP to the extent they are willing to participate in the process. Updates to the POC are made when the member has a change in health status or when his/her HRA indicates a change has occurred that requires an alteration of the POC.

UCA develops the POC through a team of personnel from similar disciplines. The behavioral health case manager and social work case managers are responsible for giving input into any areas of care related to behavioral health issues and they continue to work with the members as part of the care team. The UCA care manager/adult catastrophic case manager and disease management case manager all provide input into the POC, as they often serve as the primary care manager and a point of contact for the member, his/her family and the PCP, in addition to being aware of pertinent community resources.

An interdisciplinary care team (ICT) approach begins with plan staff asking each newly enrolled member to complete the HRA and subsequently grouping the member by risk in order to refer him/her to the appropriate care management resource. Once referred, the care manager discusses additional needs that the member might have, as well as current providers from whom the member is receiving services, and reviews the member's current medications. The composition of the ICT is determined by a thorough assessment of the member's health care and support services. Based on this assessment, UCA uses their network of providers, facilities and specialists to appoint a designated ICT for each member on the plan.

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://uahealthplans.com/