

**Managed Health Care Services, Wisconsin, H8189
Dual Eligible (Full Benefit) Special Needs Plan**

Model of Care Score: 98.75%

3-Year Approval

January 1, 2014 – December 31, 2016

Target Population

Managed Health Services (MHS) includes individuals enrolled in Medicaid in the Elderly and Disabilities categories. The plan does not serve members with end-stage renal disease (ESRD) unless they are diagnosed with ESRD after enrollment into the plan. The current Special Needs Plan membership includes a varying age/gender mix and risk categories such as diabetes, heart failure/cardiomyopathy, chronic obstructive pulmonary disease (COPD), hypertension, joint degeneration, as well as neurological and psychological disorders.

Provider Network

MHS provides members access to a wide range of credentialed and contracted providers that include: physicians, nurse practitioners, physician assistants, dietitians, acute care facilities such as hospitals, emergency departments, urgent care and long-term care facilities, laboratories, skilled nursing facilities, federally qualified healthcare centers (FQHCs), rural healthcare centers (RHCs), pharmacies, radiography facilities, rehabilitative facilities, dialysis centers, outpatient surgery centers, hospices; home health agencies, infusion centers, durable medical equipment suppliers, behavioral health practitioners, oral/dental specialists and various other specialists. In instances where in-network services are not available within the network, members are granted access to out-of-network providers, coordinated by the interdisciplinary care team (ICT).

Care Management and Coordination

The health risk assessment (HRA) tool utilized by MHS is designed to identify the needs of the most vulnerable SNP plan members by evaluating medical, psychological, functional, and cognitive needs. The assessment also gages member's medical and mental history to effectively coordinate care. MHS case managers, program coordinators or connections representatives contact members to schedule an initial health risk assessment. The case manager, program coordinator or connections representative conducts the patient assessment/risk stratification at a mutually agreed date and time that is within 90 days of the member's effective date. At least three verbal attempts are made to complete the HRA. Members unable to be contacted via telephone are mailed a letter or staff can visit in person, if it is determined a face-to-face discussion is warranted. Follow-up assessments are conducted to determine if adjustments are needed to the member's care plan when there is a change in health status. Annual HRAs are also

done within 12 months of the last assessment in order to evaluate the effectiveness of the care plan and collect data to measure outcomes.

After completion of the HRA, the case manager obtains a risk stratification score. Based on the assessment score and any additional information that is available, such as claims-based information from the predictive modeling software, the member is stratified as high acuity, moderate acuity or low acuity. The case manager presents the results of the assessment to the ICT to develop an individualized care plan (ICP) that focuses on attainable goals and oversight.

The ICT is responsible for the ongoing monitoring and revision of the ICP. Frequency for follow up as well as monitoring of the member's progress is outlined in the care plan. The case manager may assign tasks to other members of the ICT, such as the program coordinator to schedule or verify appointments, obtain lab results and schedule transportation for the member. The case manager is responsible for oversight to ensure all information is documented by the appropriate team member and is updated after each contact with the member, providers, or other involved parties.

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://advantage.mhswi.com>.