

**Advantage Health Solutions, Inc. H8822
Dual Eligible (All Duals) Special Needs Plan**

Model of Care Score: 87.50%

3-Year Approval

January 1, 2012 to December 31, 2014

Target Population

Advantage Health Solutions' Special Needs Plan targets members in all Medicaid eligibility categories, who reside in Hamilton, Hancock, Johnson, Marion, and Morgan Counties in Indiana.

Based on Advantage's experience, the dual eligible population is one with a very complex bio-psycho-social composition, compared to non-duals. The characteristics of this population include: a high prevalence of behavioral health conditions, including serious mental illness; multiple or exacerbated chronic illnesses including diabetes, chronic obstructive pulmonary disease, congestive heart failure; a higher percentage of the disabled under the age of 65; greater limitations in activities of daily living; very low income and poverty; and a lack of social, economic and natural supports.

Provider Network

Advantage has a robust network that includes 19 acute care hospitals, eight psychiatric hospitals and numerous ancillary facilities, primary care practitioners (PCPs) and specialists.

The SNP's integrated delivery system model engages the provider community and contracts with hospitals and physicians that specialize in the treatment of chronic and acute disease. The plan uses disease management and wellness programs to help manage patient conditions and engage the patient.

Care Management and Coordination

Advantage's health risk assessment (HRA) tool is the PraPlusTM screening instrument, which was developed to identify individuals in the older population who are at risk for future high use of health services.

Core questions in the PraPlus allow a health professional to stratify members as having high, moderate or low risk for poorer outcomes. Ten specific frailty conditions questions also include analysis of certain conditions that increase the likelihood of worsening health from: physical inactivity, fall risk, urinary incontinence and recent adverse weight loss. This information guides the health professional through evaluation of the living situation, social needs and well-being, to identify where community resources can be beneficial to the member's quality of life.

The SNP completes health screenings within 90 calendar days of member's effective date and at least annually thereafter (within one year of the last HRA). An ongoing part of the health status assessment of its members is a reassessment of chronic conditions, changes in social elements and functional status conducted by the PCP at least every six months.

Every member has an Integrated Care Plan (ICP). ICPs are created using: information from claims, Medicare HCC, HRA, social and psycho-social requirements, practitioner reported information and member assessments.

Advantage develops ICPs in conjunction with the member during the assessment and the member is the primary focus. Care plan goals for the SNP are constructed from evidence based guidelines. The ICP addresses access to care, behavioral health stability, improved medication compliance, how to manage risk factors, utilization of available community resources and education for the member and family. It also addresses physical, behavioral, medical and social needs with communication between the multi-disciplinary healthcare team, which includes: providers, member, family and case manager. The healthcare team ensures the ICP addresses functional status and includes ongoing health promotion and disease prevention activities. Through the ICP the team can: identify the needs and risks of its members, identify services members are currently receiving, identify members' unmet needs, stratify members into intervention levels and serve as coordinator to link members to services.

Advantage considers each member's risk assessment results when determining the composition of the interdisciplinary care team (ICT), to develop a unique team and leverage the appropriate competencies. A dedicated ICT management specialist coordinates care and communications with other members of the team. Advantage's internal team includes nurses (RNs), behavioral health clinicians, social workers and medical and behavioral physicians; while the extended team includes the PCP and other specialists. Each ICT is directed by the PCP. The Director of Medical Affairs and the Medical Director for Government Programs provide additional clinical and administrative oversight.

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.advantageplan.com/maplans14/member/medicare-offerings/special-needs-plan-snp/>