Gateway Health Plan, Inc. H9190
Dual Eligible Subset Medicare Zero Cost-sharing Special Needs Plan

Model of Care Score: 90.00%

Three Year Approval Period **January 1, 2013 – December 31, 2015**

Target Population

Gateway Health Plan's (Gateway) membership is comprised primarily of vulnerable members including those that are frail; disabled (both physically and mentally); near the end-of-life; have ESRD; and have multiple and complex chronic conditions such as diabetes - 22.5%, major depressive, bipolar and paranoid disorders - 20%, chronic obstructive pulmonary disease – 20%, vascular disease – 14%, schizophrenia – 11% and 1% of Gateway's membership has ESRD. Sixty-eight percent is disabled, and 32% is aged, female disabled –37%, male disabled – 31%, Female aged – 23%, Male aged – 9% and the average age of Gateway's disabled membership is 47. The average age of Gateway's aged membership is 74. Gateway operates in 23 counties in Ohio.

Provider Network

Gateway's provider network includes the following practitioner's and specialists: primary care providers (PCPs), medical specialists (cardiologists, neurologists, surgeons, etc.), mental and behavioral specialists (psychiatrists, drug counselors, clinical psychologists, etc.), nursing professionals, rehabilitation/restorative therapy specialists, pharmacists and clinical pharmacists, and allied health professionals such as social worker/social services professionals. Gateway contracts with facilities that provide diagnostic and treatment services to all members, including but not limited to: skilled nursing facilities, specialty clinics, inpatient hospitals and ambulatory surgical centers, as well as behavioral health inpatient and outpatient facilities.

Care Management and Coordination

Gateway members receive a health risk assessment (HRA), a one-page document that asks members questions pertaining to their medical and psychosocial needs, medication compliance, linkages to physical and behavioral providers and ability to perform activities of daily living at the time of enrollment, and at least annually thereafter. Members are also assessed when they are referred to care management by other sources such as utilization management referrals, stratified registry reports, member services referrals, pharmacy referrals, Medicare marketing referrals, community practitioner referral, or member self-referral. Completed assessments are scanned into Gateway's computer system and evaluated systematically. Based on completed assessment and pre-determined triggers, the system will generate suggested outcomes.

Using the information obtained from the HRA, the care manager (CM) develops an individualized care management plan (ICP) that is appropriate to address the member's identified needs. The CM establishes measurable, realistic, and specific, long and short term goals that

include input from the member, caregiver and/or practitioner, as appropriate. Members are provided with a copy of their self-management plan and a copy is faxed to their PCP. The care plan is revisited at least annually to account for changes in the health needs of the member, based on the member's reassessment and if the member is identified as having a health status change such as an inpatient hospital admission that requires him/her to be reassessed.

The member's interdisciplinary care team (ICT) is determined based on the level of needs. Team members of the ICT are selected based on the member's medical and psychosocial needs and the team member's ability to impact any identified deficits or barriers and the member's ability or lack of ability towards self-determination. Gateway uses a number of mechanisms to alert the ICT, identified providers and the member of the determined level of care needed. Examples of this include the written communication sent to all members in periodic mailings and telephone outreach performed.

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: www.MedicareAssured.com