Atlantis Health Plan (Easy Choice Health Plan of New York), H9285,
Chronic or Disabling Condition Special Needs Plan
(Cardiovascular Disorders, Chronic Heart Failure, and Diabetes)

Model of Care Score: 96.25%
3-Year Approval **January 1, 2013 – December 31, 2015**

Target Population

Easy Choice Health Plan of New York's ("Easy Choice") Chronic Combined C-SNP will target Medicare members with congestive heart failure, cardiovascular disorder (limited to Medicare members with cardiac arrhythmias, peripheral vascular disease or chronic venous thromboembolic disorder) or diabetes mellitus. Easy Choice targets these members due to the prevalence of these diseases among the Medicare-age U.S. population and because of the strong correlation between cardiovascular disease and diabetes.

Provider Network

Easy Choice maintains a network of facilities that have specialized clinical expertise pertinent to the SNP population which includes acute care hospitals, tertiary medical centers, acute care rehabilitation facilities, skilled nursing facilities and outpatient diabetes management education and cardiac rehabilitation. The plan makes it a priority of having board-certified specialists in its network, which include endocrinologists, pulmonologists, cardiologists and primary care physicians (PCPs); the network also has rehabilitation services specialists and other types of providers. Easy Choice's provider relations department is responsible for the development and maintenance of the provider network. Additionally, utilization, case and disease management staff who facilitate member care may identify clinical gaps.

Care Management and Coordination

The plan conducts an initial comprehensive health risk assessment (HRA) also known as a health assessment tool (HAT) within 90 days of the member's enrollment, utilizing a written form completed by the member. If a member has a qualifying disease, he/she receives a disease specific assessment. The HAT addresses: medical health status, clinical history, daily living, psychosocial and mental health status, life planning activities and cultural and linguistic needs and other items. Easy Choice scans the HAT, stores it electronically in the case management system and stratifies for risk based on a scoring algorithm that assigns risk values to built-in triggers developed by clinical staff. Electronic scoring and risk stratification allows the plan to

automatically forward cases for additional nurse and social service assessment and intervention when needed.

A member's risk stratification level (tier 1, 2 or 3) determines which personnel will review and analyze information on his/her health care needs. Tier 1 care plans are static, disease specific care plans developed by clinical staff composed of physicians, nurses and social workers. The same group as tier 1 develops and approves the tier 2 care plans but they are dynamic documents that incorporate member specific responses based on completed and returned HATs. A health plan clinician develops the tier 3 individualized care plans (ICP) in tandem with the member and his/her care providers. Essential elements that clinicians incorporate into the ICP include information from the HAT and disease specific HAT, member preferences, short and long term goals, measureable goals and barriers to meeting health goals, among other items.

The interdisciplinary care team (ICT) operates to meet the needs of the members based on their conditions, psychosocial requirements and care coordination opportunities. The ICT engages at varying levels based on the member's risk stratification; therefore, the composition of the ICT is flexible and the plan adjusts this composition as needed to meet the needs of the member. Individuals who may participate in the ICT include the member, his/her representative, PCP, specialist, nurse practitioner, restorative health specialists and behavioral health providers. The ICT meets quarterly and their responsibilities include reviewing and approving care plan models and case management policies, as well as discussing and reviewing cases and periodically reviewing clinical guidelines.

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: www.easychoiceny.com