Managed Health Inc., H3359
Dual-Eligible (Medicaid Subset-$0 Cost Sharing) Special Needs Plan

Model of Care Score: 85%
3-Year Approval **January 1, 2012 to December 31, 2014**

Target Population

Healthfirst has a contract with the New York State Department of Health (NYS DOH) to administer an integrated "Medicaid Subset-$0 Cost Share" Dual Eligible-SNP program, in accordance with the NYS DOH's Medicaid Advantage Plus (MAP) Program. The MAP program is designed for dually eligible individuals who are nursing home certifiable and reside in the community at the time of enrollment. Members who have full Medicaid coverage or full Medicaid coverage with Qualified Medicare Beneficiary (QMB) eligibility and have Medicare Part A & B coverage may enroll into this plan. In addition, the member must be eligible for nursing home level of care, capable of returning to or remaining in his/her home and community and must require care management and be expected to need nursing services, therapies, home health aide, personal care services, adult day health care or social day care.

Provider Network

Healthfirst offers the full spectrum of covered healthcare services. The primary and specialty care providers practice in a variety of settings including hospital, outpatient departments, hospital-sponsored and independent community-based practices, private provider's offices and Federally Qualified Health Centers. Healthfirst contracts with providers that deliver enhanced or specialized services beyond hospital and physician-based care, such as routine vision, dental, chiropractic and pharmacy benefits as well as contracted ancillary provider providers who provide specialized healthcare services.

All MAP-SNP members are required to select a primary care physician (PCP) upon enrollment. They are also assigned to a care management team (CMT) which is comprised of a nurse case manager, nurse assessor, social worker and service coordinator. The CMT is part of the interdisciplinary care team (ICT) and functions as the gatekeeper ensuring the member receives the appropriate care based on an ongoing assessment of the member needs. The plan does not have referral requirements for network providers.

Care Coordination

Each MAP-SNP member will receive a complete initial risk assessment using the Semi-Annual Assessment of Members (SAAM), Mini-Mental Status Examination and Home Care Service Needs Assessment tools prior to enrollment and every 180 days thereafter. New York State requires all MAP plans to utilize the SAAM assessment tool. It is used to determine initial clinical eligibility for the program and continuing eligibility. The Mini-Mental Status Examination offers a quick and simple way to quantify cognitive function and screen for cognitive loss. The Home Care Service Needs Assessment determines the level of personal care

assistance a member requires daily. The pre-enrollment assessment and semi-annual reassessments will be completed face to face in the member's home by a registered nurse. In addition, the care manager will make monthly calls to the member and conduct status assessment using the Monthly Status Assessment Tool to identify any changes in member's medical, psychosocial, functional and cognitive status.

The individualized care plan (ICP) is developed by the CMT in collaboration with the ICT and the member. It is based on the assessments of the member's health and functional status. The ICP includes short and long term goals, timeframe for reevaluation, resources to be utilized, self-care management plans, level of care, planning for continuity of care and collaborative approaches to be used. The care plan is updated every 180 days or as needed based on reassessments or monthly status reviews.

The ICT consists of the CMT, team supervisor, PCP and other significant providers involved in the care of the member. The care team is responsible for finalizing the initial care plan and management of all aspects of care and service delivery. Changes in composition of the ICT are determined by changes in member status. The CMT and supervisors have bi-monthly meetings to review ongoing concerns and issues regarding member's care needs.

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.healthfirstny.org/2014-healthfirst-medicare-plans.html