

**VNS Choice, H5549**  
**Dual-Eligible (All Dual D SNP) Special Needs Plan**

**Model of Care Score: 93.13 percent**  
**3-Year Approval**

**January 1, 2014 – December 31, 2016**

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**Target Population**

VNSNY Choice Medicare is a Special Needs Plan for dual-eligible members and the Medicare-only lower income populations in the five boroughs of New York City, Nassau, Suffolk, Westchester, Albany, Saratoga, Schenectady and Rensselaer Counties. The Plan's composite Part C risk score in 2010 was 1.5. An analysis of the health plan's population revealed that the average member is at least 73 years old. These members have an average of 8 prescribed medications and multiple co-morbidities that include medical and psychosocial problems. As of February 2014, there is an aggregate enrollment of 16,803 members of whom 12,582 are dual eligible. Of those members 40.1 percent are male and 59.9 percent are female. Member ethnicity includes 6.4 percent Asian, 30.3 percent African American, 30.5 percent Hispanic, 24.8 percent Caucasian, 0.3 percent Native American and 7.7 percent Other. Typical of an urban population, the VNS membership is multilingual with 4.3 percent Chinese, 51.4 percent English and 43.7 percent Spanish speaking.

**Provider Network**

The provider network encompasses 80 hospitals which includes nearly all of the hospitals in the five New York City counties and Nassau, Suffolk, Westchester, Albany, Saratoga, Schenectady and Rensselaer counties. With a large number of urban (and often, teaching) hospitals, the network hospitals offer a full complement of inpatient and outpatient services geared towards the diverse needs of the New York City area. This includes the full array of medical and mental health specialties, rehabilitation therapies and advanced surgeries. In addition to routine specialties such as Cardiology, Nephrology, Psychology, Pulmonology, Geriatrics and Immunology, the network, composed of more than 27,500 providers, includes a large number of sub-specialists which allows VNS to devote particular emphasis to meeting the needs of the plan's multi-ethnic geriatric population.

VNS ensures that specialized services are delivered to members in a timely manner. The VNS Provider Relations department conducts access and availability studies biannually, with oversight by Compliance. The findings are reported to the Compliance department. Provider relations follows up with appropriate interventions such as: re-education of individual providers and updates/reminders through the provider newsletter via mail or in person.

## **Care Management and Coordination**

The nurse care manager administers the health risk assessment (HRA) face-to-face with the member to initiate or implement a care plan. Once the HRA is completed and scored, a care plan is electronically generated based on the member's responses to the HRA questions. VNS stores and maintains the HRA in the care management system. Members participate interactively with the care manager in the development and ongoing maintenance of the care plan. Once the HRA is completed, the care manager contacts the member via telephone to discuss the identified problems, set goals and discuss the various identified interventions. Based on the member's risk stratification and identified needs, the member and care manager agree upon a framework for contact. The development of the care plan leads to determining the composition of the interdisciplinary care team (ICT).

VNS builds the composition of the ICT based on commonly identified issues, concerns, and trends that contribute to the health care coordination of the SNP membership. Members of the ICT include multiple professional disciplines and are comprised of the following standing members: Medical Director, Director of Medical Management, care manager, nurse practitioner, transitional care nurse practitioner, pharmacist, behavioral health specialist and other plan staff as deemed necessary based on the individual care plan. VNS also encourages the member to participate in the care coordination process through communication with their care managers.

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.vnschoice.org](http://www.vnschoice.org)