

**H8953 Humana, Inc.**  
**Dual Eligible (Dual Eligible Subset-Medicare Zero Cost-sharing) Special Needs Plan**

**Model of Care Score: 88.33%**

**3-Year Approval**

**January 1, 2015 – December 31, 2017**

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**Target Population**

Humana is a Dual Eligible Special Needs Plan (D-SNP) for members who are entitled to Medicare Part A, enrolled in Medicare Part B and are Medicaid eligible. These members must also reside within one of Humana's service areas in Ohio.

Sixty-four percent of Humana members are female and 54 percent of members are 65 years or older. The majority of members are White (77 percent). Fourteen percent of members live below the poverty level and 25 percent of members have five or more chronic conditions. Depression is the most prevalent chronic condition among members, followed by heart disease and diabetes.

**Provider Network**

Humana offers members a comprehensive network of care centered on primary care providers (PCP), medical and surgical specialists available to meet their needs. This network also includes, but is not limited to, acute care facilities, skilled nursing facilities, laboratories, radiography facilities, rehabilitative specialists, mental and social health specialists, home health specialists and end-of-life care specialists. In addition, the plan maintains a designated network of sub-acute, long-term care and assisted living facilities. When appropriate, Humana may grant members approval for the utilization of out-of network facilities.

**Care Management and Coordination**

Within 90 days of enrollment, a referral specialist, or care manager (CM), administers the initial health risk assessment (HRA) to members by phone, mail or in-person if necessary. The HRA assesses the member's health status and acuity level which, in turn, guides clinical interventions and development of the individualized care plan (ICP). All members complete the annual HRA within 365 days of the prior HRA. In the event of a hospitalization or a change in: health status, prescribed medications or utilization of services, reassessments occur more frequently.

Whether done telephonically, in-person or through a combination of the two methods, the CM develops the ICP in conjunction with the member and/or caregiver. Field care managers may also participate in the initiation and revision of an ICP when meeting in-person with members. The CM also includes information from other interdisciplinary care team (ICT) members or external providers such as hospital discharge planners or disease management vendors in the

ICP. The essential elements of the ICP include: a case management plan with prioritized goals that consider the member's and caregiver's goals, preferences and desired level of involvement; barriers to meeting goals or complying with the plan; a schedule for follow up and communication; a self-management plan and a process to assess member progress.

With each member contact, the CM assesses the member's progress toward his or her goals, defines and discusses the barriers to achieving the identified goals and modifies the goals as warranted or desired by the member and/or caregiver. When the member's health status, needs or utilization patterns change, the CM modifies the ICP. The CM also stores the modified ICP in the plan's secure, web-based documentation system where it is accessible to the rest of ICT. Upon request, Humana mails updated ICPs to the member.

At the center of the ICT are the member, caregiver(s), the PCP and the CM. The CM also engages other members of the ICT when required based on the member's needs. These ICT participants can include the medical director, clinical pharmacist, registered dietitian, social workers, behavioral health providers, medical specialists, community resource specialist, community health educators and a quality assurance specialist.

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.humana.com](http://www.humana.com)