

**Volunteer State Health Plan, H3259
Dual Eligible (Full Benefit) Special Needs Plan**

Model of Care Score: 100%
3-Year Approval

January 1, 2014 – December 31, 2016

Target Population

Volunteer State Health Plan (VSHP) is a wholly-owned subsidiary of BlueCross BlueShield of Tennessee. VSHP's target population consists of dual eligible members with full Medicaid benefits in Tennessee. Currently, the plan has dual eligible members within its Medicaid membership of whom 16 percent receive long-term services and support, 80 percent are aged 46 and above, 35 percent are below the federal poverty line and approximately 37 percent are affected by circulatory, respiratory and/or musculoskeletal system disorders. VSHP also anticipates this population may have low literacy, be harder to contact, have home isolation, language or cultural barriers or may be near the end of life, need end of life planning or hospice. Additionally, the plan foresees this population will have high disability rates, high risk scores and high utilization rates including prescription drugs.

Provider Network

The network consists of over 11,000 physicians; approximately 76 percent of the primary care physicians (PCPs) and 58 percent of the specialists are board certified. It also includes nursing professionals, allied health professionals, a number of health care facilities and ancillary services. To ensure that the provider network is coordinating with the interdisciplinary care team (ICT), which includes the member, the plan relies on the care coordinator, other members of the ICT, the plan of care and network management as the primary mechanisms to oversee this process.

Care Management and Coordination

VSHP conducts a health risk assessment (HRA) for all members who agree to participate within 90 days of enrollment and completes a reassessment prior to the 12-month enrollment anniversary or upon changes in the member's health status. Tools contain questions to assess member's medical, behavioral, psychosocial, cognitive and functional needs. VSHP's internal clinical staff developed a general assessment, developmental disabilities assessment and a nursing facility assessment. A team of clinicians evaluate each question and stratify health risk data for the appropriate level of care management. The plan shares the HRA results and the stratification level with the member/caregiver, PCP, other treating practitioners and the ICT.

The care coordinator has primary responsibility for developing a plan of care (POC) with the member and his or her caregiver. The ICT reviews, modifies, finalizes and implements the POC. The care coordinator uses information from the HRA analysis, as well as information obtained during an in-depth assessment, to develop goals and interventions for the POC, which is then stored electronically in the care management system to which internal ICT members have access. External members of the ICT, including the member and respective network providers will receive the POC through secure e-mail, fax or mail.

The plan individualizes the composition of a member's ICT according to the member's medical, behavioral health, psychosocial, cognitive and functional needs. The member is the center of the ICT and efforts are diligently made to have the member participate in the ICT, if feasible. The first step in the process to facilitate a member's participation begins during staff training. Care navigators who conduct HRAs and care management staff receive training on motivational interviewing that focuses on the interviewee's sense of self-efficacy and, through guided strategic interviewing, facilitates the member's desire to become healthier and decrease barriers to appropriate treatment. The ICT bases its meeting frequency on a member's health status, but meetings occur at least annually for members in level 1 and twice a year for members in level 2. ICT communication occurs by phone to members, followed by written communication of the POC or through the PCP, depending on member's acuity level.

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: <http://bluecareplus/index.html>