

**Sunshine State Health Plan, Inc., H5190
Dual Eligible (Dual Eligible Subset) Special Needs Plan**

Model of Care Score: 91.88%
3-Year Approval

January 1, 2013 – December 31, 2015

Target Population

Sunshine Health enrolls members who are eligible for Medicare and Medicaid. Medicaid includes Full-Benefit Dual Eligible, Qualified Medicare Beneficiary Plus (QMB+) and Specified Low-Income Medicare Beneficiary Plus (SLMB+). Currently, this plan has 2,679 members in 20 counties. The average age for this population is 58 and 39% of the members are male and 61% are female.

Provider Network

Sunshine Health provides members access to a wide range of credentialed and contracted providers that include physicians, nurse practitioners, physician assistants, dietitians, acute care facilities, laboratories, skilled nursing facilities, federally qualified healthcare centers (FQHCs), rural healthcare centers (RHCs), pharmacies, radiography facilities, rehabilitative facilities, dialysis centers, outpatient surgery centers, hospices, home health agencies, infusion centers, durable medical equipment suppliers, behavioral health practitioners, oral/dental specialists and vision specialists. The type of providers available to the members include providers with clinical expertise in primary care and medical specialties, such as but not limited to: cardiac care, orthopedics, rheumatology, allergy, urology, dermatology, rehabilitative therapy and oncology. In rare instances where in-network services are not available within the network, members are granted access to out-of-network providers, coordinated by the interdisciplinary care team (ICT).

It is the responsibility of primary care physicians (PCPs) to coordinate/initiate referrals for specialty care and provide all primary care to each assigned member.

Care Coordination

Sunshine Health's health risk assessment (HRA) is a standardized assessment designed to identify the needs of the member by evaluating medical, psychological, functional and cognitive needs. Within 90 days of the member's effective date, care managers contact the members for an initial HRA. If it is determined a face-to-face discussion is warranted, Sunshine Health staff can also visit the member in person. Follow-up assessments are conducted within 12 months of the last assessment or when there is a change in member's health status.

Results of the completed HRAs go through two levels of review. First, the members are stratified into high, medium or low priority risk status by the Sunshine Health triage nurses. Then, a care manager confirms the stratification level by reviewing all available information. The care manager completes the review, communicates with applicable ICT members about results of the HRA, investigates issues that need follow up and coordinates services as needed.

The individualized care plan (ICP) developed by the care manager, incorporates results of the risk assessment, specific outcome goals, the plan benefits and other specialized needs of the member. The ICT members work with the member and/or caregiver and PCP to create an ICP that is specific to the needs of the member and mitigate any risks identified. Members who are considered high risk are placed in complex care management and the care manager contacts them to perform further assessment and gather additional information to develop the ICP. The ICP includes prioritized goals, barriers, resources, continuity of care, family/caregiver support, preferences for care and a schedule for on-going communication with the member and other involved parties. Members identified as moderate/medium priority risk level have an abbreviated care plan. Revisions to the care plan are made when necessary, such as when the member's condition progresses or regresses or when goals are reached.

Sunshine Health selects its ICT members based on their knowledge and experience with working with dual eligible members and with coordinating and managing the care plan of each member. In addition to the internal Sunshine Health staff, the ICT is comprised of a PCP and specialty care providers as pertinent to the member's health care needs identified via the HRA. A nurse practitioner, mid-level provider, social worker, registered nurse, occupational/speech/physical therapist, dietician, pharmacist, health educator, disease manager, behavioral/mental health specialist, community resources specialist, dentist, pastoral services and others identified as pertinent to the member's health care needs may participate in the ICT. Care management review rounds are conducted weekly, bimonthly or as needed dependent upon the member's 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://advantage.sunshinehealth.com/>