

Sunflower Health Plan

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Long-term services and supports (LTSS) integration is the integration of medical, behavioral health and LTSS benefits in a single capitated program. This case study is part of a larger research project that hypothesizes that LTSS integration has the potential to improve outcomes and lower overall costs of care for people with substantial functional limitations and complex care needs. This body of research is intended to inform business decisions by health plans and other risk-bearing organizations considering LTSS integration, and to contribute to policy discussions on financing LTSS.

Ten programs that are experienced and successful in integrating medical care and LTSS were selected for this study. The programs vary in structure, population served, and geography in order to reflect the diversity of successful approaches to LTSS integration. Each case report provides an in-depth description of program characteristics and operations, as well as a discussion of key integration strategies and outcomes.

Background Information

Kansas implemented KanCare, a Medicaid managed care program, in 2013. A year later in February 2014, Kansas became the first state in the nation to include long term services and supports (LTSS) for individuals with intellectual and developmental disabilities (IDD) in managed care. Enrollment in a managed care plan is required to receive Medicaid benefits in Kansas. KanCare has a comprehensive benefit package—members receive coverage for medical, behavioral, and LTSS care through participating managed care organizations (MCOs).

Sunflower Health Plan, a Centene subsidiary, has participated in KanCare since the state launched the program. As of May 2016, Sunflower covers 143,000 Kansans,¹ and is the largest plan in the program, with 35 percent of the state's Medicaid population enrolled. United and Amerigroup operate competing plans. Sunflower does not operate a Medicare plan. Dual eligible members receive their primary medical coverage from fee-for-service Medicare or a separate Medicare Advantage plan.

Sunflower covers all populations in Kansas' Medicaid program—children, low-income adults, individuals with disabilities, and frail elders. Only about 9 percent of Sunflower's members receive LTSS—3 percent in an institutional setting and 6 percent through Home and Community-Based Services (HCBS).

¹ Source: Correspondence with plan.

Medicaid Managed Care in Kansas	
Program Name	KanCare
Year Established	2013; IDD population carved into program in 2014
Covered Populations	All Medicaid beneficiaries
Population Carve-Outs	Individuals living in state-operated facilities
Enrollment Approach	Mandatory
Statewide Enrollment	364,315 ²
Covered Benefits	Comprehensive (medical, behavioral, and LTSS)
Benefit Carve-Outs	None
Dual Eligible Population	14% ³

Sunflower manages members receiving services from seven different HCBS waivers (see the table below.) At the beginning of 2016, two of these waivers had waiting lists: the Intellectual and Developmental Disabilities Waiver and the Physical Disability Waiver. As part of the move to Medicaid managed care, Kansas has committed to reinvesting program savings in expanding access to services and decreasing the waiting list. In August 2016, the state successfully cleared the waiting list for Physical Disability waiver services.⁴

Care Management Approach

Sunflower’s care management function is organized regionally, with six teams serving different areas of the state. Sunflower has offices in the three most densely populated regions where care management staff are based, while the more rural regions have field-based care management staff. Each regional care management team includes nurses who specialize in physical health, social workers who specialize in non-medical supports, behavioral health specialists, and administrative support members. Each region also has a dedicated “MemberConnections” team with expertise on local community resources that helps locate and engage new and hard-to-find members, provides health information in member homes, and organizes community events. Centralized care management functions are based in Sunflower’s head office. This centralized team includes clinical support—two medical directors, a psychiatrist, and two pharmacists—as well as a dedicated manager for LTSS and the utilization management team.

Within each region, there is an integrated approach to care management and the staff function as an interdisciplinary team (IDT). Every member receiving LTSS is assigned a care manager, who serves as the member’s point of contact. Sunflower does not have separate care management teams for different waiver populations. Instead, members are assigned to care managers so that care manager skills are matched to need. For example, members whose primary needs are related to behavioral health are assigned to behavioral specialists for care management. Nurses on the care management team provide shorter-term management of clinical issues, and work with member’s primary care

² As of March 31, 2016. Source: http://www.kancare.ks.gov/download/KanCare_Quarterly_Report_to_CMS_QE_3.31.16.pdf

³ In 2012. Pacific Health Policy Group (2013) *Feasibility of Care Coordination for Persons Dually Eligible for Medicaid and Medicare*. Prepared for: Oklahoma Health Care Authority

⁴ Kansas Department for Aging and Disability Services (2016) “KDADS Clears Waiting List for Physical Disability Waiver.” Available at: <https://www.kdads.ks.gov/media-center/news-releases/2016/08/05/kdads-clears-waiting-list-for-physical-disability-waiver/>

manager on an as-needed basis. In addition to ongoing management of members with LTSS needs, the regional teams also support low-income adults and children with short-term care management needs.

HCBS Waiver	Description	Enrollment		Waiting List
		Kansas ⁵	Sunflower ⁶	
Autism	This program provides intensive early intervention to support children with autism and their primary caregivers. Children must apply before age 6 and the program provides 3 to 4 years of support.	62	24	No
Intellectual and Developmental Disabilities (I/DD)	Services for individuals age 5 and older who meet the definition of intellectual disability or having a developmental disability or are eligible for care in an institutional setting.	8,821	4,076	Yes (3,593)
Technology Assisted (TA)	HCBS for children who are medically fragile and dependent upon a ventilator or medical device and require substantial and ongoing nursing care.	446	128	No
Physical Disability (PD)	HCBS for Medicaid beneficiaries age 16 and older who meet the criteria for nursing facility placement due to their physical disability and who are determined disabled by Social Security standards.	5,952	2,051	No
Traumatic Brain Injury (TBI)	HCBS for Medicaid beneficiaries age 16 and older who have sustained a traumatic brain injury.	485	134	No
Frail Elderly (FE)	HCBS for Medicaid beneficiaries age 65 and older who are nursing home certifiable.	4,997	1,860	No
Serious Emotional Disturbance (SED)	HCBS for children 4 to 18 years of age who experience serious emotional disturbance and who are at risk of inpatient psychiatric treatment.	3,343	975	No

Before receiving HCBS waiver services, an individual must be assessed by an independent state contractor. If a member is determined to be eligible for services and there is an available spot (i.e., no waiting list), then their eligibility determination is sent to their Medicaid MCO. Once Sunflower receives this determination, they assign a care manager to the member. Every member receiving HCBS receives a face-to-face comprehensive assessment from the plan at least once a year, and more frequently for some waivers. Other triggers for an assessment include an inpatient stay, a change in member condition, or a request for additional supports. The assessment consists of a Health Risk Assessment (HRA) as well as an in-depth functional needs assessment. These assessments are completed on paper and then scanned and saved as PDFs in TrueCare, Sunflower’s electronic case management system. In the future, the plan intends to modify the system so that assessments can be completed with discrete data fields and stored electronically. Sunflower will then be able to pull outcomes reports from the discrete fields selected.

⁵ As on May 2016. Source: <https://www.kdads.ks.gov/docs/default-source/CSP/HCBS/monthly-waiver-program-participation-reports/04-2016-monthly-summary-update.pdf?sfvrsn=0>

⁶ Source: Correspondence with plan.

After completing the assessment process, the care manager works with the member to create an integrated service plan for all of their HCBS. The service plan includes detailed information on the services members receive, contact information for the member's medical, behavioral, and LTSS providers, including community/natural supports, and a backup plan in case a caregiver fails to show up or there is an emergency. Every member receiving HCBS also completes an "Integrated Life Plan" with their care manager. The Integrated Life Plan is a person-centered tool for documenting the member's goals, preferences, and values. Care managers have a conversation with the member to develop their Integrated Life Plan at least annually. In addition, care managers touch base on progress with the life plan, and any care gaps, through regular face-to-face and phone contacts.

Sunflower uses Impact Pro, a predictive modeling tool that analyzes utilization and diagnosis data to risk stratify their membership. The plan also identifies high-risk members by reviewing utilization reports. When a high-risk individual is identified, the plan offers additional care management resources. The primary care manager is supported by a care manager with special expertise—for example in behavioral health or disease management. If the member agrees, Sunflower will also engage providers to work with the member and their care manager on developing a customized care plan that addresses their risk factors.

Sunflower holds regular IDT meetings, which they refer to as "Rounds." These meetings are attended by the full care management team: the management team, medical directors, plan psychiatrist, pharmacist, care management staff, utilization management staff, and LTSS and behavioral specialists. There are several kinds of meetings: monthly "Complex Case Rounds" to discuss members with challenging needs who are not meeting goals, weekly "Inpatient Rounds" to discuss hospitalized members, and as-needed special population rounds for members receiving transplants or who are in the neonatal ICU. When the plan first began operating, each member's case was thoroughly reviewed during the meeting. However, the meetings have also served to train care management staff, and care managers are now able to handle many member issues independently. Today, the meetings are high-impact, succinct discussions of members with the most complex needs, which focus on addressing the challenges care managers are encountering. Rounds have stimulated continuous quality improvement, by providing a forum for debriefing on any gaps in care management and how to avoid those issues in the future. The care management team may reach out to Sunflower's provider representatives and/or vendors when needed to find a provider that can meet the needs of certain high-risk members. While there is a lot of informal collaboration across Sunflower's care management team, the protected time ensures that the full team can meet on a regular basis.

Sunflower also leverages Centene's national resources to improve care. Centene offers a wide range of formal and informal learning opportunities, including specialized retreats (e.g., for medical directors across plans), best practices dissemination, research translation, and site visits. Corporate resources are dedicated to piloting new interventions, evaluating impact, and collecting and analyzing member data. Sunflower staff both contribute to and take advantage of these national resources.

IDD Care Management

Kansas is the first state to include the IDD population in their Medicaid managed LTSS program. The state included these individuals in managed care for their medical and behavioral health benefits in 2013 and carved in managed IDD LTSS in 2014.

Sunflower dedicated substantial resources to prepare for managing members with IDD. Early on, the plan hired a dedicated LTSS manager with extensive experience with IDD programs in Kansas. This person participated in the development of the state program and was integral to the development of Sunflower's approach. In 2013, the plan piloted the program with approximately 280 volunteer members. Sunflower hired care managers experienced with IDD, and initially assigned members with IDD specifically to these care managers. Since implementation, the plan has done extensive staff training so that all care managers can now competently support members with IDD.

In order to develop competency in serving the IDD population, Sunflower contracted with LifeShare (a Centene subsidiary), a specialty provider with extensive experience and expertise in supporting these individuals and their families. LifeShare operates provider networks in 12 states, with providers of shared living arrangements, therapeutic services, targeted case management, and crisis services. LifeShare supports Sunflower's care managers with specialized Quality of Life assessment and care planning tools for members with IDD, as well as access to subject matter expertise in the areas of employment, self-direction, community living, and behavioral and physical health services. LifeShare also provides a "Rapid Crisis Support" service for Sunflower's members with IDD who are at risk of being institutionalized or losing their residential or support services. Within 24 hours of a referral from the plan, LifeShare is able to offer clinical telephonic support to the member and their family. LifeShare works with all of the parties involved in the member's care, including Sunflower's clinicians, to determine the underlying drivers of the crisis, figure out what resources are needed to address the crisis, and then works with the plan to get those resources in place.

Sunflower has also partnered with LifeShare to expand the capacity of medical, dental, behavioral health, and LTSS providers across Kansas to serve individuals with IDD. The plan has sponsored extensive provider recruitment and training to make sure that their members have access to best practice care across the state. This not only benefits Sunflower's members, but also improves access to care for individuals with IDD who are members of other Medicaid and commercial plans. Plan leadership sees this program as an opportunity for Sunflower to be part of a ground-breaking experiment in improving care for the IDD population, and is committed to changing the culture of care for members in Kansas.

Sunflower and LifeShare have worked together to develop a person-centered approach to care management for members with IDD. For all individuals receiving LTSS, but especially for this population, the goals of care are more about supporting independence and achieving personal objectives than meeting clinical goals. One example has been Sunflower and LifeShare's work with Project Search, an internship program that connects young adults with IDD to employment opportunities. Nationally, employment programs for persons with disabilities have an 18 percent

success rate. Project Search, however, has a 73 percent success rate nationally and a 70 percent success rate in Kansas. LifeShare has been managing this program statewide since January 2016, and Sunflower also provides internships to participating students with disabilities at their corporate offices.

Sunflower is investing in this LTSS integration program as part of a longer-term strategy to serve the IDD population well, and is not currently breaking even financially with this population. The plan has already gained valuable knowledge and experience about how to work with this population. The plan believes they provide a seamless experience and that the program is working well for members. One sign of success is that about 46 percent of the IDD population in the state has enrolled in Sunflower, including a disproportionate share of the highest acuity individuals. Many providers and advocates were initially skeptical of managed care, but have become more supportive after seeing the seriousness with which plans have implemented the program.

Behavioral Health Integration

Sunflower is seen as a leader among Centene plans in integrating behavioral health into the overall care management structure. The plan accomplishes this through a partnership with Envolve People Care—a specialty company (and Centene subsidiary) that provides comprehensive managed behavioral healthcare services to health plans across the country.

Behavioral health is fully integrated to Sunflower’s care management process. A team of 13 Envolve People Care employees are embedded across Sunflower’s regional care management teams to provide short-term, supplemental care management support for members experiencing acute behavioral health issues. This team is a mix of masters-level behavioral health clinicians licensed by the state and individuals with at least a bachelor’s degree in a behavioral health-related field. This Envolve People Care team provides acute assessment and care management or service coordination for any member needing this support. They also serve as a resource to other care managers as needed, and help to develop behavioral care plans.

Sunflower and Envolve People Care also employ ten IDD behavior specialists who are embedded in the regional teams to serve as the primary care manager for members with IDD who have a high-risk behavioral health need. These behavior specialists have at least a bachelor’s degree in a human or behavioral health services field of study and have received additional training from the plan on Positive Behavioral Supports and Quality of Life assessments. This training prepares these team members to complete a variety of assessments and assist with in home behavioral support plans. Additionally, the plan’s psychiatrist and behavioral health specialists participate in IDT meetings to provide expertise on behavioral health issues.

Relationships with Providers

Sunflower has a wide network of medical providers and specialists able to meet the needs of members, including many with specialized competence in serving persons with IDD. The plan does not currently have risk sharing as a part of the contracts with these providers. Primary care providers (PCPs) do not usually play a significant role in care management for members receiving LTSS. However, Sunflower care managers assist with scheduling doctor appointments or may speak to them if the member has a concern or grievance about their care. Further coordination between the plan and PCPs happens when members agree to participate in complex case management for a clinical issue. For these members, the nurse managing the case will coordinate with the PCP and other providers to address the member's issues.

In establishing KanCare, the state included many protections for existing LTSS providers. For the first three-year contract, plans were required to offer contracts to all existing long-term care providers, including those that might be lower quality or higher cost. The state also sets minimum rates that plans pay to long-term care facilities and HCBS providers, which means that the plan is not able to negotiate below the state rate structure. In addition, for the first three months of managed care, and the first six months of IDD LTSS, the plans were required to provide continuity of care, paying 100 percent of the service rate to out-of-network providers that members were already utilizing. For LTSS residential services the continuity of care period was one year.

Financial Integration

Financial Alignment

Many of Sunflower's members receiving LTSS are dually eligible, including almost 60 percent of the IDD population. The plan does not currently offer any Medicare coverage, but will launch a Medicare Advantage program in 2018 in limited counties. Current Sunflower members in LTSS who choose a Medicare Advantage plan could elect to obtain that coverage from Sunflower. Centene has plans in other states that are participating in the duals demonstration project, but this is not an option in Kansas. For Medicaid-only members, the plan is fully financially aligned. However, for dual eligible members, Sunflower does not have primary medical coverage. This makes it difficult for the plan to manage dual eligible members, because they do not receive the necessary information from their Medicare plan to coordinate services. For example, Sunflower may not be notified when a dual eligible member is hospitalized. Individuals who are in a nursing home for a short-term stay can also be difficult to manage because of this disconnect. An individual who is a good candidate for HCBS may not enroll in Sunflower until they have spent down their personal resources, at which point they may have lost their community housing or declined to an extent that they can no longer be supported in the community. Sunflower may not be notified of a dual eligible member's institutionalization until the 90 days of Medicare coverage is completed, at which point it can be much more difficult to move them to the community for the same reasons.

Sunflower's cost structure is unique among Centene plans, and among the other organizations profiled by this study. The primary driver of cost for Sunflower is LTSS, not medical care. In 2015, Sunflower

paid 2.3 times more for IDD residential and nursing facility services than for acute inpatient stays across their entire enrolled population. This unusual spending profile may be explained by the fact that Kansas does not carve out any population from the managed care program, whereas many states carve out individuals with IDD and those who are institutionalized.

The state sets a blended rate for individuals with IDD that is adjusted for dual or non-dual status, age bands, and region. There are five tiers of acuity within the IDD population, which determine level of services and provider payments, but plan rates are not adjusted to account for their acuity mix. Kansas also sets a single blended rate for the physically disabled and frail elderly members receiving LTSS in the community or in nursing facilities. This financially incentivizes plans to move members out of institutions if possible. In 2015, Sunflower successfully repatriated 217 members from nursing facilities to the community. However, 370 new members in nursing facilities joined the Sunflower plan. Thus, overall nursing facility days have not declined because the plan receives new institutionalized members just as quickly as they repatriate others.

Comprehensive Benefits and Flexibility in Use of Funds

Sunflower offers a comprehensive benefit package and the state allows some degree of flexibility in how the plan spends capitation dollars. As part of this flexibility, the plan sometimes pays for non-covered benefits in order to improve member outcomes and decrease the risk of hospitalization.

As part of the shift to Medicaid managed care, each MCO was required to offer value-added services at no cost to the state. Sunflower provides these services, but is not reimbursed for doing so. Sunflower's value-added services include things such as: a rewards card for healthy activities, adult dental care, smoking cessation and weight management programs, peer-to-peer support, and in-home tele-monitoring. As mentioned above, Kansas has waiting lists for several HCBS waivers. Individuals on the waiting list are not entitled to receive any HCBS services. However, Sunflower does offer their members on the waiting list care coordination, respite care, and hospitalization support for wait-listed members with IDD as value-added services. Sunflower covers these services because they sometimes prevent expensive crises, like hospitalization. When care managers reach out to members on the waiting list, they identify their needs and help connect them to covered medical and behavioral health benefits, as well as to available community resources. These contacts also include information about employment programs that may assist members with obtaining needed assistive devices and attendant care services without waiting.

Sunflower also offers "in lieu of services" which allow greater flexibility in meeting an individual's needs. For example, the plan can use "in lieu of services" to provide a benefit from one waiver to a member of a different waiver, or to go over the benefit limit of services to which a member is entitled. One example of how Sunflower has used this flexibility was to allow a member with a traumatic brain injury to move into a less restrictive setting. This member was living in a rehabilitation facility because he could not be safely supported at home. Sunflower was able to identify an IDD residential provider who could meet his needs, even though he was not eligible for the IDD waiver service. They were able to cover his services in the new setting as "in lieu of services," supporting his independence while

substantially decreasing the total cost of his service plan. The plan must report all encounters paid for as “in lieu of services” to the state, but some encounters will be rejected if they exceed the benefit limit. The plan leadership was not able to explain how the state uses this information in setting rates, as this process is not clear.

Quality Metrics and Performance Management

Kansas’s contracts with MCOs include a rigorous pay-for-performance program that requires plans to achieve certain quality benchmarks. For 2013, three percent of each plan’s capitation was withheld contingent on meeting 15 metrics. For later years, amounts ranging from 2 percent to 3.5 percent are at risk for repayment to the state and specific measures have evolved as the program has matured. These metrics cover physical health, behavioral care, and LTSS. Performance measures for LTSS include increased competitive employment for members with intellectual and/or physical disabilities, increased integration of care, decreased fall risk for residents of nursing homes, and decreased use of institutional LTSS for eligible individuals.⁷ In order to receive the incentive payment, plans must not only meet the state benchmark but also improve performance by 5 percent each year. Plans are also required to report a number of quality metrics outside of the measures used for determining incentive payments.

Sunflower tracks additional quality measures internally, with a particular focus on decreasing ER and hospital utilization, reducing polypharmacy and psychotropic medication use, closing care gaps, moving towards less restrictive living and work environments, and increasing primary care utilization. The plan is investing in the ability to monitor performance with their case management software. The system is already able to link and report on claims data, HEDIS measures, and care management process measures to track member outcomes. In the future, the plan intends to incorporate service plans and Integrated Life Plans in a way that allows them to track and report on member goals and progress. Currently, Sunflower uses the system to assess care manager performance on a range of process measures, including completed tasks and turnaround time. Sunflower also uses advisory groups of members and caregivers as a tool to solicit feedback on the plan’s performance in meeting member needs.

At the corporate level, Centene is also developing tools that will enable measuring, reporting, and analyzing quality outcomes for Sunflower members. The organization is currently developing a sophisticated LTSS management dashboard that includes data on members in Centene’s MLTSS plans across the country. The tool will incorporate the institutionalization rate, HCBS utilization by type of service, data on transitions, quality of life measures, quality metrics that enable community living, and detailed medical utilization data including inpatient and ER utilization. This dashboard will build on Centene’s existing capacity to pilot new interventions and evaluate their impact.

⁷ The full list of measures is available at: http://www.kancare.ks.gov/quality_measurement.htm

Sunflower does not currently have quality incentive programs for network providers, but is beginning to move in that direction. The plan has begun to share data on utilization trends with providers and having conversations about goals and expectations.

Key Integration Strategies and Outcomes

Sunflower leadership believes that their program—and Medicaid managed care in Kansas—has succeeded in improving care for members while managing costs. However, the plan has not seen a decline in medical utilization—in particular in hospital admissions, readmissions, or lengths of stay—since launching the program. There are several possible explanations for this. There may be an impact on utilization for dual eligible members, but Sunflower does not have access to the Medicare data that would show this. Sunflower does not have access to the pre-KanCare data. It may be too soon to see an impact—the program has only been in place for a couple of years, and part of that time has been spent in program implementation and development. This is also the first time the IDD population has been included in managed LTSS, and inpatient utilization may not be the right metric of success for this population. Sunflower members with IDD have high LTSS utilization but relatively low medical spending at baseline.

Integration has resulted in substantial non-financial outcomes. Since launching KanCare and carving in the IDD population, Sunflower has observed clear improvements in the quality and processes of care. The program offers members a much more seamless experience, there is greater collaboration across disciplines, and the plan has the ability to address member challenges quickly. Sunflower also noted that members have greater access to care—the plan has increased many members’ service plans and has added new benefits that were not previously available to Medicaid beneficiaries.

State-level data supports this improvement in access. Since implementing KanCare, the state has offered HCBS to thousands of individuals who were on waiting lists, and increased the average level of services that HCBS beneficiaries received.⁸ Additionally—contrary to data available to Sunflower—state data shows a decrease in emergency room visits and hospital stays for the population receiving LTSS.⁹ Even without these utilization outcomes, improving access to and quality of care while managing cost growth is an important benefit for individuals receiving integrated care.

Sunflower views the regional, localized, and integrated care team approach to their operations as key to their success in achieving results for members. This structure allows the plan to make decisions quickly for the member and engage multiple disciplines to work collaboratively to meet the member’s needs. Without this approach, providers may work in silos.

The plan’s approach to integrating care for members with IDD is unique and impressive. Centene has taken a long-term approach and made significant up-front investments in order to develop a high-quality and innovative product that will position the company as a leader in serving this population.

⁸ A. De Rocha (2015) “Letter: De Rocha: KanCare delivers better outcomes,” The Garden City Telegram. Available at: http://www.gctelegram.com/opinion/letters_to_the_editor/letter-de-rocha-kancare-delivers-better-outcomes/article_bd2476e4-937a-524f-9378-5e859bb61fe6.html

⁹ Ibid.

Plan leadership view the collaboration between Sunflower, LifeShare, and Envolve People Care as having a powerful impact on members and improving population health. Sunflower believes that ultimately these investments will decrease medical and behavioral care costs, improve members' quality of life, increase member engagement, and increase the plan's impact.

Key Components for Successful LTSS Integration: Case Studies of Ten Exemplar Programs

Long-Term Quality Alliance

Long-Term Quality Alliance (LTQA) is a community of organizations aimed at improving outcomes and quality of life for persons and their families who are managing functional limitations due to chronic health conditions. It draws member organizations from the full range of health care and social services delivery systems involved in provision, administration, innovation, policymaking, and advocacy for quality long-term services and supports (LTSS).

Organizations come together in the Alliance to share knowledge and experience needed to advance development and continuous improvement of high-quality systems of integrated, person- and family-centered LTSS. The Alliance serves as a convener of disparate private-sector and governmental organizations, with an eye to identifying and resolving the most significant challenges and advancing the replication of successful models that demonstrate the potential for more widespread adoption of person-centered LTSS integration.

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*Advancing high-quality, person- and family-centered,
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