



State of Florida
Agency for Health Care Administration
Request for Information | RFI 014-21/22
Re-Procurement of the Statewide Medicaid Managed Care Program

Submitted by:

Sunshine State Health Plan, Inc.
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ORIGINAL / UNREDACTED

A. The Respondent's name; place of business address(s); web site address, if applicable; and contact information, including representative name and alternate, with telephone number(s) and e-mail address(es).

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B. A description of how the Respondent's approach will offer advantages or improvements over existing processes of the SMMC Program. The description should also identify known or potential concerns with the approach.

Sunshine State Health Plan, Inc. (Sunshine Health) has operated as a managed care organization in the Statewide Medicaid Managed Care (SMMC) program in Florida since 2009. Today, Sunshine Health is the largest Medicaid managed care organization (MCO) in Florida, providing care for more than 2.3 million Floridians, including over 1.73 million individuals within the Comprehensive MMA and LTC program, the Serious Mental Illness (SMI) Specialty Plan, and the Child Welfare (CW) Specialty Plan. We also offer Marketplace, Medicare Advantage, Medicare Prescription Drug Plans, and Dual special needs plans, providing the full continuum of coverage for Floridians at all stages of life. As part of our mission to transform the health of the community, Sunshine Health also partners with the Department of Health to provide care for children with special healthcare needs through the Children's Medical Services Health Plan.

We are proud of what we have accomplished in partnership with the Agency for Health Care Administration (AHCA) to deliver accessible, equitable, and culturally sensitive care to fellow Floridians who need it most.

Sunshine Health appreciates the opportunity to share our thoughts and ideas. We look forward to learning about the innovations and best practices shared across stakeholders to improve the SMMC program and contribute to optimal outcomes. As a managed care organization, our role is to effectively and efficiently manage and promote the delivery of healthcare services. This responsibility includes a commitment to improving provider and SMMC recipient experience, access to providers and services, and cost efficiency across the program. For this RFI response, we organized our innovative ideas, lessons learned, and best practices into the following categories, each touching on several of the themes AHCA highlighted as areas of interest:

- Improving Providers' Experience with the SMMC Program
- Improving Recipients' Experience with the SMMC Program
- Increasing Timely Access to Providers and Services
- Achieving Cost Savings Throughout the SMMC Program

Improve Providers' Experience with the SMMC Program

Recommended Value-Based Payment (VBP) Designs to Increase Quality and Reduce Costs

Sunshine Health believes broad adoption of the VBP models described below will result in improved data sharing across products and service delivery entities. We recommend AHCA encourage MCOs to:

- Offer a selection of VBP models informed by provider input and aligned with Health Care Payment Learning & Action Network (HCP-LAN) categories 3.B (Alternative Payment Models with Shared Savings and Downside Risk) and above, which are designed to increase quality outcomes while simultaneously bending the cost curve.

- Offer at least one HCP-LAN category 3.B or above VBP model designed to reward primary care providers (PCPs) that maintain performance against defined quality and cost containment thresholds, such as Sunshine Health’s program, which includes program participant PCPs serving more than 450,000 of our Medicaid members.
- Offer at least one Long Term Care (LTC) VBP model designed to foster transition of care to assisted living facilities or other home-based community services locations, such as Sunshine Health’s Transitions of Care model, which incentivizes Assisted Living Facility (ALF) providers who support LTC members in maintaining their independence in a community setting following a transition from a custodial nursing home stay. Sunshine Health implemented this model in 2019, resulting in the transition of over 1,000 members into a community setting and provided over \$1 million in incentive payments to our ALF providers.
- Offer at least one HCP-LAN category 3.B or above VBP model designed to reward practices that provide, at a minimum, integrated primary health (PH) and behavioral health (BH) services and that maintain performance against defined quality and cost containment thresholds, such as Sunshine Health’s Behavioral Health Home model which serves more than 16,000 of our Medicaid members.
- Implement VBP models designed to incentivize providers for applying Evidence-Based Practices (EBPs) targeted to specialist or member cohorts, such as Sunshine Health’s Child Welfare EBP Incentive model.
- Align VBP model quality metrics and outcome thresholds with AHCA’s Comprehensive Quality Strategy, and the Florida State Health Improvement Plan.
- Continuously assess readiness among provider networks for movement along the HCP-LAN continuum toward VBP models designed to increase quality while reducing costs and applying a tailored approach to supporting each provider toward achieving their goal.
- Actively solicit feedback from specialty providers, including BH providers and LTC providers, on the design of advanced VBP models that would be attractive and meaningful among specialty provider practices and their member panels.

Recommended Provider Administration Simplification Strategies to Promote the Quadruple Aim

We recommend AHCA encourage MCOs to:

- Support implementation of a centralized credentialing solution. Sunshine Health’s affiliate Medicaid health plans that participate in centralized credentialing processes, including those in Texas and Georgia, have received overwhelmingly positive feedback from their provider partners on the reduction of the administrative burden associated with decentralized credentialing.
- Support implementation of a centralized provider demographic solution. This initiative would allow providers to submit demographic changes (such as phone number, address, and e-mail) to a single source versus submitting to multiple MCOs and would be aligned with the centralized credentialing solution.
- Collaborate on implementing and maintaining a single, payer-agnostic electronic Prior Authorization (PA) submission solution.
- Offer incentives such as a “Gold Card” program through which MCOs minimize administratively burdensome processes among high-performing providers, such as implementing certain claim edits.

Recommended Best Practices to Reduce Administrative Burden and Maximize VBP Success

- Reducing Provider Administrative Burden through a High Touch, Local Provider Engagement (PE)

Model. We recommend that AHCA require MCOs to hire Florida-based provider-facing PE staff with offices located within the region they are supporting to better understand the unique challenges providers and members face within their communities.

Maximizing VBP Success and Reducing Administrative Burden through Common Support Tools

We recommend AHCA require MCOs to:

- Develop tools that regularly assess providers' capacity for practice transformation, VBP readiness or advancement, and performance improvement.
- Collaborate to identify and standardize the type of performance data and reports that would assist primary care providers, BH providers, specialty providers, LTC providers and hospitals in supporting key quality outcomes that align with AHCA's Comprehensive Quality Strategy to ensure alignment in improving the health of the community.

Recommended Strategies to Reduce Administrative Burden during Member Transitions of Care

Member transitions of care often involve multiple providers across care settings; members and their families/caregivers; and complex medical and social needs, which can contribute to provider administrative burden. We recommend AHCA consider the following:

- Ensure continuity of care and non-disruption of services during transitions of care at both a member and provider level. We recommend AHCA require MCOs to share a standard set of health information including the member's care plan and a historical member profile, inclusive of open authorizations and providers seen in the last six months, as members transition across products and/or health plans (SMI/LTC, Child Welfare and CMS, aging out of foster care, etc.). For example, Sunshine Health facilitates a comprehensive pediatric to adult provider program that includes training and assistance with transferring health records and supporting the member to a successful transition.
- Include additional CPT codes for "transition-related services" such as 99449, 99451, 98972, within the Medicaid Fee Schedule. The additional codes will support improved communication across providers and coordination of care for the member transitioning.

Improve Recipients' Experience with the SMMC Program

Improving recipient experience fundamentally starts with engaging with the member in a way that makes them feel connected, makes it easy for them to access care, and meets them where they are in their healthcare journey. The following would help MCOs better engage their members:

- **Contact Information on the 834 File.** One basic, but fundamental aspect of engagement is ensuring we can contact the member timely. To aid in this, we recommend that AHCA partner with the Department of Children and Families (DCF) to require members provide their cell phone and email contact information upon enrolling. Making these fields mandatory in 834 file transmissions to the SMMC MCOs will greatly increase member engagement and touchpoint opportunities. For example, in 2019 when a Centene health plan started emailing member reward reminders, the health plan saw a 14% increase in member rewards usage.
- **Electronic Document Sharing.** Allow MCOs to share documents with members through their preferred choice of communication, including text, email, and postal service.
- **Member Education.** Encourage MCOs to educate members on the importance of sharing health information across payers and providers. Operationalizing this will require obtaining member-directed consent upon enrollment to share information across payers and providers.

Additional best practices and innovations to improve recipient experience are described below.

Make Health Care Services Not Only Available – But Accessible

- Encourage MCOs to increase access to telehealth and provide telehealth technical support services for recipients.
- Encourage MCOs to incentivize providers to expand office hours to evenings and weekends.
- Recommend AHCA evaluate network *accessibility* criteria instead of availability. These new criteria could adopt the inclusion of telehealth providers, in-home providers, and in-lieu-of providers within accessibility standards.

Employ Trusted Messengers to Engage Recipients in the Communities Where They Live

Community health workers engage members by meeting them at their points of need in the community and offer face-to-face and frequent support to encourage members to make healthy choices, engage in preventive care, and promote improved health and wellness. We recommend that MCOs connect members with community health workers through referrals to organizations such as regional Pathways Community HUBs. The Pathways Community HUB model is an evidence-based strategy to address health disparities and promote improved health outcomes by allowing community health workers to receive incentives for coordinating needed services. A study of the Northwest Ohio Pathways HUB found that high-risk mothers that did not receive services through a HUB were “1.55 times more likely to deliver a baby needing a special care nursery or care in a neonatal intensive care unit, compared to high-risk members who received services from the HUB¹.”

MCOs should work collaboratively with multi-sector entities and system partners, including Florida Department of Children and Families (DCF) Care Coordinators and Care Navigators. Collaborative initiatives may include addressing health literacy through culturally competent education to assist members in understanding their benefits, the importance of preventive care and managing chronic conditions. Provide person-centered care decision support, including caregiver and family support tools, that empower members, caregivers and their families to make informed decisions about their whole health needs.

Removing Social Determinants of Health (SDOH) Barriers

Members’ healthcare needs are often complicated by SDOH gaps that serve as barriers to achieving optimal care and can impact a member’s ability to take personal responsibility for their health and wellness and negatively impact their experience with the healthcare system. Identifying and addressing social determinants (e.g., access to healthy food and safe, stable housing, lack of transportation, etc.) through health risk screenings and assessments can improve health for members. Use of social determinant data coupled with claims and other supplemental data can assist MCOs in tailoring engagement strategies.

MCOs can educate members on the availability of community-based resources and help them access these resources through a community resource and referral tool with closed loop referral capabilities. We recommend that MCOs offer a searchable database of vetted and regularly updated community-based health and wellness resources and refer members to these resources to address SDOH needs, documenting (closing the loop) when members receive those services. We also recommend requiring MCOs to report the number of SDOH referrals and documentation of closing the loop on the referral. For example, Sunshine Health’s community resource platform, which is available to the public, provides information on available community resources that address SDOH, including outreach and engagement to ensure the member referral gap has been closed.

¹ T.R. Goldman, “Charting A Pathway To Better Health,” Health Affairs Vol. 27, no. 12 (2018): 1921.

In addition, MCOs should be encouraged to offer expanded benefits to help members with SDOH barriers. Examples include offering an expanded transportation benefit to safety net support services like WIC appointments, job fairs/interviews, career counseling, and peer support services such as Alcoholics Anonymous and Narcotics Anonymous.

Leverage the managed care delivery system, either through expanded benefits or other mechanisms, to promote sustainable economic self-sufficiency among Medicaid recipients in the short and long term.

Social factors such as poverty, food insecurity, housing, and employment can affect an individual's overall health and well-being. Sunshine Health is aware that one social barrier does not exist in the absence of others. To help members achieve and/or sustain economic self-sufficiency, an MCO needs to have a holistic view of all social barriers and processes and systems in place to assess and address members' social barriers. For example, if a work-ready member's transportation barrier prevents them from seeking and/or retaining employment, solving the lack of transportation could improve the member's employment opportunity.

MCOs can develop a comprehensive workforce development and employment support program for their members and the communities they serve. This workforce development program would break down social barriers by providing services ranging from surveying member needs to providing access to a searchable community resource database as well as resources such as vouchers for the General Education Diploma (GED), invitations to job fairs, resume assistance, enhanced transportation, and career coaching.

Increase Timely Access to Providers and Services

Ensuring timely access to quality providers and services is one of the key components to a managed care delivery system. Florida is a diverse and large state, both in population and geographically, so rural areas continue to be a challenge in the delivery system. Continued innovations, including increasing access to and enhancing the delivery of telehealth, supporting health literacy, and addressing SDOH is critical. Sunshine Health recommends these focus areas to increase access to providers and services:

- **Equitable Access to Telehealth.** The pandemic made it clear that both members and providers are willing to adopt telehealth as a means of receiving needed services and supports. MCOs need to be ready to expand and enhance partnerships and investments to ensure that telehealth is equitably delivered and received, especially in rural areas, so that every member has timely access to providers and services. MCOs will want to work with provider groups and health systems with sophisticated, in-house telehealth infrastructure; but also need to support smaller providers to ensure they have the resources needed to enhance telehealth capabilities for their patients, which may include technical assistance with billing or even provision of equipment.
- **Enhancing Network Adequacy by Leveraging Telehealth Availability.** Telehealth adoption soared during the pandemic, proving SMMC program recipients are open and receptive to using technology to expand their options for care and reduce the barriers sometimes associated with in-person visits, especially for recipients in rural areas. This emerging trend should be considered by AHCA when determining network adequacy standards and criteria.

Removing Access Barriers by Addressing SDOH

Addressing SDOH is critical to an individual's ability to effectively access providers and services. Allowing MCO flexibility to implement value-added services to meet the needs of our membership, especially considering the recent pandemic, is integral to improving health outcomes. Sunshine Health proposes the following as specific, statewide approaches to collectively address SDOH:

- **Utilizing a Universal SDOH Screening Tool.** Aligning with the recent Health Effectiveness Data and Information Set (HEDIS) proposed *Social Need Screening and Intervention* measure, AHCA should consider providing guidance to MCOs on a single tool that will be used, (with the ability for variation with specialty plan or targeted populations as needed), such as Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE), a national effort to help health centers and other providers collect the data needed to better understand and act on their patients' SDOH. The PRAPARE assessment tool consists of a set of national core measures as well as a set of optional measures for community priorities, informed by research, experience, and stakeholder engagement. It aligns with national initiatives prioritizing SDOH (e.g., Healthy People 2030), clinical coding under ICD-10, and health centers' Uniform Data System (UDS), with Electronic Health Record templates available for many large systems, such as eClinicalWorks, Epic, and NextGen. MCOs should work with their providers to ensure that such a tool is embedded within their electronic health record and proper follow up is both occurring and documented within the record.
- **Utilizing Z Codes.** The Agency could leverage the MCOs to collect SDOH-related information by offering guidance on collecting information using Z codes and sharing that information across the delivery system.
- **Expanded Benefits.** To support the ability of health plans to quickly address member needs we recommend the Agency to consider allowing the MCOs the flexibility to implement expanded benefits throughout the year instead of the annual submission.
- **Strengthening MCO Connections to Community.** To strengthen MCO connections in the community, we also recommend that the Agency consider allowing MCOs to reinvest some or all of any annual Achieved Savings Rebates back into community investment initiatives with nonprofit organizations to encourage financial support of social safety net programs upon which many SMMC program recipients rely. Investing in the social safety net to address barriers to health for SMMC program recipients will lead to improved health outcomes and lowered costs as more recipients are reached and can better engage in preventive and regular primary care. For example, one way Sunshine Health supports our local community partners is through microgrants, working with organizations like Mid Florida Homeless Coalition and Second Harvest of the Big Bend to help address homelessness and food insecurity.

Improve birth outcomes for mothers and infants through and beyond 12-month postpartum coverage period.

MCOs in Florida should continue working with state and local partners such as the Florida Perinatal Quality Collaborative, participating hospitals, and the March of Dimes to further the work that is contributing to three of the Agency's quality initiatives: decreasing primary C-Sections, decreasing the incidence of Neonatal Abstinence Syndrome (NAS), and decreasing the number of preterm births. In addition to these initiatives, it will be important for the MCOs to work with the same partners to achieve a number of the proposed State Health Improvement Plan (SHIP) measures, including increasing the percentage of very low birth weight infants born in a level III or higher hospital, decreasing length of stay for infants diagnosed with NAS, reducing the rate of congenital syphilis, reducing the Black infant mortality rate, increasing hospitals with a written breastfeeding policy, reducing pregnancy-related infant mortality, and increasing the mothers with Medicaid who attend a postpartum care visit. Greater collaboration on these aligned measures and initiatives can create greater impact and truly move the needle on maternal and perinatal health and health outcomes. Supporting these efforts should be evidence-based practices with a laser focus on health equity.

Leveraging Evidence-Based and Best Practices

Sunshine Health proposes that the Agency consider a focus on the following evidence-based and best practices:

- **Doula Services.** Perinatal services and supports provide important opportunities to improve birth outcomes for birthing individuals. One evidence-based approach to improving care is connecting pregnant individuals to doula services. One study found that when a pregnant person receives doula care, they are four times less likely to have a low-birth-weight baby, two times less likely to experience a birth complication, and significantly more likely to initiate breastfeeding². Support from AHCA to identify and maintain eligible and active doula providers for Medicaid members would help all MCOs ensure more timely access to this evidence-based service. Further, consideration in making doula services a standard benefit, given the evidence-based research, may also assist in timely access to this impactful service.
- **Promoting Safe Sleep Programs.** In Florida in 2019, the infant mortality rate due to sudden infant death syndrome (SIDS) was 28.6 per 100,000 live births, accounting for 4.7% of all infant deaths in Florida in the same year. With a national average of 33.3 per 100,000 live births (2019)³, SIDS has been an area of focus for many of our plans across the country. Our affiliate plan in Louisiana, Louisiana Healthcare Connections, established a partnership with Cribs for Kids to implement a nationally recognized safe sleep program to reduce infant sleep-related deaths. The program provides Safe Sleep Survival Kits containing education materials and portable cribs. After a two-year pilot, the infant mortality rate in the two pilot counties saw a 56% reduction in the infant mortality rate⁴. The role of MCOs either leading or partnering in local and state-wide initiatives, leveraging the MCOs communication channels with members, including care management teams and outreach materials, can help ensure that supports and services are available to members when they need them. MCOs should ensure that they are connected to or leading initiatives related to sudden unexplained infant death (SUID) in Florida, contributing to the proposed SHIP measure to reduce SUID rates.
- **Home Visiting.** Home visiting programs are another best practice in improving maternal and child health outcomes. Ensuring that families are aware of and connected to programs like Nurse Family Partnership, Florida's Maternal, Infant, and Early Childhood Home Visiting Program, Healthy Start, and Early Steps, (as a positive screen would indicate) are first steps to supporting our families and children. MCOs should also partner with and invest in additional evidence-based programs, such as Parents as Teachers, to provide additional wrap-around supports, as needed. For example, Nurse Family Partnership is only available to first-time mothers. Parents as Teachers provides home visits to all mothers in need, going beyond the first 12 months of life. Research published in 2018 showed that there was a 22% decreased likelihood of child maltreatment substantiations for Parents as Teachers families compared to non-Parents as Teachers families⁵.

Maximize home and community-based placement and services through proactive aging-in-place strategies.

As Florida's population is projected to continue growing, including the 65+ population, it will be critical

² Gruber KJ, Cuptio SH, Dobson CF. 2013. Impact of Doulas on Healthy Birth Outcomes. Journal of Perinatal Education. 22(1). 49-58. Accessed from:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/#:~:text=Expectant%20mothers%20matched%20with%20a,more%20likely%20to%20initiate%20breastfeeding.>

³ www.marchofdimes.org

⁴ Louisiana Healthcare Connections. Newsroom. Accessed from: <https://www.louisianahealthconnect.com/newsroom/louisiana-healthcare-connections-expands--safe-sleep--program-st.html>.

⁵ Chaiyachati, BH, Gaither, JR, Hughes M, Foley-Schain K, Leventhal JM. May 2018. Preventing child maltreatment: Examination of an established statewide home-visiting program. Child Abuse and Neglect Vol. 79, 476-484. <https://doi.org/10.1016/j.chiabu.2018.02.019>.

for MCOs to utilize strategies that enhance the supports and services available and accessed to help people age-in-place. Sunshine Health suggests focusing on specific activities that can promote aging-in-place.

- **Services and Supports.** Home modifications can be critical to an individual’s aging-in-place plan, and MCOs should be ready to assess for and assist in securing essential home modifications for members. AHCA could also explore additional in-lieu-of services such as Day Habilitation and Recuperative Care/Medical Respite to further supporting the member in the community.
- **Special Populations.** The SHIP Plan has several goals to support Floridians with Alzheimer’s and related dementias (including early detection and diagnosis). MCOs should work together and with local partners to achieve the proposed measures within each of the goals. Two key proposed measures that MCOs can contribute to and will be important to aging-in-place efforts are:
 - Increasing the number of people participating in Alzheimer’s disease and related dementias support groups, counseling programs, and education platforms
 - Increasing the number of caregivers who utilize respite programs, including emergency respite
- **Aligned Incentives.** Aligning incentives so that MCOs are working towards shared goals as led by the Agency will promote collective impact. Additionally, the Agency may want to consider an evaluation of the rate structure to ensure that there is financial incentive to keeping members safe in the community to age-in-place.

Improve mental health outcomes for children and adolescents.

In Florida, only 45.4% of children and adolescents, ages 3-17, with a mental/behavioral health condition received treatment or counseling compared to the national average of 52.3%⁶. This continues to be a measure of interest for Florida and has most recently been re-proposed as a SHIP measure. While many barriers exist, including persistent challenges with stigma and workforce supply, there are solutions that can be leveraged in Florida by the MCOs to help contribute to improving access to mental health services. It will be important for MCOs to work with the Department of Health and other partners on strategies that will impact improvements to this measure. Sunshine Health proposes enhancements to these areas.

- **Crisis Stabilization.** Aligned with the recent legislation passed by HB 945 (2020), Sunshine Health remains committed to decreasing the number of children and adolescents who are high utilizers of crisis stabilization services. AHCA should consider implementing guidelines, processes, and assistance to all MCOs that help support members, including care management/care coordination approaches (including discharge planning), workforce training on the High-Fidelity Wraparound Model and Peer Support, robust resource pages for providers and members, enhancements to the Event Notification Service (ENS) to include psychiatric units, and incorporation of the 7-day follow-up reporting requirements where applicable.
- **Mobile Crisis Services.** The SHIP has proposed a measure to address adolescent suicide rates. To contribute, MCOs should work together and with partners to promote and support the use of standardized requirements for mobile crisis units based on SAMHSA (Substance Abuse and Mental Health Services Administration) guidelines.
- **In-Lieu-of Services.** AHCA could consider creative approaches, such as leveraging in-lieu-of services

⁶Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Accessed from: www.childhealthdata.org.

(ILOS) to offer more evidence-based services that contribute to continuity of care and improved outcomes, in addition to the few already included in the current ILOS offerings. Some examples are Parent-Child Interaction Therapy, Brief Strategic Family Therapy, and Functional Family Therapy. Additionally, potential ILOS that benefit the child and family could also include respite and personal care assistants. Provision of these services can help support the SHIP measure focusing on ACEs prevention, while avoiding the need for in-patient admissions. MCOs could contribute by training providers, such as personal care assistants, on how to support and care for children and adolescents with behavioral/mental health conditions.

- **Health Information Exchange.** The growing use and connectivity to the FL ENS has enabled better coordination of care between MCOs and hospitals. To continue to advance this effort we recommend a requirement for all Crisis Stabilization Units to connect to the Health Information Exchange. This connection would result in improved information exchange and improved member discharge coordination, thus achieving cost savings for the state.

Achieve Cost Savings Throughout the SMMC Program

Align quality metrics and outcomes with the Florida State Health Improvement Plan.

Sunshine Health is fully supportive of the State's interest in aligning Medicaid managed care quality metrics and outcomes with the Florida State Health Improvement Plan (SHIP). As an incumbent health plan that has actively participated in the Florida SHIP Behavioral Health Priority Area Workgroup, we appreciate the multi-sector efforts and activities to develop a road map for improving the health of Floridians. A collaborative process is pivotal in creating sustainable strategies that remove barriers to care, reduce administrative burden, minimize costs, and improve population health.

MCOs should be encouraged to align population health programs and community investments with the seven priority areas outlined in the 2022-2026 SHIP. We know from our experience in Florida as well as the experience of our affiliates across the country that the development of cross-sector partnerships can help ensure that these efforts and strategies are aligned across entities at the community level. Through community engagement and collaboration, MCOs can help ensure that resources are targeted towards evidence-based programs that can effectively improve the health of the community and maximize collective impact.

We recommend the following collaborative approaches that support the reduction of health care disparities and align quality metrics with the SHIP:

- **Develop multi-sector collaboratives and workgroups to increase innovation and maximize collective impact.** This is a best practice concept that could be adopted by Florida to improve health outcomes and maximize efforts to move the needle on quality indicators. The Ohio Collaborative to Prevent Infant Mortality is a forum that allows stakeholders and MCOs to work together in a non-competitive environment driving towards the same goal of reducing infant mortality. As part of this collaborative, our Ohio affiliate, Buckeye Health plan, co-leads the All Plan Preterm Birth Subgroup which applies improvement science methodology using SMART (Specific, Measurable Attainable, Realistic, and Time-limited) goals to create robust, care management programs with standardized processes across all MCOs in an effort to reduce preterm deliveries. These forums encourage sharing amongst stakeholders, create an opportunity to collectively address health disparities, and identify areas where better coordination and alignment can advance shared goals and priorities. One avenue to implement such a best practice may be through the use of the current SHIP workgroups to include representation from all the MCOs.
- **Make data-informed decisions by collecting, analyzing, and sharing data.** Successful efforts to

reduce and eliminate health care disparities depend largely on the availability, collection, and use of reliable data. We suggest MCOs and providers collect, use, and share data to identify prevalent health conditions, barriers, and disparities to target quality improvement as well as care and disease management initiatives, leveraging existing community data and efforts.

Enhance specialty health plans services to improve outcomes for recipients. Increase the number of plans to address target populations with specific health conditions or needs.

Sunshine Health is a Serious Mental Illness (SMI) specialty plan MCO and is the single source health plan providing healthcare for the Child Welfare Specialty Plan. We also partner with the Department of Health to provide care for children with special healthcare needs through the Children's Medical Services Plan, providing healthcare services for over 98,000 children with special healthcare needs throughout Florida. To fulfill our vision to transform the health of the community, one person at a time, Sunshine has worked alongside AHCA, providers and key stakeholders across multiple systems of care to meet the unique and complex needs of vulnerable populations served by the specialty health plans. We are proud of what we have accomplished in partnership with the Agency to deliver accessible and equitable, culturally sensitive care to Floridians who need it the most. In the most recent 2019 Quality of Care Indicators Ratings on FloridaHealthFinder.gov, our Child Welfare Specialty Plan was ranked 5 stars in Pregnancy Related Care and Behavioral Health Care, and 4 stars in Keeping Kids Healthy. We support maintaining the specialty plans, expanding the eligible target populations and adding a new specialty plan for a target population.

Maintain Specialty Plans to Address the Needs of Complex Populations

We believe there is value in maintaining the current approach to contracting and offering on a statewide basis each type of specialty plan. Specifically, the advantages of maintaining a specialty health plan responsible for delivering whole-person care across systems of care allows for:

- A singular focus on the needs of the population supported by a specialized model of care and aligned contractual and financial incentives
- A more seamless system of care in which a single health plan is able to develop relationships to support the delivery of services for complex populations and their caregivers/families and system partners
- An enhanced ability to innovate, transform, and strengthen interventions with system and effectively scale programs and initiatives across the entire State
- Reduced provider administrative burden as a result of uniformity, thus reducing complexity and enabling providers to concentrate on providing health care to the state's most vulnerable members, and
- An effective model of care for bending the cost curve by improving outcomes.

Expand Specialty Plans to Address the Target Populations

Specialty Plan for Aged, Blind, and Disabled (ABD) Members. Sunshine Health has approximately 178,000 ABD members, 79% of whom are non-dual. Nationally, our ABD members have a 76% higher prevalence of chronic conditions than traditional Medicaid members. These members are typically well-represented within the advocacy community and are likely already overwhelmed with navigating a complex system while dealing with multiple complex comorbid medical and behavioral health conditions. To produce the best outcomes, care coordination must be tailored to meet the needs of the ABD population and go beyond the bounds of healthcare services to provide planning and resources for housing, transportation, education and employment, allowing the person to function most effectively in home, school, work and social settings. The largest drivers of cost for ABD members

tend to be durable medical equipment, pharmacy, behavioral health, and transportation. Informed by our experience in Texas and Indiana, we recommend that AHCA explore the creation of a single, statewide specialty plan to serve ABD members to best control these costs and ensure services are of the highest quality. We possess an applied understanding of—and appreciation for—the needs of the ABD population, their barriers to care and the unique issues they face every day. Coordinating care for multiple complex conditions, an understanding of the disability culture, and more complex needs that result in additional resource needs are all considerations for adopting an ABD Specialty Plan.

Expand Target Populations Eligible to Enroll in the Child Welfare Specialty Plan

Informed by our Florida experience and the extensive foster care experience of our parent company, Centene, as well as that of our affiliate health plans in Texas and Washington, and our most recent award in Missouri managing sole source Foster Care managed care programs, Sunshine Health suggests the following two programmatic enhancements to the existing Child Welfare specialty plan for AHCA consideration:

- **Expand the target population to include youth aging out of the foster care system up to age 26.** Our affiliate health plan in Washington which administers the State’s single, statewide Medicaid managed care plan for Foster Care children and youth provides services for foster care "alumni" as they are eligible for Medicaid up to age 26. Expanding the eligible population allows for continuity and non-disruption of services and promotes resiliency and independence for individuals who have transitioned out of the foster care system. We believe this is a best practice for potential adoption for Florida.
- **Allow Medicaid eligible parents of children and youth enrolled in the Child Welfare Specialty Plan to enroll in the same Child Welfare plan on a voluntary basis.** Sunshine Health understands the complex challenges that often face Child Welfare members, caregivers, and providers, including access issues, eligibility verification issues, and fragmentation of care. Our approach to managing the Child Welfare population is one of coordination and continuity, serving as the ‘medical home’ for this transient, vulnerable population. To that end, we think there is value in allowing parents of children and youth in the foster care system to also enroll in the Child Welfare Specialty Plan. This would allow for a more holistic approach to address the physical, behavioral health and social needs of the family and promote family reunification. Additionally, this would also allow for better coordination of care and a single care manager functioning as a single point of contact at the health plan that works with the family and caregivers to ensure a more seamless experience for the member and family.

Improve coordination of care for individuals enrolled in both the Medicare and Medicaid programs.

Individuals dually eligible for Medicaid and Medicare benefits often experience fragmented care and poor health outcomes when their benefits are not coordinated. Integrated care models and approaches have the potential to improve member outcomes and experience, reduce provider administrative burden and reduce federal and state spending. Sunshine Health is committed to work in partnership with AHCA, providers, and stakeholders to develop models of care and approaches that ensure a seamless delivery of Medicaid and Medicare benefits and services for dual eligible individuals, particularly those with behavioral health needs and those eligible for LTC.

Sunshine Health and our parent company, Centene, have extensive experience coordinating Medicare and Medicaid benefits for dual eligible individuals. Sunshine Health currently serves over 190,000 Medicare members that are also in our Medicaid managed care plans and nearly 48,000 duals in our HIDE, FIDE and other D-SNP plans. Nationally, our parent company, Centene serves nearly 327,000 dual

eligible individuals through D-SNP plans across 29 Medicaid affiliates (Coordinated, HIDE, and FIDE) and has FIDE-SNPs approved in Pennsylvania, New Jersey, and New York. Centene also serves over 62,000 dual eligible members in our integrated Medicare Medicaid Plans (MMPs) in California, Illinois, Michigan, Ohio, South Carolina, and Texas. This experience gives us insight into what fully integrated care looks like, as well as the key focus areas for integrating Medicaid and Medicare services in a less-integrated environment.

D-SNP Requirement

Sunshine Health recommends that AHCA require that all comprehensive managed care plans offer a D-SNP Plan as a SMMC program requirement, beginning in 2024. Maximizing the use of AHCA's D-SNP contracting authority is an effective policy lever to improve coordination of care for dual eligible beneficiaries. Additional policy options that will foster the coordination and integration of care include:

- **Default Enrollment.** Under a CMS and state approved Default Enrollment program, when a new Medicare eligible member is already covered by a Medicaid MCO, and that MCO has an affiliated D-SNP then the member is automatically enrolled in the D-SNP upon their eligibility date, following prior notification and the opportunity to opt-out and choose either traditional Medicare or a different Medicare Advantage plan.
- **Partner with D-SNPs to develop supplemental benefit packages that complement and do not duplicate Medicaid benefits.**
- **Use of integrated content in member materials such as member handbooks, the summary of benefits, and provider directories.**
- **Use of a single comprehensive assessment and care plan that fulfills Medicaid and Medicare requirements and/or ensures alignment on D-SNP model of care in areas such as transitions of care, assessments, etc.**
- **State and federal coordination for regulatory audits.**

Communication Between Unaligned Payers

Key lessons learned from our Florida and national experience include the importance of having a single point of accountability for coordinating both sets of benefits when coordinating with an aligned D-SNP. We also understand the importance of establishing coordination protocols between Medicaid managed care and unaligned D-SNP and Medicare Advantage care coordination staff as well as with Medicare providers for dual eligible members that are receiving their Medicare benefits via fee-for-service (FFS) Medicare. To that end, we recommend the following for consideration:

- **Build and maintain a list of primary contacts at all SMMC health plans, DSNP, and Medicare Advantage plans in the state to encourage coordination and case conferences with and among health plans to discuss complex cases**
- **Consider adopting contractual requirements for health plans (D-SNPs and Medicaid managed care plans) that share unaligned members to communicate and coordinate regularly and notify SMMC plans within 24 hours of any ER, hospital, or SNF admissions. We know from our experience how critical management of care transitions following an acute inpatient hospital admission (paid for by Medicare) for dually eligible beneficiaries who are receiving home- and community-based services (paid for by Medicaid) are to ensuring optimal care in the most integrated care setting possible and avoiding preventable re-admissions.**

Facilitate Data Sharing

Data sharing will enable health plans to coordinate care with external entities and have visibility into the care members are receiving that is covered by original Medicare or Medicaid. To that end, below

are recommendations for potential adoption.

- Encourage all D-SNP and SMMC plans to have formal agreements with available HIEs and large providers to gain access to member ADT data and medical records to ensure coordination, particularly during transitions of care.

A Proven Partner for AHCA

Sunshine Health measures our success based not only on our own outcomes, but on the success of AHCA's programs. We thank you for the opportunity to provide our suggestions through this RFI.

