

PRIDE PLAN PROFILE

# BlueCare

*Enhancing member outreach and care coordination through primary care relationships.*

**B**lueCare Tennessee was founded in 1993 as one of the original health plans under TennCare – the state’s Medicaid managed care program. BlueCare Tennessee sponsors BlueCare Plus, a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP), which enrolls over 15,000 members across the state of Tennessee. It also operates a plan under TennCare CHOICES, Tennessee’s Medicaid managed long-term services and supports (MLTSS) program.

In 2017, BlueCare was the first managed care organization in the country to earn Distinction Status in LTSS from the National Committee for Quality Assurance. This program recognizes organizations that meet certain requirements in areas such as conducting comprehensive assessments, managing care transitions, performing person-centered assessments and planning and managing critical incidents. Many of the enrollees in BlueCare Plus are also enrolled in the TennCare CHOICES plan, allowing for greater integration of their care.

### Quick Facts: BlueCare

- **Tax status:** Not-for-profit
- **Integration model:**<sup>1</sup> D-SNP, MLTSS
- **D-SNP enrollment:** 15,298
- **MLTSS enrollment:** 10,132
- **Service area:** All 95 counties in Tennessee

## Delivery System Partner: Holston Medical Group

BlueCare Plus will be working with Holston Medical Group, a large primary care practice located in Eastern Tennessee. Holston serves nearly 200 BlueCare Plus and over 5,000 BlueCare (Medicaid) members and is known for its innovative approach to population health. Holston is comprised of several traditional primary care sites, hospitalist groups, physicians, and an urgent care center, and it also has nurse practitioners who are embedded in skilled nursing facilities.

Holston has experience with value-based payment models. It belongs to a consortium of primary care practices called Qualuable Medical Professionals that participates in a Medicare Shared Savings Accountable Care Organization. It also participates in TennCare’s value-based payment program, the Tennessee Health Care Innovation Initiative (THCII), which focuses on transforming primary care quality, cost and accountability.

## Partnership Focus

Through its partnership with Holston Medical Group, BlueCare Plus will be exploring opportunities to enhance outreach and care

## PRIDE Promoting Integrated Care for Dual Eligibles

The *Promoting Integrated Care for Dual Eligible (PRIDE)* initiative, supported by The Commonwealth Fund and led by the Center for Health Care Strategies, is a learning collaborative of nine leading health plans to advance promising approaches to integrating Medicare and Medicaid services for dually eligible individuals.

This profile series highlights the leading-edge plans participating in *PRIDE* and how they are working with delivery system partners on specific initiatives to advance innovative care management practices for dually eligible populations.

coordination activities with the goals increasing members' engagement in their own care and the number of members served, and, ultimately, improving health outcomes.

## Description of the Planned Project

BlueCare Plus is in the initial stages of its partnership with Holston to create a flexible provider and member engagement strategy and care coordination platform that can be adjusted based on providers' capabilities and capacity across different regions in the state. BlueCare Plus hopes that Holston, with its sophisticated focus on population health and experience with value-based payment models, will contribute promising practices and help set high-level targets that BlueCare Plus can work toward with other primary care practices. BlueCare Plus also plans to develop standardized policies and procedures for bi-directional communication with provider teams to facilitate effective care coordination for its members.

BlueCare Plus and Holston are working to identify roles and responsibilities for this partnership based on each entity's respective capabilities. Initially, BlueCare Plus will manage member assessments, as well as care coordination activities across Medicare, behavioral health, and long-term services and supports providers. Holston will likely assume responsibilities for member engagement and clinical functions, such as chronic disease education and member coaching, and will retain accountability for reporting on performance metrics.

The major goal of BlueCare Plus' initiative is to increase the number of members served by primary care practices who are capable of effectively engaging, educating, and activating individuals in their own care to achieve better health outcomes. A key expectation for these practices is that their primary care teams are available to address acute patient care concerns. Because BlueCare Plus serves a vulnerable population, an additional expectation for these primary care teams is that they demonstrate receptivity and responsiveness to requests from BlueCare Plus' care coordination staff who are charged with coordinating medical, behavioral, social and long-term services and supports for members.

BlueCare Plus plans to measure primary care visits, selected Stars measures, emergency department visits, in-patient medical admissions, and care coordination activities throughout the program. Its long-term goals are to improve its overall Star rating and D-SNP program staffing efficiency. BlueCare Plus will apply lessons from this partnership to develop a strategy and model for engaging physician groups that serve individuals dually eligible for Medicare and Medicaid across the state.

### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit [www.chcs.org](http://www.chcs.org).

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<sup>1</sup> Managed care plans can be used to promote the integration of care for dually eligible beneficiaries. The Medicaid-Medicare Plans (MMPs) operating under the Financial Alignment Initiative demonstrations are highly integrated models that combine Medicare and Medicaid services, administrative functions, and financing. Dual Eligible Special Needs Plans (D-SNPs) are specialized Medicare Advantage plans that must contract with the Medicaid agency in the states in which they operate, and seek to provide enrollees with a coordinated Medicare and Medicaid benefit package. When D-SNPs are aligned with Medicaid managed long-term services and support (MLTSS) plans, they can attain a higher degree of integration than D-SNPs operating alone. Fully Integrated D-SNPs (FIDE SNPs) are a type of D-SNP created to promote the full integration and coordination of Medicare and Medicaid benefits — primary and acute care and LTSS — and financing of services, for dually eligible beneficiaries.