
Care Management Program

The Sunflower case management/care coordination program is designed to help members obtain needed services, whether those services are covered within the Sunflower array of covered services, from community resources or from other non-covered venues. Our program will support our extensive provider network. The care managers will be available to every member and will work closely with existing I/DD targeted case managers to meet the needs of members accessing HCBS programs or behavioral health services.

The program is based upon a Sunflower model that uses a multidisciplinary, integrated care management team and fosters a holistic approach to care to yield better outcomes. The goal of our program is to help members achieve the highest possible levels of wellness, functionality, and quality of life, while decreasing the need for disruption at the PCP or specialist office with administrative work.

The program includes a systematic approach for early identification of eligible members, needs assessment, and development and implementation of an individualized care plan that includes member goals and member/family education and actively links the member to providers and support services as well as outcome monitoring and reporting. Our care management team will integrate covered and non-covered services and provide a holistic approach to a member's medical, as well as functional, social, employment, community resource, and other needs. Our program incorporates consideration of clinical determinations of need, functional status, and barriers to care, such as lack of caregiver supports, impaired cognitive ability to understand treatment prescribed by local providers, and transportation needs.

A care management team is available to help all providers manage access to services for their patients who are Sunflower members. Listed below are

programs and components of special services that are available and can be accessed through the care management team. We look forward to hearing from you about any Sunflower members whom you think can benefit from the addition of a Sunflower care management team member.

To contact a care manager, call:

Sunflower Care Management Department
1-877-644-4623

Disease Management Programs

Disease management is the concept of reducing healthcare costs and improving quality of life for individuals with a chronic condition through ongoing integrative care. Disease management supports the physician or practitioner/patient relationship and plan of care; emphasizes prevention of exacerbations and complications using evidence-based practice guidelines and patient empowerment strategies; and evaluates clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health.

For disease management, Sunflower has contracted with Nurtur to administer services. Nurtur's programs promote a coordinated, proactive, disease-specific approach to management that will improve members' self-management of their condition, improve clinical outcomes and control high costs associated with chronic medical conditions. Sunflower programs include, but are not limited to, asthma, COPD, coronary artery disease, diabetes, and congestive heart failure.

It is worth noting that diagnosis of a certain condition, such as diabetes, does not mean automatic enrollment

in a disease management program. Members with selected disease states will be stratified into risk groups that will determine need and the level of intervention most appropriate for each case. High-risk members with co-morbid or complex conditions will be referred for case management program evaluation.

To refer a member for chronic care management, call:
Sunflower Case Management at 1-877-644-4623

Integrated Care Teams (IC Teams)

Sunflower provides care management services through Integrated Care Teams (IC Teams). IC Teams consist of care managers, program specialists, I/DD behavioral healthcare coordinators (when appropriate), program coordinators, health coaches, member connections representatives, medical directors, pharmacy directors, and other key individuals involved in customer service and care coordination activities on the member's behalf. IC Teams will be led by clinical licensed nurses and care coordinators who are familiar with evidence-based resources and best practice standards and experienced with the population, including program service populations (autism, intellectual/developmental disability, physical disability, technology assisted, traumatic brain injury, frail elderly, severe emotional disturbance, and community-based

alternatives to psychiatric residential treatment facility), the barriers and obstacles they face, and socioeconomic impacts on their ability to access services. The Sunflower IC Team will manage care for members whose needs are primarily functional as well as those with such complex conditions as hemophilia, breast/cervical cancer, trauma, organ transplants, and renal dialysis. Foster care members, children with special healthcare needs, and members receiving HCBS programs are also eligible for enrollment in care management that may result in the formation of an IC Team to address the member's complex needs. Sunflower will use a holistic approach by integrating referral and access to community resources, transportation, follow-up care, medication review, specialty care, and education to assist members in making better healthcare choices.

A **transplant coordinator** will provide support and coordination for members who need organ transplants. All members considered as potential transplant candidates should be immediately referred to the Sunflower Care Management department for assessment and care management services. Each candidate is evaluated for coverage requirements and will be referred to the appropriate agencies and transplant centers.