2022 Best Practices Conference

Women's Health, Family Practice, Pediatric, and Internal Medicine

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Welcome

Welcome to the SelectHealth Annual Fall Best Practice Conference

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SelectHealth- Stars & Quality Performance Manager

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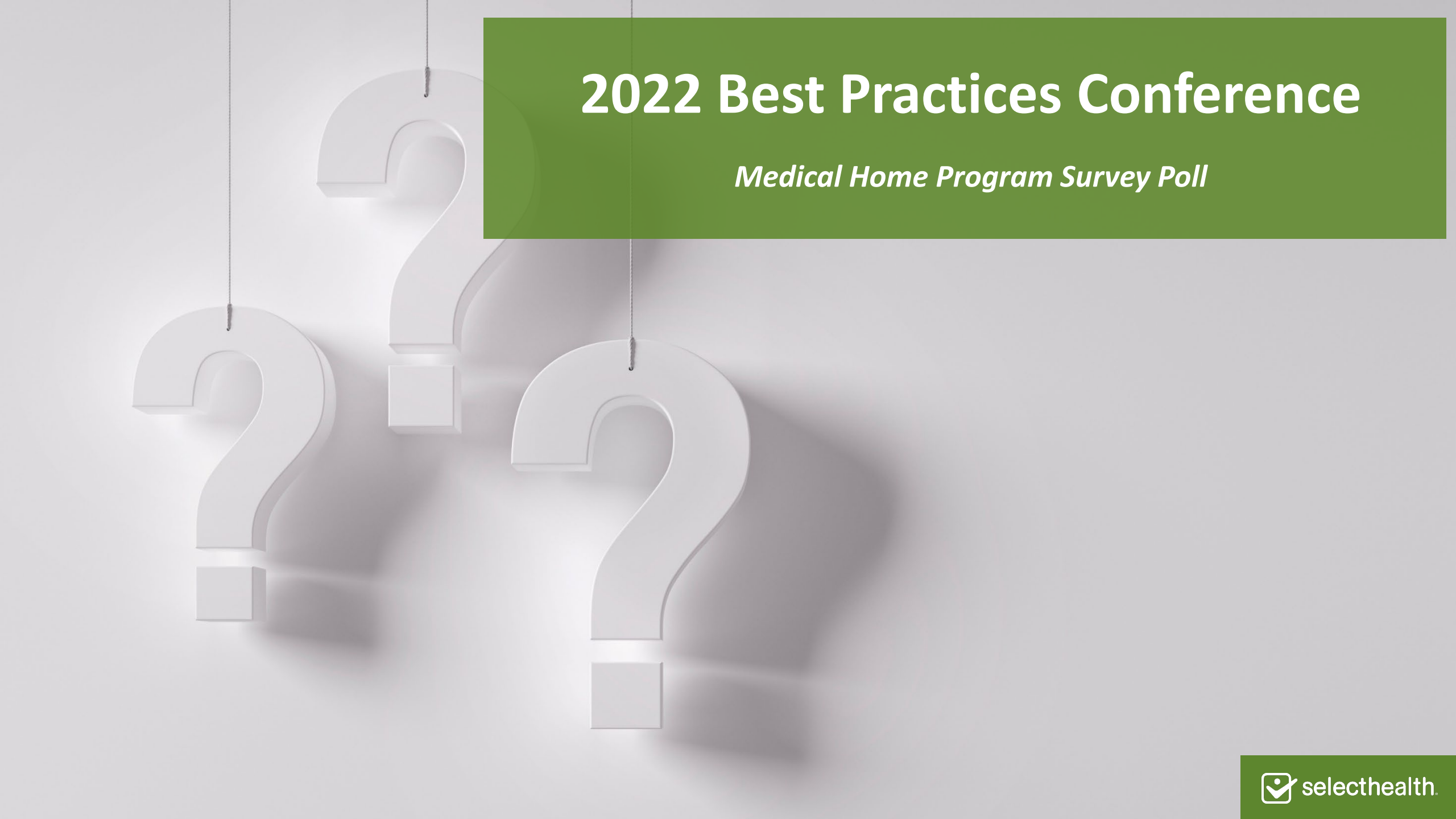

2022 Best Practices Conference

Medical Home Program Survey Poll

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Care Management

Care Management for your SelectHealth Patients

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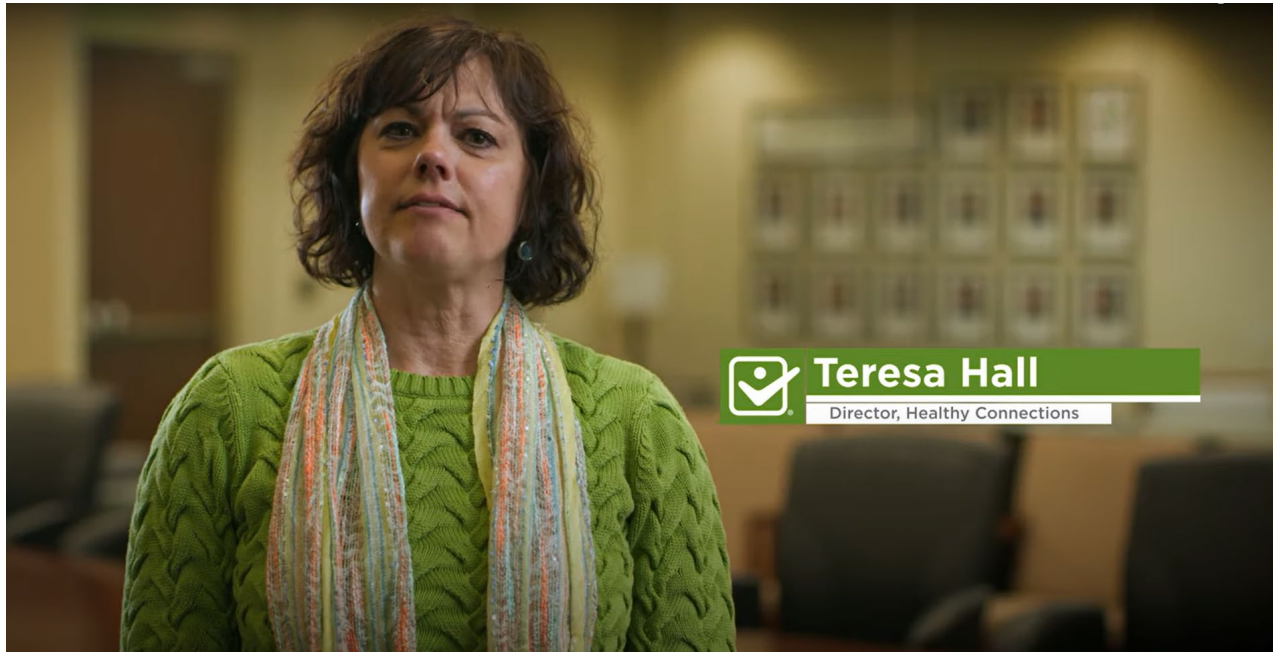
Care Management

What is Care Management?

- Overview
- Specialty Programs Offered
- Contact Information
  - 801-442-5305
  - SHTOC@imail.org
  - Care Management Referral Form



SelectHealth | Care Management Provider Video

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Care Management

Specialty Programs Offered

- Discharge Safety
- Healthy Beginnings
- Newborn and Pediatrics
- Medicaid Restriction
- Medicare
- Dual Special Needs

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Discharge Safety

- **30-day Discharge Safety program after a High-Risk* Inpatient Stay**
- The goal of the Discharge Safety Process is to ensure high-risk SelectHealth members have a safe discharge plan after an inpatient stay.
- The Care Manager will partner with the member to ensure all follow-up connections are in place, medications and discharge orders are understood, home needs are met, and member support is identified.
- Weekly contact is made with member x 4 weeks
- Member can be enrolled in extended care management as needed
- Referrals from a provider within 30 days of an inpatient stay are enrolled in this program to ensure special attention is given to home safety.
- These actions will help ensure a safe and effective transition to home and d*ecrease the risk of a readmission.*

* High Risk Criteria is determined using Decision Point Risk Stratification Intelligence or Provider Referral

Care Management

Healthy Beginnings

- A prenatal education and high-risk identification program
- The goal of this program is to increase the potential for healthy pregnancies and full-term births while lowering overall medical expenses
- Cash incentives offered for pre and postnatal care (per plan)
- Other perks: prenatal educational booklet, 3 burp clothes and a breast pump
- Depression screenings and ongoing care management for post-partum depression

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Care Management

Pediatrics

- Assist with complex, medically fragile children where the parent can use help coordinating their care
- Assist with young adults that are transitioning from a pediatric office to adult medicine
- Assist families that have food, housing, and other social determinants of health barriers
- Assist in identifying benefits the member may have or identify community resources for non-covered insurance benefits
- Partner with parents for safe transition planning after an inpatient stay

Care Management

Restriction

- State mandated program for those that over-utilize Medicaid services
- Care manager is assigned to each Restricted member
- They coordinate with the PCP to authorize additional providers that the member is approved to see
- Can assist in finding in-network providers as required
- Have on-going outreach with the member for one year or longer depending on their progress in decreasing over-utilization
- Works directly with the PCP to assist in care of the member

Care Management

Medicare

- Member is eligible if aged (age 65, or under age 65 and disabled- Average Medicare member is 72 years old)
- Many of our members have multiple chronic health conditions
- In addition to offering medical and behavioral health benefits, SelectHealth offers numerous supplemental benefits (dental, hearing aides, companionship support for social isolation, meals post discharge, OTC and wellness $$)
- Resources- can assist with applications (Medicaid), help link with community supports, food insecurity, affording meds
- Falls Prevention focus (high prevalence for our population)
- Care Management – those at High Risk for ED use or avoidable admissions

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Care Management

Dual Special Needs Plan

- Special needs Medicare Advantage plan for members eligible for both Medicare and Medicaid (dual eligible)
- Very complex members who have limited resources
- Supplemental benefit package geared to address needs of this specific population (unlimited NEMT transport, $0 for hearing aides, increased allotment for companionship support, meals post discharge, OTC and gym reimbursement program)
- Enhanced Care Management program – offers in-home or community assessment, partnership between care manager and community health worker (SDOH focus) to identify and overcome barriers, team-centered approach focusing on increased collaboration with PCP and care team
- Every D-SNP member will have a care plan and assigned care manager
- Transition of Care services support members experiencing a change in health care setting

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QUESTIONS?
IDEAS?

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THANK YOU!

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