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HEALTHCARE YOU CAN FEEL GOOD ABOUT

# SPMI MODEL OF CARE ANNUAL TRAINING

## WHAT IS A SNP?

- A SNP is a “Special Needs Plan” designed for beneficiaries that must qualify.
- Qualifications required depend on the type of SNP.

## TYPES OF SNPS?

- D-SNP is a SNP designed for Dual Eligible members.
- C-SNP is a chronic care SNP designed for specific chronic conditions.
- I-SNP is a SNP for individuals that are “institutionalized” or are nursing home certifiable.

## QUALIFICATIONS TO ENROLL

- D-SNP - must be Medi-Medi.
- C-SNP “Embrace” - must have diagnosis of CHF, CVD, or Diabetes
- C-SNP “Bridges” - must have diagnosis of a type of Dementia
- C-SNP “Harmony” – must have a severe and persistent mental illness
- I-SNP – “Select Care” Must be institutionalized. (This SNP started/will start Jan. 1<sup>st</sup>, 2019.)

# SNP MANAGEMENT


- Medical Director
  - Oversees the programs & directors
- Program Directors
  - Oversee programs on a daily basis
- Health Coaches
  - Work with members of C-SNPs & I-SNP
- Life Coaches
  - Work with Mental Illness C-SNP members

## SUPPLEMENTAL STAFF

- FINs
  - Field Intervention Nurses visit members in their homes to teach, provide care, including transition of care
- Activity Center Staff
  - Mental Illness SNP members have an activity center available with staff leading groups, providing recreation, and assisting members in scheduling appointments, etc.



# **SERVICES FOR ALL SNP MEMBERS**

- Following are services provided to all members based on the individual member's needs.
  - Services available to only one type of SNP will be noted.
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# BEHAVIORAL HEALTH UM COORDINATION

Ali Khalkhali


UM Coordinator of Behavioral Health Services







# SERVICES THAT WE COVER

- Inpatient Psychiatric Hospitalizations
  - Semi-Acute Care
  - *Detox and Residential Treatment*
  - *Partial Hospitalization and Intensive Outpatient Programs (PHP/IOP)*
  - Outpatient Psychotherapy and Addiction Specialists
- 

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# INPATIENT PSYCHIATRIC HOSPITALIZATIONS

- Estimated length of stay for a patient
- Conservatorship
- MD to MD reviews

# SEMI ACUTE CARE


- Treatment at this level generally lasts longer than inpatient stays.
- Provides little discharge and aftercare planning
- Not all doctors are comfortable discharging to this level of care

## DETOX AND RESIDENTIAL TREATMENT

- Hospital versus treatment center detox
- Use of contracted facilities
- Expectation for sober living upon discharge and potential region changes



# **PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS**

- Members with frequent hospitalizations but with a high level of functioning
  - Members with personality disorder
  - Estimated length of stay
- 

# OUTPATIENT THERAPY AND SPECIALISTS

- To be used in conjunction with psychiatric appointments
- Defined treatment plan and goals
- Addiction specialists should be utilized for repeated relapses that require detox and rehab



# **COPD & ASTHMA CARE**



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Products & Services  
Overview

Welcome

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## ABOUT CONVERSIO HEALTH

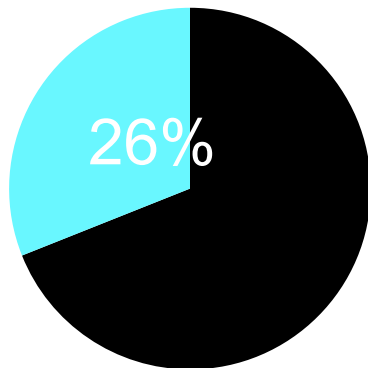
- Is a healthcare services provider with over 20 years experience managing and treating chronic respiratory conditions
- Is more than a disease management company
- Is a partner in the care continuum - working collaboratively with providers, members, caregivers and health plan case managers
- Is a healthcare services organization, that is pharmacy-centric
- All services are provided on a value added basis at no additional expense to the Client
- Is Joint Commissioned Accredited Pharmacy. Member of the American Respiratory Association
- Is Licensed in 49 states and contracted with BND



# COPD & ASTHMA CHALLENGE

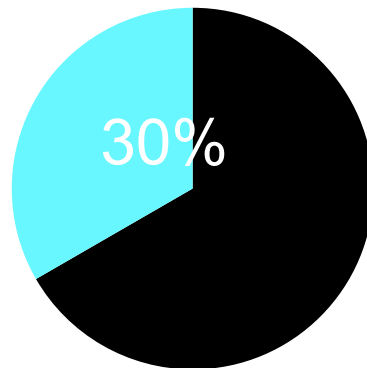
People with COPD are frequent users of the healthcare system with over 80% having a hospital admission and 60% an emergency room visit per annum.

### Reoccurrence



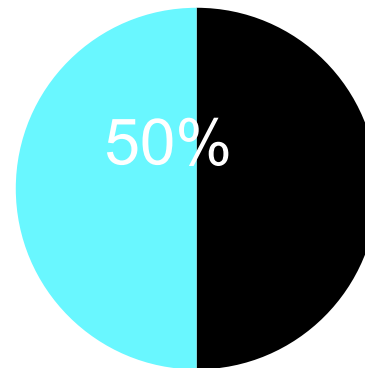
26% of COPD patients admitted to the hospital will be readmitted within the next 12 months.  
**CMS all cause readmissions will include COPD in 2015.**

### High Risk



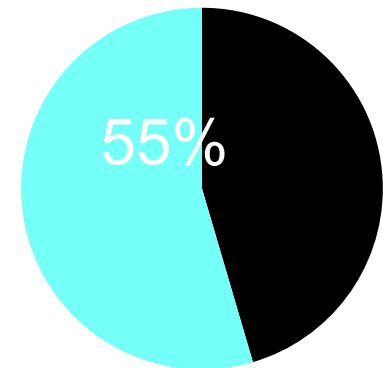
20-30% of COPD patients are classified as "very severe" and are at the highest risk for admissions/readmissions

### Pareto Principle



50% of all costs incurred by COPD patients will be incurred by just 10% of the population.

### Avoidable Costs

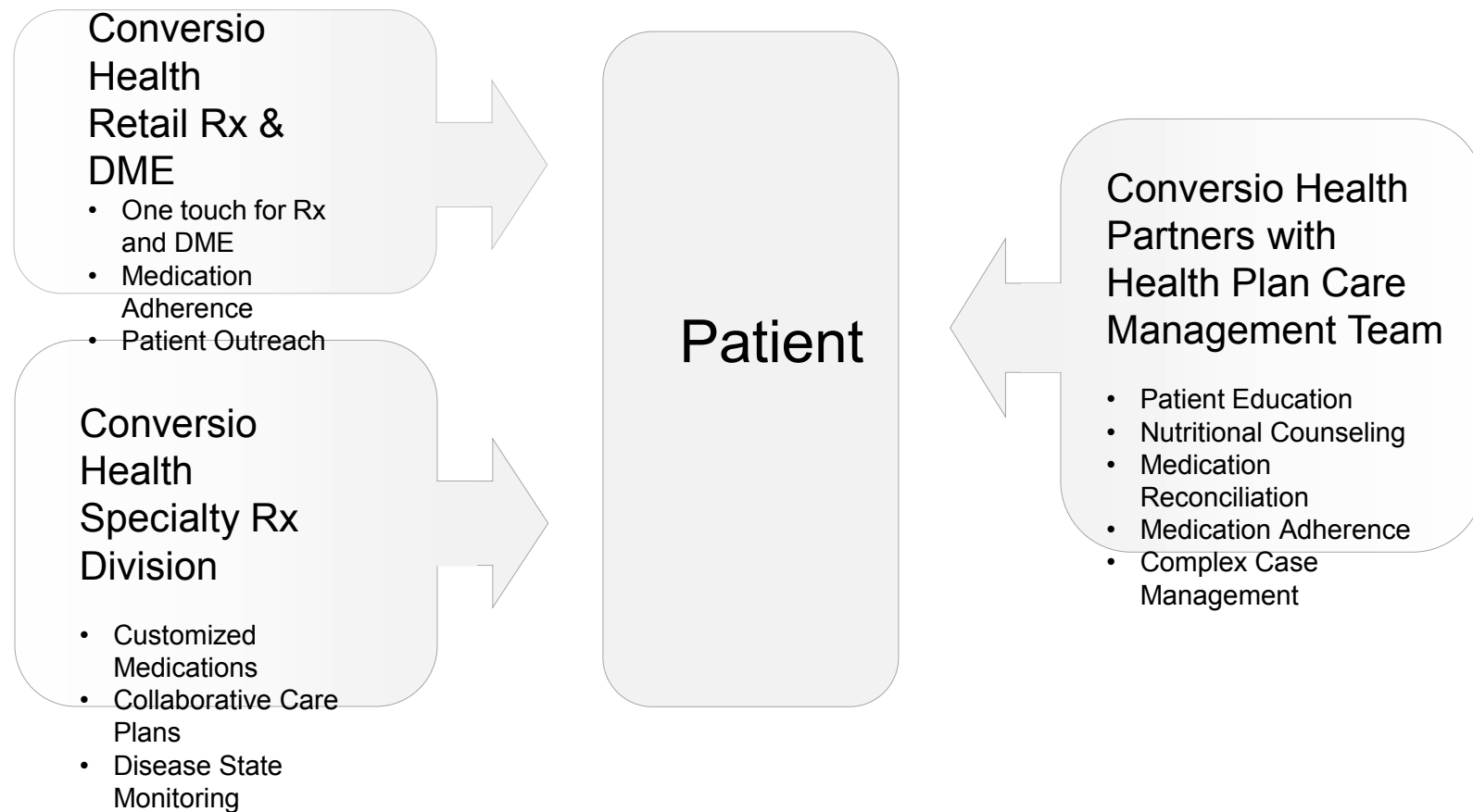


According to the Healthcare Incentives Improvement Institute, over 55% of the costs to treat COPD result from complications such as ER visits and hospitalizations that could be avoided through better management of the condition

# BARRIERS TO TREATMENT

- Underutilization of medication therapy – Controller med prescriptions for those in need fall well below the recommended standard
- Improper Use – Only 10% of those prescribed an MDI use it effectively
- Medication Adherence – Less than 40% of patients will adhere to their prescribed medication regimen
- The right drug at the right time – chronic respiratory conditions change/evolve over time as well as seasonally. Therapy must evolve as well in order to remain effective.
- Pharmaeconomic barriers – High copays for traditional commercial regimens can serve as a barrier to treatment for low to moderate income seniors

# PATIENT ENGAGEMENT APPROACH



# SOLUTION & SERVICES

This care coordination company utilizes a pharmacy model that operates with value in mind for the unique needs of each patient

## Tailored Medications

- In addition to commercially available medications, it provides compounded medications for the most complex COPD and Asthma patients tailoring the medication to the unique needs of the patient's condition over time and seasonally

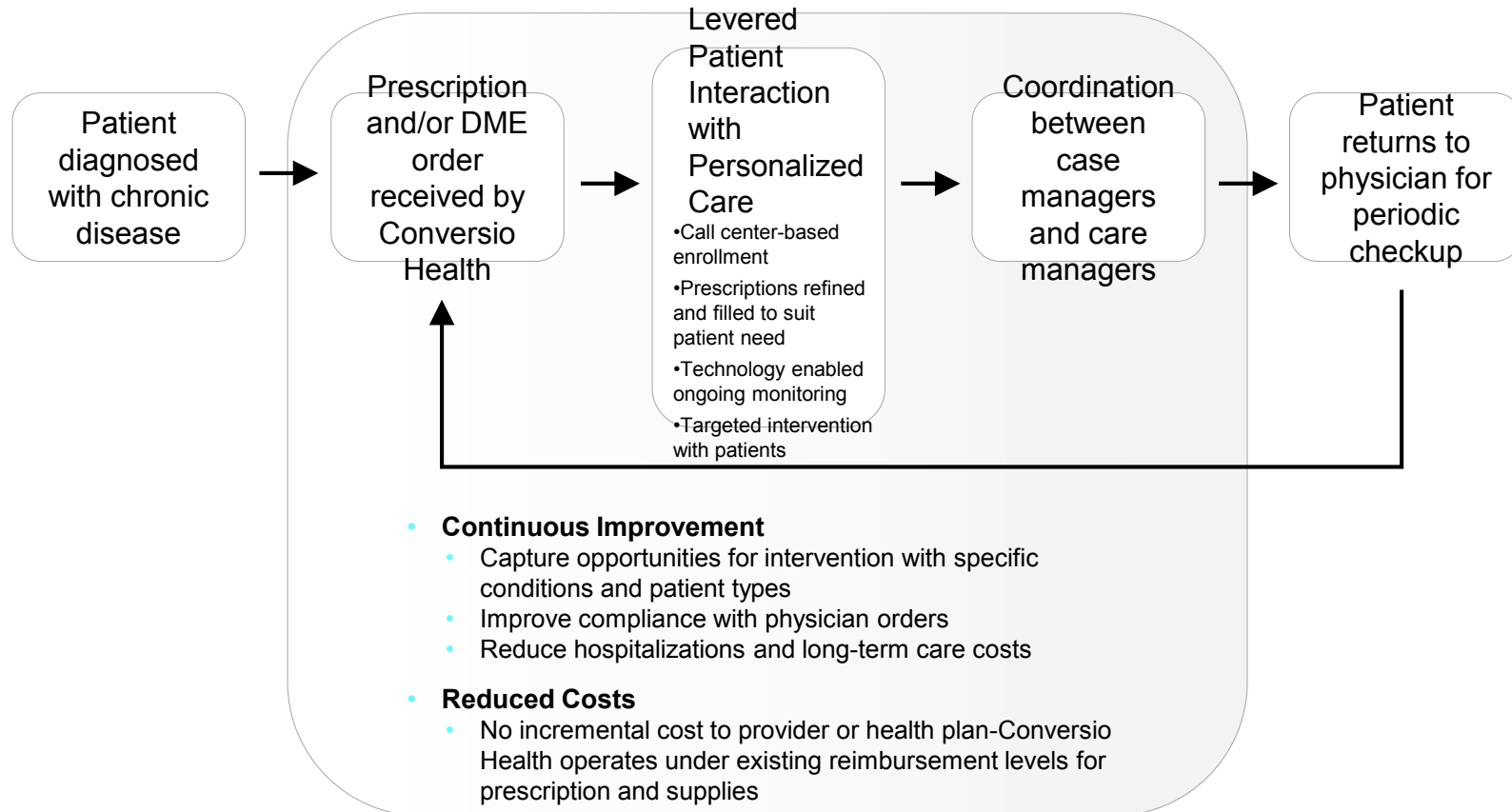
## Trusted Partner for Complex Patients

- As a result of its trusted relationship with our patients, it also provides medical supplies to help in the management of their non-respiratory diseases (e.g. diabetic strips, wound care supplies)

## Consistent Communication and Coordination

- RITeMed™ Care Coordination Program
  - Consistent communication with the patient, their physician, and health plan through a comprehensive patient engagement model
  - Risk-stratified patient identification
  - Individualized patient engagement strategy
  - Pro-active Interventions, Medication Reconciliation, and Medication Adherence
  - Education on proper maintenance of breathing equipment to reduce infections
  - Disease state follow-up by multi-disciplinary licensed clinical staff
- Works closely with BND care managers & coaches
- Consistent communications with the patient's primary care providers
- Data driven patient results/decreased ED/IP hospital re-admissions

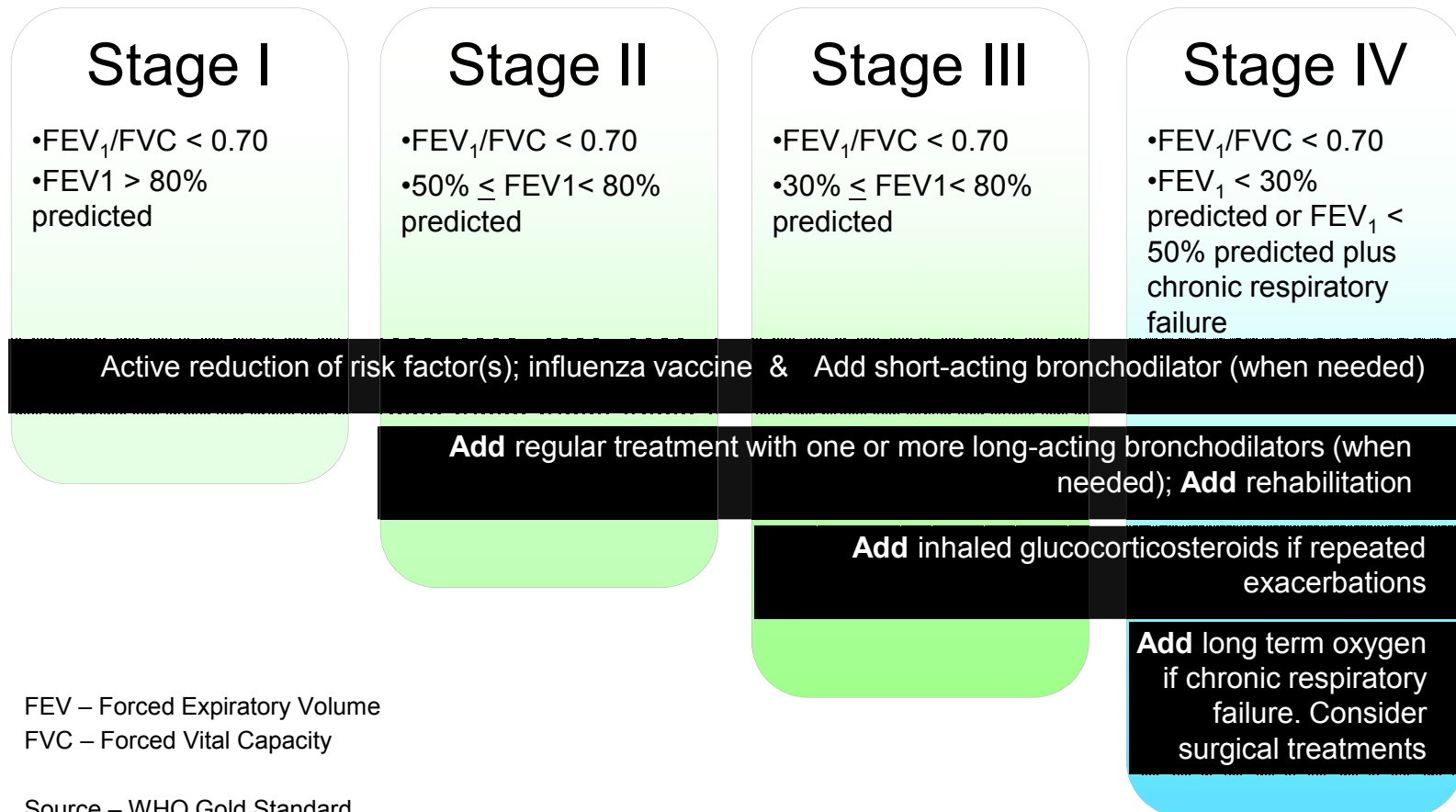
## RITEMED™ CARE COORDINATION APPROACH



# CONVERSIO HEALTH PHARMACOTHERAPY

Cohort	Pharmacological Approach
<p>Patient currently on MDI, using effectively, no exacerbations. (represents 10% of the COPD/Asthma population)</p>	<p>Maintain current treatment, follow up regularly to track disease progression and encourage adherence. Notify physician if change in disease state and revise therapy as required.</p>
<p>Patient currently on MDI, difficulty with hand/breath coordination or inability to breathe in deeply. Frequently visiting ER due to exacerbations.</p>	<p>Evaluate move to nebulized medications to allow passive delivery and elimination of coordination issues. Follow up regularly to educate, ensure compliance with treatment regimen</p>
<p>Patient currently on MDI or nebulized treatment but suffering from intolerance due to concentration of ingredients. Poor compliance with regimen.</p>	<p>Customize medication to improve tolerance and compliance</p>
<p>Chronic respiratory patient suffering from seasonal exacerbations due to pollen, mold and other environmental factors.</p>	<p>Introduce customized long acting bronchodilator with incorporated glucocorticosteroid to relieve symptoms and control exacerbations</p>

## WHO COPD CARE GUIDELINES



FEV – Forced Expiratory Volume  
FVC – Forced Vital Capacity

Source – WHO Gold Standard



# CONVERSIO HEALTH ASTHMA PROGRAM

Unlike COPD, Asthma is not a predictable progressive disease. It is episodic and influenced heavily by environmental factors in the work site or home environments, as well as seasonal elements such as pollen, mold etc.

Pharmacist led Intervention Programs have been proven to reduce treatment costs and improve patient quality of life. The Conversio Health Asthma Program follows the NHLBI Guidelines for the Treatment and Management of Asthma and incorporates the following components:

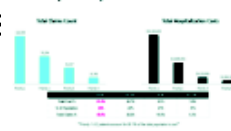
- The use of initial and interval PRQs along with stratification based upon pharmacy and medical claims to identify condition severity and risk of admission/ED visit
- Development of customized Asthma Action Plans for each patient based upon the NHLBI standard
- Patient Education/Adherence
- Pharmacological Intervention based upon symptomatology, changing environmental factors and barriers to treatment

## Risk Stratification

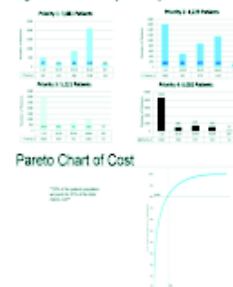
### Demographics



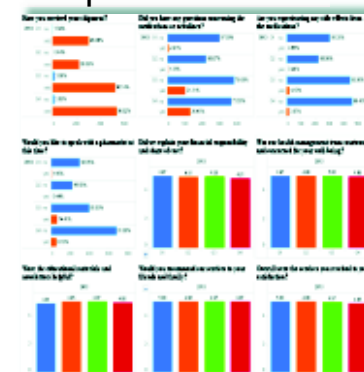
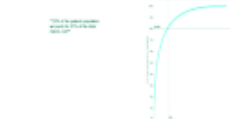
### Costs by Priority



### Age Distribution by Priority



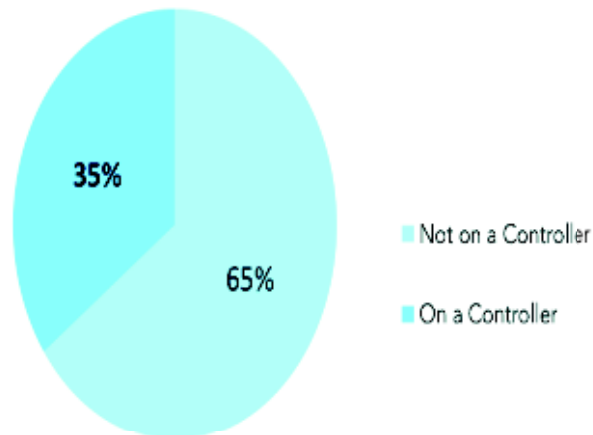
### Pareto Chart of Cost



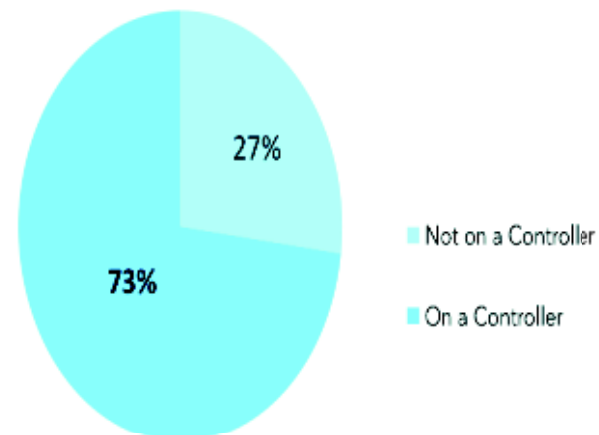
# MA PLAN – CONVERSIO HEALTH IMPACT ON CONTROLLER COMPLIANCE

*Improved Patient Compliance on Controller Medication for 963 patients  
enrolled in RITeMed Program*

Pre-Conversio population  
using Controller Medication



Post-Conversio population now  
using Controller Medication



# IMPLEMENTATION PROCESS

The implementation process includes the following high level steps:

- Data Extraction and Transfer process – **Completed**
- Member & Provider communications creation and compliance review-  
**Completed**
- Communication processes set up- **In process**
  - Member Letters
  - Provider Letters
  - Patient Telephonic outreach
  - Member Enrollment
- Orientation and Education
  - Care Coordination Integration
  - Member Services
  - Provider Services
- Billing Configuration
- Reporting and Ongoing Analytics

## RISK STRATIFICATION- DEMOGRAPHICS

### Priority 1

- # of Patients: 291
- 55.0% Asthma / 95.9% COPD / 12.7% Emphysema
- Avg. Age: 59
- Gender Mix: 47% M / 53% F
- % on Controller Meds: 80%
- # of Claims: 11,247
- Total Cost: \$5,736,330
- % of Population: 22.1%

### Priority 2

- # of Patients: 281
- 38.1% Asthma / 95.7% COPD / 7.5% Emphysema
- Avg. Age: 58
- Gender Mix: 56% M / 44% F
- % on Controller Meds: 26%
- # of Claims: 8,745
- Total Cost: \$4,114,179
- % of Population: 21.4%

### Priority 3

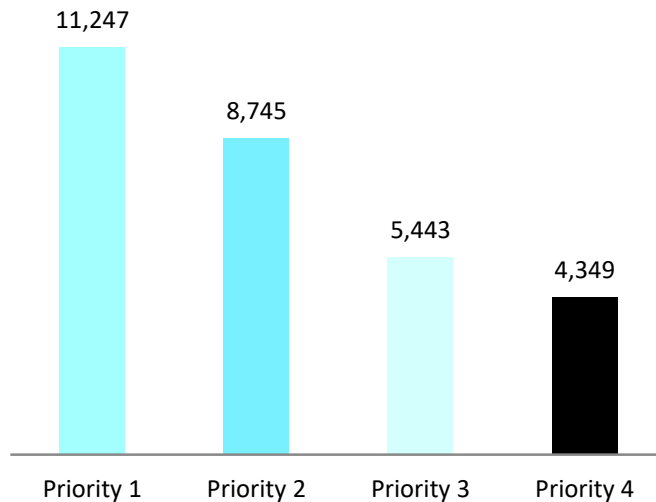
- # of Patients: 304
- 25.7% Asthma / 93.8% COPD / 4.6% Emphysema
- Avg. Age: 61
- Gender Mix: 55% M / 45% F
- % on Controller Meds: 21%
- # of Claims: 5,443
- Total Cost: \$852,318
- % of Population: 23.1%

### Priority 4

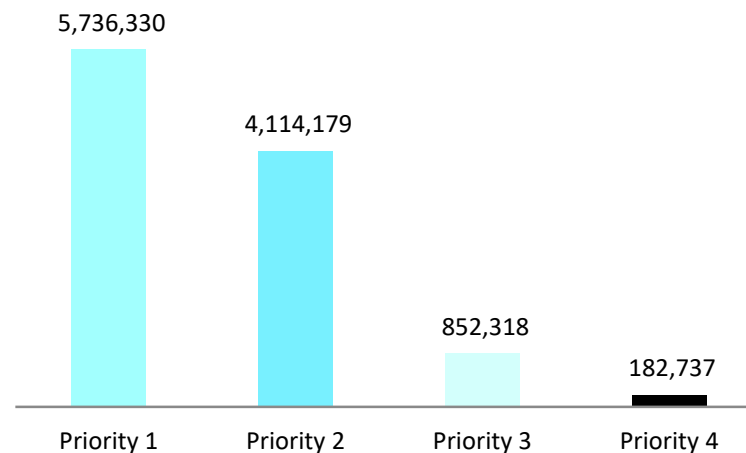
- # of Patients: 439
- 18.9% Asthma / 95.4% COPD / 6.2% Emphysema
- Avg. Age: 62
- Gender Mix: 59% M / 41% F
- % on Controller Meds: 6%
- # of Claims: 4,349
- Total Cost: \$182,737
- % of Population: 33.4%

# RISK STRATIFICATION- COSTS BY PRIORITY

**Total Claims Count**



**Total Claims Cost**



	Priority 1	Priority 2	Priority 3	Priority 4
<b>Total Cost %</b>	<b>52.7%</b>	<b>37.8%</b>	<b>7.8%</b>	<b>1.7%</b>
<b>% of Population</b>	<b>22.1%</b>	<b>21.4%</b>	<b>23.1%</b>	<b>33.4%</b>
<b>Total Claims %</b>	<b>37.8%</b>	<b>29.4%</b>	<b>18.3%</b>	<b>14.5%</b>

**\*\*Priority 1 & 2 patients account for 90.5% of the total population's cost\*\***

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▶ *Diabetes In Control*





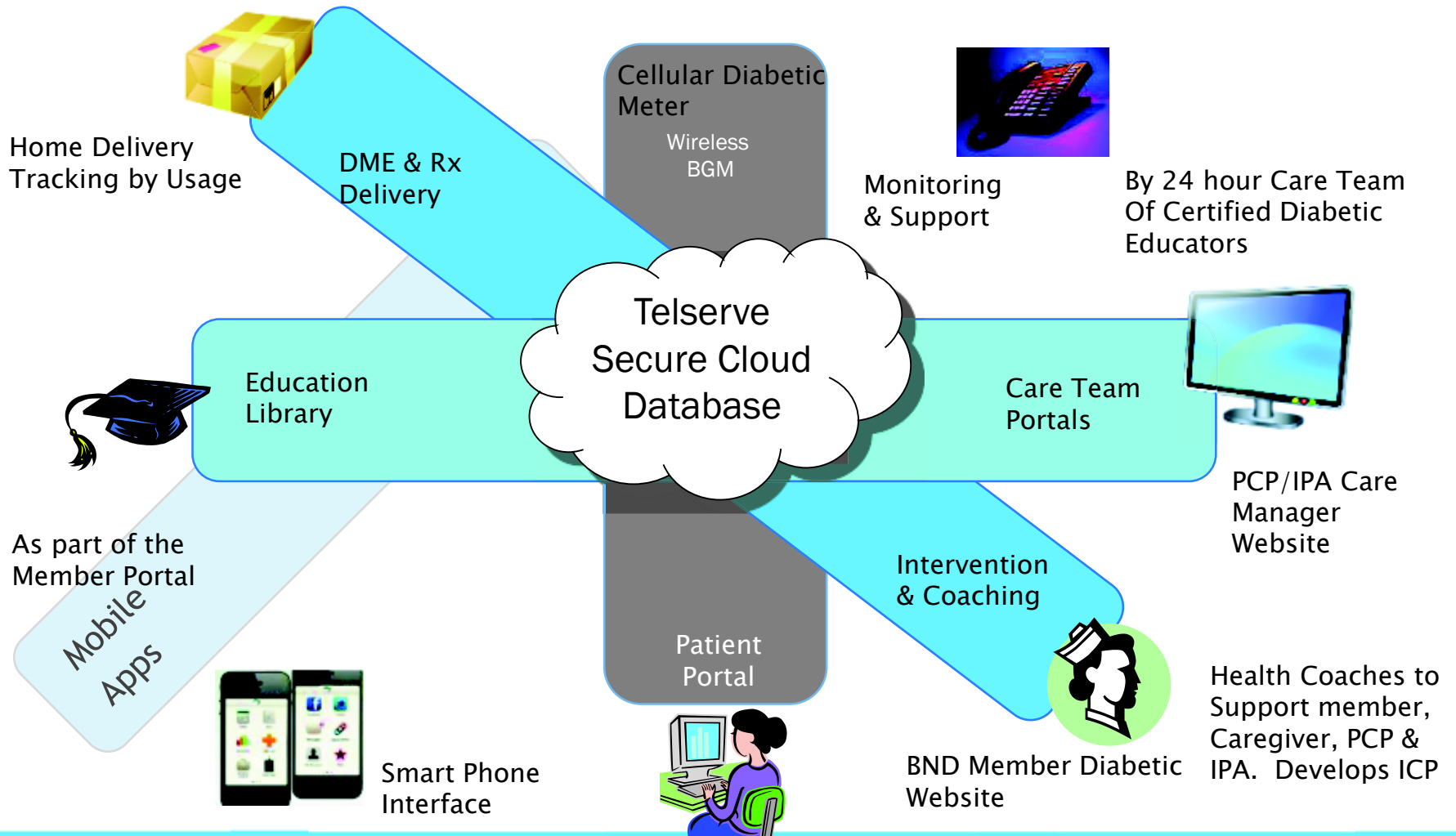
# THE BND DIABETIC PROGRAM

- Special program that supports Diabetic Medicare beneficiaries
  - The program provides additional support to the member, caregiver and family, and provider to assist managing the members diabetes
- 

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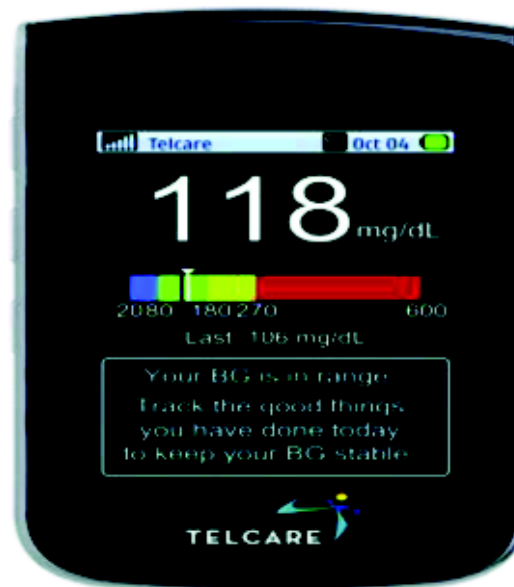
## THE ECOSYSTEM FOR BND DIABETES PROGRAM





# ALL MEMBERS RECEIVE TELCARE METER

- No cost to member for meter, strips, or diabetic supplies.



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## TELCARE DIABETIC METER

- ▶ Sophisticated technology with a personalized approach
- ▶ Telcare developed the first FDA-cleared cellular blood glucose meter. And along the way, learned that the simpler and more effortless the technology, the more often people will use it.



# THE FREEDOM OF CELLULAR CONNECTIVITY

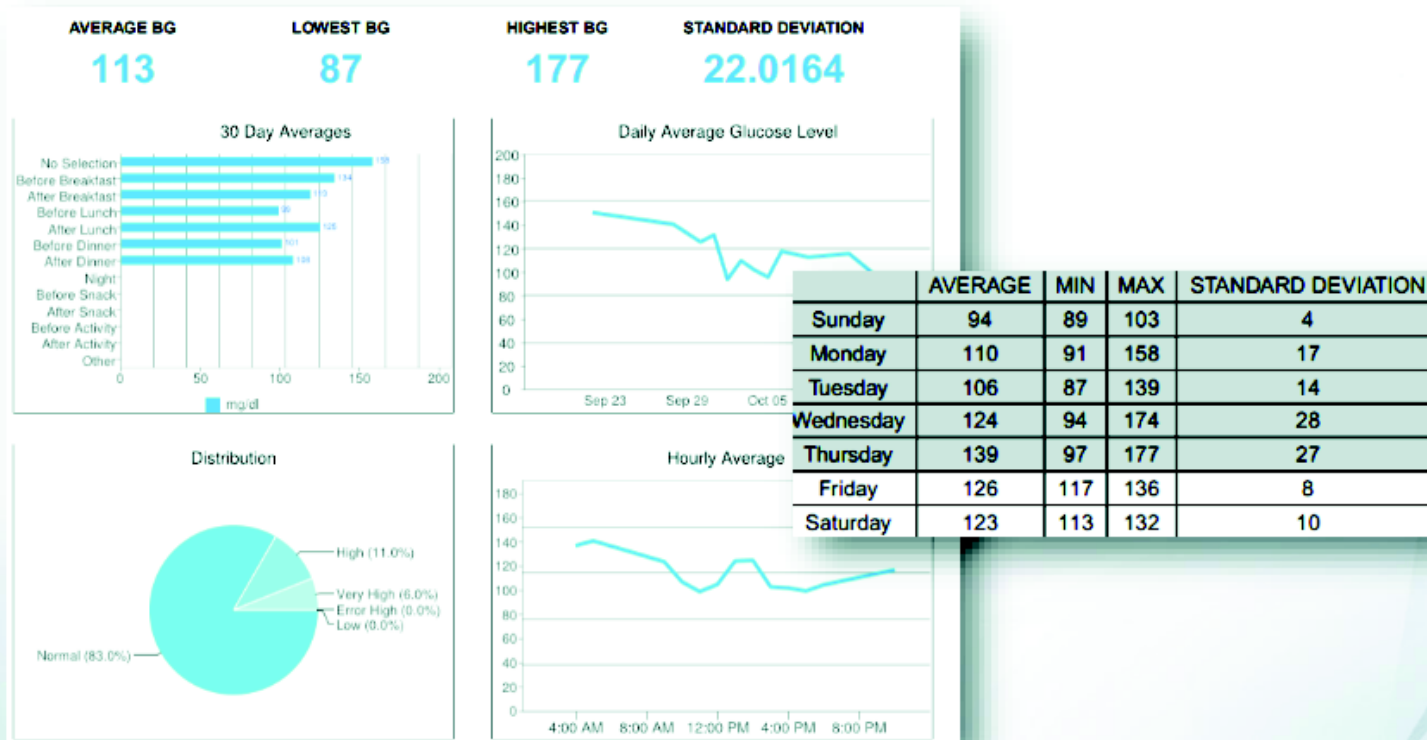
Telcare isn't Wi-Fi dependent, so there's no searching for networks, asking for passwords, or giving up. There's no need for users to have a cell phone, app, USB cords or additional hardware. Patients don't even have to enter data, since Telcare does it automatically anywhere it has cellular connectivity. And there are no data transmission charges.

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## PATIENT PORTAL

- Participants can track their blood glucose history and trends through the participant portal.



## HEALTH COACH

- I. Personalized Coaching to support the member, PCP, and family manage their diabetes.
- II. Develop short term and long term goals to better manage patients diabetes.
- III. Patient Individual Care plans (ICP) uses the BND's 7 Fundamentals of Chronic Care to develop consistent complete ICP
  - Disease Education including complications
  - Nutrition
  - Exercising
  - Self Testing
  - Medication Adherence
  - Preventative Care Plan
  - Community Linkage

# HEALTH COACH


- Health Coaches can also do home visits if needed to teach glucometer use & assess home situations
- Health Coaches attend Health Fairs to assist with educating members & answering questions
- Health Coaches go out to physician offices to educate them and their staff on the glucometers.

## DIABETES CARE PARTNERS

- ▶ Diabetes Education by Certified Diabetes Educators and Registered Dieticians
- ▶ Done in 3 ways:
  1. Member attends live classes
  2. Member does education sessions on line via Internet & Skype directly with the Educator from their home
  3. Member does sessions at PCP office or an Activity Center via Internet & Skype



# DIABETES CARE PARTNERS

- Educators provide 3 1-hour education sessions, and 1 follow up session
  - Reports of the sessions are sent to PCP' s and Health Coaches, and posted on Cerecons.
  - Soon to have on line education segments that members and their families can access at their leisure and their pace for learning
- 



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**IT' S A BRAND NEW DAY**

➤ *Bridges CSNP Plans  
for Dementias*







# THE BRAND NEW DAY DEMENTIA PROGRAM

- The Bridges product began in 2014 and serves both Medicare-only and dual-eligible members. The Bridges product includes two benefit plans, one designed especially for individuals with Medicare-only coverage (Bridges with Drug Savings) and one designed for individuals with dual coverage (Bridges with Extra Care)
- 

## THE BRIDGES PROGRAMS SUPPORT THE FOLLOWING ASPECTS OF CARE:



- Community physicians with expertise in caring for the elderly, oversee the Geriatric Medical Home
- Members have unlimited access to a Geriatrician, a Neurologist, and other specialists as needed with no copayment
- A “Bridges Nurse Champion” (registered nurse with dementia expertise) oversees the Care Management and Support Programs including outpatient Palliative Care programs

- 
- Each member is assigned a “Health Coach” to assist the member in scheduling appointments, understanding doctors instructions, etc. The “Health Coach” is available to the member weekdays by phone during business hours, and Registered Nurses are available 24 hours a day, 7 days a week via the Nurse Advice Line.
- 

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- Brand New Day Bridges programs are committed to supporting the member's Family / Caregivers to prevent exhaustion and burnout through providing the following:

- 
- Free cell phones for members and Family / Caregivers with Low Income
  - Assistance in applying for In Home Supportive Services (IHSS) State Program that pays the person you select (relative, friend, or other caregiver) for services rendered based on State qualifications. State may determine to pay for someone to help with bathing, toileting, housekeeping, shopping, meal preparations, etc. You hire the person and the State pays the person.
- 

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- Minor home modifications to prevent falling
- In-home Nurse as needed for wound care, injections, and other LVN services
- Tools to help identify good nursing homes if that becomes necessary
- Full medical work-ups so as to ensure other health issues are prevented or detected and treated early
- Preventive Care Guidelines

- 
- ▶ Materials and Tools to help the Family / Caregiver
  - ▶ Referrals to Complex Care Management Programs when needed, such as:
    - ▶ Diabetes Care Management
    - ▶ Major Depression Management
    - ▶ COPD Care Management
    - ▶ CHF Care Management
    - ▶ Palliative Care Management
    - ▶ Incontinence Training & Care Management
    - ▶ Chronic Kidney Disease (CKD) Care Management
- 



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➤ **Pharmacy Support Services –  
Medication Therapy Management and  
Medication Adherence Support**

# Workbook for Dementia Caregivers

## UNDERSTANDING AND MANAGING LOSS AND GRIEF A Workbook for Dementia Caregivers



*The most heartfelt loss is different from person to person, but the one I hear about most often is the loss of the sense of connection with the person who has dementia.*

- Betty Andersen, Caregiver Grief Educator

The experiences that family caregivers discuss in the first three video sections have introduced:

- common reactions that are stirred up by the many ongoing losses that come with caring for someone with dementia,
- the importance of acknowledging and naming grief, and
- some of the stress management and support strategies caregivers find helpful.



This workbook, which includes more detailed information sheets and self-assessment exercises, helps caregivers to understand and engage with their own grief process, either as part of a support group, or on their own.

It also suggests ways to maintain mental, physical and spiritual wellness to sustain energy for the marathon of dementia caregiving.

## Caregiver Stress Check

### 10 symptoms of caregiver stress

- Denial about the disease and its effect on the person who has been diagnosed.  
(I know Mom is going to get better.)
- Anger at the person with Alzheimer's, anger that no cure exists or anger that people don't understand what's happening.  
(If he asks me that one more time I'll scream!)
- Social withdrawal from friends and activities that once brought pleasure.  
(I don't care about getting together with the neighbors anymore.)

- 
- **Anxiety** about the future.  
(What happens when he needs more care than I can provide?)
  - **Depression** that begins to break your spirit and affects your ability to cope.  
(I don't care anymore.)
  - **Exhaustion** that makes it nearly impossible to complete necessary daily tasks.  
(I'm too tired for this.)
  - **Sleeplessness** caused by a never-ending list of concerns.  
(What if she wanders out of the house or falls and hurts herself?)
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- **Irritability** that leads to moodiness and triggers negative responses and actions.  
(Leave me alone!)
- **Lack of concentration** that makes it difficult to perform familiar tasks.  
(I was so busy, I forgot we had an appointment.)
- **Health problems** that begin to take a mental and physical toll.  
(I can't remember the last time I felt good.)

## Tips to Manage Caregiver Stress

- If you experience signs of stress on a regular basis, consult your doctor. Ignoring symptoms can cause your physical and mental health to decline.

## Tips to Manage Caregiver Stress

- **Know what resources are available.**  
Adult day programs, in-home assistance, visiting nurses and meal delivery are just some of the services that can help you manage daily tasks. Use our online [Community Resource Finder](#) or contact [your local Alzheimer's Association chapter](#) for assistance in finding Alzheimer's care resources in your community. Use [Alzheimer's Navigator](#), our free online tool that helps evaluate your needs, identify action steps and connect with local programs and services.
- **Get help.**  
Trying to do everything by yourself will leave you exhausted. Seek the support of family, friends and caregivers going through similar experiences. Tell others exactly what they can do to help. The Alzheimer's Association 24/7 Helpline (800.272.3900), [online message boards](#) and [local support groups](#) are good sources of comfort and reassurance.

- 
- **Use relaxation techniques.**  
There are several simple relaxation techniques that can help relieve stress. Try more than one to find which works best for you. Techniques include:
    - Visualization (mentally picturing a place or situation that is peaceful and calm)
    - Meditation (which can be as simple as dedicating 15 minutes a day to letting go of all stressful thoughts)
    - Breathing exercises (slowing your breathing and focusing on taking deep breaths)
  - Progressive muscle relaxation (tightening and then relaxing each muscle group, starting at one end of your body and working your way to the other end)
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- **Get moving.**

Physical activity — in any form — can help reduce stress and improve overall well-being. Even 10 minutes of exercise a day can help. Take a walk. Do an activity you love, such as gardening or dancing.

- **Make time for yourself.**

As a caregiver, it's hard to find time for yourself, but staying connected to friends, family and activities that you love is important for your well-being. Even if it's only 30 minutes a week, carve out a pocket of time just for yourself.




- **Become an educated caregiver.**

As the disease progresses, new caregiving skills may be necessary. The Alzheimer's Association offers [programs](#) to help you better understand and cope with the behaviors and personality changes that often accompany Alzheimer's.

- **Take care of yourself.**

Visit your doctor regularly. Watch your diet, exercise and get plenty of rest. Making sure that you stay healthy will help you be a better caregiver.



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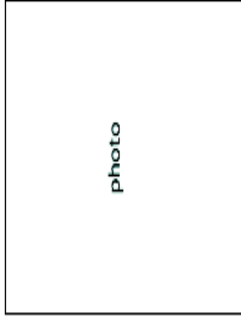
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## “This is Me,” - Booklet

# This is me

This leaflet will help you support me  
in an unfamiliar place.

Please place a photograph of yourself in the space provided.



For someone with dementia, changes such as moving to an unfamiliar place or meeting new people who contribute to their care, can be unsettling or distressing. **This is me** provides information about the person at the time the document is completed. It can help health and social care professionals build a better understanding of who the person really is.

**This is me** should be completed by the individual(s) who know the person best and, wherever possible, with the person with dementia. It should be updated as necessary. It is not a medical document.

On the back page you will find more detailed guidance notes to help you complete **This is me**, including examples of the kind of information to include. You might find it helpful to read through these notes before you begin to fill in the form.

Name I like to be called

Where I live (list your area, not your full address)

Carer/the person who knows me best

I would like you to know

My life so far (family, home, background and treasured possessions)

Current and past interests, jobs and places I have lived

The following routines are important to me

Things that may worry or upset me

What makes me feel better if I am anxious or upset

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## Caregiver's Handbook

*A guide to caring for the ill, elderly, disabled ... and yourself*





### In this report:

Finding free or low-cost services and benefits

Tips for handling caregiving tasks

Navigating Medicare and Medicaid

**SPECIAL BONUS SECTION**  
Care for the caregiver

- 
- Brand New Day is one of a very few Dementia programs in the nation that are approved by Medicare as a Dementia Special Needs Program.
- 

## Dementia Team

- Team includes Board Certified Neurologist with extensive experience with Dementia Care, Dr. Bruce Schlecter
- Marcie Mayo, RN, Program Director & creator
- Dimitra Kaffatos-Politis, LVN, and Juan Ortiz, LVN
- Holds monthly ICT Meetings just like other CSNP plans.



# **COPD PROGRAM**





## WHAT IS COPD?

- Chronic obstructive pulmonary disease (COPD) is a lung ailment that is characterized by a persistent blockage of airflow from the lungs. It is an under-diagnosed, life-threatening lung disease that interferes with normal breathing and is not fully reversible. The more familiar terms of chronic bronchitis and emphysema are no longer used; they are now included within the COPD diagnosis.

# IT'S A FACT!

- **Key facts**
- Chronic obstructive pulmonary disease (COPD) is a life-threatening lung disease that interferes with normal breathing – it is more than a “smoker’s cough”.
- More than 3 million people died of COPD in 2012, which is equal to 6% of all deaths globally that year.
- More than 90% of COPD deaths occur in low- and middle-income countries.
- The primary cause of COPD is tobacco smoke (through tobacco use or second-hand smoke).
- The disease now affects men and women almost equally, due in part to increased tobacco use among women in high-income countries.
- COPD is not curable, but treatment can slow the progress of the disease.

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## **TAKE A DEEP BREATH! IT'S A BRAND NEW DAY!**

- Brand New Day is committed to helping our Members to “breathe easier”. The Brand New Day COPD Program is overseen by Dr. James Krueger, our Board-Certified Pulmonologist

# BRAND NEW DAY 7 DOMAINS

Brand New Day educates our Members using 7 domains of care:

- COPD disease **education** regarding diagnosis and “red flags”
- **Nutrition** review using “My Plate” method
- Proper **individualized exercise program** recommendations
- **Referrals** to other Brand New Day Disease Management Programs, as appropriate
- Review of **preventative care measures** (including importance of flu and Pneumococcal vaccinations)
- **Medication reconciliation** and review with referral to PharmD if patient has not had medication review within the last year
- **Access to community resources**, as appropriate

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## IT TAKES A VILLAGE!

### OUR MEMBERS HAVE:

- Access to home visits by Brand New Day Field Intervention Nurses (FINS), as appropriate
- Access to assigned Brand New Day Care Manager (name and phone number is provided to Patient)

# THE PROGRAM IS GOLD!

The Brand New Day COPD Program was developed using the evidence-based Global Initiative for Chronic Obstructive Lung Disease (GOLD) strategy to create interventions based on COPD severity of illness:

- Stage 0: at risk
- Stage 1: mild
- Stage 2: moderate
- Stage 3: severe
- Stage 4: very severe

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## **CONVERSIO!**

Because COPD Members rely on medications and inhalers to improve respiratory status, and because medication adherence is crucial to the avoidance of COPD exacerbations:

Brand New Day has recently contracted with Conversio Health to further strengthen Member pharmacy education and benefits.

Conversio Health has a team of trained and licensed Clinical Pharmacists who provide care coordination for Brand New Day Members and ensure that medications are tailored to the specific needs of the Member in accordance with their stage of disease.

# PULSE OXIMETRY

BRAND NEW DAY PROVIDES ITS COPD MEMBERS WITH PULSE OXIMETERS, A NON-INVASIVE TOOL FOR MEASURING THE OXYGEN LEVEL IN THE BLOOD. NORMAL IS BETWEEN 95-100; THE PULSE OXIMETER PROVIDES OUR MEMBERS WITH TANGIBLE “CONTROL” OVER THE DISEASE



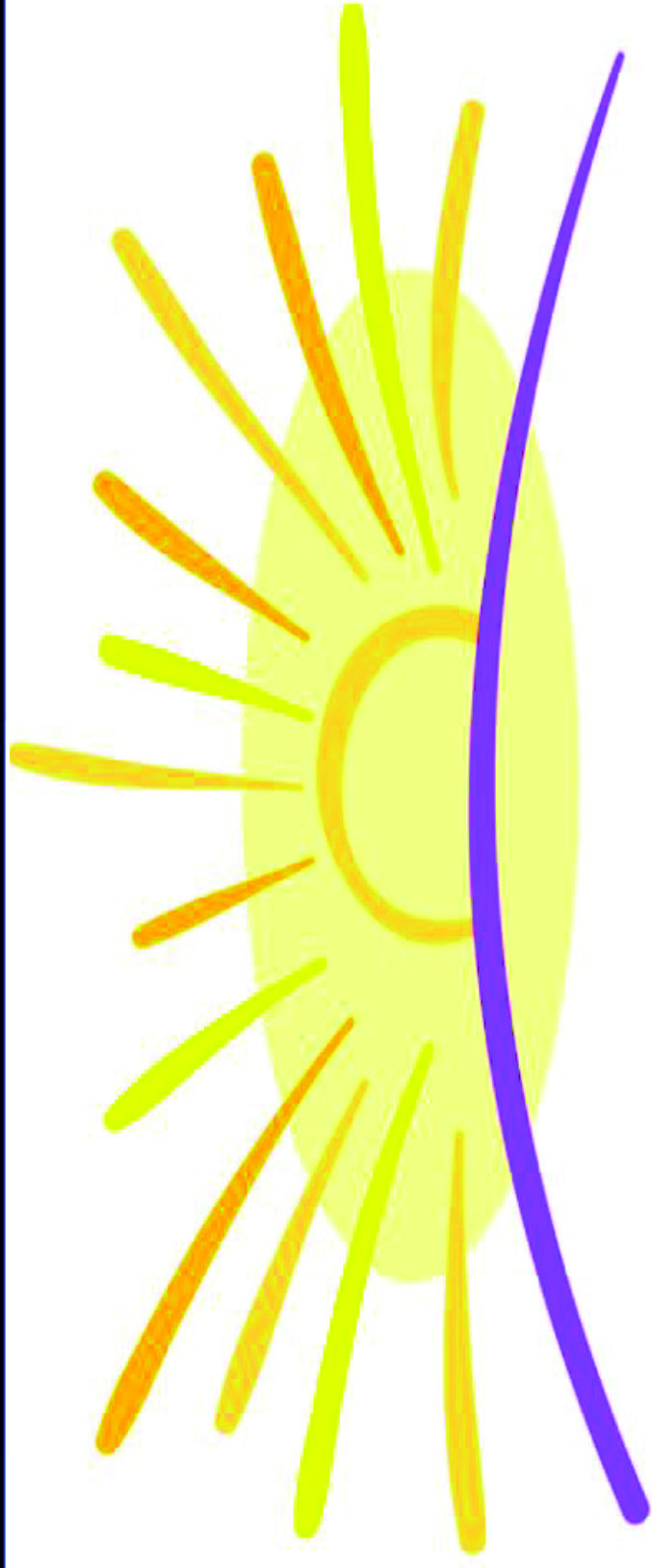


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# Transition of Care

Bridget Vargas, LVN



# Transition of Care The Coleman Approach





## Listen to Your Patients: They Are Telling You How to Improve Care Transitions


- Inadequately prepared for next setting
- Conflicting advice for illness management
- Inability to reach the right practitioner
- Repeatedly completing tasks left undone



# **The Care Transitions Intervention:**

Designed to encourage older patients and their caregivers to assert a more active role during care transitions.

Nearly 30% of all hospital admissions for people over the age of 65 are directly attributable to medication non-adherence.



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## The Four Pillars

1. Medication Self-Management
2. Patient Centered Health Record (PHR)
3. Primary Care Provider/Specialist Follow-Up
4. Knowledge of Red Flags






## **Pillar #1:** **Medication Self-Management**

- *Focus:* reinforcing the importance of knowing each medication – when, why, and how to take what is prescribed, and developing an effective medication management system

## **Pillar #2:** **Personal Health Record (PHR)**

- *Focus:* providing a health care management guide for patients; the PHR is introduced during the hospital visit and used throughout the program
- 

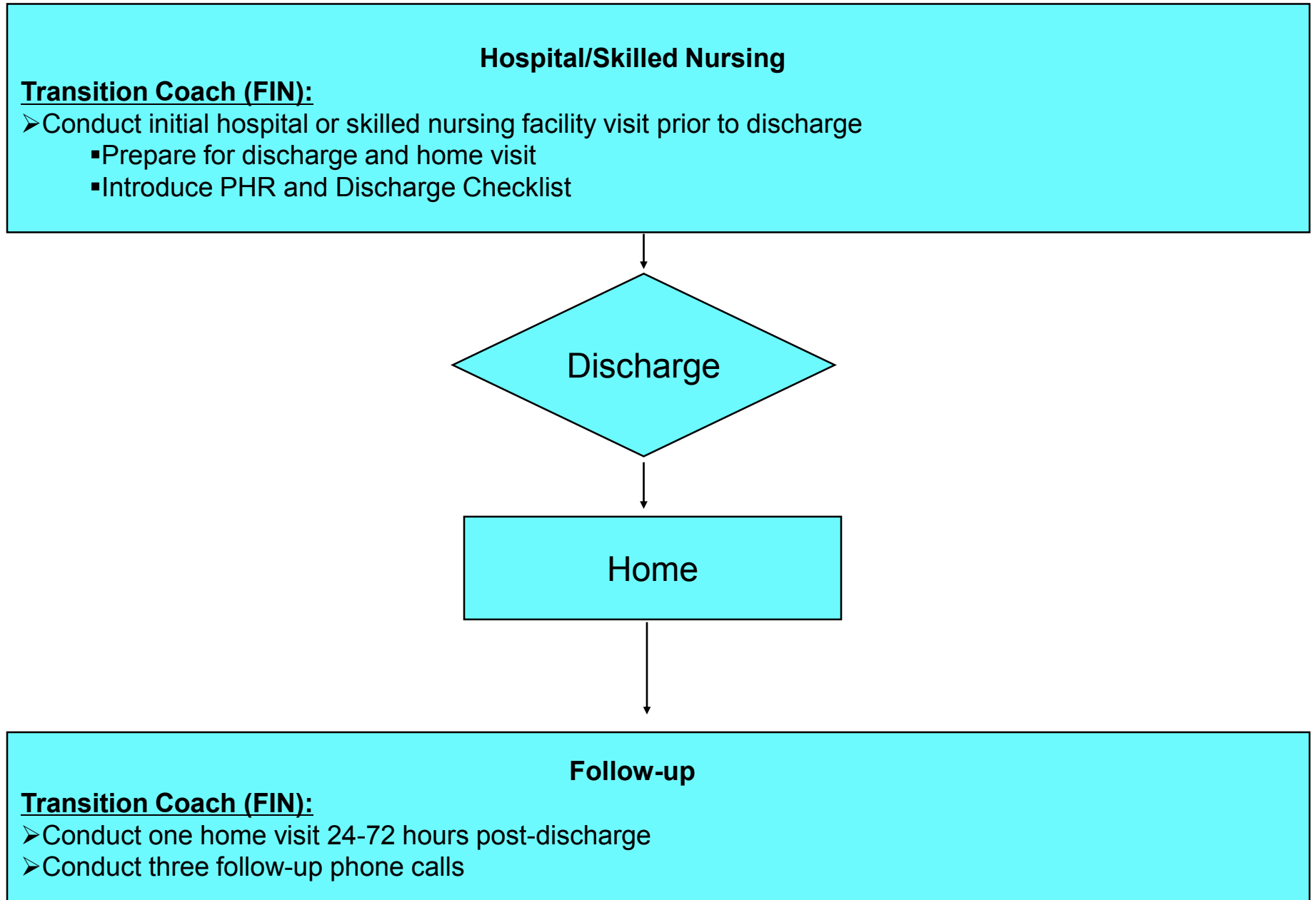
**Pillar #3:**  
**Primary Care Provider/Specialist Follow-Up**

- *Focus:* enlist patient's involvement in scheduling appointment(s) with the primary care provider or specialist as soon as possible after discharge

**Pillar #4:**  
**Knowledge of Red Flags**

- *Focus:* patient is knowledgeable about indicators that suggest that his or her condition is worsening and how to respond

# STRUCTURE OF THE CARE TRANSITIONS INTERVENTION





The table, below, illustrates how the four pillars interact with the sequencing of the intervention as the patient moves across settings

<b>Pillar</b>	<b>Medication self-management</b>	<b>Patient-centered record</b>	<b>Follow-up</b>	<b>Red Flags</b>
<b>Goal</b>	Patient is knowledgeable about medications and has a medication management system	Patient understands and utilizes a Personal Health Record (PHR) to facilitate communication and ensure continuity of care plan across providers and settings. The patient manages the PHR	Patient schedules and completes follow-up visit with Primary Care Practitioner/Specialist and is empowered to be an active participant in these interactions	Patient is knowledgeable about indicators that condition is worsening and how to respond.
<b>Hospital Visit</b>	Discuss importance of knowing medications and having a system in place	Explain PHR and its components	Recommend Primary Care Practitioner follow-up visit	Discuss symptoms and drug reactions
<b>Home Visit</b>	Facilitate reconciliation of pre- and post-hospitalization medication regimens  Help patient identify and correct any discrepancies	Help patient to review and update PHR  Review discharge summary with patient  Encourage patient to update and share the PHR with Primary Care Practitioner and/or Specialist at follow-up visits	Emphasize importance of the follow-up visit and need to provide Primary Care Practitioner with recent hospitalization information  Practice and role-play questions for Primary Care Practitioner	Discuss symptoms and side effects of medications
<b>Follow-Up Calls</b>	Answer any remaining medication questions	Remind patient to share PHR with Primary Care Practitioner/Specialist  Discuss outcome of visit with Primary Care Practitioner or Specialist	Provide advice in getting prompt appointment, if necessary	Reinforce when/if Primary Care Practitioner should be called

## Key Elements of Intervention

- “Transition Coach” (Nurse or Nurse Practitioner)
  - Prepares patient for what to expect and to speak up
  - Provides tools (Personal Health Record)
- Follows patient to nursing facility or to the home
  - Reconciles pre- and post-hospital medications
  - Practices or “role-plays” next encounter or visit
- Phone calls 2, 7 and 14 days after discharge
  - Single point of contact; reinforce, ensure follow up

## Intervention Activities

- Hospital Visit
- Home Visit
- 2-Day Follow-Up Call
- 7-Day Follow-Up Call
- 14-Day Follow-up Call

## Patient-Level Contributing Factors

Non-intentional non-adherence	34%
Money/financial barriers	6%
Intentional non-adherence	5%
Didn't fill prescription	5%
Other	1%
Subtotal	51%

## System-Level Contributing Factors

D/C instructions incomplete/illegible	16%
Conflicting info from different sources	15%
Duplicative prescribing	8%
Incorrect label	4%
Other	7%
Subtotal	49%

## 30-Day Hospital Re-Admit Rate

Patients with identified med discrepancies	14.3%
Patients with <u>no</u> identified med discrepancies	6.1%

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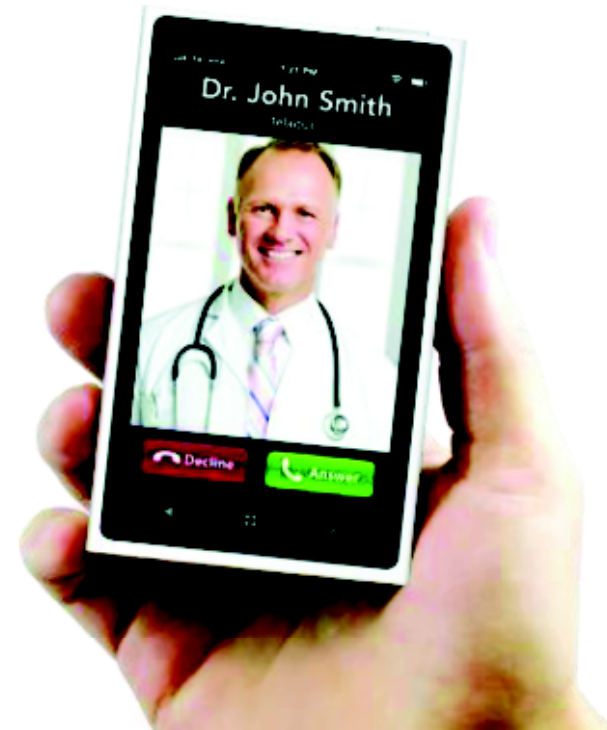


## Telehealth, healthcare transformed

Access, Quality, Savings

*Presentation for*

*Universal  
Care/Brand  
New Day*



# Agenda and Goals

- Introduction to Teladoc PCP benefit for your membership
- Demonstration of Mobile Application
- Teladoc Overview
- Q&A

## Goals for today's call

- Inform you about Teladoc benefits available to your members/patients
- Demo Mobile Solution
- Share background on Teladoc

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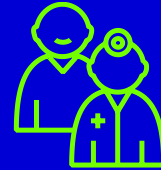
HEALTHCARE YOU CAN FEEL GOOD ABOUT

## Teladoc Primary Care Solution

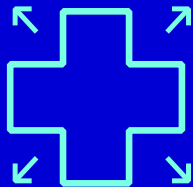
Resolving patient issues and providing member convenience



**Provide 24x7** access to board-certified doctors via phone, mobile, and video



**Diagnose, treat and prescribe** medications (if necessary) for common health issues



**Prevent unnecessary ER/UC** visits to more cost-effective mode of care

# Teladoc tackles the biggest problems in healthcare: access, quality and cost



More patients  
(30MM uninsured)



Fewer PCPs



More visits and  
longer wait times  
(18.5 days average)



Misuse of ER  
80% go because  
of lack of access;  
85% couldn't wait  
to see their PCP



Increasing costs

## The Teladoc (re)solution

24/7

Access  
to a doctor

8<sub>min</sub>

Median  
response time

298K

Consults in 2014

92%

Resolution of  
patients' issues

\$1,157

Average savings  
per consult

## Effective resolution to a wide range of conditions

### Top diagnoses

- Sinus problems
- Urinary tract infection
- Pink eye
- Bronchitis
- Upper respiratory infection
- Nasal congestion
- Allergies
- Flu
- Cough
- Ear infection



- Best practices in prescription management
- Appropriate prescribing following CDC guidelines
- No controlled substances, psychiatric or lifestyle drugs
- 98% generic prescribing rate
- Member convenience through e-prescribing





# Mobile Demonstration

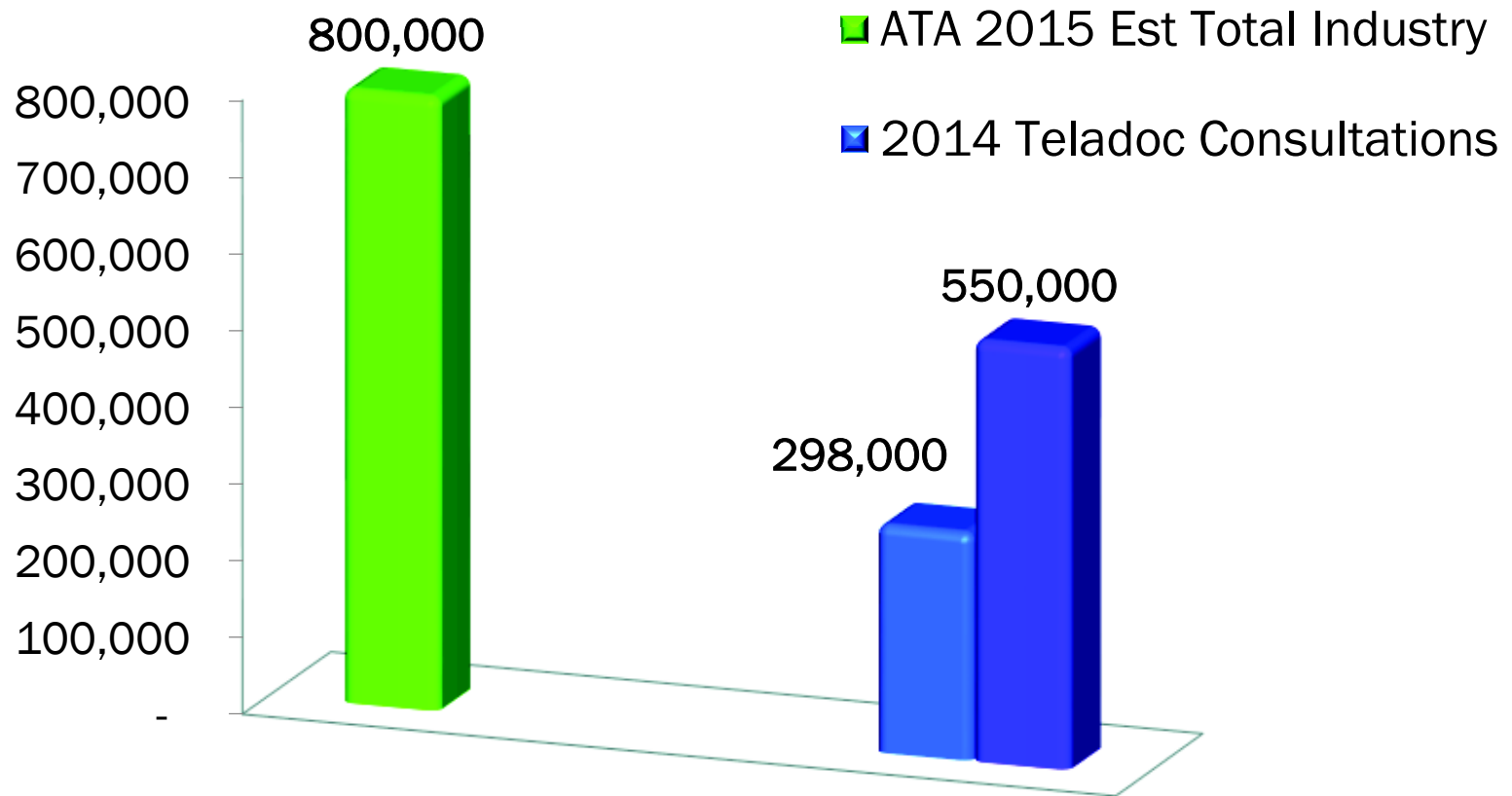


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## Teladoc Has Been Tested At Scale

The Telehealth Market Place



TELADOC.

# The highest clinical quality in the industry

The only US telehealth company with NCQA  
certified provider credentialing

Rigorous Quality Assurance

Maintenance of evidence-based protocols

Adherence to 100+ proprietary  
telehealth guidelines

**92% clinical resolution**



# brand new day

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## How does Teladoc drive engagement?

Proven, effective, multi-channel member engagement. We carefully monitor and measure effectiveness.

### Teladoc core communications include:

- Welcome kit to as appropriate
- Up to 2 seasonal campaigns/year
- Co-branded with your organization's identity
- Automated self-serve marketing tools to drive awareness all year round.
- Automated outbound telephonic marketing
- Targeted and re-targeted digital media
- Segmentation and trigger-based communication





# Pharmacy 101

Erica Lai, PharmD



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<http://www.bndhmo.com/>

- Select “Members”
- Select “Covered Medication List”
- The Formulary
  - List of medications covered by BND
  - Restrictions: PA, ST, QL
    - Prior Authorization Criteria
    - Step Therapy
    - Quantity Limit
  - Copay Information
  - Updated every month

The following Utilization Management abbreviations may be found within the body of this document

**COVERAGE NOTES ABBREVIATIONS**

ABBREVIATION	DESCRIPTION	EXPLANATION
<b>Utilization Management Restrictions</b>		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Brand New Day before you fill your prescription for this drug. Without prior approval, Brand New Day may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Brand New Day to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Brand New Day may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 yrs or older are required to get prior authorization from Brand New Day before you fill your prescription for this drug. Without prior approval, Brand New Day may not cover this drug
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member, you (or your physician) are required to get prior authorization from Brand New Day before you fill your prescription for this drug. Without prior approval, Brand New Day may not cover this drug.
QL	Quantity Limit Restriction	Brand New Day limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Brand New Day will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

The following is a brief summary of Brand New Day Plans Co-payments/Co-insurance during Initial Coverage Period. Amounts shown are for In-Network Retail and Mail Order Pharmacy

**HARMONY HMO SNP: \$320 deductible**

Plan Name	Drug Tier	Drug Tier Name	Retail Copayment / coinsurance (1 month 30-day supply)	Mail-Order Copayment / coinsurance (3 month supply)
Harmony (HMO SNP), Plan 020	1	Preferred Generic Drugs	25% co-insurance	25% co-insurance
Harmony (HMO SNP), Plan 020	2	Non-Preferred Generic Drugs	25% co-insurance	25% co-insurance
Harmony (HMO SNP), Plan 020	3	Preferred Brand Drugs	25% co-insurance	25% co-insurance
Harmony, (HMO SNP), Plan 020	4	Non-Preferred Brand Drugs	25% co-insurance	25% co-insurance
Harmony (HMO SNP), Plan 020	5	Specialty Drugs	25% co-insurance	25% co-insurance
Harmony (HMO SNP), Plan 020	6	Diabetic Select Drugs	25% co-insurance	25% co-insurance



KRYSTEXXA	92	lidocaine hcl	29	magnesium sulfate in water	113
KUVAN	92	lidocaine in 5 % dextrose (pf)	77	malathion	91
KYPROLIS	44			maprotiline	52
<i>l norgestle.estradiol-e.estrad</i>	85	lidocaine-prilocaine	29, 30	MARPLAN	52
labetalol	78	linezolid	35	MARQIBO	44
LACRISERT	93	LINZESS	92	MATULANE	44
LACTATED RINGERS	106	liothyronine	102	matzim la	79
lactulose	96	lipase-protease-amylase	92	meclizine	61
LAMICTAL	49	LIPOSYN II	75	medroxyprogesterone	102
lamivudine	66	LIPOSYN III	75	mefenamic acid	29
lamivudine-zidovudine	66	lisinopril	77	mefloquine	61
lamotrigine	49	lisinopril-hydrochlorothiazide	77	MEFOXIN IN DEXTROSE	
LANOXIN	80	lithium carbonate	84	(ISO-OSM)	37
lansoprazole	95	lithium citrate	84	MEGACE ES	44
LANTUS	56	<i>l-norgest-eth estrlethin estra</i>	86	megestrol	44, 45
LANTUS SOLOSTAR	56	lomustine	44	MEKINIST	45
larin 24 fe	85	loperamide	96	meloxicam	29
latanoprost	111	lorazepam oral solution	32	melphalan hcl intravenous	45
LATUDA	64	losartan	76	memantine	51
LAZANDA	25	losartan-hydrochlorothiazide	76	MENACTRA (PF)	105
leflunomide	103	LOTEMAX	95	MENEST	99
LEMTRADA	109	LOTRONEX	92	MENHIBRIX (PF)	105
LENVIMA	44	lovastatin	82	MENOMUNE - A/C/Y/W-135	
LETAIRIS	119	loxapine succinate	64	(PF)	105
letrozole	44	LUMIGAN	111	MENVEO A-C-Y-W-135-DIP	
leucovorin calcium	109	LUMIZYME	92	(PF)	105
LEUKERAN	44	LUPRON DEPOT	44	MENVEO MENA	
LEUKINE	71	LUPRON DEPOT (3 MONTH)	44	COMPONENT (PF)	105
leuprolide	44		44	MENVEO MENCYW-135	
levetiracetam	49	LUPRON DEPOT (4 MONTH)	44	COMPNT (PF)	105
levobunolol	111		44	mercaptopurine	45
levocarnitine	109	LUPRON DEPOT (6 MONTH)	44	meropenem	38
levocarnitine (with sugar)	109		44	mesha	109
levocetirizine	59	LUPRON DEPOT-PED	44	MESNEX	109
levofloxacin	39, 94	LUPRON DEPOT-PED (3	44	MESTINON	109
levofloxacin in d5w	39	MONTH)	44	MESTINON TIMESPAN	109
levoleucovorin calcium	109	LYNPARZA	44	metaproterehol	116
levonorgestrel	85	LYRICA	49	metaxalone	117
levonorgestrel-ethin estradiol	86	LYSODREN	44	metformin	54
levonorgestrel-ethinyl estrad	86	mafenide acetate	87	methadone	25
levorphanol tartrate	25	magnesium chloride	112	methadone hcl	25
levothyroxine	102	magnesium sulf in 0.45% nacl		methazolamide	111
LEXIVA	66		112	methenamine hippurate	35
lidocaine	29	magnesium sulfate	113	methenamine mandelate	35
lidocaine (pf)	29, 77	magnesium sulfate in d5w	112	methimazole	102

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	ST; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	ST; QL (60 per 30 days)
<i>loxapine succinate</i> (Loxitane)	2	GC
<i>olanzapine intramuscular</i> (Zyprexa)	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet</i> (Zyprexa)	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 5 mg</i> (Zyprexa Zydis)	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i> (Zyprexa Zydis)	2	GC; QL (31 per 30 days)
ORAP	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

## NonFormulary Medications

- NonFormulary Medications can be requested via Medication Request Form (MRF)/Coverage Determination Form
- Please fax to MedImpact using number printed on form
  - 858-790-7100



## Medication Request Form

BLOCKED AREAS ONLY

**Attn: Prior Authorization Department**

**10680 Treena Street, Suite 500**

**San Diego, CA 92131**

**Phone: 1-800-788-2949**

**Fax: 858-790-7100**

<b>DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY</b>
Approved:
Denied:
Returned:
PA #

by participating physicians and providers to obtain coverage for a formulary drug requiring prior authorization for which there is no suitable alternative available, or any overrides of pharmacy management procedures quantity limit or other edits. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at (800) 788-2949 with this information. If you have any questions regarding this process, please contact our Service at (800) 788-2949.

is used in reviewing medication requests:

any Drug Product is contraindicated in the patient.

and an appropriate trial of Formulary or related agents.

any drug in the Drug Formulary are not suited for the present patient care need and the drug selected is required for


any Drug Product may provoke an underlying medical condition, which would be detrimental to patient care.

## Medications Excluded (Not Covered) by MediCare

- Weight loss/gain medication (except to treat physical wasting caused by AIDS, cancer or other diseases) - Belviq
- Erectile Dysfunction medication - Viagra, Cialis
- Fertility medication
- Medication for cosmetic purposes or hair growth - Minoxidil/Rogaine
- Cold medication - cough syrup, Sudafed
- Over The Counter Medications



## Helping Members with Medication Issues

- Member needs medications transferred from one pharmacy to another
    - Please obtain list of medications, then call pharmacy that member wants medications transferred to
    - Please have member on line with pharmacy to give permission
- 

## Helping Members with Medication Issues

- Member cannot go to pharmacy and pick up medications because member is bed bound/and or lacks transportation
  - Please contact one of BND's preferred pharmacies (delivery service)
  - Help member apply for transportation benefits (2016 - LogistiCare)
  - Request help from Field Intervention Nurse (FIN)

## Helping Members with Medication Issues - Vacation

- If member is going on vacation and needs one month of medication in advance, please call member's pharmacy and request.
- Member's pharmacy will contact Pharmacy Benefit Manager (PBM) to assist.
- Allowed one time per year for chronic medications with refills



## Helping Members w/ Med Issues - Representatives

- If member is unable to care for him/herself, member's prescriber or Authorized Other Representative (Power of Attorney) may request medication on member's behalf
- Representatives designated by the Plan must have CMS form 1696 filed with the Plan

# Helping Members w/ Med Issues - Representatives

oms1696.pdf - Adobe Reader

File Edit View Window Help

Open [Icons] 1 / 2 100% [Icons]

Tools Fill & Sign Comment

This file includes fillable form fields. You can print the completed form and save it to your device or Acrobat.com. Highlight Existing Fields

Department of Health and Human Services  
Centers for Medicare & Medicaid Services

Form Approved OMB  
No. 0938-0160

## Appointment of Representative

Name of Party	Medicare or National Provider Identifier Number
---------------	---

**Section 1: Appointment of Representative**  
**To be completed by the party seeking representation (i.e., the Medicare beneficiary, the provider or the supplier):**  
I appoint this individual, \_\_\_\_\_ to act as my representative in connection with my claim or asserted right under title XVIII of the Social Security Act (the "Act") and related provisions of title XI of the Act. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my appeal, wholly in my stead. I understand that personal medical information related to my appeal may be disclosed to the representative indicated below.

Signature of Party Seeking Representation	Date	
Street Address	Phone Number (with Area Code)	
City	State	Zip Code

**Section 2: Acceptance of Appointment**  
**To be completed by the representative:**  
I, \_\_\_\_\_, hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the department of Health and Human Services; that I am not, as a current or

Fill & Sign Tools

- Add Text
- Add Checkmark
- Place Initials
- Place Signature

Send or Collect Signatures

Work with Certificates


1:28 PM 10/14/2015

## Helping Members with Medication Issues

- Member cannot afford medications:
  - Please help member explore whether or not member is eligible for MediCare Extra help
  - Please help member explore whether or not member is eligible for MediCal



## Helping Members with Medication Issues

- ▶ If MediCare member cannot afford medication copays, please help member apply for Extra Help from MediCare
  - ▶ <https://www.ssa.gov/medicare/prescriptionhelp/>
- 

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## MediCare Extra Help Website

The screenshot shows a web browser window displaying the Medicare.gov website. The address bar shows the URL <http://www.medicare.gov/medicare/prescriptionhelp/>. The page features the Social Security logo and a search bar. The main heading is "Extra Help With Medicare Prescription Drug Plan Costs".

**What help can I receive?**

Medicare beneficiaries can qualify for Extra Help with their Medicare prescription drug plan costs. The Extra Help is estimated to be worth about \$4,000 per year. To qualify for the Extra Help, a person must be receiving Medicare, have limited resources and income, and reside in one of the 50 States or the District of Columbia.

- [Information on the Extra Help program](#)
- [See if you qualify for Extra Help and apply](#)
- [Extra Help forms and publications](#)
- [Extra Help information for caregivers and organizations](#)
- [Extra Help information in other languages](#)
- [Information on the review of your eligibility](#)
- [The official U.S. Government site for people with Medicare](#)
- [Understanding Medicare enrollment periods](#)

[Apply for Extra Help With Medicare Prescription Drug Plan Costs](#)

**Additional Resources**

- [State Health Insurance Counseling and Assistance Program \(SHIP\)](#)
- [Getting help with your Medicare costs](#)
- [Medicare Savings Programs \(MSP\)](#)
- [Model Application for Medicare Premium Assistance](#)
- [National Center for Benefits Outreach and Enrollment](#)
- [Medicare Rx - Connect](#)

The page also includes a "My Medicare.gov" sign-in button and a "Create an Account" link. The browser's taskbar at the bottom shows various application icons and the system clock indicating 9:24 AM on 10/24/2015.

# Qualifying For MediCare Extra Help

The screenshot shows a web browser window displaying the Social Security Administration's website for Medicare Extra Help. The browser's address bar shows the URL <http://ssa.gov>. The page title is "Welcome! Extra Help With...". The main content area includes a list of disqualifying assets, an exception for those with Medicare and Supplemental Security Income (SSI), and instructions on how to apply. A sidebar on the right contains links for "About the Prescription Drug Program", "Official U.S. Government Medicare Site", and "Centers for Medicare & Medicaid Services", along with a "Your privacy is important" notice. At the bottom, there are buttons for "Apply Now", "Return to an Existing Application", "Not Sure If You Should Use This?", and "Find Out if You Qualify". The Windows taskbar at the bottom shows the system clock as 8:57 AM on 2/24/2011.

File Edit View Favorites Tools Help

• Your combined savings, investments, and real estate are not worth more than \$27,200, if you are married and living with your spouse, or \$13,640 if you are not currently married or not living with your spouse. (Do **NOT** count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.) If you have more than those amounts, you may not qualify for the extra help. However, you can still enroll in an approved Medicare prescription drug plan for coverage.

**EXCEPTION** Even if you meet these conditions, **DO NOT** complete this application if you have Medicare and Supplemental Security Income (SSI) or Medicare and Medicaid because you automatically will get the extra help.

**How Can You Get The Extra Help?**

To get extra help with Medicare Prescription Drug plan costs, you **must complete and submit this application**. We will review your application and send you a letter to let you know if you qualify for extra help.

**NOTE** To apply, you must live in one of the 50 States or the District of Columbia.

If you need help completing this application, call Social Security toll-free at **1-800-772-1213** (TTY **1-800-325-0778**).

**You also may be able to get help from your State with other Medicare costs under the Medicare Savings Programs.** By completing this form, you will start your application process for a Medicare Savings Program. We will send information to your State who will contact you to help you apply for a Medicare Savings Program unless you tell us not to when you complete this application.

If you need information about Medicare Savings Programs, Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov). You also can request information about how to contact your State Health Insurance Counseling and Assistance Program (SHIP). The SHIP offers help with your Medicare questions.

**What Do You Want To Do?**

Apply Now

Return to an Existing Application

**Not Sure If You Should Use This?**

Find Out if You Qualify

Privacy Policy | Website Policies & Other Important Information | Site Map

<http://secure.ssa.gov/IC20-14905/submit.do>

2011 8:57 AM 2/24/2011

## MediCare Extra Help – Documents to Prepare

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

## Mail Order Pharmacy

- Postal Prescription Services PPS
- To order by phone, call 1-800-552-6694
- To order via internet, go to [www.ppsrx.com](http://www.ppsrx.com)
- Member will need to send payment via check, money order or credit card



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HEALTHCARE YOU CAN FEEL GOOD ABOUT

## **Preferred Pharmacies – Please see handout for details**

- Gilbert Drugs
- Diabetes Care Partners
- North Chester Pharmacy
- Desert Hospital Outpatient  
Pharmacy
- YM Drugs



# Medication Adherence – Chronic Medications

- Chronic Medications
    - Blood Pressure Medications
    - Cholesterol Medications
    - Diabetes Medications
    - Psych Medications
- 

## High Risk Medications

- Ambien/zolpidem
  - Please ask provider if Rozerem/ramelteon or OTC melatonin is a possible alternative
- Megace/megestrol
  - Please ask provider to try nutritional supplements like Ensure from Abbott Nutrition if member's BMI is >18
- Cogentin/benzotropine
  - Please do not prescribe for sleep

# Medication Adherence – Choice 90 Program

Choice90 Optimization Program.pdf - Adobe Reader  
File Edit View Window Help

## Choice 90<sup>Rx</sup> Optimization Program

- Automated point-of-sale, retail-based program
- Daily prescriber communications
- Members targeted are stable on therapy
- Member and physician response tracked by MedImpact

```
graph LR; A[Prescribers sent pre-populated 90-day Rx] --> B[Prescriber agrees to change existing 30-day Rx]; B --> C[Rx faxed to pharmacy]; B --> D[Member notified of new Rx];
```

The flowchart illustrates the process of the Choice 90 Rx Optimization Program. It begins with a box labeled 'Prescribers sent pre-populated 90-day Rx' with a pharmacy icon. An arrow points to a second box, 'Prescriber agrees to change existing 30-day Rx', which includes a checkmark icon. From this second box, two arrows branch out to the final steps: 'Rx faxed to pharmacy' (with a pharmacy icon) and 'Member notified of new Rx' (with an envelope icon).

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4:15 PM  
10/14/2013

## **SinfoniaRx – 2015 Medication Therapy Management Vendor**

- Medication Therapy Management (MTM) Qualifications:
  - Telephone Consultation
  - Personal Medication List
  - Medication Action Plan
  - Member Letter

## SinfoniaRx – MTM Vendor Script

- ▶ Hi, I'm calling from Brand New Day. My name is xxxxxx. According to our records, you qualify for a medication review. **There is no out of pocket cost for a medication review.** Would you like to have a pharmacist review your medications? The pharmacist can look to see if you are taking the same medication more than once by accident (have any duplications), drug interactions, or medications that can save you money (switching from brand to generic).

## SinfoniaRx – Translation Assistance via Call Center

- Armenian - Nazeli Ketunyan x 4041
- Vietnamese - Peter Nguyen x 5059
- Spanish -
  - Anna Esquivel x 4215
  - Maria Carillo x 4016
  - Darline Bautista x 4033
  - Maria Williamson x 4039
- Khmer - Amanda Williams x 4422
- Korean - Steve Baek x 4031
- Kimitra Kaffatos-Politis (657)237-4241

## Pacific Interpreters 1/800/264-1552 Access code - 828219

Questions asked when calling for interpreters services:

- Access Code – 828219
- Language needed – provide based on call received
- First & Last name – your name
- Dept calling from – Call Center
- Organization – Brand New Day
- Extension # - your personal ext ( example ext – 5048)
- Will we need to contact client? – response, “no, the client is on hold”
- Operator will then provide Interpreters ID# - need to write the interpreter id# for our records ( and also in case the interpreter was not very successful we would not like to use them for future calls)
- Will need to connect the call as a conference call in order to assist



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## Personal Medication List

< MTM PROVIDER HEADER > < PLAN LOGO >

**PERSONAL MEDICATION LIST FOR < Insert Member's name, DOB: mm/dd/yyyy >**

This medication list was made for you after we talked. We also used information from < insert sources of information >.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

**DATE PREPARED: < INSERT DATE >**

**Allergies or side effects: < Insert beneficiary's allergies and adverse drug >**

# Medication Action Plan

< *MTM PROVIDER HEADER* > < *PLAN LOGO* >

**MEDICATION ACTION PLAN FOR** < *Insert Member's name, DOB: mm/dd/yyyy* >

This action plan will help you get the best results from your medications if you:

1. Read “What we talked about.”
2. Take the steps listed in the “What I need to do” boxes.
3. Fill in “What I did and when I did it.”
4. Fill in “My follow-up plan” and “Questions I want to ask.”

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers. Share this with your family or caregivers too.

**DATE PREPARED:** < *INSERT DATE* >

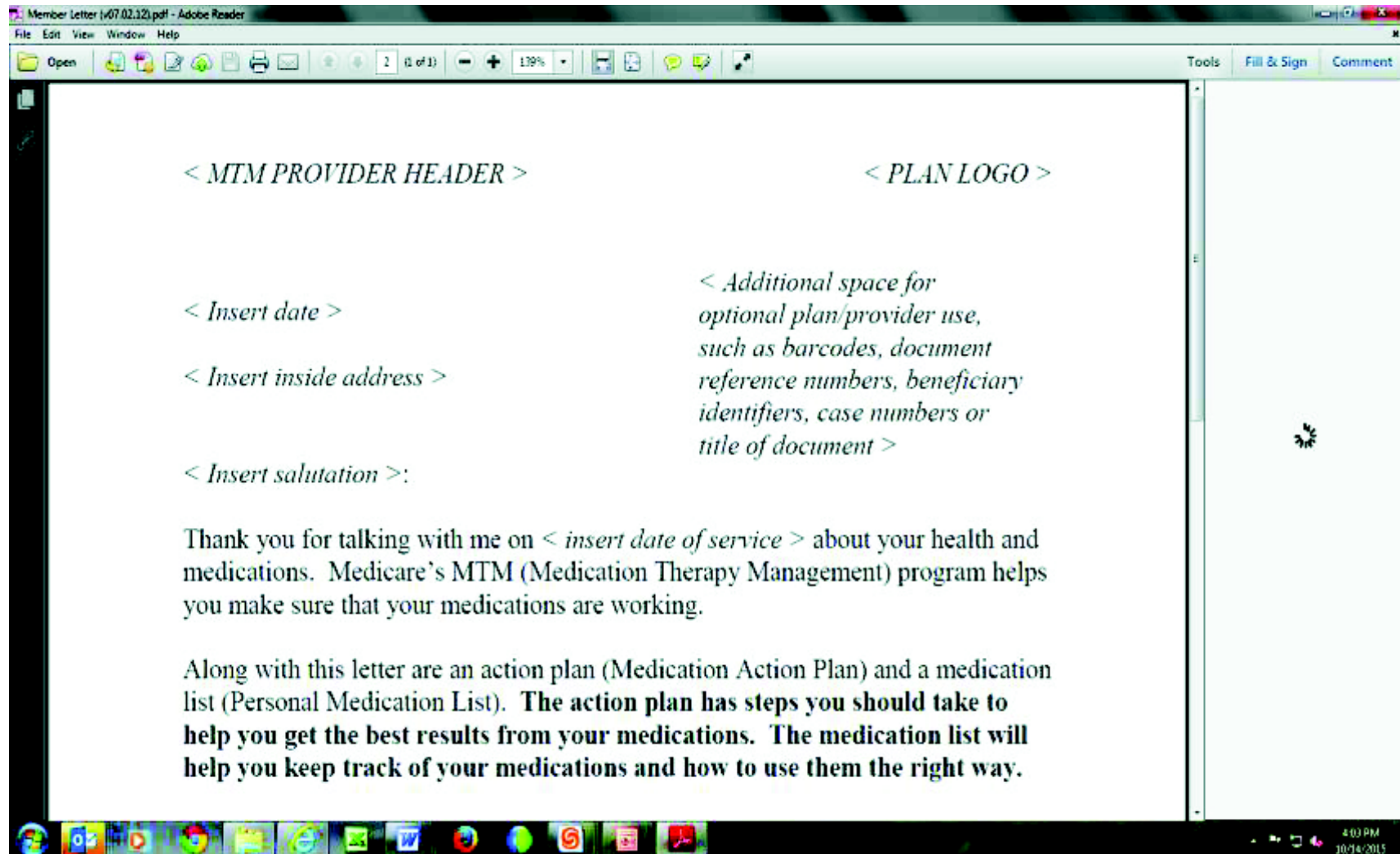
**What we talked about:**  
< *Insert description of topic* >



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HEALTHCARE YOU CAN FEEL GOOD ABOUT

## Member Letter



# Opioid Overutilization Monitoring

- Policy and Procedure included in your packet
- Life coaches are case managers for Behavioral Health (Plan 20/32) members
- If a provider believes that a member is inappropriately receiving opioid medication, please ask the provider to send letter to BND via fax
- Please document all correspondence with member, prescriber, BND in Sigmund

## PDMP (Prescription Drug Monitoring Program)

- Formerly known as Controlled Substance Utilization Review and Evaluation System (*CURES*)
- Please send ID # and Name of Member you would like report for

**Tools & Resources**  
Health Information Privacy (HIPAA Guidelines)  
FAQ's

### PDMP (CURES)

**You have been successfully logged out of the PDMP Application**

#### User Agreement

The California Prescription Drug Monitoring Program's (PDMP) mission is to reduce pharmaceutical drug diversion while promoting legitimate medical practice and patient care. PDMP accumulates Schedule II through IV controlled substance prescription and dispensation information for facilitating diversion awareness and intervention. It is assumed prescribers and pharmacists dedicate their professional skills to identify, and assist controlled substance abusers.

Prescribing practitioners and dispensers must treat this information in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), the California Confidentiality of Medical Information Act, and Health & Safety Code section 111655(c). Law enforcement users must obtain, use and share this information with criminal justice partners only in conjunction with criminal investigative matters. This data shall not be disclosed, sold, or transferred to any third party.

Any other use of this information is strictly prohibited.

Users of the information herein must know, understand, and abide by these provisions.

The Department of Justice (DOJ) limits access and dissemination of this information to licensed prescribers, licensed pharmacists, law enforcement personnel, and regulatory board personnel strictly for patient care or official investigatory/regulatory purposes. DOJ pursues regulatory and/or criminal sanctions for misuse of PDMP information.

Logging into the PDMP system signifies you understand and agree to these terms.

A streamlined application and approval process for access to the Controlled Substance Utilization Review and Evaluation System (CURES) 2.0 is nearing completion and will become available during Summer 2015. Prescribers and pharmacists are encouraged to register for CURES access as soon as possible in observance of new mandates to enroll before **January 1, 2016**.

#### Login Information

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HEALTHCARE YOU CAN FEEL GOOD ABOUT

Prescriber Notification to Plan of Member Opioid Overutilization - Microsoft Word

File Edit View Insert Format Tools Table Window Help Adobe PDF Acrobat Comments

Final Showing Markup Show 100% Read Normal Times New Roman 12 B I U

Type a question for help

1 2 3 4 5 6 7

DRAFT OF PROVIDER COMMUNICATION TO PLAN  
REGARDING OPIOID OVERUTILIZATION

VIA FACSIMILE (657) 400-1220

Date

Pharmacy Department  
Brand New Day HMO  
5455 Garden Grove Blvd  
Westminster, CA 92683

Re: Member #XXXXXXX First Name, Last Name Opioid Utilization

To Whom It May Concern:

I believe that the member referenced above has been inappropriately prescribed opioid medication. I believe that the following medication(s) are inappropriate for the member:

- o Ex) hydrocodone - dose strength (mg) frequency (times a day)
- o Ex) oxycodone - dose strength (mg) frequency (times a day)
- o Ex) hydromorphone - dose strength (mg) frequency (times a day)

I believe that Brand New Day HMO should require that this member obtain a prior authorization before allowing this member to obtain opioid medication.

If you have any questions, please don't hesitate to call me at (XXX-XXX-XXXX) or email me at [XXXXX@XXXXX.com](mailto:XXXXX@XXXXX.com). Please refer to member by member ID only. I will not send any protected health information via email.

I will email, call or fax Erica Lai, PharmD in the pharmacy department at [elai@universalcare.com](mailto:elai@universalcare.com) (no PHI sent via email), T: 866-255-4795 x 4050, F: 657-400-1220 with any applicable updates about member.

Sincerely,  
Prescriber Signature  
Prescriber First Name, Last Name

Page 1 Sec 1 1/1 At 7.3" Ln 34 Col 33 REC TRK EXT OVR English (U.S.)

451 PM 10/14/2015

Sample Part D Opioid Overutilization Initial Prescriber Inquiry Letter CY2013

*Instructions: This sample could be used to notify opioid prescribers that the plan's record shows that one of their patients is being prescribed a drug(s) from the opioid class in a potentially unsafe high dosage, which has triggered a drug overutilization review to determine whether the patient's safety may be at risk.*

*The sponsor may replace <Plan name> with either "the Plan" or "our Plan" throughout the notice.*

<DATE>

<PRESCRIBER NAME>

<ADDRESS>

<CITY, STATE ZIP>

<RE: PRESCRIPTION FILE [###]>

Dear <PRESCRIBER>:

<Plan Name> is sending you this letter to request your assistance because we have determined your patient, <Patient Name>, is being prescribed a certain dosage of a medication(s) in the opioid class and/or has opioid prescriptions involving multiple prescribers and/or pharmacies.

<Plan Name> is the Medicare drug plan for your patient, <Patient Name>. As part of our responsibilities as a Medicare Part D sponsor, we provide certain case management services. We identify and follow up to obtain additional information when there are prescribing and dispensing patterns that could potentially be inappropriate and medically unnecessary.



Sample Part D Opioid Overutilization Initial Prescriber Inquiry Letter CY2013

*Instructions: This sample could be used to notify opioid prescribers that the plan's record shows that one of their patients is being prescribed a drug(s) from the opioid class in a potentially unsafe high dosage, which has triggered a drug overutilization review to determine whether the patient's safety may be at risk.*

*The sponsor may replace <Plan name> with either "the Plan" or "our Plan" throughout the notice.*

<DATE>

<PRESCRIBER NAME>

<ADDRESS>

<CITY, STATE ZIP>

<RE: PRESCRIPTION FILE [###]>

Dear <PRESCRIBER>:

<Plan Name> is sending you this letter to request your assistance because we have determined your patient, <Patient Name>, is being prescribed a certain dosage of a medication(s) in the opioid class and/or has opioid prescriptions involving multiple prescribers and/or pharmacies.

<Plan Name> is the Medicare drug plan for your patient, <Patient Name>. As part of our responsibilities as a Medicare Part D sponsor, we provide certain case management services. We identify and follow up to obtain additional information when there are prescribing and dispensing patterns that could potentially be inappropriate and medically unnecessary.

## Member Reimbursement Form

- Allows member to receive a coverage determination for direct member reimbursement if a member has to pay out of pocket for a medication while eligible for insurance
- Member is not required to use form
- Turn around time is 14 days
- All information on form is required for reimbursement
- A copy of the member reimbursement form is provided in your packet

# Member Reimbursement Form

Claim Form - Part D Revised 2-16-10-MA.pdf - Adobe Reader

File Edit View Window Help

Open

1 / 6 139%

Tools Fill & Sign Comment

Sign In

Export PDF

Adobe ExportPDF

Convert PDF files to Word or Excel online.

Select PDF File:

Claim Form - Part D Revised 2-... 1 file / 105 KB

Convert To:

Microsoft Word (\*.doc)

Recognize text in English(US) [Change](#)

Convert

Create PDF

Edit PDF

Send Files

Store Files

3:10 PM 10/24/2013

**MEDICARE PART D PRESCRIPTION DRUG CLAIM FORM**

## CLAIM FORM INSTRUCTIONS

Please read carefully before completing this form. **Claim forms that do not include the required information may delay or inhibit our ability to process your request for reimbursement. Manual submission of claims does not guarantee reimbursement.**

**Part 1: Member Information (to be completed by the member)**

1. Complete all information under Part 1. The member/cardholder ID Number is located on your insurance card.
2. Submit claims within the filing period specified by your health plan. For questions about your filing period, please call the number on the back of your insurance card.
3. Please submit a separate claim form for each patient and pharmacy from which you purchase medications.
4. **IMPORTANT NOTE: Payment and related correspondence will be sent to the primary subscriber unless you provide us with an Alternate Address in Part 1.**

**Part 2: Receipt Information**

1. Submit prescription receipts/labels that contain the requested information (shown below) or have your pharmacist complete Part 2 and Part 3. If you do not receive a receipt for your prescription(s), pharmacist signature is required.
2. Include all original pharmacy receipt(s). Tape receipts to a separate page to be submitted with the claim form. Note: Please do not staple receipts or other documentation to the claim form.
3. For multiple claims, please use the multiple prescription form.

## Helping Members w/ Med Issues - Contacting Prescriber

- Please contact prescriber
  - If a member needs a prescription for a medication because member no longer has any refills
  - If you are concerned that member is taking a medication that he/she shouldn't be taking
  - If you are concerned that dose/route is incorrect
  - If member is experiencing side effects of medication and would like medication changed to something else

# Helping Members with Medication Issues


- Please gather the following information:
  - Member info:
    - Member Name/ID Number
    - Member's Life Coach/contact info
    - List of medications member is having issues with
    - Specify issue – denied, etc.

## Helping Members with Medication Issues

- Member Services Department can assist with:
  - What medications is member taking?
  - Does member have any refills?
  - Who prescribed medication?
  - Which pharmacy filled medication?
  - Member copay amounts
  - Member's medication has been lost, spilled, or stolen



## Helping Members with Medication Issues

- ▶ Please call Member Services  
Department at 866-255-4795
    - ▶ Maria Williamson, Call Center  
Manager x 4039
    - ▶ Nazeli Ketunyan, CPhT x 4041
- 

## Helping Members with Medication Issues

- Pharmacy Department can assist with issues such as:
  - Medication is denied by pharmacy
  - Member is going on an extended vacation (more than one month) and needs extra medication to take with him/her



# Helping Members with Medication Issues

- If Member Services Department is unable to assist, please call Pharmacy Department
  - Thai Du, pharmacy technician at 866-255-4795 x 4658
  - If Pharmacy Technician is unable to assist, please call Erica Lai, pharmacist at x 4050

## Letters to Providers

- High Risk Medications
- Megestrol
- Seroquel
- Latuda/Clozapine
- Monotherapy

# Flu Vaccines

- Every time you interact with a member, please remind members:
  - To get flu vaccination
  - That member had flu vaccination
  - That member may receive survey about flu vaccination

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## Abbott Nutritional Products

- Pathways Reimbursement Support
- <http://pathwayreimbursement.com/>
- 1-800-558-7677 Monday through  
Friday, 8:30 AM to 5 PM, EST

**pathway** **Ensure**  
 PATHWAY SERVICES REQUEST FORM FOR ENSURE ORIGINAL/ENSURE COMPLETE/ENSURE PLUS\*

**PLEASE SIGN AND FAX THIS FORM TO 1-877-430-8066. FOR QUESTIONS, PLEASE CALL 1-800-558-7677.**

**1 SERVICE REQUESTED**  
 Please select which service you are requesting:  
 Benefit Verification  Prior Authorization Support  Appeals Assistance  Claims Support

**2 PATIENT INFORMATION**  
 Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Patient/Guardian Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Allergies \_\_\_\_\_ Patient/Caregiver Primary Language \_\_\_\_\_  
 Gender  Male  Female

**3 INSURANCE INFORMATION**  
 Primary Insurance Company \_\_\_\_\_  
 Primary Insurance Company Phone # \_\_\_\_\_  
 Subscriber Name \_\_\_\_\_  
 Subscriber ID # \_\_\_\_\_  
 Policy/Employee/Group # \_\_\_\_\_  
 Secondary Insurance Company \_\_\_\_\_  
 Secondary Insurance Company Phone # \_\_\_\_\_  
 Subscriber Name \_\_\_\_\_  
 Subscriber ID # \_\_\_\_\_  
 Policy/Employee/Group # \_\_\_\_\_

**4 DIAGNOSIS** **REQUIRED: Please indicate ICD-9 or ICD-10 codes! here** \_\_\_\_\_  
 Ensure Original, Ensure Plus, and Ensure Complete are designed to help patients meet daily nutritional needs, which may be deficient due to the following conditions:  
 Malnutrition of Mild Degree  Congestive Heart Failure, Unspecified  
 Malnutrition of Moderate Degree  Dysphagia, Cerebrovascular Disease  
 Arrested Development Following Protein-Calorie Malnutrition  Dysphagia, Unspecified  
 Unspecified Protein-Calorie Malnutrition  Dysphagia, Oral Phase  
 Other Severe Protein-Calorie Malnutrition  Dysphagia, Oropharyngeal Phase  
 Loss of Weight  Dysphagia, Pharyngeal Phase  
 Anorexia  Other Dysphagia  
 Other \_\_\_\_\_

**ATTACH A COPY OF BOTH SIDES OF THE PATIENT'S INSURANCE CARD**

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## Contact

Erica Lai, PharmD

[elai@universalcare.com](mailto:elai@universalcare.com)

866-255-4795 x 4050



# **Referral and/or Transition of Care**

**Sofia Emamian, LCSW**



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HEALTHCARE YOU CAN FEEL GOOD ABOUT

# Sigmund Documentation Review

Sofia Emamian, LCSW

---



# 1-Appropriate Intake Packet(SPMI)

- Intake packet must be completed with 30 days from enrollment date.
- Member MUST have one of the four qualifying DX; MDD, Bipolar disorder, Schizoaffective disorder or Schizophrenia.
- If a member does not meet the criteria enrollment dept must be notified.
- All 5 batteries MUST be completed in order to generate a complete assessment.

# 1- Appropriate Intake Packet(SPMI)

- All members MUST have a substance abuse diagnosis entered in Sigmund.
  - Abuse or dependence
  - In Remission
  - No history V code 79.1
- For type 1, referral to AOD counselor should be made within 7 days and seen by an AOD counselor within 14 days.
- If the addiction is in remission, please use the remission code and give it active status. Develop a plan to maintain sobriety. If the member starts using at any time again, diagnosis code must be changed and referral to AOD Counselor made.

# 1- Appropriate Intake Packet(SPMI)

- Identify any established medical Co-Morbidity known to you at the time of intake i.e. CHF, COPD, Diabetes, and Dementia.
- Make sure Risk Level is indicated on the front page, name of all team members and active DX.
- **Complete ICP within 30 days and Review Annually**

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## 1- Appropriate Intake Packet(SPMI)

The screenshot displays the Sigmund Clinical software interface. At the top, the window title is "Sigmund\Clinical" and the user is identified as "User: Semamian - Session: 08:16 AM". The main navigation bar includes icons for Intake, Member, Clinical, Schedule, Staff, Billing, Admin, Quality, Notebook, Home, Reports, and Help. The patient information section shows "Member: Sample, Spmi" and "Program: BND L65 / UCMG". The patient's details include: First Name: Spmi, Last Name: Sample, DOB: 10/14/1954, Age: 60, Gender: M, Eye Color, Hair Color, and Alias. A bar chart shows the program length from 6/14/2015 to Present (LOS: 117) for L65, BND, and MH0. The medication table lists DSM4/ICD-9, ICD-9-CM, and ICD-9-CM with their respective codes and diagnoses. The right sidebar contains a list of clinical areas: Assessment, Behavior Plans, Biometrics, Diagnosis, Drug Tests, Medications, Med Administration, Orders, Immunizations, Outcomes, Progress Notes, ICP, Treatment Summaries, Tx Effectiveness, and Substance History.

Member: Sample, Spmi    E: 06/14/2015 - Present LOS: 117    Program: BND L65 / UCMG    3

brand new day  
Health Maintenance Organization  
brand new day  
Health Maintenance Organization

First Name: Spmi  
Last Name: Sample  
DOB: 10/14/1954  
Age: 60  
Gender: M  
Eye Color:  
Hair Color:  
Alias:

Program: 6/14/2015 To Present (LOS: 117)

System	Code	Diagnosis
DSM4/ICD-9	295.30	Schizophrenia, Parano
ICD-9-CM	V79.1	Screening for alcohol
ICD-9-CM	250.03	Diabetes mellitus with

Medication Table:

MEDICATION	Daily Dose	Start Date
------------	------------	------------

- Assessment
- Behavior Plans
- Biometrics
- Diagnosis
- Drug Tests
- Medications
- Med Administration
- Orders
- Immunizations
- Outcomes
- Progress Notes
- ICP
- Treatment Summaries
- Tx Effectiveness
- Substance History



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Clinical\Progress Notes\Sample, Spmi

Date: 06/18/2015 Start Time: End Time: Duration: 60 Type: Intake  
Description: BH Intake Ancillary: Intake Evaluation Author: Myers, Robert, PHD  
Short Term: (None Selected) Stenographer: (None Selected)  
Location: Off-Site Program: (None Selected)  
Diagnosis: 295.30 Show All Interactive Complexity

Zoom: 100% Narrative: (None Selected) Not Finished

Spmi Sample is a 60 year old male who became a member of the Brand New Day Program for persons with severe and persistent mental illness on 6/14/2015.

## HISTORY AND HEALTH RISK ASSESSMENT:

Current Risk Score: 61.25 Current Risk Level: Moderate (35-50)

Inpatient Treatment History: No hospitalization since enrolled in the program.

Outpatient Treatment History: Patient participating in groups and case management.

Current Symptoms: Patient is floridly psychotic even at baseline. He is paranoid and thinks that Minnie Mouse is stalking him.

Medical Conditions: Patient has COPD, Diabetes, CHF and IBS.

Negative Behaviors: Patients drinks, drugs and rock and rolls.

Dangerous Behaviors: Patient denies SI.

Treatment Compliance: Does well when he is incarcerated. Not so much when he is free range.

Signatures: Staff Robert Myers, PhD - Psychologist - Sign ... No Signature Image  
Author

Add Add Group Edit Delete Print All Add Task Save And Print Save Cancel

# 2- BH ITC Meeting

- Compete battery after every Treatment Plan meeting

The screenshot displays a software interface for a clinical assessment. The window title is "Clinical\Assessment\Sample, Spmi". The menu bar includes "Member", "Clinical", "Billing", "Quality", "Favorites", "Tools", and "Help". The main area shows a form for a "2-BH ITC Meeting" assessment. The form includes a table with 12 questions and their corresponding responses. The table has columns for "No.", "Question", "Response", "N/A", "Comment", and "History".

No.	Question	Response	N/A	Comment	History
1	Meeting Date	6/17/2015	<input type="checkbox"/>		
2	Current Risk Level	High	<input type="checkbox"/>		
3	Current Treatment Issues		<input type="checkbox"/>		
4	Revision To ICP	Patient continues to go in and out of the hospital due to poor compliance with	<input type="checkbox"/>		
5	Date of Next Meeting	Place member on compliance contract and switch to insertable medication 6/24/2015	<input type="checkbox"/>		
6	Member Participation	Prior Meeting With Life Coach	<input type="checkbox"/>		
7	Life Coach Participation	Inperson	<input type="checkbox"/>		
8	Psychiatrist Participation	By Telephone	<input type="checkbox"/>		
9	Others In Attendance	Name, Title, Name Title	<input type="checkbox"/>		
10	Update Diagnosis List	Primary 295.30 Schizophrenia, Paranoid Type	<input type="checkbox"/>		
11	Update ICP		<input type="checkbox"/>		
12	Update Medication List		<input type="checkbox"/>		

The interface also includes a left sidebar with "Assessments" and "ITC Record" sections. The bottom of the window features a status bar with fields for "Title", "Date", "Time", "Program", and "Score". A signature section shows "Robert Myers, PhD - Psychologist" with a "Sign" button. The bottom toolbar contains buttons for "Add Battery", "Edit Assessment", "Administer Assessment", "Enter Responses", "Delete Assessment", "Save", and "Cancel".

## 3-Annual SPMI Care plan Review

- Completed within 364 days from enrollment date.
- The SPMI Care Plan Review, needs to be signed by an LCSW. It will then generate note with a complete assessment/ sign/ enter diagnosis on top, apply intake eval for charging purposes.
- Review all the data in the note for accuracy
- If you are not able to locate the member and annual HRA & ICP is due, please start the HRA and complete as much as you can. **Timely completion of the assessment is a CMS requirement.**



Member: Sample, Spmi  
 Treatment Plan: (None Selected)  
 From: 06/14/2015 To: 10/08/2015  
 Short Term: All Treatment Short Term Goals

Status	Note Date	Created Date	Staff	Type	Progress Note	Service	Session Time	Duration	Date Signed	Objective
Signs	7/12/2015 2:42:00 PM		Myers, Robert, PHD	Progress Note	BH Psych Hospital Follow-up	Psychotherapy, 30 min (Hosp)		30	7/12/2015 2:42:00	
Signs	6/18/2015 2:12:00 PM		Myers, Robert, PHD	Intake	BH Intake	Intake Evaluation		60	6/18/2015 2:11:00	
Signs	6/18/2015 1:53:00 PM		Myers, Robert, PHD	Care Plan Review	Annual SPMI Care Plan Review	Intake Evaluation		60	6/18/2015 1:51:00	
Signs	6/18/2015 1:49:00 PM		Myers, Robert, PHD	Progress Note	BH ITC Meeting Minutes	Interdisciplinary Care Team		60	6/18/2015 1:47:00	

Zoom: 100% Not Finished

Inpatient: No hospitalization since enrolled in the program.

Outpatient: Patient participating in groups and case management.

Current Condition

Psychiatric Symptoms: Patient is floridly psychotic even at baseline. He is paranoid and thinks that Minnie Mouse is stalking him.

Medical Disorders: Patient has COPD, Diabetes, CHF and IBS.

Psychosocial Assessment

Dangerous Behavior: Patient denies SI.

Negative Behaviors: Patients drinks, drugs and rock and rolls.

Add Add Group Edit Delete Print All Save And Print Save Cancel

# brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

## 5- BH Psych Hospital Follow-up

- Assessment should be competed within **7 days** after discharge from the hospital.

Intake... Member... Clinical... Staff... Billing... Admin... Quality... Favorites... Tools... Help...

Member: Sample, Spmi | E: 06/14/2015 - Present LOS: 117 | View Details | View Summary

No.	Question	Response	N/A	Comment	History
1	Date of Visit	7/12/2015	<input type="checkbox"/>		
2	Hospital	College Hospital Center	<input type="checkbox"/>		
3	Date of Discharge	7/10/2015	<input type="checkbox"/>		
4	Follow-up Time Frame	Seen 7 days or less	<input type="checkbox"/>		
5	Patient current condition	Patient appears to be more stable. Agrees to take medication as directed.	<input type="checkbox"/>		
6	Plan to Prevent Readmission	Use reward contract to improve medication adherence.	<input type="checkbox"/>		
7	Diagnosis	Primary: 295.30 Schizophrenia, Paranoid Type	<input type="checkbox"/>		

Title: BH Psych Hospital Follow-up | Date: 07/12/2015 | 02:35 PM | Program: (None Selected) | Not Applicable | Incomplete | Locked | Score: 0

Signatures: Licensed Staff: Robert Myers, PhD - Psychologist | Sign | No Signature Image

Buttons: Add Entry | Edit Assessment | Administer Assessment | Enter Responses | Delete Assessment | Save | Cancel

## 5- BH Psych Hospital Follow-up

- When someone is admitted to the hospital, a BND History-Risk Assessment should be completed
- When re-assessing for risk level, from low to high or visa versa, DO NOT use appropriate intake packet instead use Psych history, Risk Assessment battery

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## Psych history-Risk Assessment Battery

Clinical\Assessment\Sample, Spmi

Intake Member Clinical Staff Billing Admin Quality Favorites Tools Help

Member: Sample, Spmi E: 06/14/2015 - Present LOS: 117 View Details View Summary

Battery: BND History - Risk Assessment  
 From: 09/08/2015 To: 10/08/2015  
 Staff: (None Selected) Find

No.	Question	Response	N/A	Comment	Score	His
	Psychiatric History/Service Use : Circumstances of treatment for the past two years.		<input type="checkbox"/>			
1	Psychiatric Hospitalizations for past 2 years (list 3 most recent. (May state NONE) Include location dates & length of stay	No hospitalization since enrolled in the program.	<input type="checkbox"/>			
2	Length of time since an individual has uses a high intensity, intrusive, and costly service (Psych IP, Rehab, Partial, Detox, Intensive Case Management).	More than 12 months	<input type="checkbox"/>		7	
3	Outpatient Treatment : Psychiatry, Psychology, Therapy (May state None or Unknown)	Patient participating in groups and case management.	<input type="checkbox"/>			
	Dangerous Behaviors : This section refers to behaviors that are clearly and overtly dangerous. For instance, an individual who, in a state of psychosis, wanders into traffic		<input type="checkbox"/>			
4	Describe incidents of dangerous behavior towards self or others, time frames, severity of behavior.	Patient denies SI.	<input type="checkbox"/>			
5	Length of time since an individual has been harmful towards self/others.	No incidences	<input type="checkbox"/>		3	
6	Number of times an individual has been harmful toward self/others within the past 24 months.	4 or more incidents	<input type="checkbox"/>		15	
7	Suicidality (ideation, plan, intent):	History	<input type="checkbox"/>			
8	Homocidality (ideation, plan, intent):	History	<input type="checkbox"/>			
	Community Integration : This section describes the current residential setting and its stability, level of support or assistance required for personal ADL's and the capacity for		<input type="checkbox"/>			
9	Describe the current residential setting and its stability, level of support or assistance required for personal ADL's and the capacity for community living skills, e.g. laundry.	Board and Care	<input type="checkbox"/>			
10	Length of time an individual has been in stable housing housing or residential arrangements which have not been disrupted by such events as eviction or forced	More than 12 months	<input type="checkbox"/>		1	
11	Level of difficulty performing personal self-care (grooming, dressing, bathing, taking medication)	Marked; obvious impairment, inadequate functions	<input type="checkbox"/>		3	
12	Level of difficulty performing basic community living tasks (use of public transportation, shopping, money management and use of community resources.	Extreme impairment; out-of-control, unacceptable	<input type="checkbox"/>		5	
	Nonproductive/Maladaptive Behaviors : This section describes negative social behaviors/interactions which do not meet the criteria of dangerousness, i.e. conflict with		<input type="checkbox"/>			

Title: Psychiatric History - Risk Assessment (HRA) Date: 10/08/2015 Program: (None Selected)  Not Applicable  Incomplete  Locked Score: 50%

Signatures: Author Program Sign ... No Signature Image

Add Battery Edit Assessment Administer Assessment Enter Responses Delete Assessment Save Cancel

## Progress Notes & Treatment Planning Meeting Requirement

Global score	Risk Level	Progress Notes	ITC Frequency
Over 50%	High	2 times/week	Every week
36-50%	Moderate	2 times/month	Every 2 Months
20-35%	Low	2 times/year	Every 6 months

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# SAC-Semi Acute Care Transitions

Sofia Emamian, LCSW


# What is Semi Acute Care?

- *Semi Acute Care, SAC primarily serves as a step down from acute psychiatric inpatient care. Services provided include, but are not limited to, daily visit by a medical doctor and a psychiatrist, multi-disciplinary evaluation, medication management, group activity, other support services including physical therapy, designed to assist the person to get back to prior level of functioning.*


## What is Semi Acute Care?

- *SAC is a temporary placement and length of stay depends on member's progress and readiness to return to previous place of residence.*





***SAC is considered appropriate for members in the following categories:***

- *Member is decompensating in current level of care and that might cause inpatient hospitalization.*
  - *Member is currently in an inpatient psych hospital, does not have acute criteria but need more time to recuperate to go back to his/her previous level of functioning.*
- 

***SAC is considered appropriate for members in the following categories:***

- *Member who goes to inpatient psych hospital on voluntary status regularly without meeting 5150 criteria.*
- *Member who needs to be in a safe environment while psych meds are being adjusted.*

## ***Exclusion Criteria***

- *Member placed on 5150 for DTS or DTO must be admitted to acute care inpatient psych hospital.*
- *If a member placed on 5150 for GD, placing in SAC can be discussed with treating psychiatrist as an alternative*

## ***Exclusion Criteria***

- *Member who needs long term custodial care or B&C. Work with member and current residential facility to find appropriate placement.*
- *If the member is displaying any aggressive behavior.*
- *Members with current substance abuse issues need to be evaluated for detox or drug rehab programs.*



## ***Who to contact and how to place member in a SAC facility?***

➤ *Contact:*

*Ali 562-424-6200 x4029*

- *Ali would assist you to find appropriate level of care.*
- 

## ***What facilities do we utilize?***

- *We utilize locked & secure SNFs, and B&C's depending on the level of care that member needs.*
- *We have contracted with several facilities to provide this level of care for our members and we are in the process of expanding our list.*
- *It is advisable for CPDs to visit some of these facilities.*

## ***Facilities that we currently utilizing***

- ▶ *Locked facilities:*
- ▶ *Lakewood Health care center, Downey  
Contact person: 562-869-0978. Agnes  
is the current case manager.*
- ▶ *Windsor Palms, Contact person Diane  
Rice 562-865-0271*

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## Secure SNF

- *Long Beach Post Acute, Contact person: 562-591-7621. Yvonne is the current case manager.*
- *El Rancho SNF 562-942-7019*
- *Pomona Vista SNF 949-623-2481 contact person Eric Felton*





## **B&C'S**

➤ *El Dorado Oaks*

*1762 Dale Rd, Glendora*

*626-966-7529*

*Contact person Isabelle  
Youngman*

