

Care Coordination/Population Health Management Programs to Help Your Patients Stay Healthy & Manage Chronic or Acute Conditions

Did you know that we have population health management programs that are available to your AultCare and PrimeTime Health Plan patients at no additional cost to them? Population health management programs help to support our providers, by helping your patients maintain or begin a healthy lifestyle and manage any chronic or complex conditions they may have. Through these programs and outreach, AultCare and PrimeTime Health Plan will also encourage your patients to visit their doctor for an annual physical exam and recommended check-ups.

These are just a few of the programs we offer to our members at no additional cost:

Interactive Web-based Self-management Tools and a Health Library

These are located on www.primetimehealthplan.com or www.aultcare.com in the “Member Area”, under the “Health & Wellness and Care Coordination” sections:

Wellness, Disease, and Case Management Programs

- One-on-one health coaching with a registered nurse, including evidence based educational materials
- Interactive programs including:
 - Congestive Heart Failure Program is a tele-monitoring program for members with Congestive Heart Failure (CHF) that allows one of our Registered Nurses to monitor your patient’s daily weight readings and symptoms during normal business hours and communicate with you and the patient to report issues and prevent hospital admissions
 - Diabetic Program is a tele-monitoring program for members with diabetes that allows one of our Registered Nurses to monitor your patient’s daily blood sugar readings and symptoms during normal business hours and communicate with you and the patient to report issues and prevent hospital admissions
 - COPD Program is a tele-monitoring program for members with COPD that allows one of our Registered Nurses to monitor your patient’s pulse ox readings and symptoms during normal business hours and communicate with you and the patient to report issues and prevent hospital admissions
 - Behavioral Health Program is a program that provides education, resources and support through outreach to members with behavioral health diagnoses with the goal to improve your patient’s self-management or their mental health and improve overall outcomes and utilization of services
 - Stroke Prevention Program is a program that can assist your patients with a high risk for stroke by providing them with health coaching and education to help them

- identify symptoms, knowing when to seek medical attention, preventing hospital and ED utilization, and statin medication compliance
- Pre-Diabetes Program provides monthly educational materials on how to help lower risk of becoming diabetic. The materials incorporate tips for healthy eating and exercise and helps individuals understand factors that may trigger unhealthy habits. The first 6 months of the program focuses on decreasing weight/BMI by 5-7% and encouraging participation in an exercise program with physician approval. Fitness goals include working towards 150 minutes of weekly activity. The second 6 months focuses on education to help maintain weight loss and motivation.
 - Case Management is a program that offers your patient Case Management services to help assist them with both complex and basic needs to navigate through the health care continuum.
 - *Basic case management* includes, but is not limited to, assisting the member to obtain services within their network of providers, retrieval to the network and when services are not available within the member's network, assisting them to maximize their out of network benefits. This level may also be appropriate for someone with basic education needs.
 - *Complex Case Management* involves in-depth and ongoing assessment and reassessments. It is a dynamic and synergistic process that encourages the member to take ownership of their health status. These members have most often experienced a critical event or diagnosis that requires extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services.
 - Smoking Cessation Assistance: If your patients are interested in quitting the nicotine habit, PrimeTime and AultCare Wellness or The Ohio Tobacco Quit Line can assist your patients by listening, giving advice and tips, and motivating them to kick the habit. To reach the PrimeTime Wellness Smoking Cessation Coach, please call 330-363-3281 or for The Ohio Tobacco Quit Line counseling services call 1-800-QUIT-NOW
 - Population Health Management Program: Focuses on providing patient-centered, accessible, comprehensive, and coordinated care. Population Health Management nurses connect with members over the phone or face-to-face for as long as needed. Education is offered to those dealing with chronic and acute conditions along with additional information and resources to ensure members' needs are met. They offer education on the importance of age and gender preventive screenings, appropriate utilization of services, and education on how to navigate the healthcare system. The Population Health Management team of nurses are available on-site at many Primary Care Provider offices and serve as the link between members, providers, and the health plan. The nurses also assist the member to obtain services within their network of providers, retrieval to the network and when services are not available within the member's network, assisting them to maximize their out of network benefits.

If you would like more information about our programs or would like to refer one of your patients to a population health management program, please contact us. Contact information is located on page X of this newsletter.