Your Health Matters

Chronic Illness Support and Care Management 2017

Community HEALTH OPTIONS®

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HealthOptions.org

Population Health

Our Population Health team supports Members' overall health through a spectrum of services.

These services are provided at no additional out-of-pocket costs for the Member. Services include:

- Complex Care Management – catastrophic/extensive use of healthcare resources
- Care Management – medical/behavioral moderate to high-risk diagnoses
- Disease Management – condition-specific support for Diabetes, Coronary Artery Disease, and Congestive Heart Failure
- Care Navigation – point-of-service barriers, outreach campaigns
- Healthy Living/Wellness – lifestyle modifications (e.g., tobacco use)

The Population Health team is composed of Care Managers and Care Navigators with specialists including registered nurses, licensed social workers, a registered dietician, and navigators/chronic care professionals. Team members have clinical expertise in the areas of transplants, oncology, high risk maternity/newborn, pediatrics, cardiac/intensive care, mental health/substance use disorders, chronic condition self-management support, behavior modification, and socioeconomic risk factors.

Population Health engages with Members based on identified risks and/or population triggers (health plan, age, socioeconomic determinants of health, etc.). Care Managers/Navigators collaborate with the Member's community care team (e.g., providers, community care managers, etc.) and when needed provides telephonic wrap around support. To further enhance community collaboration, Population Health engages local community resources (Area Agencies on Aging, Community Care Teams, Amistad/peer support) who provide in-person support for high-risk, vulnerable populations.

A Care Manager/Navigator can be reached Monday – Friday, 8am to 5pm at (855) 624-6463.

Care Management/Navigation

Our care management approach supports Members receiving care in their own community with trusted local resources whenever possible. Our goal is to provide additional support for Members with complex health needs who may need assistance coordinating care. We can help remove barriers so the Member can get the right care at the right time in the right place.

Care Managers can help when Members need:

- an answer to a general medical question or a more complex question
- coordination with a second opinion
- support accessing behavioral health services
- support getting medical equipment or figuring out how to get specialty medications
- help when experiencing a critical event or diagnosis that requires extensive use of resources

Behavioral Health Integration and Support

Health Options firmly believes in treating the whole person– that includes physical health, mental health, and substance use disorder services. To support this, our plans have enhanced access for behavioral health office visits at the same cost share as primary care services.

Some of the plan benefits to support behavioral health include:

- a strong network of mental health and substance use disorder specialists
- ability to see your medical provider and behavioral health provider on the same day, when medically appropriate
- no out-of-pocket costs for the first three outpatient visits each plan year (note: not available on the Community Safe Harbor and Community Options HSA plans)
- benefits for inpatient, outpatient, and day treatment program services for mental health and substance use disorders

When choosing your providers and treatment facilities it is best to stay as close to your community as possible so your supports are near you when you need them. Benefits, cost-sharing, and a care management approach are consistently applied for behavioral health services as for other medical or surgical coverage.

Disease Management and Healthy Living/Wellness

Community Health Options' whole person coaching model supports Members on an entire range of health-related issues – from chronic conditions, associated co-morbid conditions, and preference-sensitive conditions, to symptom management for prevalent conditions – and provides general health information and support.

Members who have Diabetes, Coronary Artery Disease, Congestive Heart Failure, or multiple chronic conditions can self-refer for care manager/navigator support by calling Member Services at (855) 624-6463.

Chronic condition self-management is supported by:

- focusing on immediate needs based on personal values and preferences
- collaborating with the Member's community care team (e.g., providers, nurses, etc.)
- reviewing evidence based standards of care
- removing barriers through care navigation (e.g., pharmacy, durable medical equipment, etc.)
- reviewing the benefits outlined in the Member Benefit Agreement, such as the Chronic Illness Support Program
- exploring and supporting lifestyle goals that the Member may have that support long-term chronic condition self-management

Tobacco Cessation Support

Community Health Options provides coverage for tobacco cessation attempts, education, counseling and medication. Benefits are for FDA-approved tobacco cessation medication listed on our Formulary (including both prescription and over-the-counter medication) with no Out-of-Pocket costs when prescribed by a health care provider. Limited to two 90-day treatment regiments for prescription medications per Member per calendar year; please visit HealthOptions.org to explore these options or call Member Services at (855) 624-6463.

Preventive Services

Community Health Options strives to keep Members healthy through a preventive health focus, and we support providers in promoting Members' wellness and prevention. We assist providers in identifying Members for targeted age and gender specific recommended health screenings such as breast cancer or colorectal screening and preventive care such as immunizations.

Community Health Options must cover certain preventive service without any Member cost-sharing. Preventive services requiring coverage:

- Evidence-based services – as defined by the United States Preventive Services Task Force (USPSTF) A and B Recommendations – including screenings for Diabetes, cholesterol, common cancers, and depression, as well as behavioral counseling for obesity, tobacco, and alcohol misuse. These preventive recommendations also include prescriptions for aspirin to prevent cardiovascular disease, iron supplementation for anemic children, fluoride for preschool children, and folic acid supplementation during pregnancy.
- Immunizations for routine use in children, adolescents, and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP).
- Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services Administration (HRSA) including regular pediatrician visits, developmental assessments, various screenings, counseling, and much more.
- Preventive care and screenings for women supported by HRSA.

Generally, no Member cost-sharing requirements will be imposed with respect to covered preventive services. Exceptions are as follows:

- Cost-sharing may apply to preventive services rendered by a non-participating provider.
- Cost-sharing may apply to office visits billed separately from the preventive service, or when the preventive service is not the primary purpose of the office visit.
- Cost-sharing may apply to a treatment not described in the regulations even if that treatment results from a preventive service that is.

NOTE: Community Health Options may use Medical Management processes to determine coverage of preventive services to the extent that they are not specified in the relevant recommendation or guideline.

Health Risk Assessment Support and Philosophy

Community Health Options has a Health Risk Assessment available to Member 18 years of age and older. This is a tool that can help Members in taking steps to improve their health and wellbeing. After completing the assessment, each Member will receive a health profile which summarizes his or her health habits and identifies areas of success or improvement.

Members can visit HealthOptions.org to complete the HRA, within their secure Member portal.

Our Chronic Illness Support Program (CISP) Approach

Many plans include our Chronic Illness Support Program (CISP) that provides cost-savings and self-management support to our Members with Diabetes, Asthma, Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), and Hypertension (High Blood Pressure). If you have one of these chronic illnesses, and your plan includes CISP benefits, reduced cost-share benefits will be automatically applied to your claims. With CISP, Members save money through significantly lower Out-of-pocket costs for medically necessary services for routine and usual care from In-network providers. Out-of-pocket costs are reduced through lower copays, deductibles, and coinsurance for routine disease management services. Routine services include office visits, prescription medications, certain lab services, and medical supplies necessary to control your chronic illness.

Chronic Illness Support Program (CISP)

Prescription Drugs

- **You must use Home Delivery Program in order to receive the CISP pharmacy benefit**
- **$0 Cost for select Tier 1 preferred generic medications used to treat the chronic illness**
- **Deductible waived and Member cost is reduced by half for a few, select Tier 3 preferred brand medications**

Medical Services

- $0 Cost when performed by an in-network provider for the following services (unless otherwise noted)

Diabetes	Asthma / COPD	Hypertension	CAD
Office visits to PCP for routine management of Diabetes	Office visit to PCP for routine management of Asthma, COPD, Emphysema	Office visit to PCP for routine management of Hypertension	Office visit to PCP for routine management of CAD
Endocrinology consultation and management of diabetes	Immunotherapy for Members diagnosed with Asthma to reduce impact and severity of allergic reactions	Office visits for consultation and management specifically for a diagnosis of Hypertension with cardiology or nephrology specialists	Cardiology consultation and routine management of CAD
Podiatry consultation for routine diabetic foot care	Immunizations: Influenza, pneumococcal	Lab services linked to Hypertension primary diagnosis code and considered routine for the management of Hypertension	Electrocardiogram (ECG)
Nutritional counseling, diabetes education, behavioral modification counseling	Inhaler adjuncts (e.g. spacer)		Cardiac Rehabilitation (Deductible waived and coinsurance cut in half). PA required.
Diabetic eye exam (1/yr)	Office visit with pulmonologist for consultation and management when associated with diagnosis of Asthma, COPD or Emphysema		Lab services linked to Hyperlipidemia primary diagnosis code and considered routine for the management of CAD
1 Glucometer/yr as specified by the formulary	Diagnostic testing: pulmonary function test 1/yr, home oxygen therapy assessment		
Glucose test strips as listed on the formulary: up to 50 every 30 days or 150 every 90 days	Asthma education: allergens/ triggers, Asthma action plan, behavioral modification counseling		
Lab services linked to Diabetes primary diagnosis code and considered routine for the management of Diabetes	Pulmonary rehab and ongoing exercise program for moderate to severe COPD. PA required.		
	Asthma only: up to $75/yr for environmental (home) assessment. PA required.		
	Lab services that are linked to Asthma or COPD primary diagnosis code and considered routine for the management of the diagnosed condition		

In 2017, the list of CISP Drugs is narrower, focused on the highest value generic options for each condition

Find the health plan that works for you:

Visit us online to view and compare plans.

Call us ▸ A Member Services Associate will answer your questions: (855) 624-6463.

Join our email list for enrollment information and important updates.

Community HEALTH OPTIONS®

Community Health Options complies with applicable Federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le (855) 624-6463 (TTY/TDD: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 624-6463 (TTY/TDD: 711).

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