



PROVIDER INFORMATION GUIDE

COMPLEX CARE AND CONDITION CARE OVERVIEW

This document is sent to all providers affiliated with Alliant Health Plans to inform providers of the goals of the care management program, the program goals, how Members are identified and engaged, provider feedback processes and provider rights for Care Advising services.

Introduction

Complex Care and Condition Care are essential components of Alliant Health Plans' Care Advising services, which are used to support the practitioner-Member relationship and plan of care. These programs evaluate clinical, humanistic and economic outcomes on an ongoing basis, and use evidence-based practice guidelines to emphasize the prevention of exacerbations and complications. Complex and Condition Care target Members with at least one of two chronic conditions: **Diabetes** and **Asthma**.

Complex and Condition Care use coordinated health care interventions and communications for populations with significant self-care needs. Evidence-based medicine and a team approach are combined to:

- Empower Members
- Support behavior modification
- Reduce incidence of complications
- Improve physical functioning
- Improve emotional well-being
- Support the physician/Member relationship
- Emphasize and reinforce use of clinical practice guidelines

The team approach to care is supported by a multi-disciplinary roster of health professionals, including a registered nurse Care Advisor or health educator, pharmacist, dietitian, and social worker. These professionals work together, informing and collaborating with the Member's primary care physician, to enhance care coordination.

Whether identified for Complex Care or Condition Care, materials are mailed to Members which communicate that services appropriate for their health needs are offered through Care Advising.

Program Goals

The goal of both Complex Care and Condition Care is to positively impact the health outcome and quality of life for Members with chronic conditions. This is accomplished by using a multi-faceted approach based on an assessment of Member needs, ongoing care monitoring, evaluation, and tailored Member and practitioner interventions. Complex and Condition Care can reduce hospital length of stay and lower overall costs.



Member Identification

Alliant Health Plans systematically evaluates Member data against a set of identification and stratification criteria. For Complex and Condition Care, criteria are established to identify eligible Members, stratify them by risk and determine the appropriate level of intervention. The following data sources are used to identify Members on a monthly basis, when available:

- Enrollment data
- Health Information Line
- Medical claims or encounters
- Pharmacy claims
- Assessment screening results
- Practitioner referrals
- Data collected through utilization (UM), condition care and care management (CM) activities
- Data collected from health management or wellness programs
- Laboratory results
- Electronic medical/health records

Once identified, Members are stratified to determine the appropriate level of intervention based on their known needs and health status. Stratification is a dynamic process, and stratification level can change as a Member's condition changes. Member criteria are as follows:

Program	Criteria
Low Risk Condition Care	Members with two paid claims for evaluation and management visits with a primary diagnosis of asthma or diabetes. These Members have no significant care gaps and have their condition controlled.
Condition Care	In addition to the above criteria, Members have at least one of the following outcome-based gaps: <ul style="list-style-type: none"> • Member has condition-related in-patient admission within six months • Member has a condition-related ER visit within three months • Member has no PCP or condition-related specialist visit within 12 months • Member does not have a prescription(s) for a condition-related medication(s)
Complex Care	Members most likely to incur a disease-specific adverse event. Some of the covariates include co-existing chronic conditions, prior utilization, change in utilization rates, drugs that indicate disease progression or severity, medical equipment, and gaps in care.

Member Engagement and Support

Members identified for Complex and Condition Care are considered to be participating unless they specifically request to receive no program services or to “opt-out.” Once identified as eligible, Member engagement follows the steps outlined below:

Welcome Packet Mailed	<ul style="list-style-type: none"> • A staff member of Alliant Health Plans’ care team sends Member a welcome packet. • The welcome packet includes information about education and support provided through Care Advising, the extended care team, required legal and regulatory information, and how Care Advising services support the Member-provider relationship.
Introductory Phone Call	<ul style="list-style-type: none"> • The welcome packet is followed by a phone call from a Care Advising staff member. Over the phone, the staff member shares the advantages of Care Advising and encourages the Member to participate. • Members identified for Low Risk Condition Care will not receive a proactive phone call, but will be invited to contact the care team if he or she chooses to participate.
Physician Notification	<ul style="list-style-type: none"> • When a Member engages in Care Advising, a staff member notifies the Member’s primary care physician directly.

Interventions by Risk Level

Depending on stratification, Members will receive support from the extended care team in the following ways:

Program Interventions	Low Risk Condition Care	Condition Care	Complex Care
Reminder letter about making appointment to see physician for routine care and generic preventive health prompts (immunizations up-to-date, screenings, etc.)	✓	✓	✓
Notification to the Member of care gaps	✓	✓	✓
Notification to the primary care provider of Member care gaps	✓	✓	✓
Access to telephonic self-management support resources	✓	✓	✓
Completion of an assessment within 30 days of the Member agreeing to participate in the program		✓	✓
Mailing of education materials to the Member after successful outreach, unless Member declines		✓	✓
Self-management support, health education and coaching to improve Member’s knowledge and self-management skills		✓	✓
Outreach will occur at least every three weeks unless otherwise requested by the Member or physician		✓	
Outreach will occur at least every two weeks unless otherwise requested by the Member or physician			✓



Interventions by Condition

Program content is tailored to each disease, providing education and support for each risk level. Using outreach and educational materials, a Member is encouraged to:

1. Be accountable for their chronic condition(s)
2. Adhere to their physician's recommendations for preventive care and treatment
3. Embrace educational opportunities for informed decision-making when accessing the healthcare system

Member-Centric Interventions

Throughout Members' engagement in the program, care team members will consider individual needs to tailor targeted interventions. Care team members will take into account:

- Comorbidities and other health conditions, including behavioral health
- Depression screenings
- Health behaviors, including diet and tobacco use
- Psycho-social issues, such as lack of social support, that may influence Member adherence
- Caregiver support, or lack thereof
- Other factors, including physical limitations, need for adaptive devices, barriers to meeting care needs and treatment requirements, visual or hearing impairment, and language or cultural needs

As needed, care team members will develop individually tailored interventions to address:

- Condition monitoring, including self-monitoring (e.g., foot and skin care for diabetics) and reminders about tests the Member should perform on themselves or complete through their practitioner
- Adherence to treatment plans (including medication adherence) and tracking mechanisms
- Communication with practitioners about Member's health conditions, self-management and condition monitoring activities, and progress towards goals
- Additional resources external to the organization, as appropriate (e.g., community programs, American Diabetes Association)

Disease Management

Alliant Health Plans is committed to supporting you and your Members who have chronic conditions. We offer two disease management programs that support the Member using condition-specific education and self-management tools. Programs are available for Alliant Health Plans Members living with diabetes and asthma. If you have a patient who may benefit from participating in one of these programs, please call (800) 811-4793 for enrollment information.

Clinical Practice Guidelines

Care Advising's Disease Management program education and self-management materials for each condition are based on nationally recognized, evidence-based guidelines, which may be accessed on the following websites:



Condition	Clinical Guideline
Adult Diabetes	http://care.diabetesjournals.org/content/diacare/suppl/2016/12/15/40.Supplement_1.DC1/DC_40_S1_final.pdf
Asthma	http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm

Coordinating Interventions with the Member’s Primary Care Practitioner

Care Advising works with a Members’ practitioner to coordinate care as needed. For services requiring physician oversight or orders (e.g., DME, medications, physical therapy, emergent/urgent medical concerns, changes to care plan), Care Advisors will contact the practitioner via phone, client EMR, or in person (for example, if a nurse is embedded in the practice). Care Advisors will then follow-up with the Member to ensure care coordination efforts have been successful and, if not, the Care Advisor will inform the Member’s practitioner.

Practitioner Feedback

On an as needed, individual basis, the Care Advisor or Health Educator will alert the practitioner to time-sensitive care opportunities, such as an asthma patient increasing his or her use of a rescue inhaler or a heart failure patient reporting weight gain.

For questions, feedback or complaints about Complex or Condition Care, or to request a hard copy of our Disease Management materials please call or write us at:

800-811-4793, Monday to Friday, 9 a.m. to 5 p.m. EST

TTY users: 800-811-4793

Alliant Health Plans

Attn: Care Advising

9601 Amberglen Drive, Suite 225

Austin, TX 78729

Practitioner Rights

All practitioners with Members eligible for or enrolled in Complex or Condition Care have a right to:

- Have information about the organization administering the clinical programs, its staff and its staff’s qualifications, and any contractual relationships
- Decline to participate in or work with the administering organization’s programs and services for their Members, if contractually allowable
- Be informed how the administering organization coordinates interventions with treatment plans for individual Members
- Know how to contact the person responsible for managing and communicating with Members
- Be supported by the administering organization when interacting with Members to make decisions about their health care
- Receive courteous and respectful treatment from the administering organization’s staff
- Communicate complaints to the administering organization

Notice of Non-Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Sabrina LeBeau.

If you believe that Alliant Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793]。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

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यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resevwa asistans a kenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

هي انودن م لفت غلب هير ووض ات امول ع مل او دوع مل اىل ع لول حل ايف ق حل الفى دلف ، Alliant Health Plans م صوب قلعش أ دوع مل مخص شى دل و أ لفي دل ن كن ا م جرت م ع م ث د ح تل ل . ق ل ك ت (800) 811-4793 ب ط ر ت ا

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخن لبز هبت اع الطا وك كهك نير اد ار ني اقح نيش لب نقش اد ، Alliant Health Plans دروم ردل اوس ، نيركي كك و اب اش هكويرك لي ، اش رگ ا نوي امن لئ احس اب . نوي امن نف لير دن گي ار روط هب (800) 811-4793

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

TTY/TDD

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (800) 811-4793 (TTY/TDD: (800) 811-4793).