United Healthcare Medicare Advantage

Case Management Program

12/30/2020

Home Health Foundation
The Leaders in Home Health and Hospice Care

Circle Home | Commonwealth Nursing Services | Hallmark Health VNA | Home Health VNA | Home Health VNA of NH | Merrimack Valley Hospice | York Hospital Hospice

Program Overview

- Starts 1/1/2021
- Program for anyone discharged from a acute care hospital or a SNF with United Healthcare Medicare Advantage
- We will accept all Wellforce system patients with United Healthcare Medicare Advantage
  - Clinical Directors will decide, based on staffing abilities, to take non-Wellforce referrals with United Healthcare Medicare Advantage
- Patient is admitted to HHF with an episodic Plan of Care based on the usual/customary guidelines for Medicare Advantage patients
  - Homebound, Requires skilled care, LOS determined on clinical assessment, Under the care of a physician
- Patient identified on admission with Care Type – UHC Case management
- Buddy codes: NOMOVESN assigned by admitting nurse

Additional Points

- Case Management program is for 1st 2 weeks of the POC
- At a minimum:
  - 5 Home visits – including a visit on Sat/Sun of the first 2 weeks
  - 2 follow phone calls - 1 each Friday
- MSW will do video visit within 3 days of admission to assess SDOH.
- SDOH
  - Healthcare Access – access to primary care, health literacy, health insurance coverage, etc.
  - Education/Literacy – language and literacy barriers, etc.
  - Economic Stability - financial issues/barriers including food & housing security, etc.
  - Neighborhood/Environmental Safety – internal and external environment safety risks, etc.
  - Social and Community Support – caregivers, psychological and physical support, community resources, etc.
- Care coordination, patient education, ongoing assessment for changes in patient status, consulting PCP/MD, and using independent medical judgement to create an individualized patient plan of care remain as part of program

Program Specifics – Week 1

Visit Type	Includes
WEEK ONE (1)	
Admission –RN • **Requires in-home visit**	24 hours after referral received. Includes: • Safety check • Medication reconciliation • Wound check • Education
RN/SW visit • **Requires in-home visit**	Within 3 days of discharge/referral. Includes: • Assessment homebound status • Medications • Food security • Social Determinants of health (SDOH) • SDOH should identify patient risks • Documentation includes SDOH risk mitigation including referrals to community resources when available
Phone Call – Friday	Licensed health care professional. Includes: • Assessment – any changes in condition • Education
Home Visit – Sat/Sun	Home Visit performed by licensed clinical professional. Includes: • Medication Compliance assessment • Vital signs assessed • Assessment of any change in condition

Program Specifics – Week 2

WEEK TWO (2)	
Home Visit – RN	Includes: • Medication Compliance assessment • Vital signs assessed • Assessment of any change in condition
Phone Call – Friday	Licensed health care professional. Includes: • Assessment – any changes in condition • Education
Home Visit – Sat/Sun	Home Visit performed by licensed clinical professional. Includes: • Medication Compliance assessment • Vital signs assessed • Assessment of any change in condition
END OF PROGRAM – CONTINUE WITH HOME HEALTH PER PATIENT PLAN OF CARE	

Additional Handouts

- Crosswalk with HCHB to find location of each data point
- Template for phone call with script
- Template for SDOH

UHCMP Key Element	Visit Note Location
ADMISSION	
Safety check	Pg 4 – Hospital Risk – includes safety issues Pg 5 – Environmental Pg 8 – Safety hazards Pg 8 – Sanitation issues Pg 39 – Cognitive/Behavioral Pg 89 – MACH 10/Fall Risk Pg 90 – 200 – Functional
Medication Reconciliation	Pg 200 – 202 Medication questions
Wound check	Pg 17 – Integumentary
Education	Pg 5 – assess teaching needs
VISIT WITHIN 3 DAYS	
Homebound Status	Admission: pg 1 RN Visit note: pg 1 MSW Visit note: pg 1
Medications	RN Visit note: pg 5 – related to pain RN Visit note: pg 25 – injectable medication ability RN Visit note: pg 77/78 changes in orders MSW Visit note: none
Food security	Admission: pg 16/17 sanitation Admission: pg 37 Nutrition RN Visit note: none MSW Visit note: pg 2 – community resources

SDOH	
Healthcare Access	Not on admission or visit note
Education/Literacy	Admission: pg 4 – Psych/Social issues RN Visit note: none MSW Visit note: none
Economic issues	Admission: pg 37 Nutrition RN Visit note: none MSW Visit note: pg 3 – financial assist needed
Safe Environment - internal/external	Safety check pages on admission RN Visit note: pg 23 Environmental RN Visit note: pg 24 – cognitive MSW Visit note: pg 2 - cognitive
Social/Community support	Admission: pg 4 Psych/Social issues Admission: pg 5/6/7/8 Environment/help in home RN Visit note: none MSW Visit note: pg 2/3 – community services

United Healthcare Medicare Advantage Case Management Plan
Telephone Call Template & Script

- DIAGNOSIS:
- REASON FOR CALL: Follow up assessment and education
- QUESTIONS RELATED TO DISEASE PROCESS/MEDICATIONS/PRIOR INSTRUCTION:
- CONDITION ASSESSMENT &CHANGES
  - PAIN
  - CARDIOVASCULAR:
  - RESPIRATORY
  - BOWELS
  - URINATION:
  - FEVER:
  - FALLS SINCE THE LAST VISIT?
  - MEDICATIONS
  - NEXT MD APPOINTMENT?
- EDUCATION PROVIDED BASED ON QUESTIONS OR SYMPTOMS:
  - Patient educated to call SN on call number for symptom changes or concerns and when to call 911.
- COMMUNICATION:
- PLAN FOR NEXT VISIT/TC:

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Telephone Call Template & Script

Script: 1st week

Hello (patient name).

REASON FOR CALL: I know you were discharged from the hospital this week and we've started your home health visits. But the first week can be a little difficult and I just wanted to call and see how you are doing. I know we gave you a lot of information during your first week at home and you probably have some questions. I'd like to ask you a few questions about how you are feeling, but first I'd like to know if you have any questions since your last home visit.

PATIENT QUESTIONS: What questions do have?

CONDITION ASSESSMENT &CHANGES: Now I'd like to ask you some questions about your (disease/diseases). Have you had any changes or new symptoms since your last visit?

- ARE YOU HAVING ANY PAIN?
  - If yes - is this new or changed? Describe location, amount on a scale of 1-10, what relieves pain, pain scale when relieved
- ANY CHANGES WITH YOUR HEART? Pain/swelling in feet or legs/dizziness etc.
- ANY CHANGES WITH YOUR BREATHING? SOB/cough/wheezing etc.
- ANY CHANGES WITH YOUR BOWELS/URINATION? Constipation, diarrhea, pain, etc.
- ANY FEVER?
- HAVE YOU HAD ANY FALLS SINCE THE LAST VISIT?
- ARE YOU TAKING ALL OF YOUR MEDICATIONS AS PRESCRIBED?
- HAVE ANY OF YOUR MEDICATIONS BEEN CHANGED?
- WHEN IS YOUR NEXT MD APPOINTMENT?
- EDUCATION PROVIDED BASED ON QUESTIONS OR SYMPTOMS:
  - Patient educated to call SN on call number for symptom changes or concerns and when to call 911.
  - Other
- COMMUNICATION:
- PLAN FOR NEXT VISIT/TC:
  - Your next visit is scheduled for _____ this weekend. The nurse will call you to confirm the time when they will come out.

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Telephone Call Template & Script

Script: 2nd week

Hello (patient name).

REASON FOR CALL: The first two weeks home from the hospital tend to be challenging. I know we've been giving you a lot of information and it's been a couple of days since we've seen you. You probably have some questions. I'd like to ask you a few questions about how you are feeling, but first I'd like to know if you have any questions since your last home visit.

PATIENT QUESTIONS: What questions do have?

CONDITION ASSESSMENT &CHANGES: Now I'd like to ask you some questions about your (disease/diseases). Have you had any changes or new symptoms since your last visit?

- ARE YOU HAVING ANY PAIN?
  - If yes - is this new or changed? Describe location, amount on a scale of 1-10, what relieves pain, pain scale when relieved
- ANY CHANGES WITH YOUR HEART? Pain/swelling in feet or legs/dizziness etc.
- ANY CHANGES WITH YOUR BREATHING? SOB/cough/wheezing etc.
- ANY CHANGES WITH YOUR BOWELS/URINATION? Constipation, diarrhea, pain, etc.
- ANY FEVER?
- HAVE YOU HAD ANY FALLS SINCE THE LAST VISIT?
- ARE YOU TAKING ALL OF YOUR MEDICATIONS AS PRESCRIBED?
- HAVE ANY OF YOUR MEDICATIONS BEEN CHANGED?
- WHEN IS YOUR NEXT MD APPOINTMENT?
- EDUCATION PROVIDED BASED ON QUESTIONS OR SYMPTOMS:
  - Patient educated to call SN on call number for symptom changes or concerns and when to call 911.
  - Other
- COMMUNICATION:
- PLAN FOR NEXT VISIT/TC:
  - Your next visit is scheduled for _____ this weekend. The nurse will call you to confirm the time when they will come out.