

## About Coordinated Care Programs

### 1. What is a Coordinated Care Program?

Sometimes referred to as a *disease management program*, it is offered by a health plan to help members learn how to successfully manage a chronic health problem. Studies show that Coordinated Care Programs can help improve patients' care *and* quality of life.

### 2. Do you pay extra for a Coordinated Care Program?

No, it is offered at no extra charge.

### 3. Does a Coordinated Care Program replace a physician's care?

No, it supports a physician's health plan so a member can stay well between doctor visits.

### 4. For which conditions does EHP Total Care offer Coordinated Care Programs?

The health plan offers over 20 programs for these conditions:

- **Asthma** (for adults and children)
- Chronic Kidney Disease (CKD)
- Depression
- **Diabetes** (for adults and children)
- Heart Failure
- **High Cholesterol**
- **Hypertension**
- Migraine
- Rare Disease Management\*
- **Tobacco Cessation** (offered by EHP Wellness)
- **Weight Management** (non-surgical and surgical)\*

The Coordinated Care Programs in **bold type** qualify for Healthy Choice.

\*Rare disease management programs include Amyotrophic lateral sclerosis (ALS), Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), Crohn's disease, Cystic Fibrosis, Dermatomyositis, Gaucher disease, Hemophilia, Lupus, Multiple Sclerosis, Myasthenia Gravis, Parkinson's disease, Polymyositis, Rheumatoid Arthritis, Scleroderma, Seizure disorders, Sickle Cell Anemia, Ulcerative Colitis

### 5. If I am diagnosed with a chronic condition, am I required to join a Coordinated Care Program in order to qualify for Healthy Choice?

Yes, if you want to qualify for Healthy Choice, you must participate in the appropriate program(s).

### 6. How does a Coordinated Care Program work?

Registered nurse care managers work closely with members and their doctors and share ways to manage chronic conditions and overall health through diet and fitness, setting goals, understanding "triggers" and "flares," monitoring progress and preventing complications.

Members have regularly scheduled "phone visits" with their care managers, and receive educational materials and referrals to informative, physician approved websites.

### 7. Do I receive other benefits if I join a Coordinated Care Program?

Yes. Plan members who join will be reimbursed for co-payments when they visit their doctors to arrange for any medically necessary screening equipment, including:

- a peak-flow meter for the Asthma program
- a glucometer and testing supplies for the Diabetes program
- up to \$55 for a blood pressure cuff for the Hypertension and Heart Failure programs
- up to \$40 for a scale for the Heart Failure program

After members meet the goals they set with their care managers, they also are reimbursed for co-payments made during condition-related office visits that took place less than 12 months ago. After six months of

maintaining their goals, members additionally can be reimbursed for condition-related pharmacy co-payments.

**8. If I have two chronic conditions, do I need to join two Coordinated Care Programs to qualify for Healthy Choice?**

If a member's healthcare provider diagnoses two of the conditions Healthy Choice focuses on, the member needs to join **both** Coordinated Care Programs and meet all program requirements to qualify for a 2012 premium rebate and/or a Gold premium in 2013.

**9. How do I get more information about Coordinated Care Programs?**

Please call the Health Plan's Medical Management Department at 216.986.1050 or toll-free at 1.888.246.6648.