Health New England
Where you matter.

CARE MANAGEMENT

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HNE is committed to improving the overall health and wellbeing of our members by creating an integrated health care network. The HNE Care Management (CM) program strategy has four foundational elements: (1) improve member experience (2) improve provider engagement (3) improve the health of populations and (4) ensure quality and affordability of care.

Care management is one of the most effective tools HNE has to manage the health of a defined population. Unlike our previous disease management model, which tended to be disease-centric, HNE's CM program addresses the whole individual and includes appropriate interventions for a member along the entire continuum of care, thereby reducing health risks and decreasing care costs. This team-based, member-centered approach supports systems to effectively and efficiently manage populations, their medical conditions and social determinants of health. CM also encompasses the care coordination activities needed to help manage complex chronic illnesses.

The HNE CM team is comprised of licensed registered nurses and social workers acting as clinical advocates to provide member education, care management, and coordination of care services across the continuum of care.

HNE identifies populations and subpopulations of members who may benefit from CM by using a variety of data elements and referrals (including member self-referral) it receives. Predictive modeling supports the identification of members with modifiable risks that can be managed in ways that will help members achieve their health and wellbeing goals, improve their overall quality of life, and mitigate healthcare costs, leading to an enhanced member experience.

The Quality Management Committee, Population Health Review Committee, and the Clinical Care Advisory Committee review the CM Program at least annually. Practitioners, including specialists on these committees, are responsible for the review and revision of all Care Management Programs.

Instructions on how to access the information about the CM program is included in the orientation packet for newly credentialed practitioners. Existing providers receive an annual reminder. Practitioners are notified via mail, e-mail, phone and/or fax when revisions are made to the CM Program. A paper copy of the CM Program is available upon request.

A Care Manager may focus on certain diagnosed disease states or conditions such as Diabetes, Asthma, Heart Disease, Chronic Obstructive Pulmonary Disease, High Risk Pregnancy, and Behavioral Health conditions (Depression) when the identified diagnoses have a substantial impact on the member's health and quality-of-life.

HNE CM program is primarily conducted over the telephone. Member participation is completely voluntary. Members are made aware of the CM program in a number of ways:

- benefit program materials
- employer communications
- provider referrals
- Utilization Management process
- HNE web-based materials; including information about the how to enroll

HNE monitors its CM program engagement monthly to ensure appropriate Care Manger to member ratio, identify trends in internal and external coordination of services, and identify trends in types of services and referral sources. The data is analyzed (qualitatively and quantitatively) to address opportunities for improvement in the CM process. Data analysis and observations are shared to the Clinical Care Advisory Committee to obtain additional feedback and recommendations from our local provider network on addressing the four foundational elements of the CM Program.

We survey all members enrolled in CM to help us understand how our CM program impacts our members' health and wellbeing. We analyze the survey results related to the member experience with CM quantitatively to identify trends and collect qualitative information, such as member success stories and anecdotal information. This data is used to make appropriate modifications to our program, address Care Manager training or make changes in our member or provider materials about our CM program.

Providers may refer a member to receive Care Management Services by calling HNE Health Services at (413) 787-4000, extension 3940, or (800) 842-4464, extension 3940.

Complex Care Management

Complex Care Management is a proactive approach to managing HNE's high-risk members. High-risk members are those who are likely to become hospitalized or require multiple health care services. The goal is to improve members' understanding of their overall health, reduce hospital admissions, and reduce medical costs.

If providers have questions or would like to refer a member to this program, they can contact Care Management by calling (413) 787-4000, extension 3940, or (800) 842-4464, extension 3940.

Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN) Population Health Management

ProgenyHealth, a national company dedicated to population health management for infants admitted to the neonatal intensive care unit (NICU) or special care nursery (SCN), partners with Health New England on the care management and utilization management for medically complex newborns in our Commercial business lines. Their care coordination team includes neonatologists, pediatricians, nurses, and social workers. This team has a deep understanding of the evidence-based protocols needed to support outcomes, and supports families from initial NICU or SCN admission through first year of life.

Kidney Health Management (KHM)

Health New England is partnering with Healthmap Solutions to provide care that is more comprehensive for our Medicare members with Chronic Kidney Disease (CKD), Stage 3, 4, 5 and End Stage Renal Disease (ESRD). Healthmap' s KHM program integrates into your existing practice workflow to reduce additional office work, while enhancing communication. To learn more go to https://healthnewengland.org/Providers/Resources. Click Kidney Health Management.

Nurse Advice Line

The Nurse Advice Line provides health information and resources to HNE members 24-hours a day. It is not intended to replace or question the diagnosis of a physician or health care provider, nor provide specific follow-up care for treatments prescribed. For triage situations, the nurse directs the member to the type of care most appropriate based on the symptoms and situation conveyed by the member. The Nurse Advice Line notifies HNE about member activity on a daily basis for quality and utilization purposes. The Nurse Advice Line is accessible by calling (866) 389-7613.