

Care Coordinator Newsletter



C-SNAP SYNOPSIS

The Center for Medicare and Medicaid Services (CMS) - Secure Net Access Portal (C-SNAP) allows providers to search and obtain beneficiary eligibility 24/7. The overall search function features three different combinations, including the patient's first name, last name, date of birth and the Health Insurance Claim Number.

Providers may view all yearly beneficiary Part A and B costs, days left of benefits and the Medicare Part A discharge status. As of September, 2015, Preventative Services information can now be searched. By bringing up an eligibility summary screen, many sources of information are displayed including procedure codes and professional/technical modifiers, but most importantly, the next eligible date for the patient's wellness examination.

The system also shows current eligibility information and provides the next date when the Medicare beneficiary will be able to receive services. This information can assist with planning for subsequent patient follow-up needs and help avoid unnecessary duplication of services.

This portal can be an added tool to incorporate into providers' practice/clinic workflow when prepping for scheduled evaluation and management patient visits, and determining whether they are due for Medicare wellness examinations. It can be equally useful when looking for historical data to assist with Quality Measure Reporting elements.

To register for the C-SNAP portal go to:

1. Access the CMS Secure Net Access Portal at: www.medicareinfo.com
2. Select "Register" on the left hand side of the C-SNAP Home Page.

STRESS FACTOR Stories from the Field

A patient with a history of depression and chronic pain had expressed interest in weight loss. After an initial visit with the clinician, the patient and her spouse discovered that a stressful situation in their lives had been a contributing factor in faltering with their diets.

After dietary counseling, the patient was given stress management strategies and was invited to contact the center if either her or her spouse found themselves in a stressful situation. The patient was also shown the many resources the health center had to offer to help decrease stress and depression.

Since April 15, 2016 the patient has lost ten pounds. She has set a goal to lose 100 pounds and will continue with care management until the goal is achieved.



BREATH OF FRESH AIR

Everyday, Care Coordinators are in the field improving the lives and well-being of their communities. Patients across the country are receiving the care they need and deserve because of the knowledge and compassion Care Coordinators bring to their roles.

Each month we highlight success stories, emphasizing the importance of Care Coordination. We'd like to thank and recognize this month's notable stories, submitted by Alcona Health Center, Brazosport Regional Health System and El Campo Memorial Hospital/MCMC Clinic.

If your facility has a Care Coordination success story to share, please email Care Coordinator Newsletter Editor, Sage Beard, sbeard@caravanhealth.com.

A Service Coordinator from a local retirement village had reached out to a Care Coordinator (CC), expressing health care concerns about a 74-year-old male patient. The Service Coordinator was apprehensive about the patient's overall wellness and understanding of his medical conditions, so the CC immediately made an appointment to visit with the patient.

During the initial visit, the patient and the CC discussed his condition with shortness of breath and the results of his Pulmonary Function Test (PFT). The patient was notably confused about how and when he should follow-up with his current doctor for check-ups, and was also prescribed an inhaler which he hadn't started. The CC noted that the patient was misinformed about the severity of the results from his PCP, which showed severe obstruction in both lungs.

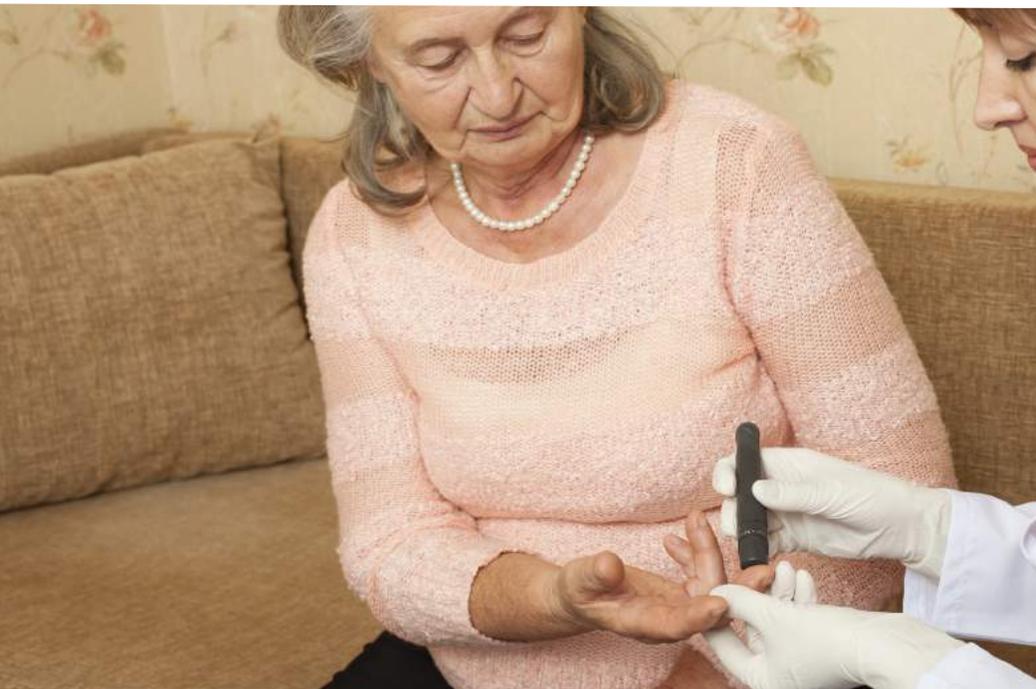
After the visit, the CC teamed up with the Service Coordinator to coordinate a plan to help the patient with his medical conditions. The two coordinators worked together to explain Chronic Obstructive Pulmonary Disease to the patient, and provided educational materials for him to read through. The CC also delivered copies of the patient's PFT results, and encouraged him to meet with his Pulmonary Rehab Specialist. Initially the patient was hesitant to meet with the Specialist, however after lots of persistence and encouragement from the CC, the patient agreed to his appointment.

The Care Coordinator is optimistic about the new plan in place, and will continue to follow-up with the patient's Pulmonary Rehab Specialist. Future strategies include bringing the patient in for his Medicare Annual Wellness Visit, implementing a commitment towards smoking cessation and involving a family member in his care.

DOSE OF CARE

A female patient living with diabetes, who was rooming with someone other than her family, was referred to the Care Coordination program due to challenges with caring for her chronic disease. The Care Coordinator (CC) discovered that the patient had financial constraints and food insecurity concerns, resulting in her not having the means to purchase her insulin medication.

After examining the patient's health issues, the CC worked with the pharmacy vendor to obtain free insulin in multi-dose vials and educated the patient about how to utilize the vials safely. The CC also mobilized free glucose test strip "samples" to give to the patient while her social disparities could be worked out through social services. Though the social challenges persist, the patient's diabetes management remains stable while the patient adheres to her prescribed use of insulin plan.



The Summer 2016 Quality Improvement Workshops are happening in July and August, and we encourage your provider clinic to participate. These Workshops are a core learning resource for Caravan Health and National Rural Accountable Care Consortium participants. This Summer's topics will provide valuable insight on Chronic Care Management/Transitional Care Management Billing and Annual Wellness Visits.

Further details regarding the workshop venue and agenda will be updated via email and on the registration website as they become available. For questions, contact QIWorkshops@CaravanHealth.com and your inquiry will be addressed as soon as possible.

Tip of the Month

Summer is officially upon us which means temperatures are rising. These spikes in heat and humidity can be detrimental to Medicare beneficiaries. According to the Centers for Disease Control and Prevention (CDC), people aged 65 years or older are less likely to send and respond to changes in temperature. It's important that throughout the summer months, Care Coordinators closely monitor their patients to ensure they are fully prepared for the change in temperature.

To keep patients safe, Care Coordinators should go over health and cool weather tips. Questions to initially ask would include: Are they drinking enough water? Do they have access to air conditioning? Do they know how to keep cool? The CDC recommends staying in air-conditioned buildings as much as possible and encouraging patients to drink more water than usual. Other tips include wearing loose and lightweight clothing, taking cool showers or baths to cool down and ensuring that a reliable friend or neighbor can check on them regularly.

For more information about hot weather tips, visit <http://www.cdc.gov/extremeheat/materials.html> to download fliers and brochures.