

## Let's Connect Program

The MDwise **Let's Connect** program strives to promote and strengthen the relationship between the member and the primary care provider (PMP). The traditional relationship of the primary care physician (PMP) as the gatekeeper enhances the quality of care and drives appropriate utilization patterns through early and frequent contacts.

**Let's Connect targets new members with the goal of connecting the member to their primary care physician (PMP) within 90 days of enrollment. The program begins with a member service phone contact and includes the following program goals:**

- Scheduling an initial appointment with the PMP.
- Educating the member on transportation benefits and how to schedule transportation, if needed.
- Completing the Health Needs Screening (HNS).
- Referring to a case manager, if appropriate.
- Sending a reminder after the call with the appointment details and the member's care manager's support contact information based on member requested form of communication, if necessary.
- Performing ongoing assessment of utilization patterns.

MDwise knows early contact with the PMP will enhance the quality of care provided to the member by decreasing the need for emergency room visits due to establishment of the PMP/member relationship. In addition, chronic conditions and special needs are assessed before they become unstable, thus decreasing the need for acute hospital care. Traditionally, members who utilize the inpatient setting and the emergency room have poly prescribers, which can increase pharmacy utilization. Early and frequent "well care" by the PMP will allow for more focused management of medication utilization.

Additionally, in the **Let's Connect** program, the MDwise case manager assigned to the member remains in close contact with the PMP's office following the initial PMP visit. This circle of communication connects the member, the PMP and the health plan, with the special needs of the member as the top priority.

Inpatient, emergency room and pharmacy utilization rates are monitored annually to assess the impact of the program. Quarterly individual utilization patterns of the membership are analyzed for PMP access and, if records do not indicate PMP utilization, the member may be referred to case management or back to the Let's Connect program.

### Care Management

Members meeting the Care Management level of service stratification criteria will receive interventions to ensure they receive all medically necessary and appropriate care, and are connected to any necessary community services. Members assigned to Care Management are generally members with one or more chronic conditions who require short-term or targeted services due to newly diagnosed conditions, recent increased health or emergency services utilization, evidence of pharmacy non-adherence for chronic conditions, identification of care gaps, or identification of special health care needs.

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Members in the Care Management level of service receive all disease management level interventions and periodic contact with the MDwise Care Management staff trained specifically in the clinical area related to the member's condition(s). The goal of the Care Management program is to empower the member to better understand the disorder and self-manage their condition, and to coordinate care between providers, social services, schools and the community. Interventions will occur on a regular basis until the member demonstrates they understand how to coordinate care for their conditions and understand basic self-management techniques and therefore are ready to transition to the disease management level of service.

All MDwise members receive standardized education materials on at least a quarterly basis including information about preventive services in general as well as disease specific conditions. Materials may be delivered by mail, the MDwise website, member portal and telephonically.