



## Could care management benefit your patients?

Medical care management is a collaborative process that assesses, plans, implements, coordinates, and evaluates options and services to meet an individual's health needs. It relies on communication and resources to promote quality and cost-effective outcomes.

SilverSummit Healthplan Care Management is intended for high-risk, complex or catastrophic conditions—including transplant candidates and members with special healthcare needs and chronic conditions such as asthma, diabetes, HIV/AIDS, and congestive heart failure.

Care managers do not offer hands-on medical care or treatment. They do not diagnose conditions or prescribe medication. A care manager can help a patient understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become a resource

for the healthcare team and the member, as well as the member's family.

**Our care management team is here to support your team for such events as non-adherence, new diagnosis and complex multiple comorbidities.**

Providers can directly refer members to our care management program at any time. Call **1-844-366-2880, option #2** for additional information about the care management services offered or to initiate a referral.

For full details about the SilverSummit Healthplan care management program, please refer to the [Provider Manual](#), which can be found in the Provider Resources tab at [SilverSummitHealthplan.com](https://www.silversummithealthplan.com).

## Member rights and responsibilities

At SilverSummit Healthplan, our number one priority is the health of our members, your patients. The SilverSummit Healthplan member rights and responsibilities policy addresses its members' treatment, privacy and access to information. We have highlighted a few of those rights below. There are many more and we encourage you to consult your Provider Manual to review them. Find the complete [Provider Manual](#) under the "Provider Resources" tab online at [SilverSummitHealthplan.com](http://SilverSummitHealthplan.com) or get a printed copy by calling **1-844-366-2880**.

### Member rights include:

- To be treated with respect and with due consideration for his/her dignity and privacy
- To participate in decisions regarding his/her health care, including the right to refuse treatment
- To have a discussion about, and receive complete information regarding his/her specific condition and treatment options, regardless of cost or benefit coverage

### Member responsibilities include:

- To provide, to the extent possible, information needed by providers for care
- To make his/her primary care provider the first point of contact when needing medical care
- To follow appointment scheduling processes
- To follow plans and instructions for the care that they have agreed to with their practitioners
- To understand their health problems and participate in developing mutually agreed upon treatment goals, to the degree possible

## How to promote women's health screenings

**January is Cervical Cancer Awareness Month.** Each year, approximately 13,000 women are diagnosed with cervical cancer. We wanted to take a moment to remind you of the importance of Women's Health Screenings for your female patients. Below, get to know the **four key HEDIS measures for women's preventive care.**

### 1. Breast cancer screening

Women ages 50 and older should have a mammogram every one to two years. (Women who've had bilateral mastectomies are exempt.) Some medical practices take the fear out of mammography with fun, female-focused parties, where patients can network, get spa treatments and check the test off their lists in a relaxing environment.

### 2. Cervical cancer screening

It's natural for patients to put off those less-than-pleasant tests. Remind patients when they're due for a well-woman exam with emails or mailers. Consider suggesting getting the test on the same day every year. Some women choose their birthdays so they never forget.

**HEDIS requests one of two tests:** cervical cytology every three years for women ages 21 to 64, or cervical cytology and HPV co-testing every five years for women ages 30 to 64.

### 3. Chlamydia screening

If your patient is 16 to 24 and sexually active, suggest an annual chlamydia test. Pharmacy and claims data can help you identify which patients might be sexually active and therefore benefit from screening. A good time to bring it up? The annual physical exam.

### 4. Prenatal and postpartum

For pregnant women, the timing of doctor's visits is key. Your patients should see you within the first trimester and again between 21 and 56 days after delivery. Talk with patients about family planning goals and inform them of recommendations early on.

## Let our guidelines be your guide

Our preventive care and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of our Quality Improvement (QI) program. When possible, we adopt preventive and clinical practice guidelines that are published by nationally recognized organizations, government institutions, and statewide initiatives. These guidelines have been reviewed and adopted by our QI Committee.

We encourage providers to use these guidelines as a basis for developing personalized treatment plans for our members and to aid members in making decisions about their healthcare. They should be applied for both preventive services as well as for management of chronic diseases.

- ADHD
- Preventive services
- Asthma
- Immunizations, including influenza and pneumococcal

We measure compliance with these guidelines by monitoring related HEDIS measures and through random audits of ambulatory medical records. Our preventive care and clinical practice guidelines are intended to augment—not replace—sound clinical judgment. Guidelines are reviewed and updated annually, or upon significant change.

For the most up-to-date version of [preventive and clinical practice guidelines](#), go to [SilverSummitHealthplan.com](#). A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.

## The appropriate use of resources

SilverSummit Healthplan and its delegated partners have utilization and claims management systems in place to identify, track, and monitor care provided and to ensure appropriate care is provided to members.

SilverSummit Healthplan does not reward practitioners, providers, or employees who perform utilization reviews, including those of the delegated entities for issuing denials of coverage or care. Utilization Management (UM) decision-making is based only on appropriateness of care, service, and existence of coverage.

Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Utilization denials are based on lack of medical necessity or lack of covered benefit. Utilization review criteria have been developed to cover medical and surgical admissions, outpatient procedures, and referrals to specialists and ancillary services.

Criteria are established and periodically evaluated and updated with appropriate involvement from physician members of the UM Committee. A link to [SilverSummit Healthplan's Medical Policies](#) can be found by going to Provider Resources in the “For Providers” section of [SilverSummitHealthplan.com](#). Practitioners have the opportunity to discuss any medical or behavioral health UM denial decisions with a physician or other appropriate reviewer at the time of notification to the requesting practitioner/ facility of an adverse determination.

For questions or to obtain the criteria used to make a specific decision: call **1-844-366-2880** and ask for our UM staff. **We are available Monday through Friday, 8 a.m. – 5 p.m.**



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