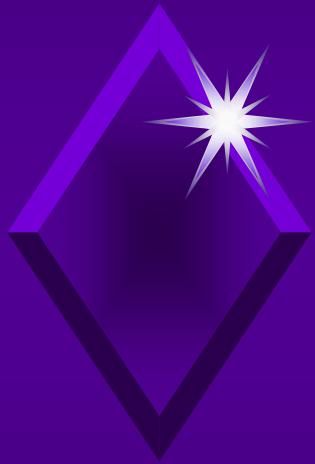


Reducing Risks in LTCI Claims Through Relationship Building



2nd Annual LTC International Forum
April 18-20, 2001
Palm Springs, California

Presenters



Patricia Pannone RN, MPH, CMC

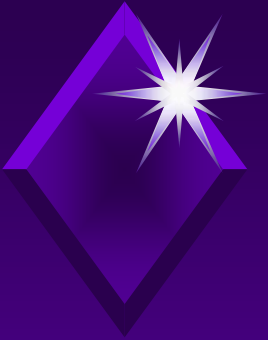
Susan Westerman, HIA

AUL Long Term Care Solutions Inc

and

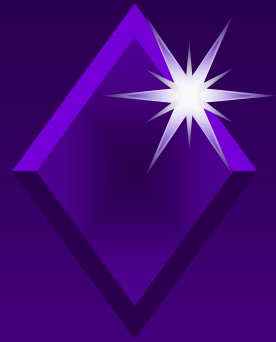
Diane De Benedictis RN, CCM

Dimensions in Managed Care



Presentation Objectives

- ◆ Build Relationship Model
- ◆ Show strong relationships reduce \$
- ◆ Introduce “MOM”
- ◆ Demonstrate Care Coordination +
Disease Management



Identify Risks as Model Base

◆ Financial

◆ Legal

◆ Reputation





Identify Key Players



Who drives LTCI Plan of Care ?

- ◆ Carrier
- ◆ Insured/ family
- ◆ Care Coordinator*
- ◆ Physician

*Also a Licensed Health Care Practitioner, per HIPAA

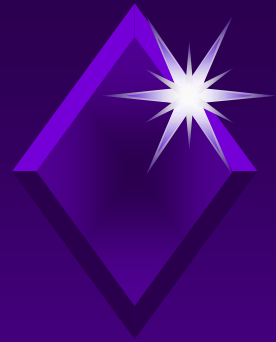


Identify Peripheral Players

- ◆ Direct Care Providers

- ◆ Community Resources





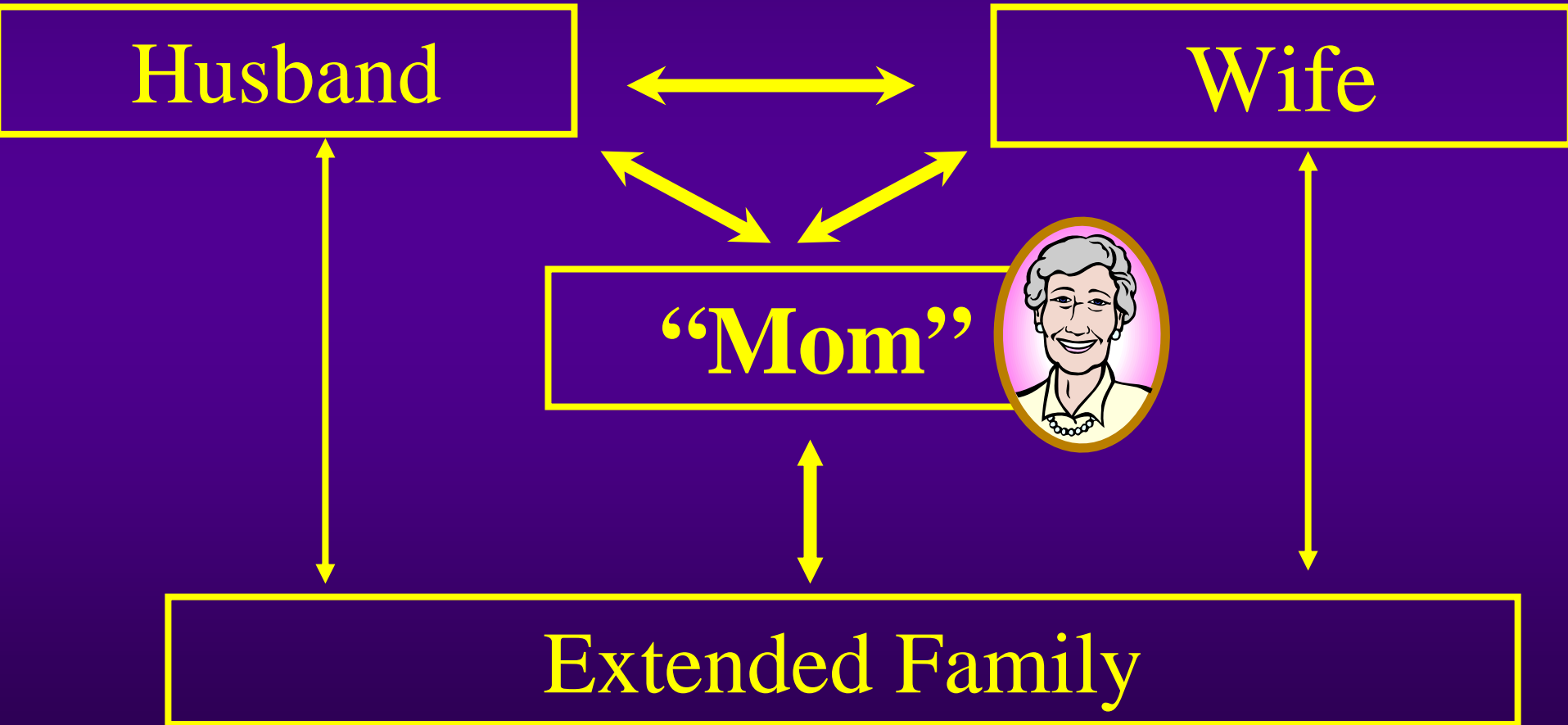
“MOM” Model Driven by

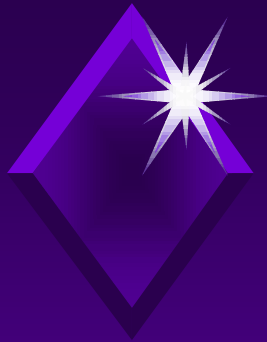
- ◆ Mutual Trust
- ◆ Ongoing Communication
- ◆ Mentoring



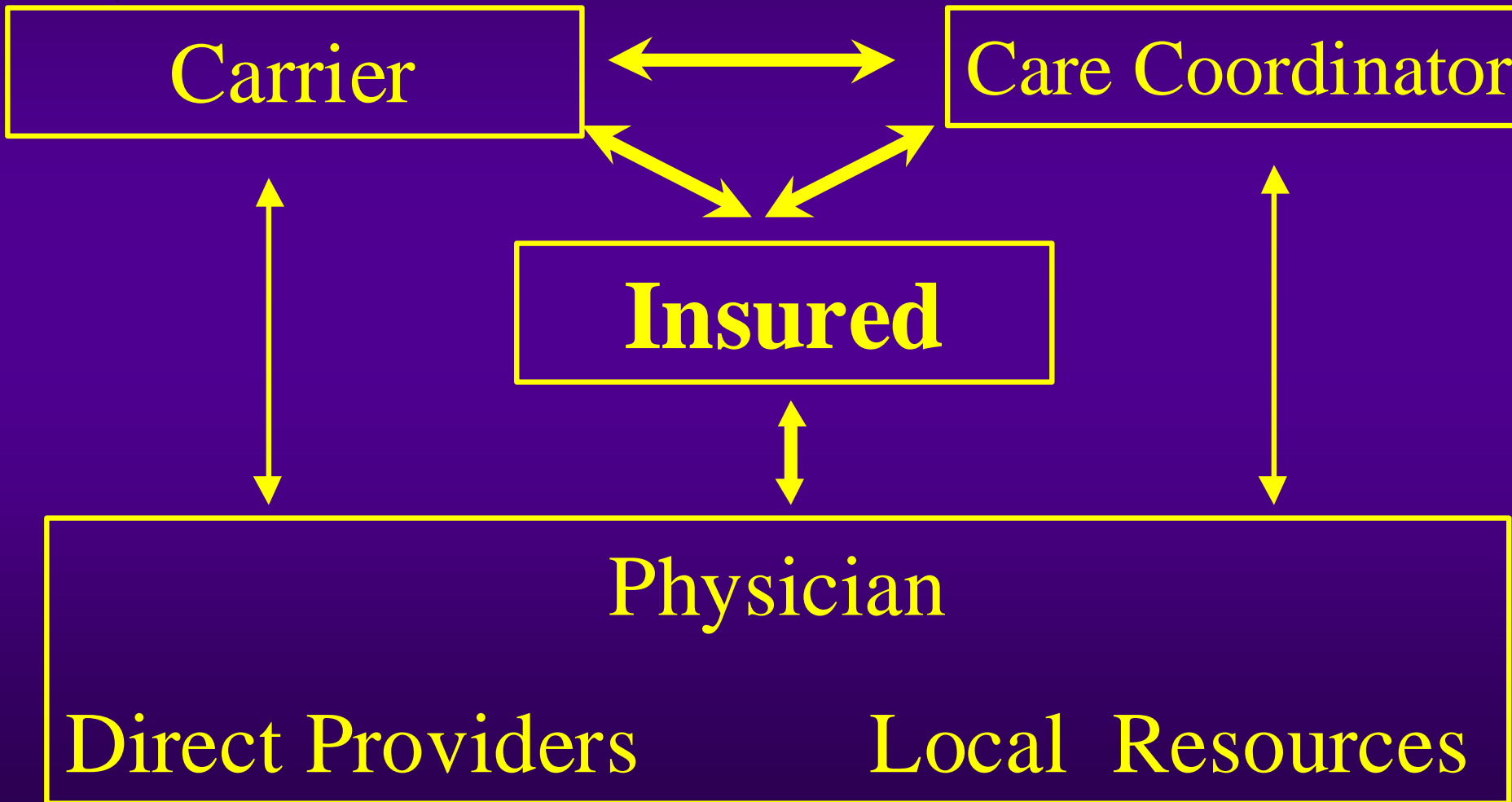


CLAIM FAMILY : RELATIONSHIPS

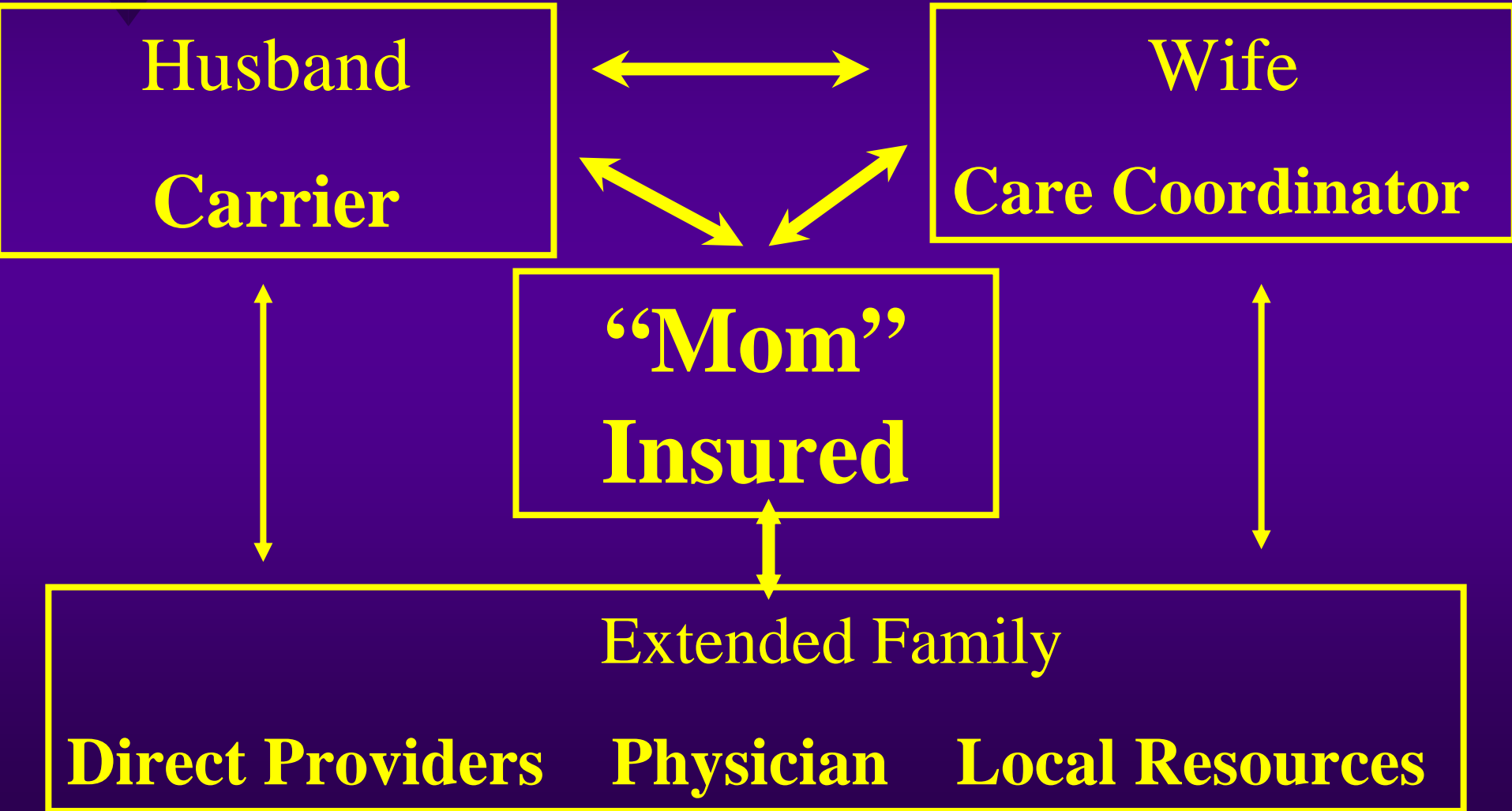


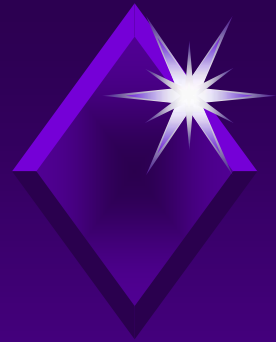


LTCI PLAYERS AS “FAMILY”



LTCI Claim “MOM” Relationship Model





The Model Is Not:

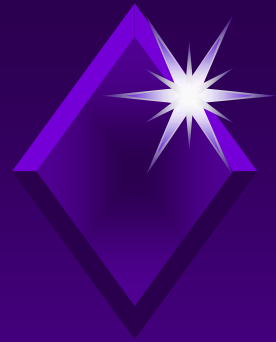
◆ Managed Care UM*

◆ Adversarial

◆ “Big Brother is Watching”



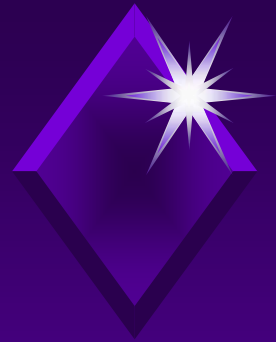
* utilization management



Carrier Communicates Goals

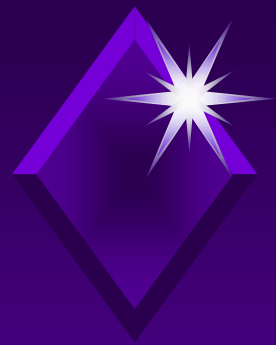


- ◆ Support Informal Caregivers
- ◆ Preserve function
- ◆ Coordinate needs-based care
- ◆ Improve chronic illness management



Set “Partnership” Tone

- ◆ Set “helping” claims tone
- ◆ Insured/family-focused
- ◆ Care Coordinator Advocacy
- ◆ Fulfill promise of contract



Target Model:

- ◆ Reimbursement, comprehensive policies
- ◆ Home health claims
- ◆ Each step in claim process





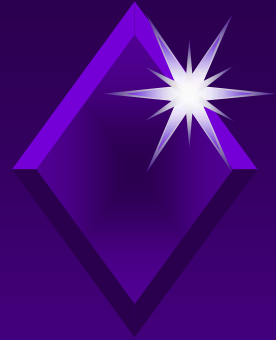
Case Study “Mom”

- 77 y/o female with dementia, at home
- 75 y/o sister main caregiver on oxygen
- Policy effective 6/93, Non-TQ
- Comprehensive
 - 3 yr/ 20 day EP/ \$130 nursing facility
 - \$65 adult day care & home health
 - \$104/14 day respite
 - Substitute service feature



Actions that build relationships

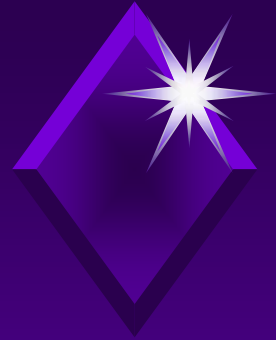




☺ Claim Notification



- ◆ Early notice
- ◆ Provide continuity: assign
- ◆ Protect privacy
- ◆ Listen empathetically
- ◆ Avoid delays: high priority
- ◆ Keep toll-free lines open



☺ Preassessment



- ◆ Expert, unhurried
- ◆ Build trust: timely call back
- ◆ Standard script
- ◆ Suggest initial resources
- ◆ Prevent paperwork burden



☺ Educate: Process, Triggers, Benefits

- ◆ State simply
- ◆ Acknowledge stress, fatigue
- ◆ Adapt to sensory deficits
- ◆ Reassure letter will restate
- ◆ Encourage questions--toll-free





Introduce Care Coordination (CC)

- ◆ Independent, objective advocate
- ◆ CC advocate- not gatekeeper
- ◆ Not a direct provider



- ◆ If optional LHCP*- explain value

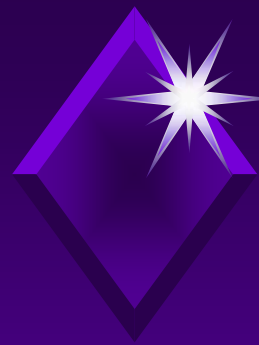
* Licensed health care practitioner HIPAA



☺ Document Claim Process

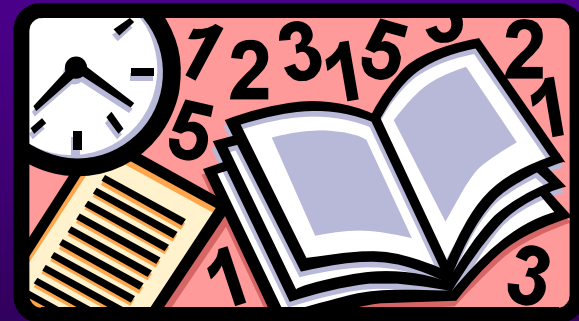


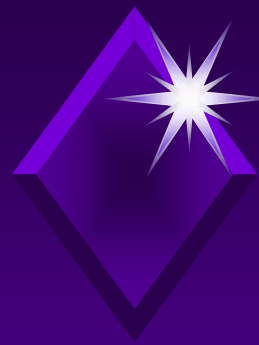
- ◆ Avoid insured's frustration of repeating situation each call
- ◆ Legal record: stay objective



☺ Initiate Care Coordination

- ◆ **No benefit information given**
- ◆ **Arrange rapid contact- 1 day**
- ◆ **Analyst helps CC if problems**
- ◆ **Track timeliness**





☺Care Coordination Company

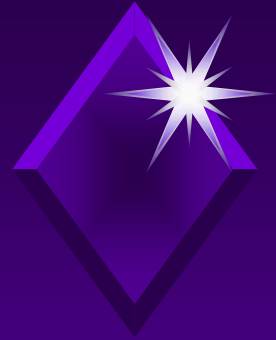
◆Care Coordinator Teams

◆In-House

◆Field



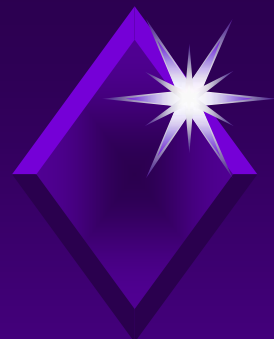
◆In-House promptly contacts insured/family



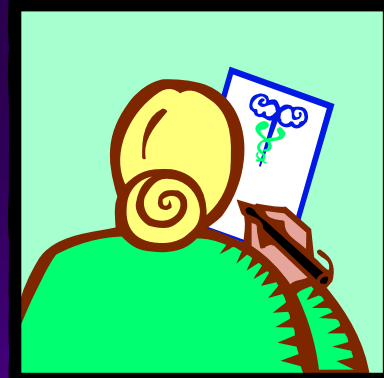
☺ CC Initial On- site Assessment

- ◆ Calms stressed family
- ◆ Respects individuality
- ◆ Assesses comprehensively
- ◆ Certifies as chronically ill –if TQ

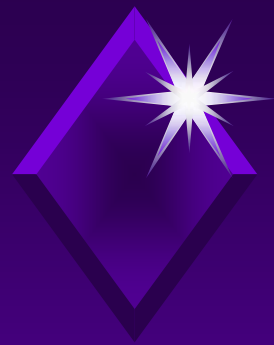




☺ On-site Care Planning



- ◆ Develops Needs-based plan
- ◆ Regardless of payer
- ◆ Includes informal, formal, CC
- ◆ Respects values and preferences
- ◆ Empowers through education



☺ After the On-site the CC

- ◆ Promptly sends carrier data, Plan of Care
- ◆ Seeks MD agreement to POC
- ◆ Provides individualized resources and choices to insured

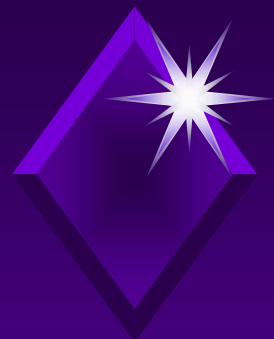




☺ Carrier Determines Liability

- ◆ Careful, timely consideration
 - ◆ Claim handler review
 - ◆ Clinical review
 - ◆ Managerial review – 2 levels if needed



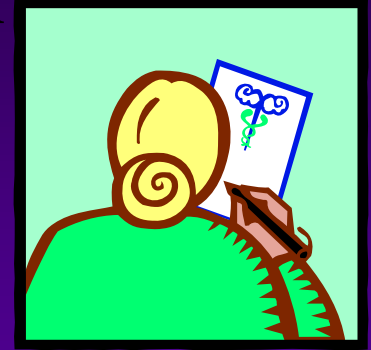


☺ Send Approval/ Denial Letter



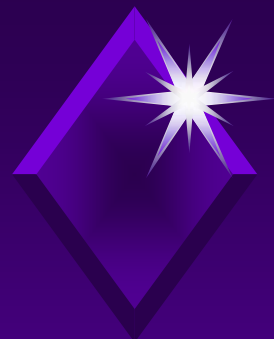
- ◆ Timely
- ◆ Specific and understandable
- ◆ Offer to consider additional info
- ◆ Easy appeal process
- ◆ Advise next steps

Ongoing Care Coordination*



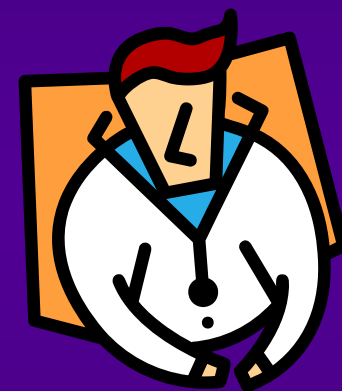
- ◆ Proactive monitoring
- ◆ Relationship w/“extended family”
- ◆ Crucial during elimination period
- ◆ Stretch benefit dollars- leverage

*mainly telephonic after initial on-site visit



☺ Ongoing Care Coordination:

- ◆ Support informal caregivers
- ◆ Share info with MD*
 - ◆ Medication list
 - ◆ MMSE score
- ◆ Across care continuum



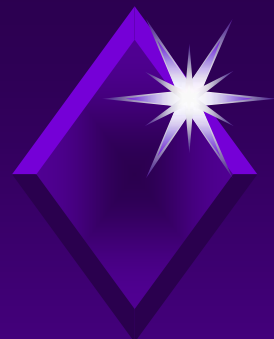
* Always with insured's verbal & written permission



☺ Manage Claim



- ◆ Make bill submission easy
- ◆ Process benefits quickly (2 days..)
- ◆ Help obtain bills toward EP
- ◆ Care Coordinator liaison
- ◆ Timely waiver of premium, if app.

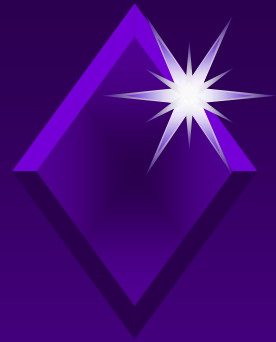


☺ **Oversee Care Coordination**

- ◆ **Analyst pre-approves all CC time**
- ◆ **Policy & clinical considerations**
 - ◆ **Internal clinical expert: CQI***
 - ◆ **Build CC vendor relationship**
 - ◆ **MOM**

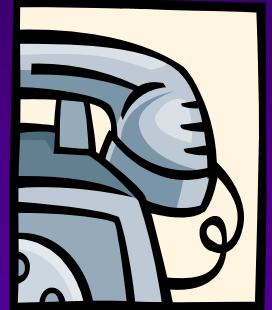
* **Continuous Quality Improvement**





☺ Maintain Relationships

- ◆ Survey for claims satisfaction
- ◆ Act quickly on complaints
- ◆ Appreciate family caregivers
 - ◆ Caregiver appreciation cards...

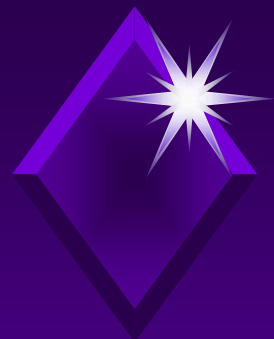




Enhance Care Coordination

- ◆ Pioneer new approaches
- ◆ Start small
- ◆ Target at- risk , at home
- ◆ Carefully oversee costs
- ◆ Track outcomes– a difference?





☺ Add Disease Management

- ◆ Care Coordination Plus DM
- ◆ Focus on claim cost drivers
- ◆ Target at-risk, at home
- ◆ Intense, up- front CC costs
- ◆ Pathways= best geriatric practices

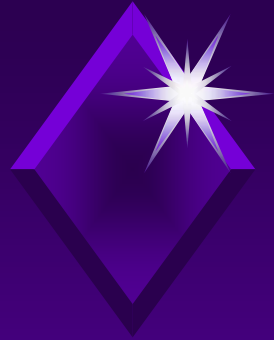




Claim Cost Drivers Include:

- ◆ Osteoporosis
- ◆ Congestive Heart Failure
- ◆ Dementia
- ◆ Depression
- ◆ Diabetes



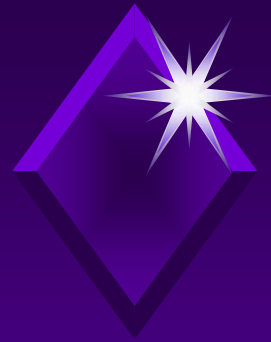


Tailor DM to CC Model:



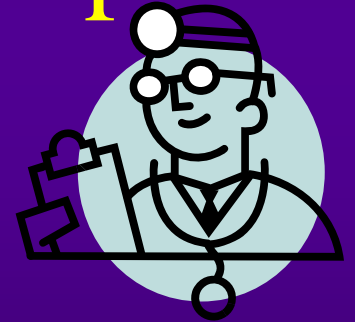
- ◆ Develop standard steps/ pathways
- ◆ Fit interventions to CC role,scope
- ◆ Embed goals in CC documents
- ◆ Measure what you can
- ◆ Track outcomes

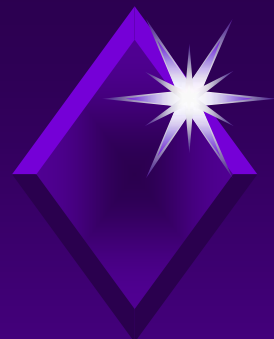




How CC + DM works:

- ◆ Identify chronic illness risks
- ◆ Develop 6 mo CC+DM action plan
 - ◆ Balance with traditional CC
- ◆ Involve MD
- ◆ Mentor vendors - shift paradigm





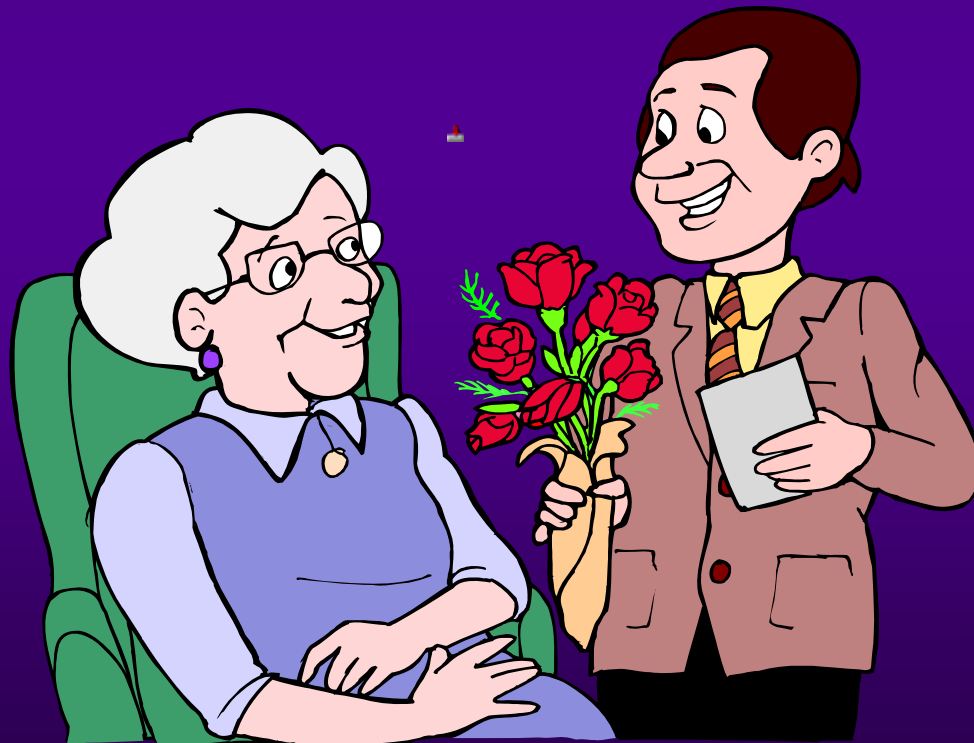
☺ The Care Coordinator will

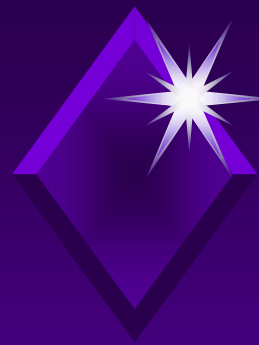


- ◆ Complete CC+DM plan with family caregiver or insured
- ◆ Review outcomes every 6 months



Maintain Focus of Relationship Model: Meeting Insured/Family Needs





Model Reduced Risks: Case Study Outcomes

◆ Financial:

- ◆ Est. Savings – CC costs= \$11,935
- ◆ Delayed confinement 6 months
 - ◆ ALF Dementia unit, not SNF



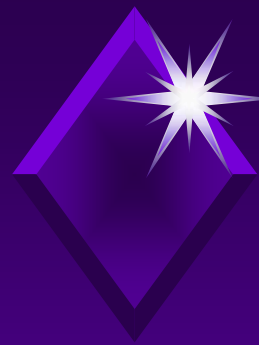
Outcomes continued..

◆ Legal risks reduced

- ◆ Objective assessment
- ◆ Benefits paid; needs met
- ◆ Positive key relationships
- ◆ No misunderstandings

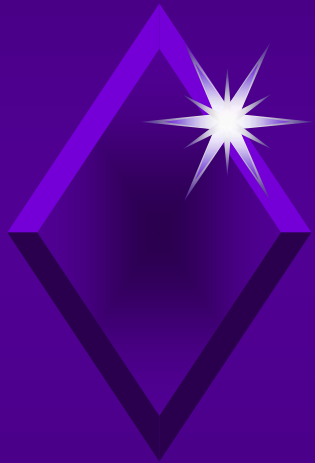
◆ Reputation

- ◆ Sister, son satisfied with LTCI
- ◆ Report reduced stress due to CC

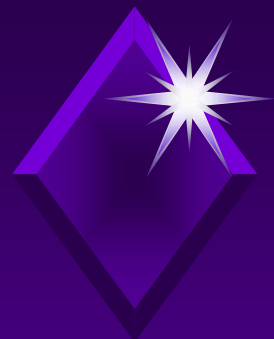


Reducing Risks in LTCI Through Relationship Building

- ◆ Built relationship model
- ◆ Strong relationships reduce \$
- ◆ Introduced “MOM”
- ◆ Intensify Care Coordination-
pioneer LTCI Disease Management



The End



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LTCI Claim “MOM” Relationship Model

