You know the best care for your patients. We’re here to reinforce that care between visits.

HealthPartners medical management nurses, pharmacists, and behavioral health clinicians work with members between clinic visits to provide complementary support to reinforce provider-established care plans. This includes educating, motivating and engaging them in being activated participants in their own care.

**What’s our approach?**

HealthPartners takes a team approach to care coordination – one that keeps our member, and your patient, at the center.

As an integrated health care organization, we have decades of experience supporting our members alongside their providers. Our medical management teams provide complementary support to reinforce care plans you’ve established for your patient. Our nurses, pharmacists, and behavioral health clinicians work with members in-between their clinic visits to educate, motivate, and engage them as active participants in their own care.

An important strength of our method is the focus on helping members understand and maximize their health plan benefits. We work closely with our Member Services team to ensure members understand their benefits, network structure and potential costs in relation to their health needs.

**What type of services do we offer?**

Members get connected to what they need through our experienced representatives and navigators. We offer services that provide additional support to your patients with HealthPartners coverage.

Services available through provider referral include Behavioral Health Case Management, Complex Case Management, Medical Disease Management, Healthy Pregnancy Support, Medication Therapy Management, Tobacco Cessation and Adult Obesity Counseling.

**Who’s eligible for each service?**

<table>
<thead>
<tr>
<th>Service</th>
<th>Member must...</th>
<th>Provider Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Obesity Counseling</td>
<td>• Be 18 years old,</td>
<td>Include patient’s BMI in referral information</td>
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<tr>
<td></td>
<td>• Interested in working with a health coach, and</td>
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<td></td>
<td>• Have a BMI ≥ 30</td>
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<tr>
<td>Tobacco Cessation</td>
<td>• Currently use or recently have quit using tobacco products</td>
<td>It is helpful if patient is aware of referral</td>
</tr>
<tr>
<td>Behavioral Health Case</td>
<td>• Have a diagnosis of schizophrenia or bipolar disease, and/or</td>
<td>It is helpful if patient is aware of referral</td>
</tr>
<tr>
<td>Management</td>
<td>• Have a diagnosis of major depression with two or more hospitalizations in</td>
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<td></td>
<td>the past year, and/or</td>
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</tbody>
</table>

Updated October 2019
| Medical Disease Management | **•** Have a diagnosis of one of the following conditions:  
- Asthma or COPD  
- CAD or heart failure  
- Diabetes  
- ALS, cystic fibrosis, CIDP, dermatomyositis, Gaucher’s disease, hemophilia, MS, myasthenia gravis, Parkinson’s disease, Polymyositis, RA, scleroderma, sickle cell disease, systemic lupus erythematosus | Provide education, offers in-between clinic visit support, addresses gaps or barriers in care |
| Cancer | **•** Be newly diagnosed with, in the midst of active treatment for or a survivor of cancer | Specially trained care coordinators provide education, decision support and in-between clinic visit support |
| High Risk Pregnancy Support | **•** Be pregnant, planning to be pregnant or recently gave birth | Personalized support through pre-natal and post-partum periods, including education, planning resources and connection to other services |
| Complex Case Management | **•** Be at risk for hospitalization, and/or  
- Have medical condition(s) deteriorating clinically, and/or  
- Have multiple new, chronic or complex diagnoses, and/or  
- Have patterns of care indicating current, impending or potential high utilization of care services | This at-risk population may benefit from additional support between visits |
| Medication Therapy Management | **•** Take four or more medications, and/or  
- Be non-adherent with their medications, and/or  
- See multiple providers, and/or  
- Be concerned about cost, side effects and effectiveness of medications | It is helpful to include why referring to MTM |

**How do members get identified?**

We identify members through referrals from providers, county representatives, community organizations and others.

*Updated October 2019*
We also identify members through claims-based predictive algorithms that look at which members appear to be utilizing high-cost services, have multiple health issues, have deteriorating health, or be at-risk for a hospitalization in the next six to 12 months. If we identify your patient through this proactive method, we’ll reach out to you to understand the member’s care plan.

**How can you refer patients for these services?**

We make referrals simple and easy. Use any of the following options:

- **Online:** [www.healthpartners.com/patientsupport](http://www.healthpartners.com/patientsupport) complete and submit form online
- **Email:** hpconnectreferrals@healthpartners.com include patient name, DOB and reason for referral
- **Phone:** 1-800-871-9243 leave a voicemail on this confidential line if the call is not immediately answered

When you inform your patient that you are referring them to one of our services, it increases the likelihood your patient will actively engage with us.

**How can you stay updated on your patient’s engagement or progress?**

When you refer a patient to a HealthPartners programs our nurses, pharmacists or behavioral health clinicians will contact you to understand your concerns and how we can best support your plan of care. Once we begin working with your patient, we’ll provide you with periodic updates regarding his or her progress toward goals, barriers and completion of program.

**How do we engage with your patient?**

Members get connected to what they need through our experienced representatives and navigators. Taking into account each person’s unique preferences, health status, language and cultural background, members will get personal, one-on-one support.

We outreach to your patient via telephone, letter and online web messaging. Once he or she is engaged, we work closely with them to help support their unique health needs. We also work closely with our Member Services team to ensure your patient understand their benefits, network, and can address financial concerns or barriers to care.

Participants in our services report greater than 95 percent overall satisfaction with the support they receive from HealthPartners.