

3.2 Coordination of Services

Senior Health Partners coordinates services designed to keep members safely living in their own homes for as long as possible. Senior Health Partners does this by providing a comprehensive approach in the delivery of long-term care services. The Primary Care Manager—a nurse or social worker with support from specialty teams—is responsible for coordinating services needed by members. Every member has their own Primary Care Manager and Care Management support who works with the member and their family/caregiver to provide an optimal and safe care plan.

At enrollment, Senior Health Partners has clinical and non-clinical staff dedicated exclusively to facilitating newly enrolled members. The staff work together to ensure coordinated services are in place at enrollment. The Welcome Team provides care management and service coordination for the first month of enrollment. Newly enrolled members are then transitioned to their permanent Care Manager for ongoing services.

The Senior Health Partners Primary Care Manager coordinates the services members receive, and communicates with the doctors and other health care providers on an ongoing basis. The Primary Care Manager may schedule appointments for members and ensures transportation services are available to and from appointments.

Senior Health Partners members develop a unique and strong relationship with their Primary Care Manager, who acts as an advocate and liaison between providers and the member. The Primary Care Manager should be contacted whenever opportunities for improvement are identified. The Primary Care Manager will contact the provider's staff when barriers are recognized and will work together to optimize care and satisfaction. In addition, each Primary Care Manager has a network of resources within Senior Health Partners to assist them in their role.

Service Authorizations

Service authorizations are care decisions determined by Senior Health Partners with input from the member, family, physician, and other persons involved in the care of the member. Service authorizations ensure that covered services are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished subject to the following:

- The services must be medically necessary
- The services furnished must reasonably be expected to achieve their purposes
- The services are authorized to maintain the member's health and safety

Procedures for authorizing services:

- Once services are approved, the appropriate servicing provider is contacted by phone
- Upon authorization of the service, the member, the servicing provider, and/or requesting provider are provided a written notification of the authorization detailing the type, frequency, amount of service, duration and expected date of commencement
- Authorizations will be mailed to the member and faxed as well as mailed to the provider to confirm approval. Authorizations are also posted to the provider portal
- Providers should initiate providing services **only upon receipt of written authorization to ensure payment. Servicing providers will receive written authorizations within 24 hours following a verbal approval, or the next business day. All authorizations are available on the provider portal.**