

Medical Management

Surprises can be fun, except when it comes to one's health. Our medical management program can provide the special care and attention needed for those unexpected medical events and lead to better health for your employees and financial well-being for your company.

Comprehensive. Consistent. Care.

Nationwide Better HealthSM provides independent, URAC-accredited medical utilization and case management programs to ensure that your employees optimize their health plans. We address their medical needs whether they're planned or unexpected, or whether they represent a single event or extended care arising from catastrophic illness.

We also offer an end-of-life program with specialized nurse health coaches who have been certified in this area of expertise. They provide critical services that help an employee or family member during those most difficult of circumstances.

Case Management ensures your employees receive:

- Right Care
- Right Setting
- Right Time
- Right Benefits
- Right Provider

Managing What Matters

Our approach enables utilization and case management programs to work together by treating the total well-being of an individual. Our high-touch model is based on telephone contact and ensures that your employees, their families and providers interact with the same case management nurse for consistency and therapeutic bonding. We develop a comprehensive care plan within your health plan parameters with the goal of ensuring that the health care services being provided are medically necessary and are provided in the appropriate setting. With this, your employees can experience a full recovery or improve their health and quality of life.

Our pre-surgical education guides members from pre-certification through case management, using education, support and coordination of health care services to produce faster recoveries and fewer complications.

Better for you:

- > Ensures efficient use of your health care dollars by providing employees with appropriate care for their conditions through focused utilization review
 - > Improves outcomes by addressing non-clinical issues, such as family problems, financial barriers to compliance, benefit limitations and treatment challenges that can undermine health
 - > Uses evidence-based clinical guidelines as a framework for evaluating medical necessity and appropriateness of services
 - > Streamlines regulatory compliance by providing reliable review timeframes and notices that meet state and ERISA regulations
 - > Provides access to HIPAA-compliant web-based reporting tools for daily census, open/closed cases and large case reports
- > Manages costs with valuable oversight by a team of on-site medical directors for case review and peer-to-peer consultations
 - > Ensures that inpatient services are not used when outpatient home care or other levels of care can be used safely and within medical standards

Better for your employees:

- > Empowers individuals to take a more active role in improving their health
- > Integrates clinical services and offerings to ensure seamless referrals to appropriate programs, such as case management, disease management or maternity management
- > Offers discharge planning at time of admission to ensure understanding of next steps, such as lifestyle modifications, the need for proper assistance at home and how to reduce hospitalization
- > Provides support and guidance from dedicated nurses

To learn more about how Nationwide Better Health can contribute to the financial health of your organization through medical management or our other health and productivity solutions, including health promotion, disease, maternity, disability and absence management, call **866.404.6924** or visit **nwbetterhealth.com**.

