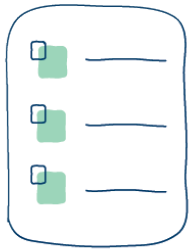
Kidney Health Management

*Available in PA, WV, and DE ONLY

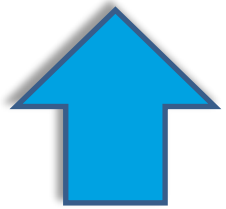
An industry-leading, kidney health management program aimed at improving health outcomes for CKD/ESRD patients



Patient monitoring addresses:

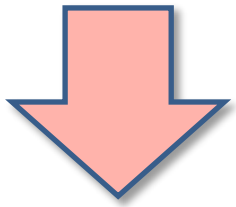
- Medication duplications or interactions
- Lab testing
- Specialty referrals
- Selective quality metrics

These interventions are identified by Healthmap to be closed by the provider



Patient outcomes, use of in-home dialysis, and medication management

ED visits and hospital admissions



Program Eligibility

- CKD diagnosis stage ≥3
- ESRD diagnosis
- Patients with care gaps that may benefit from Healthmap intervention
- Covered by a commercial, ACA, Medicare Advantage or self-insured plan

Overview

- Healthmap's Kidney Health Management (KHM) program uses advanced analytics to identify patients diagnosed with chronic kidney disease (CKD) or end stage renal disease (ESRD) that may benefit from additional care intervention
- Healthmap's KHM program:
  - Emphasizes early detection
  - Helps patients understand their condition and adhere to their treatment plan
  - Supports the provider's care plan with up to date, actionable information, and clinically proven care recommendations
  - Supports planned, clinically appropriate and seamless care transitions, which may include in-home dialysis or transplant
- A Healthmap Quality Practice Advisor (QPA) nurse will conduct scheduled routine patient panel reviews with the provider that include care gaps/intervention opportunities, admission notification and coordination of office visits
- Providers can review and verify their list of identified patients

What is Care Navigation?

- Patients who could benefit from more intensive support are offered Care Navigation, a complex care management service to support patients between office visits
- Care Navigation focuses on identifying and removing barriers preventing a patient from achieving optimal health and supports their overall care
- Care Navigators work directly with patients to ensure they adhere to their provider's care plan
- Patients are given resources to address nutrition, pharmacy management, behavioral health and social determinants of health barriers and educated on treatment and in-center dialysis alternatives
- When needed, the Care Navigation team will also help coordinate care between patients and their PCPs and specialists

What Does This Mean to You?

- Healthmap's KHM program integrates into your existing workflows to minimize disruption of office activities, facilitates timely and appropriate information sharing amongst the care team, and streamlines patient information
- Your patient's health status will be mapped according to CKD and ESRD guidelines
- Care gaps are addressed to decrease costs associated with frequent Emergency Department (ED) visits and hospital admissions
- The program can improve patient outcomes and address HEDIS measures
- If recommended that your patient see a nephrologist (or other specialist), Healthmap can identify providers within the Highmark provider network to help with the referral process