

AchieveHealth® Care Management

When care coordination makes the difference: a member impact story.

Following a serious fall, a member was hospitalized with multiple traumatic injuries, including hip, rib, and spinal fractures requiring surgery. Given the member's age, living situation, and complexity of care needs, a transfer to a skilled nursing facility (SNF) was anticipated.

Without intervention, the member faced several risks:

- Delays in discharge due to placement at an out-of-network facility
- Extended hospital stay
- Increased likelihood of readmission
- Gaps in critical post-discharge care
- Poor recovery outcomes

The risks became even more apparent when the member was later discharged from the SNF without a medication list and with no home nursing or therapy services scheduled.

Proactive Care Management Prevented Care Gaps

Recovering from multiple fractures can be overwhelming, especially when navigating transitions between the hospital, rehabilitation facility, and home. HPI's *AchieveHealth* Care Management team provided the member with a dedicated point of contact to help coordinate care, answer questions, and ensure needed services were in place. They quickly stepped in before hospital discharge to coordinate the member's care journey across multiple settings, including:

- Redirecting the member to an in-network skilled nursing facility and securing same-day authorization
- Preventing delays in hospital discharge
- Coordinating a seamless transition from hospital to SNF to home
- Identifying medication and post-discharge care gaps
- Arranging a same-day home health visit
- Ensuring the member had the support needed for a safe recovery at home

As a result, the member experienced:

- Reduced stress related to care coordination and discharge planning
- Faster access to home health services and follow-up care
- Support understanding medications and treatment plans
- A safer transition home with the resources needed to continue recovery



A Costly Fall Could Have Led to Complications and Readmission



***Timely intervention
helped a vulnerable
member navigate a
complex recovery,
ensuring the right care
was available at every
stage of the journey.***

Better Outcomes. Lower Costs.

By proactively addressing barriers to care and ensuring continuity throughout recovery, HPI helped the member avoid delays, confusion, and gaps in care during a critical recovery period. The result was a smoother transition home, improved peace of mind for the member and family, and more than \$42,000 in avoided healthcare costs.

Results:

Outcome	Savings
Avoided Hospital Days	\$18,348
Prevented Readmission	\$24,452
Total Cost Avoidance	\$42,800

The Employer Advantage

Complex medical events can quickly drive costs higher when care transitions aren't managed effectively. HPI's Care Management team helps members navigate the healthcare system, close care gaps, and access the right services at the right time, reducing avoidable utilization while improving recovery and outcomes.



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