CareMore HEALTH

INFO ALERT
Important news, directly from CareMore to your office

Provider Relations: 888.291.1358 | **Email: ProviderRelations@caremore.com**

Coronavirus (COVID-19) Update: April 27, 2020

Dear Valued CareMore Provider:

We want to thank you for your partnership in the care of our patients during the COVID-19 crisis, and keep you updated about the CareMore programs that will ensure their continued care as the situation progresses.

If you have any questions about any of these services, please reach out to your local Regional Medical Officer. We're here for you the same way we're here for your patients.

CareMore Anytime: Patients can connect with a CareMore clinician to help answer both physical and behavioral health related questions and get guidance on non-emergency care 24/7. The patient can call CareMore Anytime at 1-800-589-3148.

REACH (previously known as Hospital at Home): can treat an expanded set of acute conditions--that may have required hospitalization--directly in the home to keep your patients out of the ER. These services are offered in ***Los Angeles, Orange, and Pima Counties.***

- How to refer: call or TigerText your local CareMore Regional Medical Officer (RMO) to refer in real-time.
- Patients can also call CareMore Anytime (above) and appropriate patients will be referred to REACH.

Virtual Palliative Consult for COVID-19: palliative care specialist available 7 days a week to field questions from our hospitalist team about the most complex symptom management and goals of care situations.

- As always, CareMore continues to also provide outpatient palliative care directly to patients virtually or in their home to help provide symptom management and decision support for patients faced with a serious illness.
- How to refer to outpatient palliative care: submit a referral to -- "Transitional Care-SVC".

Togetherness Program: Designed to support any patient dealing with loneliness due to a lack of social or family support. The program makes weekly calls to help address the loneliness patients feel from social isolation.

- How to refer: submit a referral through CareMore Portal to -- "CareMore Togetherness Program – SVC" and use procedure code "TGTHR".
- Use recommended diagnosis code Z65.8 (other specified problems related to psychosocial circumstances).
- Please include clinical notes describing patient's isolation issues.

Virtual Disease Management and Remote Monitoring: We act as extension of your practice to help manage patients with complex chronic conditions like CHF, COPD, CKD, and diabetes.

- As part of this program we also give patients remote monitoring technology so we can remotely track changes in their disease before they need the hospital.
- How to refer: submit a referral to one of the following programs -- "Diabetic Management Program-SVC"; "CHF Program-SVC"; "Chronic Kidney Disease Program-SVC"; "COPD Program-SVC".

You can find COVID-19 updates via this URL https://www.caremore.com/Providers/COVID.aspx.

Again, should you have any questions, your Regional Medical Officer is always available.

Sincerely,
Vivek Garg, MD
Chief Medical Officer, CareMore Health