NaviCare® Model of Care

How we take care of your patients

When your patients join Fallon Health's NaviCare® SCO or HMO SNP plan, their Care Team helps them meet their health goals. You are welcome to provide input to your patient's care plan at any time by contacting the NaviCare Enrollee Service Line at 1-877-700-6996, or by speaking directly with the Navigators and/or Nurse Case Managers that may be embedded in your practices. If you are interested in having a Navigator and/or Nurse Case Manager embedded in your practice, please contact us at the above phone number.

Here is a snapshot of the Care Team—who they are and what they do.

Navigator

- Educates patients about benefits and services
- Educates patients about, and obtains their approval for, their care plan
- Assists in developing patient's care plan
- Helps patients make medical appointments and access services
- Informs Care Team when patients have a care transition

Nurse Case Manager or Advanced Practitioner

- Assesses clinical and daily needs
- Teaches about conditions and medications
- Helps patients get the care they need after they're discharged from a medical facility

Primary Care Provider (PCP)

- Provides overall clinical direction
- Provides primary medical services including acute and preventive care
- Orders prescriptions, supplies, equipment and home services
- Documents and complies with advance directives about the patient's wishes for future treatment and health care decisions
- Receives patients' care plan and provides input when needed

Geriatric Support Services Coordinator employed by local ASAPs (as needed)

(if patient is living in own home)

- Evaluates need for services to help patients remain at home and coordinates those services
- Helps patients with MassHealth paperwork
- Connects patients with helpful resources

Behavioral Health Case Manager (as needed)

- Identifies and coordinates services to support patients' emotional health and well-being
- Supports patients through transition to older adulthood
- Helps connect patients with their Care Team and patients' mental-health providers and substance-use counselors, if present

Clinical pharmacist (as needed)

- Visits patients after care transitions to perform a medication reconciliation and teach them proper medication use

1-866-275-3247, prompt 4

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H8928_220207_T 21-679-143 Rev. 01 3/23