

Catching a Breath Program

MERIDIAN PARTNERS WITH THE AMERICAN THERAPY CENTERS (ATC) TO PROVIDE MEMBERS WHO HAVE A CONFIRMED DIAGNOSIS OF CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD) WITH A HOME MANAGEMENT PROGRAM.

The goal of this program is to teach our members how to manage their COPD and keep them from being admitted to the hospital due to a COPD exacerbation.



How Does the Program Work?

- ✓ **After the member agrees to participate in the program, Meridian notifies the ATC of the member's consent.** A Licensed Respiratory Therapist (RT) from the ATC contacts the member to set up an evaluation in the member's home.
- ✓ **After the initial evaluation, the member receives eight more visits with the RT.** All visits occur within the member's home at a date and time of the member's choosing. The RT does their best to accommodate the member's schedule and remains in contact throughout the program, available at any time if the member requires assistance.

Catching a Breath is a program provided to Meridian members free of charge as one of the benefits of enrollment. The program is completely voluntary and members can choose to stop participation at any time.



What Happens at the Home Visits?

At the home visit, the RT addresses different items with the member, such as:

- Proper medication management.
- Teaching breathing techniques.
- Reviewing signs and symptoms for possible acute COPD episodes.
- Discussing the importance of smoking cessation and helping connect with resources to quit.
- Developing a COPD Action Plan.
- Scheduling primary care provider (PCP) and pulmonologist appointments.
- Reviewing infection control practices.

(continued)



Can I Refer a Member to the Catching a Breath Program?

Yes, as long as the member has a confirmed diagnosis of COPD. You can complete the attached referral form and fax it to **1-833-337-0596**. The referral form is also available on the Provider Portal and on the Meridian website. Providers can obtain the form from the website by following these steps:

- 1 Visit **mimeridian.com** and click on “For Providers.”
- 2 Click on “Manuals, Forms and Resources” then select “All Documents and Forms.”
- 3 Form is under “COPD Home Program Form.”



Who Do I Contact for General Questions?

Please call Provider Services at **1-888-773-2647** (TTY: **711**) for more information.

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HOME COPD PROGRAM PROVIDER REFERRAL FORM

Member's Information		
Last Name:	First Name:	Date of Referral:
Meridian ID Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Primary Phone Number:	Secondary Phone Number:	Primary Language:
Address:		City:
Referrer's Information		
Name:	Organization:	PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
Position/Specialty:	Phone Number:	Fax Number:
Referral Criteria (please check all that apply)		Current COPD Medications
<input type="checkbox"/> Recent COPD hospitalization <input type="checkbox"/> Recent COPD exacerbation <input type="checkbox"/> Newly diagnosed <input type="checkbox"/> Currently smoking <input type="checkbox"/> Other (please explain in detail):		
<input type="checkbox"/> Member inquiry/request <input type="checkbox"/> Additional COPD education <input type="checkbox"/> Non-compliant <input type="checkbox"/> Change in condition		



Please email completed form to mi_care_coordination@centene.com.