Is there a cost for the program?

Sanford Health Plan's Care Transitions Case Management Program is available to qualifying Health Plan members and their family at no cost.

How do I sign up for the Care Transitions Case Management program?

Your Case Manager will contact you shortly after discharge to ensure a smooth transition in the next phase of your recovery. If you would like more information about this program or to enroll, contact our Care Management Team at (888) 315-0884 (TTY: 711) or shpcasemanagement@sanfordhealth.org with any questions or to enroll.

We're here to help you get the care you need so you get the best possible results.

Call us for help:

(888) 315-0884 (TTY: 711)
Business Hours:
Monday - Friday 8 a.m. - 5 p.m. CST
shpcasemanagement@sanfordhealth.org

SANFORD HEALTH PLAN

Care Transitions Case Management Program

Helping you handle your health when you need it most.

sanfordhealthplan.com

SANFORD HEALTH PLAN

418-670-836 Rev. 2/23

What is the Care Transitions Case Management program?

The Care Transitions Case Management program is available to Sanford Health Plan members with a recent medical or behavioral health hospital stay. It can be overwhelming after discharge and Sanford Health Plan wants to ensure you have the right support in place for a healthy recovery.

What qualifies a member for the program?

Members who are eligible for the Care Transitions program have had a recent:

- Medical hospital stay
- Behavioral health or substance use admission
- Inpatient surgery or procedure
- Skilled nursing or inpatient rehabilitation admission

How does the program work?

The case manager is responsible for helping you navigate the healthcare system to ensure you receive high quality and cost-effective care. Case managers are licensed professionals who act as your advocate and will seek to coordinate solutions to meet your health care needs without compromising quality.

For the first 30 days after your hospital stay, the case manager will connect with you by phone to:

- Ensure follow-up appointments are scheduled
- Coordinate care and help with communication between providers
- Make sure you understand your medications and discharge instructions
- Provide answers to health or condition related questions
- Find resources to provide support for financial, housing, food, transportation, dental and vision needs