Case Management (CM) Workflow

Triggers (referrals) for CM:

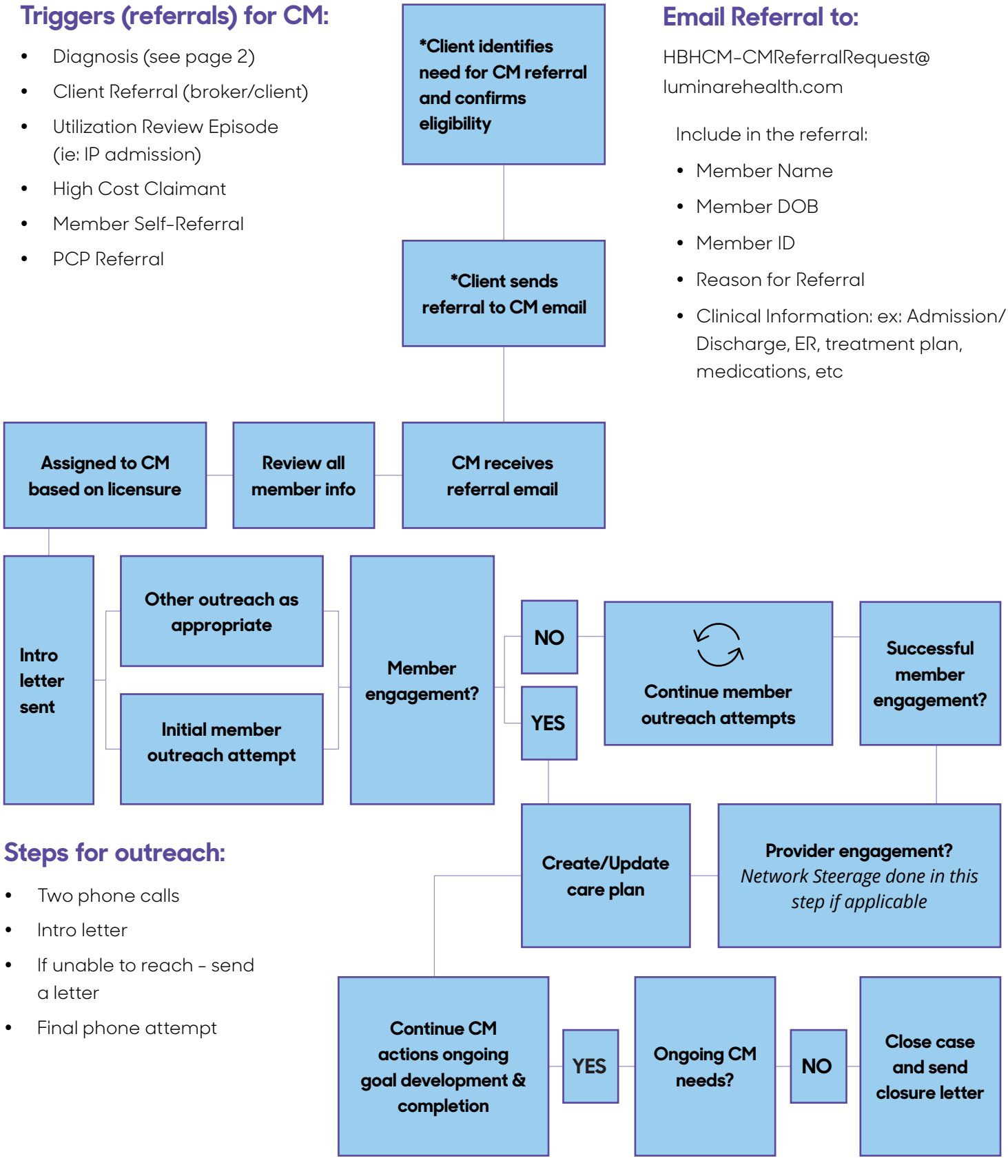
- Diagnosis (see page 2)
- Client Referral (broker/client)
- Utilization Review Episode (ie: IP admission)
- High Cost Claimant
- Member Self-Referral
- PCP Referral

Email Referral to:

HBHCM-CMReferralRequest@luminarehealth.com

Include in the referral:

- Member Name
- Member DOB
- Member ID
- Reason for Referral
- Clinical Information: ex: Admission/ Discharge, ER, treatment plan, medications, etc



Steps for outreach:

- Two phone calls
- Intro letter
- If unable to reach - send a letter
- Final phone attempt

ABC Company uses the below diagnosis codes for identifying Case Management needs. The list includes services for both adult and pediatric members and can be used as a trigger that represents an opportunity for Case Management intervention.

- Autoimmune Infections, Infectious Disease
- Limb Amputations
- Burns, Major 30% or greater surface of the body
- Cardiovascular Disease
- Cerebral Vascular Disease/Transient Ischemic Attack
- Potential High-Cost Claimant including but not limited to:
  - High-Risk Pregnancy
  - NICU Admission
  - Inpatient admissions/ICU for acute traumatic events
- Cancer/Blood Disorders
- Acute/Chronic Respiratory Conditions
- Chronic Kidney Disease
- Neuromuscular Conditions
- Gender Dysphoria
- Behavioral Health Treatment/Substance Use Disorder
- Transplant

*ABC Company reserves the right to modify this list at any time. This list is not inclusive and case management is available based on client/member needs.

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