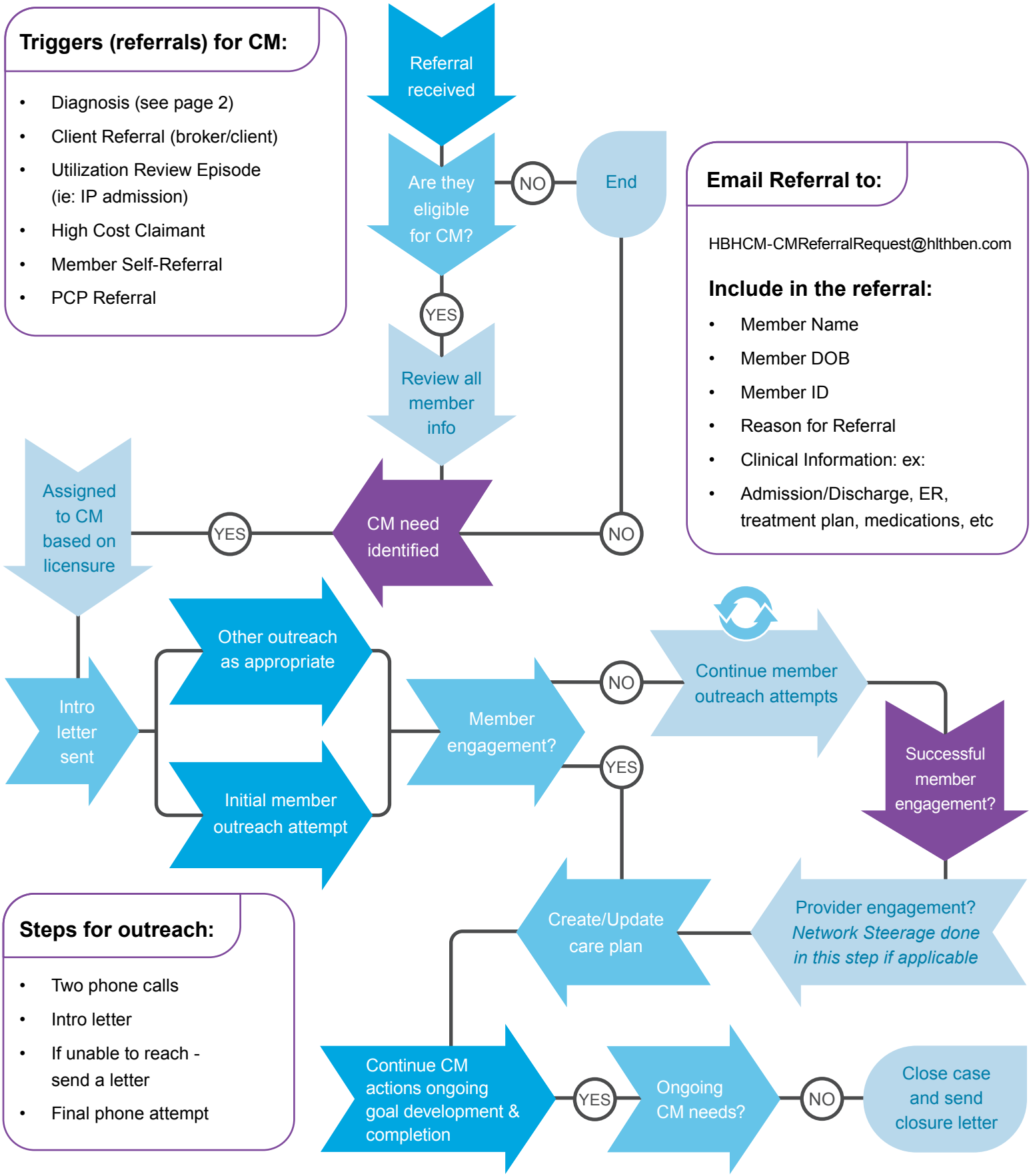
Case Management (CM) Workflow

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@hlthben.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

Wellstar Health Plan

Luminare Health 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.

- Limb Amputations
- Burns, Major 30% or greater surface of the body
- Potential High-Cost Claimant including but not limited to:
  - NICU Admission
  - Complex Pediatric
  - Inpatient admissions/ICU for any of the listed conditions
- Chronic Kidney Disease
- Gender Dysphoria
- Behavioral Health Treatment/Substance Use Disorder
- Transplant

*Luminare Health Benefits 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.

Wellstar Health Plan