

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

Referral received

Are they eligible for CM?

NO

End

YES

Review all member info

CM need identified?

YES

NO

Assigned to CM based on licensure

Intro letter sent

Initial member outreach attempt

Other outreach as appropriate

Member engagement?

NO

Continue member outreach attempts

YES

Create/Update care plan

Provider engagement?

Successful Member Engagement?

Network Steerage done in this step if applicable

Continue CM actions ongoing goal development & completion

Ongoing CM needs?

YES

NO

Close Case and Send Closure Letter

Steps for outreach:

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

The following diagnosis codes are utilized for identifying case management needs; this list may be modified or updated at any time. 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

* This list is not inclusive and case management is available based on client/member needs.