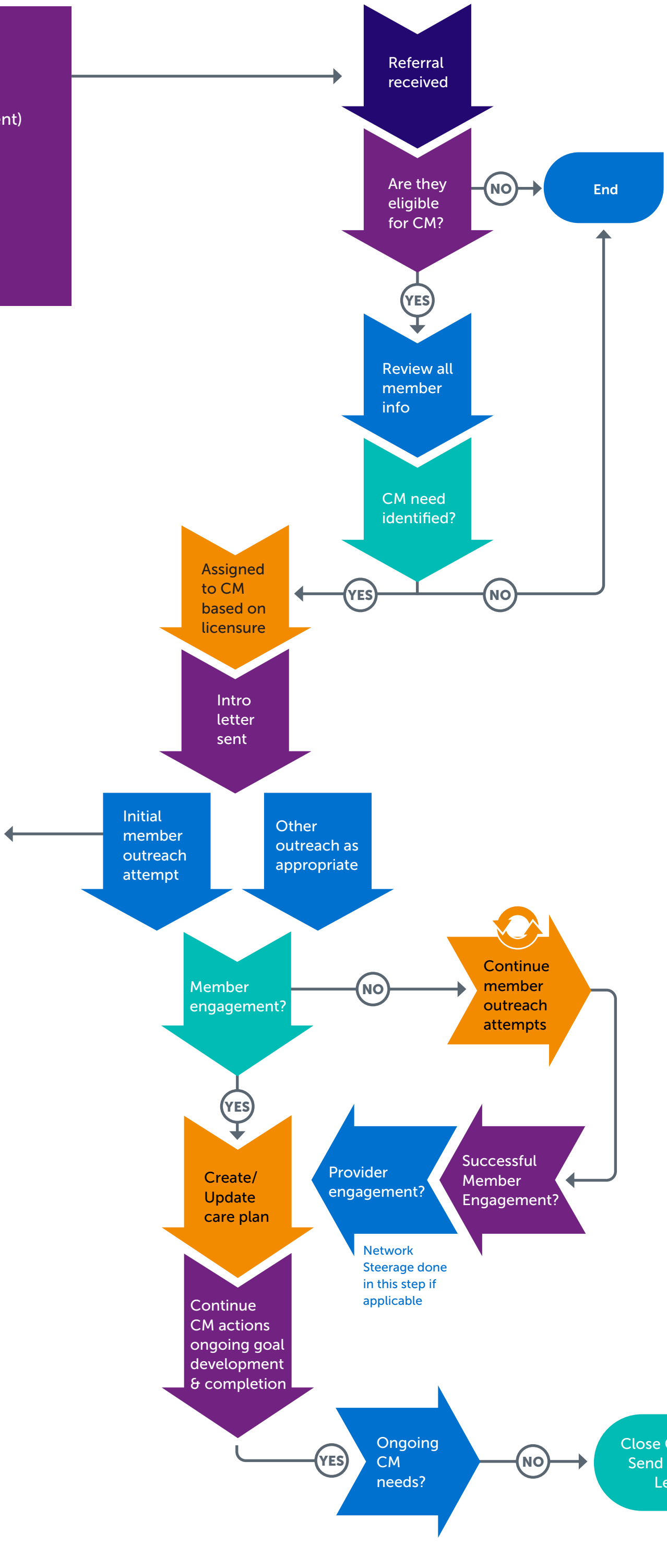
Case Management (CM) Workflow

Promise SM Health Plan

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



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.

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