

---

---

**Overview**

While the provision of health care services and the exercise of professional medical judgment is the purview of treating physicians and other health care providers, Case Management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's health needs, using communication and available resources to promote quality, cost effective outcomes.

Case Management emphasizes continuity of care for the members through the coordination of care among physicians and other providers. Case Management is not an episode but occurs across a continuum of care, addressing ongoing individual needs rather than being restricted to a single practice setting.

- PCPs serve as principal case manager and coordinator of care. The Plan's Case Management team serves a support capacity to the PCP and assists in coordinating care actively linking member to providers, medical services, residential, social and other support services where needed.
- The Case Management team is comprised of specially qualified nurses who through the case management process assess the member's risk factors, develop an individualized treatment plan, establish treatment goals, monitor outcomes and evaluate the outcome for possible revisions of the treatment plan.
- The Plan has incorporated case management programs that manage members with specific health care needs such as catastrophic diseases (adult and pediatric), transplant, wounds, HIV and obstetrics. The physician may call to request case management services for any of the Plan members.

- The Plan has adopted practice guidelines that are based on valid and reliable clinical evidence from the American College of Obstetrical and Gynecology (ACOG) for the OB program. The Case Management Society of America (CMSA) standards of care, and the Agency for Health Care Research and Quality (AHRQ) for the wound care program.

### **Transplant Case Management Program**

WellCare offers a Transplant Case Management Program with a dedicated Transplant Case Manager to ensure that information is available to providers and to facilitate all aspects of the transplantation process. A Transplant Case Manager will be assigned to assist providers in the multiple needs of the member as a transplant candidate.

The Transplant Case Management team will:

1. Evaluate the member for eligibility and covered transplant benefit;
2. Assist providers in initiating transplant protocol;
3. Provide a list of potential facilities for transplantation based on:
  - Medicare Centers of Excellence
  - Geographical proximity to the patient
  - Specific tissue/organ transplantation team availability
  - Testing and preparation for transplant;
4. Act as the member's advocate, emotional support and insurance plan liaison;
5. Request medical documentation and records from the office;
6. Facilitate approval of transplant benefits.

---

---

**Obstetrical  
Care**

In support of obstetrical (OB) care, the Plan has adopted Guidelines of the American Academy of Pediatrics and American College of Obstetricians and Gynecologists (ACOG). These clinical practice guidelines are based on valid and reliable clinical evidence.

The Plan contracts with participating providers for OB care that includes OB as well as midwife services. The OB or midwife must complete the **Prenatal Notification** Form (see the **Forms** section) at the first prenatal visit and fax the completed form to the Plan's OB department. Upon receipt, the Plan will give comprehensive authorization for prenatal, delivery and post partum care. Additionally, the member will be enrolled in the Prenatal Program and evaluated for enrollment in the High-Risk OB Case Management program. If a pregnant member is receiving care from a non-participating provider, the Plan will make special arrangements to reimburse the provider for the member's care through the postpartum period.

The provider is required to provide the most appropriate and highest level of quality care for pregnant women.

**Authorizations  
for OB Care**

The OB physician or midwife must complete the **Prenatal Notification** Form (see the **Forms** section) at the first prenatal visit and fax the completed form to the Plan's OB department to obtain an authorization for OB care.

**Initial OB Visit**

All new members who are pregnant or who become pregnant while on the Plan should be encouraged to see their OB physician for their initial visit within 14 calendar days.

**OB Physician  
Functioning  
as the PCP**

The OB physician may function as the PCP during the pregnancy and may request referrals and authorizations for that member during her pregnancy.

---

---

**High-Risk  
OB Case  
Management**

The High-Risk OB Case Management program provides assistance to members who are identified as potential high-risk pregnancies. If the physician notifies the Plan of a member's non-compliance, the High-Risk OB Case Manager can support the physician with necessary interventions to encourage compliance.

The High-Risk program:

- Educates members on their medical condition;
- Coordinates care through the continuum; and
- Assists the member in being an active participant in their own health care.

**The Prenatal  
Program**

The Prenatal Program promotes a healthy pregnancy and delivery for the member and baby. The member receives educational material, trimester and postpartum letters and a Prenatal Reward Form. The member will present the Prenatal Reward Form to the physician for signature at the end of each trimester and at the postpartum visit. The physician completes the form, signs the form at the bottom and faxes it back to the Plan. The member will receive a stroller for keeping at least six prenatal visits and her postpartum visit (between the third and eighth week) with their OB.

**Lead Level  
Screening  
Program**

WellCare provides case management services to all eligible children with blood lead levels (BLL) equal to or greater than 10 mcg/dl. Services include:

- Family education about lead poisoning;
- Assistance in obtaining lead abatement;
- Coordination of testing of siblings;
- Scheduling of appointments; and
- Coordination of transportation, when needed.

---

---

Those members with elevated blood lead levels will be identified through a monthly lead level report from contracted laboratories and from WellCare's Health Check Program.

### **Disease Management Programs**

The Disease Management Program proactively identifies members with asthma and diabetes and provides education for these members and/or their caregivers to empower them to make behavior changes to ensure the choices they make will improve their health and reduce the complications of their disease. In addition, the program educates members and their caregivers, regarding the standards of care for asthma or diabetes, triggers to avoid and to ensure they are receiving the appropriate medications.

The program also focuses on educating the provider with regards to the standards of care for asthma and diabetes and current treatment recommendations. Intervention and education will improve the quality of life of members, improve health outcomes and decrease medical costs.

- Members are stratified according to the severity of their disease.
- All members receive educational mailings and have the opportunity to request additional educational material specific to their condition or needs.
- Members who are stratified in the most high-risk categories receive telephonic intervention by a disease management nurse. The nurse conducts a telephonic disease-specific health risk assessment and provides education regarding the disease process.
- All members also receive periodicity letters to remind them of the preventive health care they need.

- Members receive flu and pneumonia reminders.
- Member newsletters that feature articles related to asthma and diabetes are mailed to members.
- Providers receive Clinical Practice Guidelines based on nationally-recognized evidence-based guidelines.
- Providers also receive fax alerts that are designed to alert the physicians to unacceptable lab values and inappropriate medication usage, in addition to hospitalizations and ER visits.
- Providers receive newsletters that feature articles regarding the latest treatment guidelines.

### **Delegated Entities**

WellCare delegates some case management activities to external entities and provides oversight and accountability of those entities.

In order to receive a delegation status for utilization management activities, the delegated entity must demonstrate that ongoing, functioning systems are in place and that they meet the required case management standards.

There must be a mutually agreed upon written delegation agreement describing the responsibilities of WellCare and the delegated entities. Delegation of select functions may occur only after an initial audit of the case management activities has been completed and there is evidence that WellCare's delegation requirements are met.

These requirements include;

- A written description of the specific utilization management/case management delegated activities;

## CASE MANAGEMENT

### Section 8

---

- Semi-annual reporting requirements, evaluation mechanisms; and
- Remedies available to WellCare if the delegated entity does not fulfill its obligations.

On an annual basis, or more frequently audits of the delegated entity are performed to ensure compliance with WellCare's delegation requirements.