
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, Care Management is a clinical system that focuses on the accountability of an identified individual or group for coordinating a member's care (or group of members) across an episode or continuum of care.

Care Management includes negotiating, procuring and coordinating services and resources needed by the member/family with complex issues; ensuring and facilitating the achievement of quality, clinical, and cost outcomes; intervening at key points for individual members; addressing and resolving patterns of issues that have a negative quality cost impact; and creating opportunities and systems to enhance health outcomes.

- PCPs serve as principal care managers and coordinators of care. The Plan's Care Management team serves in a support capacity to the PCP and assists in coordinating care among multiple physicians and providers.
- The Care Management team is comprised of qualified nurses who assist the physician in achieving member wellness and autonomy through advocacy, communication, education and service facilitation.
- The Plan has incorporated Care Management programs that identify members with specific diagnoses or that require high-cost or extensive services. The Care Management program supports these members with specific health care needs such as catastrophic diseases (adult and pediatric), transplant, wound care, HIV, prenatal and obstetrics and emergency room over-utilization. The physician may call to request Care Management services for any Plan member. PCPs and members are notified in writing when a member has been identified as meeting the criteria for Care Management.

- The Plan has adopted practice guidelines that are based on valid and reliable clinical evidence and the recommendations of national medical associations and societies.

Tissue and Organ Transplant Program

WellCare covers all services and supplies related to Medicaid covered transplant services for eligible members. All non-investigational medically necessary transplantation services are covered, when covered by Medicaid. Prior authorization is required for all transplant services.

When a participating provider identifies a member as a potential transplant candidate, the member must be referred to a transplant facility associated with Medicaid and the Plan must be notified to assist in care coordination.

Obstetrical Care

In support of OB care, the Plan has adopted current 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 should complete the WellCare Prenatal Notification Form (see the **Forms** section in this manual) at the first prenatal visit and fax the completed form to the Plan's OB department. The Prenatal Notification form is used by the Plan to determine if the member is a potential candidate for WellCare's High-Risk OB Care 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.

**OB
Physician
Functioning
as the PCP**

The OB physician may function as the PCP during the pregnancy as long as the OB physician agrees to accept the member as a primary care patient and accepts the responsibilities of a primary care provider. The OB physician may request referrals and authorizations for the member during their pregnancy.

**High-Risk
OB Care
Management**

The Care Management program for women with high-risk pregnancies provides additional assistance to members throughout their pregnancies in collaboration with their physicians. If a member is identified as having a high-risk pregnancy, the member is referred to the OB care manager for intensive follow-up.

Below are some of the circumstances for which a member may be considered to have a high-risk pregnancy:

- Premature labor between 20 and 35 weeks gestation;
- Newly diagnosed gestational diabetes or insulin-dependent maternal diabetes;
- PIH (Pregnancy Induced Hypertension);
- Chronic Hypertension;
- Hyperemesis;
- HIV/AIDS;
- Teenage pregnancy (17 and younger);
- Multiple Gestation (twins, triplets) if member has other risk factors;
- Oligohydramnios/Polyhydramnios, if member has had an admission or complication;
- History of preterm delivery – 17P (Alpha-Hydroxyprogesterone Caproate), prevention of premature delivery program.

Physicians should also notify the Plan of a member's non-compliance, potential for the member's condition to worsen as the pregnancy progresses or other concerns that may threaten the pregnancy. The High-Risk OB care manager will support the physician with necessary interventions.

The Prenatal High-Risk program:

- Encourages pregnant women to practice good prenatal care;
- Educates women regarding signs of early labor;
- Coordinates care through the continuum;
- Assists the member in being an active participant in their own health care; and
- Eliminates barriers to receiving care.

The Prenatal Program

The Prenatal Program assists in improving the care management of pregnant women by providing educational information early in their pregnancy and working in partnership with our OB providers to enable members to receive optimal prenatal care and avoid high-risk behaviors.

In addition, the program identifies members with potential risk factors that may adversely affect the outcome of their pregnancy.

Pediatric Lead Care Management

The Pediatric Lead Care Management Program identifies children with increased lead levels. The program works in partnership with our providers in developing and coordinating the appropriate plan of treatment including necessary referrals, coordination with specific agencies and aggressive pursuit of non-compliance with follow-up tests and appointments.

Members are monitored and their treatment plans are adjusted until the venous sample blood lead level is below 10 mcg/dl.

Children with Special Health Care Needs

Children with special health care needs (CSHCN) are defined as children age 17 and younger who are pregnant, and members younger than 21 with one or more of the following:

- Asthma;
- HIV/AIDS;
- A chronic physical, emotional or mental condition for which they need or are receiving treatment or counseling;
- Supplemental security income (SSI) for a health-related condition; and/or
- A current letter of approval from the Bureau of Children with Medical Handicaps (BCMh), Ohio Department of Health.

CSHCN children are identified through administrative review, PCP referrals or outreach.

PCPs are encouraged to screen members for these conditions and refer the member to WellCare for the appropriate Care Management program. Once members are identified the Care Management department follows ODJFS CSHCN Program requirements.

Emergency Department Diversion Program

The goal of the WellCare Emergency Department Diversion Program is to minimize frequent Emergency Department (ED) utilization.

The program monitors ED utilization, identifies frequent ED users and intervenes to reduce avoidable ED utilization. It also identifies PCPs with the highest number of frequent ED users and reviews the PCPs accessibility to members. This program provides member and provider education.

Delegated Entities

All participating providers or entities delegated for Care Management will apply the same standards as defined in this section. Delegated provider compliance is monitored on a monthly basis and formal audits are conducted annually.