

PROVIDER QUICK POINTS

Provider information



July 8, 2013

IHM enhanced process for case and disease management

Integrated Health Management (IHM) has enhanced a process for Case Management (CM) and Disease Management (DM) to increase advocacy, support and education for our subscribers. Please note the following information regarding this enhanced process:

- This process may result in additional calls to providers for all lines of business, both in and out of state.
- The clinician will call the provider when the subscriber triggers for CM or DM meets provider call criteria such as: concerns about subscriber compliance with treatment plan, invalid subscriber phone number or inability to reach a subscriber.
- In addition, to reinforce the Plan of Care the provider has set, the clinician may request information needed for CM or Care Coordination, provide information to increase awareness of subscriber's health status and plan of care, or inform the provider of their ability to assist in reinforcement of subscriber's treatment plan.
- Providers are defined as Hospital, Clinic/Office, Home Health Care Agency, Pharmacy, Facility and Ancillary locations.
- This is not a replacement for pre-certification/pre-authorization.

Additional information

For additional information on how we can help coordinate patient care, please refer to the case management brochure available on our website. To access the brochure go to **providers.bluecrossmn.com** and enter “case management brochure” in the search option field.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.