

# **Section 16**

## **Care Management**



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Care management is a collaborative process that assesses, plans, implements, monitors, and evaluates the options and services required to meet an individual's health needs. Education, coordination, and communication of available resources are utilized to promote appropriate, cost-effective outcomes.

The goal of the care management program at CDPHP is to address the needs of the whole person. It may include addressing family needs, emotional problems, financial concerns, or work-related problems that influence the health of the member. It involves effectively communicating with the patient, family, primary care physician, and specialty care provider (when appropriate) as a team.

Care management is available to all CDPHP members. Members are specifically identified for care management through multiple sources, which may include predictive model software, the pre-certification process, inpatient continued stay review, physicians, the disease management program, or retrospective claims review. In addition, members may self-refer for care management services.

A staff of registered professional nurses and licensed, masters-prepared social work care managers conduct care management via telephone.

CDPHP encourages physicians to access the services of our care management department. Physician referrals are very beneficial for the member and can be made by calling the confidential single-source referral line at 1-888-94-CDPHP (1-888-942-3747). Calls are answered live and member referrals are triaged to the most appropriate care manager. Following contact by the care manager, you will receive feedback related to the interaction. Additional information can be located through our website at <https://www.cdphp.com/members/wellness/get-health-support>.

