



Innovative Care Management Programs

Preauthorization/Utilization Management

At Innovative Care Management, our primary concern is that health plan members receive the highest quality care at the most manageable cost. The first step towards this goal is taken in our Preauthorization and Utilization Management program. The medical review process allows us to provide a number of services helpful to the member, such as:

- **Patient Advocacy**—In every situation, we want members to receive the treatment they need. We make a strong effort to help members know what questions to ask their doctor, encourage communication between their care providers, and even help coordinate care so that members receive the treatment and medical equipment they need, when they need it.
- **Medical Necessity Determinations**—Through our review process, we are able to make certain that expensive procedures and services are the most appropriate treatment for a member to receive, and that there are no better alternatives.
- **Preferred Provider Verification**—As a part of the process, we confirm that a preferred provider is being used if possible. Most benefit plans have a preferred provider network that could help the member by providing a discounted rate for services and possibly a higher benefit rate if used.
- **Plan Exclusion Identification**—Benefit plans have exclusions for certain procedures, and as a part of our review process, we can check benefits and give notification prior to a procedure of any potential problems with coverage.
- **High Risk Screening**—While reviewing procedures, we always try to identify members who may have high-risk diagnoses, so that we may refer them to one of our other programs described below.
- **New Technology Research**—In cases where new or experimental procedures or technology are requested, we will research information and determine if it is medically appropriate and covered under the benefit plan.



What to Do

When you and your doctor decide that a procedure, treatment, or piece of medical equipment are necessary, just have your doctor call our office to find out about preauthorization. We will then be able to get all of the necessary information to make our determination.

Healthy Mother Baby Program

The Healthy Mother Baby Program is designed to inform and assist expectant mothers in avoiding risks during their pregnancies, and promoting the health of their babies. Though not intended as a replacement for the care that a doctor would provide, the program is a custom-tailored supplement of information, support, and services valuable to expectant mothers of any age and experience. As a part of the program, a member can expect:



- Health screening
- Counseling and pregnancy education
- Free educational materials
 - Two informational packets
 - Childbirth book
- Monthly nurse contact with the participant
- Free video & book library
- Follow-up well baby and preventative care
- Nurse available to answer questions

We have found that having the proper information and becoming actively involved in one's pregnancy can significantly improve the chances of delivering a healthy baby. It is the aim and desire of Innovative Care Management to help this be a joyful time, and we believe that with the proper information and support, this can be a wonderful experience.

What to Do

Please call us early in your pregnancy to sign up for the Healthy Mother Baby program. Participation with the Healthy Mother Baby Program is entirely voluntary.

Case Management

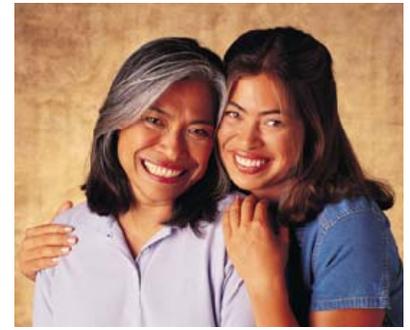
Complex medical conditions can be very stressful and confusing. Our Case Management program is designed to help members cope with a variety of complex conditions by working closely with them, their families, and their doctors. Each member enrolled in our Case Management Program is assigned a specific nurse to help coordinate care, help obtain specialized medical equipment, provide information, and listen to their questions and concerns. A participant in our Case Management program can expect to be treated with the highest care and respect, and receive quality services like the following:

- **Identification of Preventable Measures**—our Nurse Case managers are able to identify preventative measures, such as medical equipment, medication, or alternative services, which can help members control their condition before serious complications arise.
- **Patient Advocacy**—In every situation, we want members to receive the treatment they need. We make a strong effort to help members know what questions to ask their doctor, encourage communication between their care providers, and even help coordinate care so that members receive the treatment and medical equipment they need, when they need it.
- **Care Coordination**—When dealing with a complex condition, a member often will receive care from a number of doctors and facilities. The Nurse Case Manager helps coordinate the care between these caregivers to ensure that the best treatment is provided.
- **Patient Stabilization**—If members are experiencing serious complications or are hospitalized, their nurse will follow their progress closely, and make sure that the most appropriate care is received. The nurse will also coordinate alternative treatments such as home health, where the necessary care is provided in the comfort of the member's home, while at the same time saving on costly hospital stays.

What to Do

Most participants are referred to Case Management through the screening process of our Preauthorization and Utilization Management program, or through their benefit plan. Any member that would benefit from Case Management is then contacted by one of our nurses and asked to participate. Participants with a number of conditions are monitored in the program such as:

- Cancer
- Organ Failure
- Traumatic injuries
- High-risk pregnancy
- Transplants
- Complex psychological issues
- Complex medical diagnoses
- And more...



While most high-risk members are found through our screening, if you feel that you or a member of your family would benefit from Case Management, feel free to give us a call. Participation with our Case Management program is entirely voluntary.

Disease Management

The Disease Management program helps members with chronic conditions by providing information and support to help them take an active role in their own health. Our nurses work on an individual basis with these members, their families, and their doctors to create a custom plan to best fit the member's needs. This plan can consist of components such as:

- Educational materials
- Contact with the treating physician
- Specialist referrals
- Medical equipment recommendation
- Home health services

Through these services, our Disease Management program can help a member take control of their chronic condition, leading to a healthy, full life.

What to Do

Participants for the Disease Management program are identified through our other programs. One of our nurses will then make contact with members who have conditions such as:

- Diabetes
- Respiratory diseases (e.g. asthma and emphysema)
- Heart Disease

While the participants are identified through our screening, if you feel that you or a member of your family would benefit from the Disease Management program, feel free to give us a call.

Participation in the Disease Management program is entirely voluntary.



Contact Innovative Care Management or your Human Resources Department to find out more about any of these programs offered to you and your family covered under your health plan.

Toll Free 800.862.3338 Portland Area 503.654.9447 Fax 503.654.8570