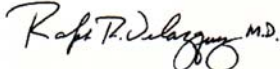




**Binder:** OSF HealthPlans HCM Department  
**Policy**  
**No./Title:** HCM.CMG.061 Communication of Clinical Information  
**Author:** Edward A. Hirsch, M.D. **Original**  
**Date:** 3/28/00

**Revision/Review**  
**Date(s):** 10/01; 6/02; 10/02; 10/03; 10/04; 10/05; 10/06; 10/07

**Approval:**  **Title:** Vice President and Chief Medical Officer

**POLICY:** It is the policy of OSF Healthplans to review all cases where members have repeated hospital admissions, have claims over \$50,000.00, high risk diagnosis or extended hospital admissions.

**PROCEDURE:**

1. The HCM Utilization Management Department notifies the Case Management Department of members whose hospital stay has exceeded ten days, members who have had several (more than three) hospital admissions within the past six months, members who have risk diagnosis and have had a hospitalization.
2. The Case Management nurse reviews the case for appropriateness for case management. If accepted, the Case Management nurse sends letters to the physician and the member, a plan of treatment is then established, and goals are set. The case is followed by Case Management until the goals are met.