



Policy Title: Care Management/Coordination			
Department Responsible: THN Care Management Representative	Policy Number: MM-003	THN's Effective Date: January 1, 2022	Next Review/Revision Date: September 30, 2026
Title of Person Responsible: Director of Care Management	THN Approval Council: THN Operations Committee	Date Approved: August 14, 2025	Date Approved by THN Board of Managers: August 29, 2022

- I. **Purpose.** The purpose of MM-003 is to provide a description of care management/coordination programming requirements provided by THN or Care Management designee.

- II. **Policy.** It is the policy of THN or designated representative to maintain a care management/coordination program to meet the needs of its population, including but not limited to chronic disease management, transition of care and high, rising, and low risk management programs for beneficiaries attributed to THN.

- III. **Procedure.**
 - A. THN or its Designated Representative offers embedded and/or telephonic care services at participating doctor's offices to help patients understand their illnesses and manage their care.
 1. When patients visit their doctor's office, they can speak with a registered nurse (RN), pharmacist, social worker, and/or care guide who may offer clinical guidance as well as community resources.
 2. Participation in embedded care services is confidential and optional.
 - a. Care management/coordination services are available at no additional cost or for a monthly copay.
 - B. Patients with chronic medical problems that live in Alamance, Guilford, Randolph, or Rockingham County or part of Forsyth County (Kernersville) with Medicare or a participating plan may qualify for some or all the following care management/coordination services:
 1. No cost telephone calls from a RN to review your health;
 2. Medication information from a nurse or pharmacist;
 3. Community resources from a social worker or care guide;
 4. A highly trained care team who works with your doctors.
 - C. **Use of Enabling Technologies.** THN or its Designated Representative encourages and promotes the use of the following enabling technologies for improving care coordination for beneficiaries:
 1. Electronic health records and other health IT tools;



2. Telehealth services, including remote monitoring;
 3. Electronic exchange of health information; and
 4. Other electronic tools, as appropriate, to engage beneficiaries in their care.
- D. THN or its Designated Representative utilizes internal reporting to identify additional target populations that would benefit from the care management/coordination programs that include individualized care plans provided during care coordination, and the additional assistance of coordinating available community resources.
1. Patients may enroll in care management/coordination services if one of the following occurs:
 - a. Patients visit a Cone Health hospital or emergency room presenting with or having a history of a serious chronic condition (e.g., Heart Failure, Chronic Obstructive Pulmonary Disease, Stroke, etc.);
 - b. Patients are referred by primary care physicians; or
 - c. Patients contact the designated Care Management/coordination department directly to inquire about services.
 2. Patients are not required, under any circumstances, to participate in the Care Management/coordination Program.
 - a. Care Management/coordination team members will try to contact patients, though if patients do not respond after a number of documented attempts, they may be removed from the program.
- E. THN and its Designated Representative shall not use data to avoid at-risk beneficiaries. The use of data is for identification of those beneficiaries who are most in need of care management/coordination services, and who are most likely to benefit from those services.
Care Management/Coordination activities are not denied based on a beneficiary's classification as "at-risk."
- F. THN or Designated Representative does not require Beneficiaries to be referred to THN or to any other provider or supplier.
1. **Exception:** Referrals made by employees or contractors who are operating within the scope of their employment or contractual arrangement to the employer or contracting entity, provided that the employees and contractors remain free to make referrals without restriction or limitation if:
 - a. The beneficiary expresses a preference for a different provider, practitioner, or supplier; or
 - b. The referral is not in the beneficiary's best medical interests in the judgment of the referring party.



- G. THN or Designated Representative partners with long-term and post-acute care providers, both inside and outside THN, to improve care coordination for assigned beneficiaries.
- H. **Enforcement.** THN Related Individuals or Designated Representatives are required to follow all applicable THN policies. Failure to comply with THN processes, including cooperation in Beneficiary Engagement and Care Management/Coordination activities, will result in remedial and/or disciplinary actions as appropriate in accordance with CIT-002.

Date	Reviewed	Revised	Notes
January 1, 2022			Originally Published
August 2022	X		No changes
April 2023	X		Reviewed for REACH – no changes
December 2024			Added “Designated Representative”
September 2025	X		No changes