



Date

Dr John Smith
777 4th St
Chicago, IL 60628

Dear Dr. John Smith (Provider ID)

Re: Jane Doe
ID: 888888
DOB: 08/08/1988

WellCare Health Plan Case Management Team has identified the above member as needing Case Management service. Enclosed please find a Care Plan, which we have created specifically for this member.

In an effort to maximize the member's outcome, I would like to partner with you by sharing the member's Care Plan for your input. Please review the attached Care Plan, sign and return to WellCare Health Plan; attention Case Management Department at 1-866-287-3286.

Should you have any questions regarding this member or the Care Plan, I can be reached at 1-866-635-7045. I am available Monday through Friday from 8:00 am to 5:00 pm EST.

Sincerely,

Case Manager

Confidential Communication

The information contained in this transmission is subject to an attorney-client privilege, or is otherwise confidential, and is intended only for the use of the individual or entity named above. Dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please immediately notify the sender by telephone and return the original message to sender at the above address via the U.S. Postal Service.



WellCare[®]

Get more from your MedicareSM

PCP Name: Dr. John Smith (Provider ID)
 PCP Address: 777 4th St
 Chicago, IL 60628

Member Name: Jane Doe
 ID: 888888
 Member DOB: 08/08/1988

Primary Medical Diagnosis:
 CM Name: Case Manager's Name
 CM Phone Number: 1-866-635-7045

Problem Description	Status	Start Date	End Date
Knowledge deficit of Orthopedic/ Lumbago	Open	3/21/2011	6/5/2011
GOALS	Short or Long Term	Status	Target Date
Member/Caregiver will verbalize understanding of disease process	Long Term	In Progress	6/14/2011
Member/Caregiver will verbalize understanding of the S/S of impending exacerbation	Short Term	In Progress	4/21/2011
INTERVENTIONS	Outcome	Status	
Educate member/caregiver on disease state process, self care needs and urgent care plan	Educated member on disease state process, self care needs and urgent care plan	In Progress	
Educate member/caregiver on S/S and accessing appropriate level of care, utilizing evidence based practice guidelines	Educated member on S/S and accessing appropriate level of care, utilizing evidence based practice guidelines	In Progress	
Problem Description	Status	Start Date	End Date
Knowledge deficit of Cardiovascular:HTN	Open	3/21/2011	
GOALS	Short or Long Term	Status	Target Date
Member/Caregiver will verbalize understanding of disease process	Short Term	In Progress	4/21/2011
Member/Caregiver will verbalize understanding of the S/S of impending exacerbation	Long Term	In Progress	6/21/2011
INTERVENTIONS	Outcome	Status	
Send education materials prn	HTN educational package sent.	In Progress	

Confidential Communication

The information contained in this transmission is subject to an attorney-client privilege, or is otherwise confidential, and is intended only for the use of the individual or entity named above. Dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please immediately notify the sender by telephone and return the original message to sender at the above address via the U.S. Postal Service.



Educate member/caregiver on S/S and accessing appropriate level of care, utilizing evidence based practice guidelines	Educated member on S/S and accessing appropriate level of care, utilizing evidence based practice guidelines	In Progress
---	--	-------------

Physician Comment:

Sample Care Plan

Physician Signature: _____ **Date:** _____