



Date

Dr John Smith  
777 4<sup>th</sup> 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**

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PCP Name: Dr. John Smith (Provider ID)  
 PCP Address: 777 4<sup>th</sup> 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	

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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
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**Physician Comment:**

Sample Care Plan

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_