

## How does the Disease Management program work?

The Disease Management contact process begins with a letter (sample copy attached) sent to members before they receive any telephonic outreach. This letter also lets members know that a representative will be calling them, and will be asking to confirm their birth date. In our experience, members sometimes don't recall receiving this letter, but we are sending it with the intention of preparing them for the call.

The first telephonic outreach is an enrollment call – the purpose is to explain a bit about the program and verify that the member has the condition (and of course the member can opt out if they choose). Representatives identify themselves by their first name, and as calling on behalf of Blue Shield. Based on guidance from the Blue Shield Privacy Office, before the representatives can give any real program information they need to verify the member's name and date of birth, or name and Blue Shield member ID number. The representatives are trained to say "I show your birth date as January 20th; can you please verify the year?" so that the member is reassured they actually have the information.

Then, the enrollment specialist explains the program, asks the member a few questions to verify they do indeed have the condition, are eligible for the program, and also to determine whether or not they may be appropriate for home monitoring. Once the enrollment call is completed and the member agrees to participate telephonically, he/she will be transferred to a nurse for an initial clinical assessment. From there on, the member would receive outbound nurse calls per program protocols, based on stratification level.