



POLICIES AND PROCEDURES

NAME:

ADDRESS:

[Click here and type]

[Click here and type]

Re: Patient:

Date of Birth:

PID:

Insured:

Client:

Group:

Case Number:

Primary Treating Physician/Provider: [Click here and type]

[Click here and type]

[Click here and type]

[Click here and type]

[Click here and type]

[Click here and type]

[Click here and type]

[Click here and type]

To Whom It May Concern:

This letter will serve as an introduction to INETICARE's _____ (specify DM Program Name), Disease Management, and me, [Click here and type]. INETICARE is a Medical Care Management company used by [Click here and type], the patient's insurance benefit manager, on behalf of the employer group, [Click here and type], to provide assistance to individuals who may experience difficulties with certain medical conditions. As patient advocates, the Disease Manager works in a collaborative manner with the treating provider, the patient and family, and any other involved providers in coordinating care, education, and services that may be necessary both now and in the future. It is my job to serve as a liaison between the patient, the patient's family, and the patient's care providers and the health plan. It is my role to help provide patients with the necessary education and skills to become an active participant in obtaining and/or maintaining his/her optimal level of wellness and, if necessary, to coordinate the provision of the highest quality, most appropriate healthcare for the patient.

This completely voluntary service is at no cost to the patient and is provided through the benefit plan. It is not a "hands on" service, nor is it intended to interrupt or interfere with any care the patient is currently receiving. To work in a cooperative fashion, INETICARE assumes the following rights for and responsibilities of the treating provider:

Providers have the right to:

- o Upon request, information about the organization, including programs and services provided in conjunction with the sponsoring organization, its staff and its staff's qualifications, and any contractual relationships;
- o Be informed of how the organization coordinates its interventions with treatment plans for individual consumers;
- o Know how to contact INETICARE regarding disease management and patient communications;
- o Be supported by INETICARE to make decisions interactively with consumers regarding their health care;
- o Receive courteous and respectful treatment from the INETICARE's staff;
- o Communicate concerns or complaints regarding disease management programs to the organization via telephone 1-877-608-2200, fax 1-813-514-8212, internet www.inetico.com, or email quality@inetico.com;
- o Provide input into the development of disease management programs.

Providers have the responsibility to:

- o Provide, to the extent possible, information needed by INETICARE's professional staff in order to provide disease management services for the consumer. This includes communicating in a courteous manner with nurses conducting peer review audits, disease management audits, and quality of care audits;
- o Listen to consumer concerns;
- o Establish and maintain documentation of consumer care, interventions, and a follow-up schedule;
- o Encourage consumers in the use of preventive measures and risk reduction;
- o Utilize nationally recognized standards of care when clinically appropriate and encourage consumer education to ensure that consumers are informed about how to effectively manage their condition.

If you have any questions, please do not hesitate to contact me at 877-608-2200 ext [Click here and type]. My mailing address is INETICARE, PO BOX 10972, Tampa, FL 33679-0972. My fax number is (813) 514-8212.

I look forward to working with you and your staff.

Warm Regards,

[Click here and type]

Care Management Consultant

INETICARE Toll Free: 877-608-2200 ext [Click here and type] Fax: 813-514-8212