CM Case Management

Establish Case

Item	Details

Description	The Care Management, *Establish Case* business process uses criteria and rules to:
	
	• Identify target members for specific programs.
	
	• Assign a care manager.
	
	• Assess the member's needs.
	
	• Select a program.
	
	• Establish a treatment plan.
	
	• Identify and confirm provider.
	
	• Prepare information for communication.
	
	This business process may establish a case for one individual, a family or a target population such as:
	
	• Medicaid Waiver program case management
	
	  o Home and Community-Based Services (HCBS)
	  o Other
	
	• Disease management
	
	• Catastrophic cases
	
	• Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
	
	• Vaccines for children and adults
	
	• Population management
	
	This business process may initiate a case from claim processing indicators such as:
	
	• Several claims for an individual member over a time interval.
	
	• New claims close to discharge date.
	
	• Claims containing one of the with the following:
	
	  o Place of Service – Certain Places of Service
	  o Discharge Date
	  o Admit Date
	  o PWK - Attachments containing lab results, treatment plans, etc.
	  o NTE - Notes containing discharge plans, goals, treatment plan
	  o EPSDT Referral Claim
	  o Claims containing certain types of the following information:
	    ✓ Principle Diagnosis
	    ✓ Admitting Diagnosis
	    ✓ Patient Reason for Visit
	    ✓ Other Diagnosis Information
	    ✓ Principle Procedure
	    ✓ Other Procedure

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	✓ Condition Info ✓ Treatment Code ○ Prescription drug claim ○ CLIA certification ○ Home Health claim ○ Test Result Different criteria and rules, relationships, and information define each type of health care case and require different types of external investigation. The Health Information Exchange (HIE) provides health information and clinical records for member and care coordination with provider and other agencies.
Trigger Event	Environment-based Trigger Events: • Periodic review to scan for new cases is due. • Request to look into a specific case. Interaction-based Trigger Events: • An alert triggered by other events, such as a targeted diagnosis or referral generated from information submitted on a claim. • Receive enrollment of member from *Enroll Member* business process. • Receive information to establish a case (e.g., Electronic Data Interchange (EDI)).
Result	• List of members associated with cases and programs. • Assessment of the needs of the member for care management. • Treatment Plan for member. • Associated Providers List. • Case file information. • Communications information for providers and members. • Alert to notify member of care management case. • Tracking information as needed for measuring performance and business activity monitoring.
Business Process Steps	1. **START:** Identify candidates for new cases with specific criteria (e.g., patient characteristics, medical conditions, location, or age). 2. Identify information requirements and parameters to include such items as periods of time, data elements, and data relationships. 3. Identify new case(s) for care management based on requirements and parameters.

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	4. Create case record for each new case.
	5. Assign care manager.
	6. Care manager reviews health and clinical information from Health Information Exchange (HIE).
	7. Assess the needs of the member for care management.
	8. Based on needs, determine which program(s) is appropriate for the member.
	9. Based on needs, establish treatment (care) plan that identifies the services the member needs to receive, the types of providers, the care setting, frequency, and expected results.
	10. Based on the treatment plan, select providers to deliver the services, contact and confirm availability, record decisions.
	11. Record care management determination and related information.
	12. END: Send alert to notify member of care management case.
Shared Data	Member data store including demographics
	Health Information Exchange (HIE) data store including health information, clinical record and clinical information
	Enterprise Master Patient Index (EMPI) for single and complete view of patient information
	Provider data store including provider network information
	Health Benefits data store including programs and services Information
Predecessor	**Receive Inbound Transaction**
	Enroll Member
	Manage Applicant and Member Communication
	Manage Member Grievance and Appeal
	Identify Utilization Anomalies
Successor	**Send Outbound Transaction**
	Manage Case Information
	Manage Applicant and Member Communication
	Authorize Treatment Plan
	Manage Treatment Plan and Outcomes
Constraints	States and programs within States use different criteria to establish cases. Diseases included in Disease Management differ from state to state. States define and treat catastrophic cases differently. States will conform to required Affordable Care Act

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	requirements for EPSDT and immunizations case management.
Failures	• Details of the case are inconsistent with criteria; discontinued case.
Performance Measures	• Time required to establish a case. • Effectiveness of selection criteria in determining real cases.