



**Binder:** OSF HealthPlans HCM Department


**Policy**

**No./Title:** HCM.CMG.074 Case Management

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**Revision/Review**

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**Approval:**  **Title:** Vice President and Chief Medical Officer

**POLICY:** To define case management for the OSF HealthPlans member.

**PURPOSE:** To ensure that high quality cost effective care is provided to all OSF HealthPlans member on an on-going basis. This is specific for all members stratified into moderate and high risk without complex medical conditions.

**PROCEDURE:**

1. The OSF HealthPlans member need for case management will be identified through various sources.
  - Healthy Living Survey/high risk/catastrophic cases
  - Primary care physician
  - Claims history
  - Referrals
  - Extended hospital stays
  - Specific diagnosis
  - Repeated admissions/ emergency room visits
  - Other
2. The case manager will review all member assessments for needs.
  - Psych/social
  - Medical
  - Community/Environmental
  - Claims
3. Case file will be initiated.
4. Case Manager will send letter to OSF HealthPlans member and primary care physician.
5. Specific needs will be evaluated and referral to network providers and/or community agencies will be made as indicated.
  - Current or Need for DME services
  - Current or Need for Home Nursing services
  - Need for specialty care
  - Need for education or focused program
  - Needs for accommodations
  - Other mitigating circumstances
6. Goals will be established.

7. Case will be added to the case management “log” and recommendations will be implemented.
8. Case Manager will review progress (outpatient, inpatient, etc.).
  - If admitted to hospital/institution, on an on-going basis, case manager will follow “InterQual” criteria for appropriate level of care.
  - Case manager may meet with patients, family, hospital staffing, physicians, discharge planners, social workers and others as appropriate.
  - Referrals to Hospice will be made as indicated.
9. Case manager may consult with the Medical Director as needed.
10. Case Manager will provide cost/benefit analysis and case progress reports monthly.