



Binder: OSF HealthPlans HCM Department  
Policy No/Title: HCM.CMG.286 Complex Case Management Workflow

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**POLICY:** It is the policy of OSF HealthPlans to coordinate and help members with multiple or complex conditions coordinate and obtain access to care and services through our Case Management Program

**PURPOSE:** To ensure consistency and effectiveness of the OSF HealthPlan's Complex Case Management Program through a collaborative process of assessment, planning, facilitating, implementing, coordinating, advocating, monitoring and evaluating the options and services to meet the members health needs using communication and available resources to promote quality cost effective outcomes.

#### **PROCEDURE:**

Complex Case Management activities will include, but will not be limited to:

1. Bariatric Surgery (HCM policy HCM.SUR.011)
2. ESRD (HCM Policy HCM.CMG.279)
3. Drug Utilization Case Management (HCM Policy HCM.CMG.287)
4. Transplants (HCM Policy HCM.CMG.246)
5. Complex Care Coordination requirements

I. Identification of members for participation in the Complex Case Management Program is made through review of the following sources:

- a. Claims history review
  - i. High dollar claims
  - ii. Repeated ER/Inpatient admissions
  - iii. Specific diagnoses(as outlined in policy HCM.CMG.073 Referral Guidelines)
- b. Daily UM processes:
  - i. Inpatient discharge planning for HHC, Hospice, SNF, DME
  - ii. Extended hospitalization, stays greater than 10 days
  - iii. Specific diagnoses, conditions or diseases
    - a. ESRD
    - b. Transplants
    - c. AIDS
    - d. Multiple trauma
    - e. Head Injury/coma
    - f. Multiple Chronic Conditions
    - g. Diabetes
    - h. Asthma
  - iv. Multiple admissions

- c. Medication/pharmacy history data
    - i. Specific medications
    - ii. High cost medication
    - iii. Excessive drug utilization (as outlined in policy HCM.CMG.287 Drug Utilization Case Management)
    - iv. Uses outside FDA recommendations
    - v. Multiple pharmacies
    - vi. Multiple ordering physicians
  - d. PCP or Specialist referral
  - e. SFMC Hospital System Information
- II. OSF HealthPlans' members have access to Case Management services through the following sources:
- a. Member Self Referral through Health information or Referral line
  - b. Disease Management Referral
  - c. Discharge planner referral
  - d. UM referral
  - e. PCP/Specialist referral
- III. Case Management System and Documentation
- a. The case managers use the Facets and Maccess Information Systems for case management documentation for the following services:
    - i. HHC
    - ii. SNF
    - iii. Hospice
    - iv. Complex DME
    - v. Transplants
    - vi. ESRD/Dialysis
    - vii. Notes to Mom, high risk maternity program
    - viii. Rate negotiations
    - ix. Bariatric surgery case management
    - x. Community services
    - xi. Any other complex case management activity not included above
  - b. Each notation is automatically named, dated and timed by the systems.
  - c. InterQual Criteria and Policy Guidelines are used to conduct assessment and management of the members
  - d. Next review date fields are generated in Facets and Maccess systems for automated follow up.
  - e. The Maccess Generic CM Service form is to be used for documentation of the complex case management assessment and plan of treatment. The Bariatric Surgery CM Service form is used specifically for the Bariatric Surgery Case Management activities. Both forms include the following information and procedures:
    - i. Members' right to accept or decline program participation.
    - ii. Initial assessment of member's health status, both specific and non specific condition issues.
    - iii. Clinical history including medication list.

- iv. Level of independence with activities of daily living, and caregiver support resources.
    - v. Assessment and evaluation of mental and cognitive function and understanding.
    - vi. Scheduled follow up and communication with the member using the next review date field.
  - f. The Benefit Summary is used to assess the members' available benefits.
- IV. Satisfaction with Case Management Program
  - a. OSF HealthPlans annually evaluates satisfaction with the case management program through a member survey, obtaining feedback and responding to and reviewing member complaints and inquiries.
- V. Measuring Effectiveness
  - OSF HealthPlans measures the effectiveness of its complex case management activities by:
    - a. identifying the process or outcome
    - b. using valid methods that provide quantitative results
    - c. setting performance goals
    - d. identifying measurement specifics
    - e. identifying opportunities for improvement
    - f. developing a plan for ongoing intervention and re-measurement
- VI. Action and re-measurement

OSF HealthPlans implements interventions to improve performance and re-measures to determine performance, based on the results of its case management activities and analysis, at least on an annual basis.