

Subject: Case Management Program

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Case Management Program Objectives:

- I. To improve the quality and continuity of care for Tuality Health Alliance (THA) members as they move through the healthcare system.
- II. To provide members with personalized care in an impersonal system.
- III. To ensure cost containment by eliminating or reducing unnecessary utilization of resources.
- IV. To assist providers in the management of complex patients, thereby improving outcomes and provider and member/patient satisfaction.
- V. To facilitate interdisciplinary care coordination for identified members – care coordination may include, but is not limited to, supplying appropriate educational materials to members and providers, assisting members with access to care, and linking members and providers to community support systems.
- VI. To provide early identification of complex and/or potentially catastrophic cases so that appropriate care and communication between involved parties may be coordinated.
- VII. To ensure that that member dignity and confidentiality are respected.

Case Management Definitions:

- I. Case Management refers to member-focused strategies to coordinate care. Case Management should not be confused with Managed Care. Managed Care refers to system-level strategies that are employed by purchasers of health services to influence aggregate utilization levels of various types of services in order to maintain quality and to control costs. Managed Care is not designed to address member-level care coordination as Case Management does.
- II. Case Management is a member-centered, collaborative, and multidisciplinary process that coordinates quality resources and facilitates individualized member treatment goals in conjunction with healthcare providers. Moreover, Case Management provides cost effective options for select individuals with complex medical or behavioral needs.
- III. Case Management is the process of planning, coordinating, screening, and evaluating care throughout a member's total episode of illness or treatment/services. This process may include the provision of special services for those members who need help navigating the healthcare system. Case Management helps members regain optimum health or improved functional capability in the right setting and in a cost-effective manner. It involves comprehensive assessment of a member's condition, determination of available

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benefits and resources, and development and implementation of a Case Management plan with performance goals, monitoring, and follow-up.

- IV. Case Management is an essential component of the framework for Quality Improvement activities. Case Managers intervene at the process level of member care to ensure the best possible healthcare outcomes.

Case Management Policy:

- I. Case Management Systems
THA utilizes Case Management systems that support evidence-based clinical guidelines or algorithms to conduct member assessments and to provide member management. THA Case Managers record all Case Management plan notes and member conversations in the THA Case Management Database. The database automatically documents the working Case Manager's ID, and the date and time when action on the case or interaction with the member has occurred.
- II. Identifying Members for Case Management
- a. THA utilizes the following data to identify members for Case Management:
1. Claim or encounter data;
 2. Hospital discharge data;
 3. Eligibility categories;
 4. Pharmacy data;
 5. Data collected through the Utilization Management process.
- b. THA Case Managers utilize a Trigger List to identify members that may need Case Management services, but do not fall into the above identification categories.
- c. Access to Case Management may come from multiple avenues, including:
1. Member Services referral;
 2. Disease Management Program identification;
 3. Hospital discharge planning;
 4. Member self-referral;
 5. Practitioner referral.
- III. Case Management Process
A Case Management process includes, but is not limited to, member counseling and education, specialty referral, and self-management support. The Case Management process includes an assessment of the member's progress towards overcoming barriers to care and meeting treatment goals. The Case Management process includes reassessing and adjusting member Care Plans and goals as needed.

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A Case Management Care Plan includes:

1. Initial assessment of the member's health status, including condition-specific issues;
2. Documentation of clinical history, including medications;
3. Initial assessment of the activities of daily living, mental health status, including cognitive functions, and life-planning activities;
4. Evaluation of cultural and linguistic needs, preferences, or limitations;
5. Evaluation of caregiver resources and available benefits;
6. Development of individualized member plan, including long-term and short-term goals;
7. Identification of barriers to meeting goals or complying with the plan;
8. Development of schedules for follow-up communication with the member;
9. Development and communication of the member's self-management plan.

IV. Satisfaction with Case Management

THA obtains feedback from members and analyzes member complaints and inquiries to identify satisfaction trends and opportunities for improvement.

V. Measuring Case Management Effectiveness

THA annually evaluates the effectiveness of the Quality Management program, of which Case Management is a part. Measuring effectiveness allows THA to identify opportunities for improvement, to determine action and re-measurement as needed.

References: OAR-410-141-0160

Oregon Health Authority Health Plan Services Contract
RAE Participation Agreement
2013 NCQA HP Standards and Guidelines QI 7

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