

CM Establish Case

Establish Case		
Item	Details	VA “As-Is” Details
Description	<p>The Care Management, Establish Case business process uses criteria and rules to identify target members for specific programs, assign a care manager, assess client’s needs, select program, establish treatment plan, identify and confirm providers, and prepare information for communication.</p> <p>A case may be established for one individual, a family or a target population such as:</p> <ul style="list-style-type: none"> ■ Medicaid Waiver program case management <ul style="list-style-type: none"> – Home and Community-Based Services – Other ■ Disease management ■ Catastrophic cases ■ Early Periodic Screening, Diagnosis, and Treatment (EPSDT) ■ Population management <p>Each type of case is driven by state-specific criteria and rules, different relationships, and different data.</p>	<p>2010 MITA: All agencies establish cases for enrollment/assignment into PCCM, CMM, Baby Care/MICC FAMIS, FAMIS MOMS and Family Planning waiver. Other condition-based assignments occur via screening teams (institutional and community), referrals, internal claims data and assessments such as for foster care, alternative long term care MICC/Baby Care, substance abuse, early intervention and school based services.</p> <p>2007 MITA: DMAS also establishes cases for enrollment/assignment into PCCM, CMM, Baby care, FAMIS, FAMIS MOMS and, Family Planning Waiver. Other condition-based assignments occur via screening teams (institutional and community), referrals, internal claims data and assessments such as for foster care, alternative long term care, MICC and school based services.</p>
Trigger Event	<ul style="list-style-type: none"> • Scheduled time to scan for new cases • Request to look into a specific member case • An alert triggered by other events, such as a targeted diagnosis or referral generated from information submitted on a claim 	<p>2. DMAS builds an appeal case on a recipient-by-recipient basis. DMAS sometimes also uses an established or resolved appeal case for further investigation, e.g., fraud, abuse or administrative recovery action.</p>
Result	<ol style="list-style-type: none"> 1. List of members associated with cases and programs 2. Needs assessment 3. Treatment Plan 4. Associated Providers List 5. Case file data 6. Communications data for providers, clients 	<p>6. DMAS includes outreach and follow-up.</p>
Business Process Steps	<p>Start: Apply criteria to data base of candidate cases</p> <ol style="list-style-type: none"> 1. Identify candidates for new cases — Apply criteria for the care management program, e.g., patient characteristics, medical conditions, location, age 2. Identify data requirements — Both selection parameters and reporting 	<ol style="list-style-type: none"> 1. DMAS recognizes an enrollees request for an available benefit or service as a means of identifying a new case. 4. DMAS performs an additional step to routinely re-assess a case status and or receives re-assessment outcomes from other shared data sources.

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	<p>parameters to include such items as time period[s], data elements, data relationships</p> <ol style="list-style-type: none"> 3. Identify new cases — Apply rules to data and identify new cases; create case folder for each 4. Assess needs — Apply needs template to individual case and record results 5. Select program — Based on needs, determined which program(s) are appropriate for the client 6. Establish treatment plan — Based on needs, establish treatment (care) plan which identifies the services the client needs to receive, the types of providers, the care setting, frequency, and expected results 7. Identify and confirm providers — Based on the treatment plan, select providers to deliver the services, contact and confirm availability, record decisions <p>End – Establish case (or reject case)</p>	
Shared Data	<p>Member Information Provider Information Payment History Information Benefits/Reference Information Program Information</p>	
Predecessor	<p>Manage Member Communication Manage Provider Communication Program Integrity Manage Case Manage Provider Grievance and Appeal Manage Member Grievance and Appeal Develop and Maintain Program Policy</p>	<ol style="list-style-type: none"> 2. DMAS considers an enrollee request based on program information as a predecessor to establishing a case. 3. DMAS considers re-assessment as a predecessor.
Successor	<p>Manage Case Send Outbound Transaction technical process Manage Member Information Perform Population and Member Outreach Manage Member Communication Authorize Treatment Plan</p>	
Constraints	<p>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. EPSDT case management is not required, but states may choose to have it to strengthen</p>	<p>DMAS has multiple service delivery methods for the same or similar benefits such as, case management which is available through fee-for-service, managed care, waiver or a combination of arrangements. When the services starts; prior authorization requirements and</p>

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	preventive measures.	duration of the service can vary across delivery systems.
Failures	Details of the case are inconsistent with criteria; the case is discontinued.	DMAS considers a lack of case establishment to be a failure as it eliminates the possibility to realize cost savings through preventative care and coordinated services.
Performance Measures	<ul style="list-style-type: none"> • Time required to establish a case • Effectiveness of selection criteria in determining real cases 	