

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Health Care Management – Case Management		<b>SUBJECT (Document Title)</b> Case Management Face-to-Face Intervention – LA	
<b>Effective Date</b> <del>March 1,</del> 201403/01/2014	<b>Date of Last Review</b> <del>02/-10/-2020</del> March 27, 2019	<b>Date of Last Revision</b> <del>02/-10/-2020</del> March 27, 2019	<b>Dept. Approval Date</b> <del>02/-10/-2020</del> March 27, 2019
<b>Department Approval/Signature :</b>			

**Policy applies to health plans operating in the following State(s). Applicable products noted below.**

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia

**POLICY:**

To establish a standard process for the identification of members for Case Management face-to-face intervention, process workflow, and documentation requirements.

Field visits are intended to:

- 1) Introduce Case/Care Managers (CMs) to members and providers;
- 2) Develop rapport with members and providers;
- 3) Review with provider the individualized care plan for input;
- 4) Discuss care gaps for closure with member and provider;
- 5) Deliver and review member educational materials to member and provider including Healthy Blue on call information and any other disease specific information as per member clinical presentation; and
- 6) Discuss with members and providers about missed Healthcare Effectiveness Data and Information Set (HEDIS) measures.

**DEFINITIONS:**

**Case Management Staff** – Assess, plan, facilitate and advocate options and services to meet the enrollees’ health needs through communication and available resources to promote quality cost-effective outcomes. Healthy Blue shall provide and maintain in Louisiana, appropriate levels of case management staff (including Licensed Mental Health Professionals) necessary to assure adequate local geographic coverage for in field face to face contact with physicians and

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members as appropriate and may include additional out of state staff providing phone consultation and support.

- An adequate number of case management staff necessary to support members in need of specialized behavioral health services shall be certified in treatment planning through the completion of specialized training in the Treatment Planning Philosophy.
- For the population receiving specialized behavioral health services, Healthy Blue shall have integrated care management center/ case management staff that physically co-locate with care management staff. Healthy Blue shall employ case managers to coordinate follow-up to specialty behavioral health providers and follow-up with patients to improve overall health care.

**Case Management-** Refers to a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet a member’s need through communication and available resources to promote high quality, cost-effective outcomes. Case Management services are defined as services provided by qualified staff to a targeted population to assist them in gaining timely access to the full range of needed services including medical, social, educational, and other support services. Case Management services include an individual needs assessment and diagnostic assessment, individual treatment plan development, establishment of treatment objectives, and monitoring outcomes.

**Face-to-Face** – Any case management intervention that occurs in person with the member, this could include but is not limited to:

**Hospital visits** to discuss discharge planning with member, attending physician(s), social Worker(s), and/or inpatient case manager(s).

**Outpatient appointments** with the member and provider to discuss the physician’s Plan of Care (POC), ensure the member understands the POC, assist the member in identifying measures for self-management and “ownership” of their care, and completion of health risk assessment (HRA) and/or other assessments.

**Service coordination sessions** with the member to identify services that will ensure the member receives the right care, at the right place, at the right time.

### **PROCEDURE:**

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- 1) All members currently active and open to the case management program are evaluated and offered a face-to-face intervention. Refusals must be documented in the CM reporting system (Care Compass) notes.
- 2) Members are evaluated based on severity of symptoms, hospitalizations, readmissions, pharmacy data, and missed HEDIS measures.
- 3) Members are stratified using the following utilization guidelines:
  - a) Member request for face-to-face visit;
  - b) Three (3) or more emergency room (ER) visits within six (6) month period of time;
  - c) Four (4) or more inpatient hospital admissions within a six (6) month period of time; and
  - d) High and inappropriate utilization of medical resources with pharmacy cost  $\geq$  \$10,000 and associated with at least two (2) of the following:
    - i) ER visits;
    - ii) Inpatient admissions;
    - iii) Co-Morbidities from the Auto Referral List; and
    - iv) Non-compliance with treatment plan.
- 4) Members are stratified using the following functionality guidelines through consistent documented **non-compliance** over a three (3) month period as exemplified by:
  - a) Failure to keep appointments;
  - b) Missed HEDIS measures;
  - c) Failure of medical regimen;
  - d) Failure of medication regimen; and
  - e) Urgent situations unable to be resolved by CM (e.g., coordinating care amongst specialty physicians assigned to member, poor motivation, recent exacerbation of a chronic illness).
- 5) Additional psychosocial / environmental stratification data may be used:
  - a) Homelessness (potential) / unstable living conditions;
  - b) Lack of financial resources;
  - c) Recovery;
  - d) Any urgent situations unable to be resolved by CM;
  - e) Psychosocial educational counseling needs;

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- f) Barriers to navigating the system;
  - g) Assessing community resources;
  - h) Skilled nursing facility (SNF) placement;
  - i) Multiple complex needs that require face-to-face guidance (e.g., two (2) or more comorbidities requiring extensive education, inconsistencies in treatment plan, frequent or inappropriate use of high cost medical resources); and
  - j) Acute psychosocial stressors impacting treatment regimen (e.g., divorce, legal problems, severe depression).
- 6) High-touch, face-to-face engagement is maintained for high-risk members, including those who have complex care needs, are difficult to engage through telephonic care management, are residing in or transitioning from an institution, access care primarily through emergency services, or are frequently admitted to inpatient settings.
- 7) Once a member has been identified for a face-to-face visit, the CM/ Outreach Staff places all pertinent information including reason, location, number of miles round trip to destination, and any requests to travel in pairs on the field visit log.
- 8) The CM staff ~~CM~~ agrees to comply with the related policy or procedure guidelines established (see Safety and Travel and Expense Reimbursement Policies).
- 8)
- 9) Member is seen for a face-to-face visit by the CM or Outreach Specialist. Clear and observable case management interventions (HRAs, screeners, follow-up notes, discussion of HEDIS measures, physician POC, discussion of care gaps and education provided, etc.) are documented in Care Compass.
- 10) The CM/ Outreach Specialist is not to perform hands-on skills or interventions, which may include but are not limited to:
- a) Taking vital signs (temperature, pulse, blood pressures, blood sugars);
  - b) Feeding the member; and/or
  - c) Administering medications.
- 11) ~~CMs~~ CM staff will keep patient-identifying information in a secure or locked area and comply with all HIPAA policies and procedures.
- 12) The Case Management supervisor maintains an internal tracking form to ensure

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successful completion of visits.

13) All visits made by CM/ Outreach Specialist to identified members are tracked on a monthly-daily basis.

~~14) Tracking information and outcomes of visits are measured by post visit satisfaction surveys performed by Quality in the quarterly Case Management Report as an ongoing intervention of the Case Management Program.~~

**REFERENCES:**

Louisiana State Contract

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:**

Health Care Management – Case Management

**EXCEPTIONS:**

None

**REVISION HISTORY:**

Review Date	Changes
<u>05/19/2015</u>	<ul style="list-style-type: none"><li>Placed on generic template</li></ul>
<u>02/03/2016</u>	<ul style="list-style-type: none"><li>For annual review</li></ul>
<u>04/03/2017</u>	<ul style="list-style-type: none"><li>For annual review</li><li>Minor edits to procedure section</li></ul>
<u>04/12/2018</u>	<ul style="list-style-type: none"><li>For annual review</li><li>Minor wordsmithing under procedure section</li></ul>
<u>03/27/2019</u>	<ul style="list-style-type: none"><li>For annual review</li><li>Primary department updated</li><li>Updates to policy section</li><li>Definitions updated</li><li>Procedure section updated with current contract language</li></ul>

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	<ul style="list-style-type: none"><li>• Reference section updated</li></ul>
<u>02/1007/2020</u>	<ul style="list-style-type: none"><li>• <u>For annual review</u></li><li>• <u>Updates with Emergency Contract Language</u></li><li>• <u>Definition section updated</u></li><li>• <u>Procedure section updated</u></li></ul>