

Case Management Services

Case Management: Who Are We?

- Case Management Team Members consist of:
 - LVN Discharge Advocates
 - Clinical Utilization Review Specialists (LVN or Bachelors prepared)
 - Insurance Specialists
 - Care Coordination Specialists
 - RN Case Managers
 - Emergency Department Case Managers
 - Complex Care Manager
 - Complex Care Social Work Assistant
 - Bed Allocation/Transfer Center RN
 - Rehabilitation Intake Liaisons
 - DME Liaisons
 - Denials Case Manager
- CM team members can be found:
 - Acute Hospital all patient care areas/units
 - Emergency Department
 - Acute Rehabilitation Hospital
 - Acute Mental Health Hospital
 - KD Skilled Nursing Facilities
 - Main Office is Mineral King 4th Floor

Case Management: What Do We Do?

- Discharge Planning
 - Assess needs with patients as identified by physician, RN or clinical review
 - Collaborate with physicians, nurses, specialists to arrange post-acute needs
 - Placement arrangement in post-acute settings
 - Facilitate transfer to higher level of care (Transfer Center Ext: 6773)
- Utilization Management
 - Admission and Continued Stay Reviews for Medical Necessity
 - Review orders for appropriate level of care
 - Communicate with physician on barriers to authorization or medical necessity determination
 - Facilitate peer to peer review process for physicians
 - Create consistency in patient care
- Throughput
 - Facilitate and support movement of patient to next level of care in the continuum
 - Review admissions
 - Assess medical necessity
 - Arrange recommended discharge resources
 - Manage length of stay awareness for the health care team
- Compliance
 - Enforce Medicare regulations regarding admission and continued hospital stays
 - Review admission and medical necessity criteria for all payers/ensure compliance
 - Communicate discrepancies in criteria and regulations with physicians
 - Deliver required communication to patients around hospitalization and coverage

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Case Management: Admission Status Definitions You Need to Know for Success

- Observation (A billing term - Does Not imply “watching or observing” the patient)
 - Admission up to 24 hours at a time (max of 48 hours) to allow physician time to decide if a patient needs inpatient care.
 - During this time, physician performs additional assessments and determines if patient can discharge for continued outpatient care or needs admission as an inpatient.
 - Observation status needs to be less than 48 hours, that is the time a physician has to make the decision about inpt or outpt for continued care.
- Inpatient
 - Patient is determined to need 24 hours a day of care provided by a licensed RN in a licensed setting overseen daily or more by a physician.
 - Diagnosis is known and requires acute hospitalization for stabilization.
 - KD uses MCG criteria to determine medical necessity and admission status, CM team members in the ED or on the inpatient floors can provide assistance with this criteria.
- Outpatient
 - Services deemed to be able to be provided in an outpatient setting and do not require 24 hours a day RN care and physician oversight.
 - Patients can be admitted overnight as an outpatient under some circumstances to a medical/surgical bed only
 - Chemotherapy infusion
 - Blood transfusion
 - Surgeon wants to monitor someone over night after a procedure d/t comorbidities.
 - We cannot bill for inpatient or observation stays in the hospital on diagnoses deemed outpatient status by CMS or if not authorized by insurance unless inpatient/observation criteria are met –CM staff can assist with this determination.

Case Management: Levels of Care and Transferring

- ICU and CVICU: Critical care patients requiring advanced nursing care.
- ICCU and CVICCU: Intermediate critical care patients needing less intense care than ICU but more advanced care and attention than medical/surgical. These beds are considered medical/surgical licensed beds; we provide more advanced skill in these areas (ventilator management, IC drips, 3:1 nursing care).
- Med/Surg: Specialized units of care that can take any admission to medical/surgical areas.
 - Specialized areas by diagnosis preferred, placed in appropriate unit by bed coordinator after admission determination.
- Admission Orders MUST include Admission Status (Inpatient, Observation) and Level of Care (ICU, ICCU, Med/Surg) and anticipated LOS – CM staff can help with appropriate level of care at any time
- Transfer Orders MUST include level of care for transfer (ICU, ICCU, Med/Surg, etc...) Avoid writing the unit name for transfer as this does not translate into Level of Care for CMS

Case Management: What Else You Should Know

- You can access the admission criteria system at www.mcg.com
 - Username: kaweahdelta Password: CA93291
- CM leadership
 - Dir: 559-624-5916 (Keri Noeske)
 - Spvr: 559-624-2728 (Jana Cole)
 - Mgr: 559-624-5007 (Amanda Newell)
 - Coord: 559-624-2166 (Dee Vernon)