

Case Management

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive

😐 Neutral

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Case Managers putting Condition Code 44 on Hospital Accounts	In the current state, they document in Billing Notes/Hold but not completing MD/pt. Notification process. Medicare Condition Code 44 is followed by Utilization Review at Le Bonheur. In the future state, approval from Dr. Washington to follow the foundation process.	<ul style="list-style-type: none"> • Case Manager • UR 	●	😊		✓	
Case Manager	Registration in current state collects MOON forms. Case Management or CM Assistant will obtain the MOON form if the patient is on the floor and changes from IP to OBS and admissions is unavailable. In the future state, registration will be done on admission. If unable to obtain on admission, then Case Manager, Social Worker, and CM assistant collect at University, G-town, South, & Olive Branch, North has Patient Access collect MOON forms, Le Bonheur - Registration and Case Managers are the primary, Standardized Workflow - Initial MOON will be collected by Patient Access. Subsequent forms (if needed) will be collected by Case managers, after hours (need to define this) & weekends will need to be Patient Access, this will be a change in workflow at several hospitals. IF Obs on admission Registration obtains signature. If patient unable to sign or status is changed once patient is on floor CM obtains.	<ul style="list-style-type: none"> • Case Manager • UR • PAS 	●	😊	✓		

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Case Manager	Currently, registration obtains signatures and inpatient case managers, and medical social workers take this information upon admission. IMM is followed by the PAS & case managers at Le Bonheur not Utilization Review or Social Work. In the future, Inpatient on admission, registration obtains signature Discharge is CM/MSW except Le Bonheur no MSW, if patient is unable to sign or status is changed once the patient is on the floor, the Case Managers, MSW, or CM Financial Assistant will collect form, initial IMM collection will be Patient Access, discharge IMM will be Case Manager or Case Manager assistant and IF IP on admission Registration obtains signature. If patient unable to sign or status is changed once patient is on floor CM obtains.	• Case Manager	●	😊	✓		
Risk of Unplanned Readmission Predictive model score	This process does not exist now. In the future state Physicians and Nursing will need access to the Risk of Unplanned Readmission Predictive model score. Interventions need to be led by Physician. Will need to have a meeting w MD, Nursing and CM/MSW, after we have recommendations for how others are using interventions.	• Case Manager • Nursing • Physician	●	😊		✓	


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Key Performance Indicators to track readmission risk model	This process does not exist today. In the future state, Reporting team will set up report for BPAs/Interventions when they fire.	• Case Manager	●			✓	
SDOH	In the current state, Case Managers and other clinicians are currently documenting some SDOH documentation but not all CMS. In the future state, they will be able to document this in their navigator.	• Case Manager • Nursing • Physician	●			✓	

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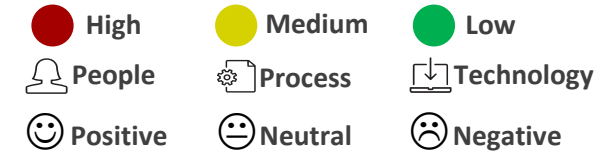
😊 Positive








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EDD	In the current state, Providers set the EDD upon arrivals and case managers can update this information. The future state's Workflow Summary will be: Patient's Estimated Discharge Date (EDD) set on arrival, Nursing documents discharge planning assessment on admission, integrated care team reviews EDD during rounding throughout the patient stay, Case Management coordinates post-acute placement (as needed), pending discharge is created automatically for patients with EDD of today or active discharge order, Provider uses discharge order set for discharge order, medications, and patient instructions, Nursing completes discharge documentation and prints After Visit Summary, Nursing or Unit Coord. update patient status on Unit Manger to discharge patient and EVS is notified of bed to clean.	<ul style="list-style-type: none"> • Case Manager • Nursing • Physician 	●	😊	✓		
Discharge Coordination	This process does not exist today. In the future state, we will use scores levels to start. Readmission Risk model thresholds: Very high - 33-100, High-22-33, Medium-11-22 and Low-0-11.	<ul style="list-style-type: none"> • Case Manager 	●	😊		✓	

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Discharge Coordination	This process does not exist today. In the future state, workgroup aware of where on pt. list will show score and how to hover to get detailed information.	• Case Manager	●			✓	
	This process does not exist today. In the future state, Dr. Washington stated Jennifer Mack & Hope Gault would be Champions.	• Case Manager	●		✓		
Fax snapshots purge timelines	All fax information is currently being collected from Cerner and loaded into Morrissey, to faxed electronically. In the future state, we will keep the faxes as sent for 5 years.	• Case Manager • UR	●			✓	
Faxing	This process does not exist today. In the future state, CM/UR/MSW will use the pt list and In Basket to determine which faxes fail. We will also give access to printout tracking reports.	• Case Manager • UR	●			✓	

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Utilization Review	This process does not exist today. In the future state, pediatric hospital, all CMs, UMs, and Social Workers are separate departments with each having their own leaders. In adult hospital facilities, some CMs and social workers have the same workflows in other facilities CM and MSW have separate roles. Utilization managers are separate roles. At Olive Branch the nurse CMs rotate between UR and DCP roles. Associate utilization managers who can run reports but do not actually do case management or social worker work. Case Manager Financial Assistant - assist with obtaining Patient Choice, sending TOC referrals based on Patient Choice, IMMNs Admission & DC, MOONs, Advance Directives. At Ped Facility, assist with sending information to payors.	<ul style="list-style-type: none"> • Case Manager • UR 	●	😊		✓	
Collecting ABN forms	In the current state, nobody is currently collecting these ABN forms. Future state, ideally Patient Access would collect along with all other forms upon Admission.	<ul style="list-style-type: none"> • Patient Access • Case Managers 	●	😊	✓		

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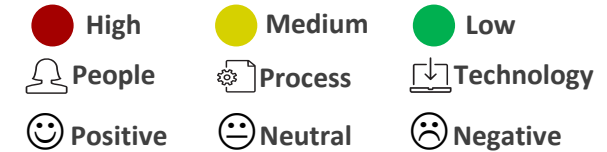
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Internal secondary reviews	We currently do not have a Physician advisor. We do have the capability to utilize EHR/Optum to assist in determining appropriate status. In the future state, the workflow outline will be: UM nurse requests secondary review via the secondary review navigator, an In Basket message is routed to the Physician advisor group and Physician advisor documents secondary review findings and determination from the Physician advisor navigator.	<ul style="list-style-type: none"> • Case Manager • UR 	●			✓	
Case Management Reporting Dashboards	This process does not exist today. In the future state, new dashboards will be available for use by case managers. Case Managers and supervisors will use IP Case Manager Reporting Homepage Dashboard. This dashboard will use ADT Census Metrics, ADT Census Snapshot, IP CM Common Reports, IP CM Patient Class Reports, WM RW and Epic-Crystal Reports - Report Listing, CCM Clinical Case Management Trending Overview Dashboard: used to monitor metrics including utilization management, utilization review, bed days, avoidable days, and more using CCM Trending Avoidable Days, CCM Trending Caseload by Provider, CCM Trending CMI by Provider, CCM Trending Denied Days, CCM Trending Facility Metrics, CCM Trending Readmission by DX, CCM Trending Time to First Review, CCM Trending Utilization Review Metrics.	<ul style="list-style-type: none"> • Case Manager • UR 	●			✓	

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Utilization Review	In the current state, utilization managers do evaluate patient class changes. In the future state, Reviews will be done for those that the MD does not agree need to be changed based on criteria, those that need a Peer to Peer, those that need CMO involvement, or those that need UR review Medicare A to B rebilling, those to ensure appropriate status is applied upon admission (IP vs. OBS).	<ul style="list-style-type: none"> • Case Manager • UR 	●	😊		✓	
	Today, internal Physicians: G-town uses Optum ~20 times/month for secondary review (trying to bring down the usage), pushing to use attending to perform the Peer-to-Peers, Unniversity uses Optum ~20 times/month, Olive Branch uses Optum 15-20 times/month, LB does not use Optum. Likely will still be a mix of external/internal Secondary Reviews being done. In the future state, Expected Status assigned by MD - Review done to determine if Criteria meets - Communicate w Attending MD to determine adjustments - Disagreement from MD should go to secondary review at PA - PA reviews and if needed discuss w MD. Denial received from payor for IP then UR discusses w Attending - Attending disagrees then Peer to Peer then PA involved.	<ul style="list-style-type: none"> • Case Manager • UR 	●	😊		✓	

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Utilization Review	In the current state, ML H does have a list of payer contacts they work with. In the future state, Payer/Plan load comes from Revenue Cycle.	<ul style="list-style-type: none">• Case Manager• UR	●	😊		✓	
	This process does not exist today. In the future state, utilization managers and registration users will use workqueues to track patients' bed day authorization.	<ul style="list-style-type: none">• Case Manager• UR• Physician	●	😊		✓	