



Care and Case Management

Programs for care support and complex condition management.

CARE MANAGEMENT PROGRAM

From person to person, care needs can be different and change over time. Our Care Management program focuses on connected care so we can help you get safe, effective, appropriate care right when you need it.

Services under the Care Management Program:

Precertification Review, starts before you get care and:

- Confirms you're eligible and have benefits for care
 - Determines if care is medically necessary and appropriate
 - Makes sure care happens at the right facility by the right provider
 - Provides alternatives for care, if available
 - Identifies if case or condition management could help the member
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Concurrent Review, happens during the course of treatment to:

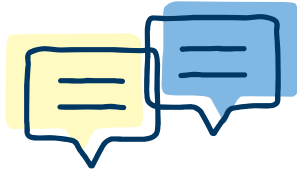
- Assess the medical need to continue treatment
 - Evaluate the right level of care for treatment
 - Foresee any possible quality of care concerns
 - Identify situations that require a physician consultation
 - Determine potential case or condition management benefits
 - Update and/or revise the discharge plan
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Discharge Planning, occurs throughout the course of treatment to:

- Promote alternative levels of care, when appropriate
 - Make sure care is delivered in the appropriate setting
 - Identify case or condition management program prospects early on
 - Make timely referrals for intervention
 - Develop and carry out appropriate discharge plans
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Retrospective Review, happens after services have been provided and:

- Evaluates the appropriateness of medical services
 - Solely on information available at the time the medical care was provided
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CASE MANAGEMENT PROGRAM

Based on the Case Management Society of America (CMSA) standards, the Case Management Program supports members with serious and complex medical conditions by helping them navigate the health care system and make informed care decisions. Regardless of the condition, the overall goal is to get members back to the highest possible level of functioning in their work, family, and social lives.

Individual Goals of Case Management

- Identify and resolve gaps in care
- Assure the right care at the right time through appropriate facilities and providers
- Increase members' understanding of their condition or situation
- Reduce medication inconsistencies and ensure correct use of prescribed medications
- Address any caregiver issues that may affect members' conditions
- Improve members' ability to self-manage their conditions and wellness focus
- Reduce potentially avoidable emergency room visits and hospital readmissions
- The case manager assesses medication needs and consults with the Highmark pharmacy team as deemed necessary.

How the Case Management Program Works:

A Registered Nurse Case Manager collaborates with a multidisciplinary team, consisting of medical directors, pharmacists, behavioral health specialists, social workers, wellness specialists, and dietitians, to evaluate an individual's health needs in the following ways:

- Planning, coordinating, and monitoring care and progress toward health
- Evaluating all of a member's options, resources and services
- Identifying gaps and/or barriers to optimal care before inpatient admission and/or discharge
- Helping members and caregivers to understand conditions and plans of care so they can manage their health
- Educating on care coordination, support systems, medication, health, and wellness
- Collaborating with a variety of providers, care facilities, and home health agencies to ensure appropriate care

Case Management is voluntary. Members can end their involvement with the program any time.
