

SMSO Policy Manual

NON-COMPLEX CARE MANAGEMENT OUTREACH AND DOCUMENTATION PROCEDURE

Executive Sponsor: Chief Medical Officer

Issuing Department: Clinical Management

Gate Keeper: Director, HSM Clinical Management

COMPLIANCE STATEMENT:

Enforcement:	All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.
Review Schedule:	This policy will be reviewed and updated as necessary and no less than every two years.
Monitoring and Auditing:	The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.
Documentation:	Documentation related to this policy must be maintained for a minimum of 10 years.

Applies to:

☒ SummaCare
☐ Summa Management Service Organization (SMSO)
☐ Apex
☒ Summa Insurance Company

Line of Business:

☒ Commercial Groups	☒ Medicare
☐ Medicare Supplemental	☒ Exchange
☒ Off-Exchange	☒ Self-Funded

1.0 Purpose:

1.1 To provide consistency in documentation of non-complex cases requiring case management activity from a variety of referral sources.

2.0 Non-Complex Case Management Process and Documentation:

- Non-Complex Assessment (Note Type and Opportunity Assessment) – to be used for all other non-complex documentation

3.0 Procedure:

3.1 New Case Process:

A. Receive referrals on workboards of cases from many referral sources including post-acute, transitional care, member/provider referrals, referrals from a variety of sources i.

Case is entered into CareManager with nomenclature as follows:

1. Source Appropriate referral source
2. Type: Appropriate case type
3. Priority: New
4. Severity: Undetermined
5. Routing: Self or Manually to the person the case is being opened for

B. To the extent needed for the call being made, may review/research the known information about the member in CareManager by reviewing: i. Prior cases, case notes and care plans. ii. Existing CM programs

iii. UM Events/details iv. Detailed Member

Data

1. Clinical data

- a. Lab Values/patterns/trends
- b. Health risk assessment data

- c. Clinical data collected on previous screenings or assessments
 - 2. Claims data: Sort by date, provider, type of service to get an idea of the member's health care utilization patterns and conditions
 - 3. Eligibility data to identify plan type and benefits; May also use PlanCentral and Sharepoint Benefits Site for details as needed
- C. When needed and where access to the physician EMR is available, review the Physician plan of care for the member and note items pertinent to DM or other self-management plans for inclusion in the SummaCare care plan.
 - i. Case Nomenclature in CareManager is updated as follows:
 - 1. Source: Same as above
 - 2. Type: Same as above
 - 3. Priority: Research in Progress
 - 4. Severity: Undetermined
 - 5. Routing: Same as above
- D. If research is complete and criteria is not met for case management services:
 - i. Enter a note on the case with pertinent information related to the research and reason no call is being made to the member
 - ii. Close the case with the following nomenclature:
 - 1. Source: Same as above
 - 2. Type: Same as above
 - 3. Priority: Research in Progress
 - 4. Severity: Undetermined
 - 5. Routing: Same as original
 - 6. Closure Reason: Screened Negative
 - 7. Outcome: Criteria Not Met
- E. If research is complete and criteria is met for case management services:
 - i. Contact member to screen/assess all pertinent aspects of the non-complex case management assessment note template
 - ii. Case Nomenclature in CareManager is updated as follows:
 - 1. Source: Same as above
 - 2. Type: Same as above
 - 3. Priority: Outreach in Progress
 - 4. Severity: Undetermined
 - 5. Routing: Same as above

F. Unable to Contact:

- i. If unable to reach member because the phone number is not working, contact the PCP to find out if there is a better phone number for the member, or if there is record of an emergency contact person that may be able to help you locate the member.

(Note: When identifying a corrected phone number for a member, send the information to be updated in Amisys. Use the appropriate "Eligibility" Outlook email distribution list for the notification).

- ii. If unable to reach member because there is no answer, or a voicemail message is left, add task to attempt again in 1 week on a different day of the week and at a different time of the day. If still unable to reach the member, send a CM Unable-to-Contact letter. Task yourself to close the case in two weeks if no response.

Close the case with:

1. Source: Same as above
2. Type: Same as above
3. Priority: Outreach in Progress
4. Severity: Undetermined
5. Routing: Same as above
6. Closure Reason: Non-Participating
7. Outcome: Unable to Contact

- iii. If the member responds to the letter, continue the CM activity.

G. If the member is reachable and declines meaningful discussion:

- i. Enter a note on the case with pertinent information related to the conversation
- ii. Close the case with the following nomenclature:
 1. Source: Same as above
 2. Type: Same as above
 3. Priority: Outreach in Progress
 4. Severity: Undetermined
 5. Routing: Same as above
 6. Closure Reason: Non-Participating
 7. Outcome: Declined Mbr/Family

H. If the member is reachable and meaningful conversation occurs but there are no needs identified to continue case management:

- i. Enter a note on the case with pertinent information related to the conversation
- ii. Close the case with the following nomenclature:
 1. Source: Same as above

2. Type: Same as above
3. Priority: Engaged
4. Severity: Non-Complex
5. Routing: Same as above
6. Closure Reason: Complete
7. Outcome: No needs identified

- I. If the member is reachable, meaningful conversation occurs and there are needs identified:
 - i. Complete the Non-Complex Case Management Assessment Note Template by selecting Note Type of “Non Complex Assessment” ii. Fill in all portions of the note data collection record, indicating in each section whether there is an issue to address or whether the item is Not Applicable for the case
 - iii. Add any initial case note information from the call in the additional note field
- J. Consider candidacy for any of these programs:
 - i. Summa House Calls ii. SummaCare Enhanced Support Program - Carecentrix
 - iii. Healthy at Home Monitoring –Program for Diabetes, HTN, COPD, Heart Failure, CAD iv. SummaCare Complex Care Management
 - v. Employer programs, including affinity programs (add-on Employer benefits)
 - vi. Supplemental benefits – Papa Pals, Transportation, Home Safety Devices, Acupuncture, Therapeutic Massage, Over the Counter Benefit
 - vii. Other Community Programs
- K. Establish CM level according to Continuum of Care Guide (see Appendix A) or hand off to another Care Manager or Condition Manager, as appropriate, depending on member complexity and needs identified by the assessment.

4.0 Ongoing Case Management:

a. When keeping cases open

- i. For all cases where needs are identified for f/u, create the care plan with Member Opportunities by taking an assessment within the case called Non-Complex Opportunity Assessment. Select only those items pertinent to the issues identified on the assessment note template.
- ii. Finalize the care plan and agree with member on next steps. Assign priority, status and target dates for completion to each goal. Consider including development and communication of a member selfmanagement plan.

- iii. Notify PCP of Enrollment and CM Recommendations via the Physician Electronic Medical Record or by phone in all cases where needed. If applicable, send a letter using the CM/physician letter template by postal mail when electronic access is not available.
- iv. Call the PCP, appropriate Specialist or designee with anything urgently actionable or to consult for input on the case. Be aggressive in integrating care management with the Physician's Plan of Care. Give regular updates to the PCP on the member's progress in care management as applicable.
- v. Case Nomenclature in CareManager is updated as follows:
 - 1. Source: Same as above
 - 2. Type: Same as above
 - 3. Priority: Engaged
 - 4. Severity: Non-Complex
 - 5. Routing: Same as above vi.

Ongoing Contacts Guideline

- 1. Contact schedule should be reflective of member need – case could require many calls early in the case while interventions are being activated/referrals put in place and not as frequent as the member settles into a working self-management plan.

*****Schedule Tasks for follow up contacts*****

vii. Ongoing Documentation

- 1. Regularly review care plan with each contact. Address care plan, and discuss and document the member self-management plan during member contacts.
- 2. Address care plan goals in your ongoing notes to document progress toward the goals.
- 3. Update priority and target dates on goals as modification of the care plan is needed.
- 4. Complete care plan goals as they are met.

b. When a member in Case Management is hospitalized:

- i. As applicable, share the current problem list and plan of care with the hospital designee (TCC, Case Manager, UR Nurse, Social Worker, etc.) Document discussion in the CM Notes.
- ii. Assist in discharge planning as needed. iii. Upon notification of discharge, review the UM Event details and perform outreach to the member to re-establish the plan of care.
- iv. Make modifications to the care plan as needed.

5.0 At close of case

Policy Number:
Manual Name: SMSO Policy Manual
Policy Name: Non-Complex Case
Management Outreach and Documentation
Approved By: Potelicki
Last Revised: 7/8/25

- a. Review progress and completed goals with the member and inform you are closing the case. Be sure the member knows how to reach you if needed.
- b. Finish addressing care plan goals. Indicate met or not met and reason if not met.
- c. If applicable, inform the PCP by phone or in PCP EMR (if access is established) to notify of case closure and member achievements toward goals.
- d. Close the case with the following nomenclature:
 - i. Source: Same as above
 - ii. Type: Same as above
 - iii. Priority: Engaged
 - iv. Severity: Non-Complex
 - v. Routing: Same as above
 - vi. Closure Reason: Completed
 - vii. Outcome: Choose appropriate outcome per the nomenclature document

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