Chapter 11

CASE MANAGEMENT

CASE MANAGEMENT OVERVIEW

The BCBSTX Case Management department offers expert assistance in the coordination of complex health care. Case Management is provided at no cost to the member or provider.

Case Management is a collaborative process that assesses, develops, coordinates, monitors and evaluates care plans designed to optimize members’ health care benefits and promote quality outcomes.

The case manager, through interaction with the member, member representative and/or providers, collects and analyzes data and information about the actual and potential care needs for the purpose of developing a care plan. Cases may be identified by disease state or condition, dollars spent or high utilization of services.

REFERRAL PROCESS

Physicians and other professional providers, nurses, social workers and members or their representatives may refer members for case management in one of two ways:

- Calling Case Management at 877-560-8055
- Faxing a completed Case Management Referral form to 855-653-8129; a case manager will respond to the person who submitted the faxed request within three business days
**Physician and other Professional Provider Responsibility**

It is the responsibility of Physicians and other Professional Providers, nurses and social workers to participate in the case management process through information sharing (such as medical records) and facilitation of the case management process by:

- Referring members who could benefit from case management
- Sharing information as soon as possible (for example, during the Initial Health Assessment the Primary Care Provider (PCP) may identify case management needs)
- Collaborating with Case Management staff on an ongoing basis
- Monitoring and updating the care plan to promote goal achievement
- Calling Case Management if members are referred to ‘carved out’ services. Carved out refers to services that a BCBSTX member is entitled to by the State of Texas, but not covered under the BCBSTX agreement

**TEXAS CASE MANAGEMENT PROGRAM FOR MEDICAID CHILDREN AND PREGNANT WOMEN**

Case Management for Children and Pregnant Women is a Medicaid benefit. Through the program, case managers help families get medical services, school services, medical equipment and supplies and other services that are medically necessary.

Case managers can help children and young adults age 20 and younger who have a health condition or health risk who are covered by Medicaid. They can also help women of any age with a high-risk pregnancy. The person or family must require help getting services or they must be having trouble finding or connecting with the services they need related to their health condition or health risk.

Providers may contact Texas Health Steps (THSteps) for a referral at **1-877-847-8377**. More information regarding the Texas Case Management Program for Medicaid Children and Pregnant Women can be found at [www.dshs.state.tx.us/caseman](http://www.dshs.state.tx.us/caseman).

**Potential Referrals**

Physicians and other professional providers, nurses, social workers and members or their representatives may request case management services.

Examples of cases appropriate for referral include:

- Children with special health care needs (CSHCN)
- Adults with special health care needs requiring coordination of care
- Potential transplants
- Complex or multiple-care needs such as multiple trauma or cancer
- Chronic illness such as asthma, diabetes and heart failure
- High-risk pregnancies
- Preterm births
- Autoimmune diseases (HIV/AIDS)
- Frequent hospitalizations or emergency room utilization
ROLE OF THE CASE MANAGER

Case managers develop a health care plan and:

- Facilitate communication and coordination within the health care team, involving the member and family in the decision-making process.
- Educate the member and all providers of the health care team about case management, community resources, benefits, cost factors and all related topics so that informed decisions can be made.
- Encourage appropriate use of medical facilities and services, with the goal of improving the quality of care and maintaining cost-effectiveness on a case-by-case basis.

Case Management includes credentialed, experienced registered nurses, some of whom are Certified Case Managers (CCMs), as well as social workers. Social workers add valuable skills that allow us to address not only members’ medical needs, but also their psychological, social and financial issues.

Procedures

Upon identification of a potential member for case management, the case manager contacts the referring physician or other professional provider and member for an initial assessment. Then, with the involvement of the member, the member’s representative and the referring physician or other professional provider, the case manager develops an individualized care plan. The provider and case manager will coordinate services with public health, behavioral health, schools and other community resources as needed.

The case manager periodically re-assesses the care plan to monitor the following:

- Progress toward goals
- Necessary revisions
- New issues that need to be addressed to help ensure that the member receives support and teaching to achieve care plan goals

Once goals are met or the case can no longer be impacted by Case Management, the case manager closes the member’s case.

Accessing Specialists

Case Managers are available to assist PCPs with accessing Specialists when needed. For assistance locating a Specialist, please call BCBSTX Case Management at 855-390-6573. Access to in-network Specialists does not require prior authorization; however, out-of-network referrals to Specialists do require prior authorization.