# Care Management Log: Report Specifications (Effective 1/1/2019)

The contract between MHD and the Managed Care Plans requires care management services to be offered to MCO members for a variety of different problems/issues/conditions.  These are listed in your contract in section 2.11.1(d)(4).   For most of these conditions, the MCO is required to perform an assessment within 30 days from the date of enrollment for members presenting with designated diagnoses, or from the date of diagnosis with a designated condition for members already enrolled.  For the purposes of this log, such dates are considered the "DateIdentified".  Since assessments are required to be performed for these conditions, the MCO must perform new assessments for any newly identified conditions listed in 2.11.1(d)(4) even if the member is currently enrolled in CM for some other reason.

Because of this need to monitor assessments for distinct conditions as described in contract section 2.11.1(d)(4), the CM Log is being modified to require a separate entry for each condition that is a focus of Care Management for a member.  Thus, a member who receives CM services for pregnancy, diabetes, and anxiety will have 3 separate entries in the CM Log.  If these conditions were identified on different dates, then the DateIdentified will be different for each entry, and the DateOfAssessmentOrCPU will also be different.

Thus, the CM Log should now contain multiple rows/records per member for any member that receives CM services for more than one of the problems/issues/conditions described in contract section 2.11.1(d)(4).  Members that have multiple problems/issues/conditions being addressed by CM should have a separate record entered for each such problem/issue/condition.

The log should include an entry each quarter for all members with an active CM Case in the designated quarter.  This includes all cases that are IDENTIFIED, ASSESSED, ENROLLED, or DISCHARGED in that quarter, as well as CM cases that were ongoing throughout the quarter.

Once the initial record is entered, it should not change much from quarter to quarter except to add DateOfMostRecentContact, to add CMDischargeClosureDate and ReasonForDischargeClosure when CM services are ended for a particular problem/issue/condition, and to update the quarterly count of hospitalizations.

| FIELD NAMES | ACCEPTABLE VALUES | Notes |
|---|---|---|
| CalYear | | Provide the 4-digit calendar year for the time period being reported. |
| CalQuarter | Jan-Mar<br>Apr-Jun<br>Jul-Sep<br>Oct-Dec | Provide the quarter for which data are being reported, using one of the Acceptable Values options listed. Your response must EXACTLY MATCH one of the options shown. |
| HealthPlanName | HomeState<br>MissouriCare<br>UnitedHealthcare | Provide the name of your Health Plan, using one of the Acceptable Values options listed. Your response must EXACTLY MATCH one of the options shown. |
| HealthPlanRegion | Eastern<br>Central<br>Western<br>Southwestern | Provide the Region for the data that are being reported, using one of the Acceptable Values options listed. Your response must EXACTLY MATCH one of the options shown. |
| PatientDCN | | Provide the member's 8-character DCN. Be sure to include leading zeros for any DCNs that have them. Responses that are not 8 characters long or which do not conform to DCN requirements will be rejected. |
| PatientLastName | | Provide the member's last name. |
| PatientFirstName | | Provide the member's first name. |
| DOB | | Provide the member's date of birth. Format all date fields as mm/dd/yyyy. |
| Gender | M<br>F<br>O<br>U | Provide the member's gender using one of the Acceptable Values options listed. Your response must EXACTLY MATCH one of the options shown. (For your convenience, these abbreviations are as follows:<br>M=Male;<br>F=Female;<br>O=Other;<br>U=Unknown) |
| DateIdentified | | Enter the date that the member was first identified as potentially needing the specific Care Management services that you are considering, or the date that the member was flagged with a diagnosis that requires a CM assessment. Each reason for CM should be entered on a different row. If a member is already in CM, but you become aware of a new problem that might need additional CM services, enter the date that you identified the NEW problem, and NOT the date that the member was originally identified for services that are already in place. If you identify multiple problems requiring CM on the same date, enter each problem/issue/condition in a separate row in this Log, and use the same date for all of them. Format all date fields as mm/dd/yyyy. |

| FIELD NAMES | ACCEPTABLE VALUES | Notes |
|---|---|---|
| ReasonTriggered | 3+ Emergency Department visits in a quarter<br>Admission to Psychiatric Hospital or Residential Substance Abuse Program<br>Eligible for SSI<br>Foster Care/Adoption Subsidy<br>Foster Care/Out-of-Home Placement<br>Inpatient Stay of 2+ weeks<br>Organ failure requiring supportive treatment and potentially requiring transplant<br>Readmission<br>Title V Services<br>Identified by Health Plan | This field was created per the MCO request to separate some of the items in the "ReasonForCM" field that are more like "flags" or "triggers" rather than actual reasons for CM. Choose the item from those listed that best describes the reason the MCO thought that the member might need new or additional CM services. Choose "Identified by Health Plan" only if none of the other items are applicable. Your response must EXACTLY MATCH one of the options shown. |
| DateOfAssessmentOrCPU | | Enter the date that the assessment was completed for the specific problem identified OR, for members that are currently enrolled in CM and for whom a full assessment is not necessary, enter the date the CM Care Plan was updated with goals and interventions to reflect the newly identified condition. (If the member was determined NOT to need CM for the newly identified condition, enter the date that such a determination was made. Notes in the member's CM record should clearly reflect this.) Each problem/issue/condition that is a focus of CM requires a separate entry in this Log. If multiple such issues are addressed in the same assessment, use the same date for each such issue in this field. Format all date fields as mm/dd/yyyy. |
| ReasonServicesNotOffered | Unable to contact member<br>Member refuses CM<br>Member no longer enrolled in plan<br>Member does not meet CM criteria<br>Member moved outside of service area<br>Referred to Disease Management | If CM services are not offered to the member, or if the member declines an offer of services, indicate why, using one of the Acceptable Values options listed. Your response must EXACTLY MATCH one of the options shown. |
| CMEnrollmentDate | | Enter the date that the member was enrolled in CM for the identified condition, or the date that new CM services were started if the member is already enrolled for a different problem/issue/condition. LEAVE BLANK if the member refused CM services. Format all date fields as mm/dd/yyyy. |

| FIELD NAMES | ACCEPTABLE VALUES | Notes |
|---|---|---|
| ReasonForCMorOutreach | Asthma<br>Autism Spectrum Disorders<br>Bipolar disorder<br>Cancer<br>Chronic Pain<br>Congestive Heart Failure<br>COPD<br>Diabetes<br>Hepatitis C<br>HIV/AIDS<br>Lead<br>Pregnancy<br>PTSD<br>Recurrent Major Depression<br>Schizophrenia<br>Sickle Cell Anemia<br>Substance Dependence Disorder<br>Other | List the Reason for CM enrollment or outreach. If the member was NOT enrolled in CM for some reason, list the reason that the member was outreached regarding CM services.<br><br>Only one reason can be selected per record. If the member is being care managed or was outreached for multiple problems/issues/conditions, enter a separate record for each problem/issue/condition and select the corresponding Reason for each record.<br><br>Select reasons using one of the Acceptable Values options listed. Your response must EXACTLY MATCH one of the options shown.<br><br>If you select "Other", please describe the reason in the following field: ReasonForCM_Other |
| ReasonForCMorOutreach_Other | | If you selected "Other" as the ReasonForCM above, please describe the reason in this field. Otherwise, leave it blank. |
| MostRecentActualContactDate | | Enter the date of the most recent actual contact pertaining to CM for the member. Do NOT include messages left, postcards, etc. Only include contacts where the member was actually spoken to in reference to CM. If you are able to determine contacts that are specific to the particular Reason For CM listed, provide those dates. If you are unable to determine if a contact dealt with a particular Reason for CM, or if the contact addressed multiple CM issues in the same contact, provide that most recent actual CM contact date for the identified member. Format all date fields as mm/dd/yyyy. |
| CMDischargeClosureDate | | Provide the date that CM for the identified problem/issue/condition for the member was ended. If the member is receiving CM for multiple problems/issues/conditions, and only one of them is resolved, only include the CMDischargeClosureDate for record pertaining to that particular problem/issue/condition. Leave this field blank for any problems/issues/conditions for which CM is ongoing. Format all date fields as mm/dd/yyyy. |
| ReasonForDischargeClosure | Achievement of Goals/Stabilized Condition<br>Pregnancy Ended<br>Deceased<br>Member request to withdraw from CM<br>Member request to withdraw from health plan<br>Member no longer eligible<br>Member moved outside of service area<br>Unable to contact member | If CM has ended for a particular problem/issue/condition, provide the reason using one of the Acceptable Values options listed. Your response must EXACTLY MATCH one of the options shown. |

| FIELD NAMES | ACCEPTABLE VALUES | Notes |
|---|---|---|
| QuarterlyHospitalizationCount | | Provide a count of the number of hospital DISCHARGES the member had during the identified quarter. If a member was currently hospitalized at the end of the identified quarter, do NOT count that episode - it will be counted in the quarter where the member is discharged. |
| Comments | | Provide any comments that you wish. |

Here are FOUR sample records to assist you.  These are rather loooong records, and would not legibly fit all on one page without splitting them up, so we have split them into three segments in order to display them on a single page.

| CalYear | CalQuarter | HealthPlanName | HealthPlanRegion | PatientDCN | PatientLastName | PatientFirstName |
|---|---|---|---|---|---|---|
| 2019 | Jan-Mar | HealthPlanA | Eastern | 12345678 | Doe | Jane |
| 2019 | Jan-Mar | HealthPlanA | Eastern | 12345678 | Doe | Jane |
| 2019 | Jan-Mar | HealthPlanA | Eastern | 87654321 | Smith | John |
| 2019 | Jan-Mar | HealthPlanA | Eastern | 65425819 | Robertson | Robert |

(continued from above)

| DOB | Gender | DateIdentified | ReasonTriggered | DateOfAssessmentOrCPU | ReasonServicesNotOffered | CMEnrollmentDate |
|---|---|---|---|---|---|---|
| 5/25/1993 | F | 1/5/2019 | Readmission | 1/8/2019 | | 1/8/2019 |
| 5/25/1993 | F | 3/3/2019 | Identified by Health Plan | 3/5/2019 | | 3/5/2019 |
| 11/20/1985 | M | 2/5/2019 | Eligible for SSI | 2/10/2019 | Member refuses CM | |
| 6/14/1995 | M | 8/4/2018 | 3+ Emergency Department visits in a quarter | 8/10/2018 | | 8/12/2018 |

(continued from above)

| ReasonForCMorOuteach | ReasonForCM_Other | MostRecentActualContactDate | CMDischargeClosureDate | ReasonForDischargeClosure | QuarterlyHospitalizationCount | Comments |
|---|---|---|---|---|---|---|
| Diabetes | | 3/17/2019 | | | 1 | |
| Pregnancy | | 3/17/2019 | | | 1 | |
| Congestive Heart Failure | | | | | | |
| Substance Dependence Disorder | | 3/20/2019 | 3/20/2019 | Achievement of Goals/Stabilized Condition | 0 | |

NOTES:

Jane Doe is enrolled in CM in early 2019 for Diabetes, as reflected in Row 1.  She later becomes pregnant.  Pregnancy is a second condition that is subject to CM, and therefore a new row is included in the CM log for this contion (Row 2).   The entry for Pregnancy has a different DateIdentified, DateOfAssessmentOrCPU, CMEnrollmentDate, and ReasonForCM.  The MostRecentActualContactDate is the same, since Jane's care manager discussed both diabetes and pregnancy with Jane on that date.  Jane remains in care management as of the last day of this quarter (March 31, 2019), and so the fields for CMDischargeClosureDate and ReasonForDischargeClosure are left blank.  Jane had one hospitalization during the quarter.

John Smith was evaluated for care management because he flagged one of the circumstances that are contractually required to be reviewed for CM - specifically, he is eligible for SSI.  When contacted, John, who has congestive heart failure, declined to participate in CM.  The log entries reflect that he was identified on 2/5/2019 (DateIdentified), and assessed on 2/10/2019 (DateOfAssessmentOrCPU).  He refused services, as indicated in ReasonServicesNotOffered.  "Congestive Heart Failure" is given as the ReasonForCMOrOutreach.  Other fields are left blank since John did not enroll in CM.

Robert Robertson was evaluated for care management because he flagged "3+ Emergency Department visits in a quarter".  He was triggered on 8/4/2018 (in a previous quarter), and evaluated on 8/10/2018.  He is entered in the current log because he had CM activity during the current quarter (either IDENTIFIED, ASSESSED, ENROLLED, DISCHARGED, or IN ACTIVE CM for a specified condition). In Robert's case, his condition is Substance Dependence Disorder (ReasonForCMorOutreach).   Robert was discharged from CM on 3/20/2019, which is also his MostRecentActualContactDate.  The ReasonForDischargeClosure is "Achievement of Goals/Stabilized Condition".