

### ***Sample of case management assignments supervised by Ted Connally***

Medical case costs are difficult to determine at best. The cost of care may not be significant when viewed within the framework of lost productivity, temporary or permanent recruitment, orientation and training, and negative employee relations. It is the cost of the case in all aspects relevant to it that must be examined in every instance. Any other approach is simply too narrow to be useful.

#### **Double Transplant**

Diabetes case identified 9 years earlier by Pre Cert during vacation trip. Condition had been diagnosed many years previously. The patient had been self managing through diet. Hospitalization was due to sudden illness followed by shock. Case placed under Case Management. Local and specialist care was established and supervised by Nurse Case Manager. Patient resented the degree of imposition on life style to the point where a Case Manager with a Psych background was assigned. Over a period of years, as the condition progressed, the Case Manager gained compliance by developing a "partnership" with the patient. Three years prior to the actual surgery it became apparent that organ replacement was inevitable. A search was conducted by the Nurse Case Manager to identify the center of excellence with the best track record for the procedure. Arrangements were made for testing and qualifying the patient. The Nurse Case Manager worked with the patient and the institution each step of the way. Maintaining compliance was an issue all the way through, and the Case Manager managed to achieve it. The result was a successful transplant and positive prognosis to date. Along the way, each of the sub specialists brought into the case had to be credentialed. None were in network. Each was placed in network for the specific case and agreed to network level reimbursement. The institution selected for the transplant procedure was out of network for the major case network utilized by the plan. They were declared in network for purposes of the procedure and reimbursed below the prevailing fee structure for the network otherwise provided by the plan. The Nurse Case Manager handled each of these negotiations AFTER establishing the patient and did so with the full knowledge of the stop loss underwriter. Year in and year out this group was renewed with full knowledge of the clinical condition, extent of risk, and complete disclosure of the Nurse Case Manager's latest work up. It was never refused. The Employer is considered by its employees to be a hero for assuring the level of care of this patient. It is a story told all over the Company and is one of several similar stories that are cited by employees as reasons to stay with the Company.

#### **ALS**

Field Project Foreman, mid 30s, diagnosed with ALS during a routine annual physical. No real symptoms prior to the physical. He was immediately placed under Nurse Case Management. Appropriate treatment sources and modalities were available in network. New medications and tests were identified through the ALS Foundation and contacts were established for local physicians. The disease progressed as predicted. This employee was extremely valuable to the Employer. His knowledge of field operations was exceptional, and he was on his way up. The employer was at a loss to replace him, and the employee wanted to continue to work as long as he could. He was well known,

well liked, and everybody watched to see what the Company would do. The Nurse Case Manager made arrangements to greatly prolong his work life through the provision of such items as special lifts for his truck, care and training on hygiene as the need developed, lifts and assists at home, and even the provision of a helper dog. Through the Nurse Case Manager's planning and coaching efforts, provision was made to accumulate COBRA funds in time for his conversion to COBRA and subsequent transition to Social Security. This case took place over the course of 3 plan renewals. The employee never hit the spec, so the costs were all out-of-pocket. The employer made the expenditures as plan costs regardless of eligibility for reimbursement and subsequently determined that those costs were far exceeded by the savings that resulted from his continued service and the training he provided to others that could only have taken place in the field at project sites. Turnover in that unit of the Company dropped to its all time low and has stayed there. The employer attributes this to the positive employee relations created by the treatment given to the ALS patient.

### **The Recurring Ulcer**

Over a period of about 3 years a female patient in her 50s was treated for a stomach ulcer complete with dietary advice on 5 separate occasions. Each time she appeared symptom free, the ulcer recurred. A case manager was assigned who understood the social nuances of the patient's ethnic background. As it turned out, her husband insisted that they eat dinner together, and that she eat what he ate. Although he would tolerate differences in what she served while she was "sick" he insisted on a return to normal each time. Effectuating change in the husband was an unrealistic expectation. So, the case manager taught the patient how to cook the normal meals using ingredients that the patient could tolerate without changing the taste or consistency of the meals her husband wanted. It worked - and the annually recurring \$14,000 episodes (well under the \$35,000 spec) went away.

### **Suspected Fraud**

An accident victim was hospitalized for several weeks in a short term general acute facility with a fracture that resulted from an auto accident. The patient was placed in specialized traction equipment and eventually moved to a medical floor. He was kept in the facility well beyond the normal length of stay even though he needed only custodial care. A non invasive protocol was utilized in order to preserve a potential athletic scholarship. Less expensive alternatives were available. The parents didn't want to risk any complications that might have occurred by moving the patient. The patient was left in a private room at the request of the parents. As a part of the eventual involvement of an on-site case manager, a ward rate was negotiated even though the facility had no ward beds. The parents were informed that a considerable patient payment responsibility was building, but insisted on status quo.

The case was Peer Reviewed by the Utilization Review Company. The reviewing physician recorded the circumstances correctly and determined that the extended stay could not be authorized as medically necessary. When the attending physicians finally found time to communicate with the claims administrator and the case manager, they notably did not indicate a medical necessity for the length of stay in a short term general

acute facility. Alternative beds were available, safe transportation was available, and an outside reviewing physician noted that the stay appeared to violate state law on length of stay for non-medically necessary care. When the case was finally audited, it was found that the hospital billed at the private room rate, ignoring the negotiated rate.

Utilization Review, Concurrent Review, and Case Management were provided by the same UR Company. The Company is a large, multi departmental organization that is geographically dispersed. The hospital routinely requested authorization to continue the stay and routinely received it from the UP Company without regard to the UR Company's own Peer Review Report. Its internal case management reports indicated only that the attending physicians did not return phone calls.

The facts finally came out because the Broker knew about the case and knew enough to think something was wrong. The TPA suspected fraud and asked the Broker to have the Plan Sponsor authorize on-site case management. The eventual explanation given to the TPA by the UR Company was that the records were located in different facilities. The TPA, Broker, and the Plan Sponsor's Plan Administrator now know every detail of the screw up. But it would not have come to the surface without the On-Site Nurse Case Manager.