Case Management Matters

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Have you ever wanted to publish an article or had a great idea that you would like to see in print? The goal of Case Management (CM) Matters is to be a reflection of what you are doing and how you are dealing with challenges and triumphs. We hope you are enjoying CM Matters and will share some of the how-tos, whys, and WOWs of your case management experience. Return to Work focused on workers' compensation case management; articles and stories about workers' compensation case management are still welcome and encouraged. CM Matters is a broader approach and gives *you* an opportunity to show how case management matters and how, as a case manager, you have affected individuals, stake holders, systems, cost savings, and outcomes or just about anything else that is important to you and your colleagues.

CM Matters welcomes you and invites you to submit articles, stories, practice tips, reflections, and revelations. How has CM changed you and/or how have you affected the lives of others? All inquiries, questions, comments, and manuscripts should be submitted via e-mail to nurseesq@gmail.com or by mail to Lynn S. Muller, PO Box 164, Bergenfield, NJ 07621. If you have an idea for an article, but would like to discuss it, provide contact information in your e-mail and you will be contacted by your preferred method.

CM Matters is off to a great start and we look forward to hearing from many of you.

WELCOME to CM Matters!!!!

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Public Sector Health Care—What Every Case Manager Should Know

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Although health care reform is intended to improve the nation's delivery of health care, the jury is still out on whether this can be accomplished given our still bloated health care system. Changes in government-funded programs have introduced greater challenges along with an expanded role for case managers particularly within the public sector. Understanding the new landscape of health care reimbursements in the public sector can open the door for new opportunities in case management.

National Health Care Expenditures

According to the Centers for Medicare & Medicaid Services (CMS) Office of the Actuary's national health care expenditures, in 2012, Medicare spending of $591 billion along with employer spending of $846 billion accounted for 25% and 35%, respectively, of personal health care expenditures (Alvarez & Marsal, 2013). New changes introduced by the "Patient Protection and Affordable Care Act", as well as new CMS regulations, are affecting Medicare reimbursements. These changes are expected to drive increases in Medicare unit costs over the next 2 years of an estimated 1.7% in 2013 and 0.9% in 2014, on the basis of the CMS Office of the Actuary's Fee-for-Services trends report of April 23, 2013 (Alvarez & Marsal, 2013a, 2013b). Our aging population, increased incidence of many chronic diseases, and rising health care costs, coupled with the effects of new laws and regulations, will require providers to take greater responsibility for both the cost and quality of care.

Under these conditions, there will undoubtedly be a heightened need and recognition for effective case management. Data provided by both the Center

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for Medicare Advocacy, as well as a Kaiser Family Foundation Medicare Policy publication (The Henry J. Kaiser Family Foundation, 2013), further support the enhanced role of case management. The Kaiser Family Foundation Medicare Policy publication reported that an estimated 13 million people, 27% of the Medicare population, are enrolled in Medicare Advantage (MA) plans, which receive a fixed monthly fee by CMS to provide coverage (Alvarez & Marsal, 2013a, 2013b). These plans were found to have outspent Medicare Fee-for-Services plans by $14 billion in 2009 for the same level of risk-adjust patient services (Alvarez & Marsal, 2013a, 2013b).

This is a clear violation of the budget neutrality requirement for equalizing payments between MA and traditional Medicare Fee-for-Services plans, something that would save $170 billion over 10 years. The Patient Protection and Affordable Care Act introduced a complex payment methodology in March 2010 to address the problem by reducing MA comparative benchmarks over the subsequent 2- to 6-year period, projecting savings of approximately $135 billion over the next 10 years (Alvarez & Marsal, 2013). In February 2013, CMS proposed a reduction in per person MA reimbursements of 2.3%, and in April of that year, CMS recommended a 3% increase (Alvarez & Marsal, 2013a, 2013b). To say that this entire area of government-funded programs and related national health care expenditures is complex and in a state of constant flux is an understatement. What is clear, however, is that there has been a downward reimbursement trend, requiring a broader focus on case management, cost controls, and improvement in patient health management.

The U.S. government currently provides health care coverage to federal government employees, active military and veterans, and Native Americans. The largest group of individuals receiving federally funded health care, however, is the 83 million Medicare and Medicaid program enrollees, representing one in four Americans (Davis, 2008).

Medicare and Medicaid

Those covered under Medicare include individuals aged 65 years and older, who have worked at least 10 years, and those younger with certain disabilities who have qualified for Social Security Disability. In addition, people with end-stage renal disease, many of whom have multiple medical conditions and are considered to be "at risk" because of other factors, are Medicare beneficiaries and prime candidates for case management. On January 24, 2013, a Settlement Agreement was reached in a particular Medicare "Improvement Standard" case. "In the case of *Jimmo v. Sebelius*, the Center for Medicare Advocacy (CMA) alleged that Medicare claims involving skilled care were being inappropriately denied by contractors based on a rule-of-thumb "Improvement Standard"—under which a claim would be denied due to a beneficiary's lack of restoration potential, even though the beneficiary did in fact require a covered level of skilled care in order to prevent or slow further deterioration in his or her clinical condition" (CMS, 2013).

In that case, it was agreed that now all patients will be eligible for consideration of care and services that were previously provided but denied reimbursement or who require services on a go-forward basis (Center for Medicare Advocacy, 2013). This will have major impact on patients, as well as utilization review managers and case managers whose patient advocacy role will be essential in ensuring patients receive the care and services now mandated under the Settlement Agreement.

Although the federal government does provide guidelines for Medicaid services, the states are the primary administrators and arbiters of its requirements and management, which creates its own set of challenges for case managers providing services to patients in various states, particularly for those approximately 9 million patients who have dual eligibility status for both Medicare and Medicaid services. These dually eligible patients typically have more severe disabilities and higher rates of diseases, such as diabetes, pulmonary disease, and stroke. Improving their clinical outcomes and lowering related costs of care are top priorities for CMS. These priorities have prompted new initiatives involving multidisciplinary teams and new models of care, including Accountable Care Organizations and patient-centered medical homes, in which case managers will have significant involvement and opportunities.

Military and Veterans' Health Care

To meet the needs of the nation's total military population, which includes not only active military and their dependents but also retired personnel, their families, and eligible veterans, a population of more than 9.2 million, the Department of Defense relies on its managed care program, TRICARE and the Veterans Health Administration integrated

health system, caring for more than 5 million inpatients and outpatients (Mullahy, 2013). Previously, the Veterans Administration (VA) served only those with service-connected disabilities. Today, however, the VA is a resource to all veterans and is especially important to those low-income veterans who would otherwise go uninsured. Case management for service men and women begins in the battlefield where wounded patients are stabilized and urgent care is delivered. Once a patient is discharged for medical care, the case manager's role is to provide care coordination in a distant location, help service members access spiritual and psychological counseling, and help arrange temporary housing for their families.

In 2007, a scathing report documented the poor outpatient services being provided at the Walter Reed Army Medical Center. Review groups noted that case management was of particular concern. Specifically, it was noted that although case management was provided, many service members had been assigned multiple case managers with no single care coordinator involved, resulting in lack of continuity of care, confusion, redundancy of services, and failure to adequately address a service member's medical issues (Government Accounting Office, 2013). This led to the development of the Federal Recovery Coordination Program, a program which uses coordinators to monitor and coordinate clinical and nonclinical services especially for the most severely wounded, ill, and injured service members, including those with traumatic brain injuries, who were likely to be separated from the military because of their conditions (Government Accounting Office, 2013). In 2008, another program, the Recovery Coordination Program, was established to improve the care management and transition of recovering service members (Government Accounting Office, 2013). For this Department of Defense program, case managers are used to provide nonclinical care coordination to the same population targeted by the Federal Recovery Coordination Program. Currently, the Veterans Health Administration, the nation's largest integrated health care system, provides services in 1700 sites of care to 83 million U.S. veterans each year (Indian Health Services, 2013). Through the Veterans Health Administration's patient-aligned care teams, care for our military active and veteran population is improving. Case managers are believed to be vital in easing an injured service member's recovery and transition back to civilian life.

The challenges for case managers working in the Indian Health Service are many, and navigating the system for this underserved population is not for the faint of heart.

Indian Health Services

Both American Indians and Alaska Natives, who are members of 566 federally recognized tribes, receive government-funded health care through Indian Health Services (IHS). The IHS is highly complex and challenged by broadly recognized health disparities and funding deficits for this population. Indian Health Services relies on an interdisciplinary approach to facilitate improved health care and health behaviors. At present, Native Americans disproportionately suffer from serious diseases, including diabetes, heart disease, and stroke. The infant mortality rate among this group is 150% higher than for Caucasian infants, and the suicide rate among Native Americans is two-and-half times the national rate (American Indian Health Commission for Washington State, 2013).

To fund its essential care and community health programs, IHS submits a detailed budget, which is formulated with input from the Indian tribes and other key stakeholders. The budget is reviewed by the House and Senate Committee on Appropriations, supported by testimony from IHS leadership. Within the IHS, case managers work in concert with community health representatives. Community health representatives understand the dialects and cultural nuances of their patients. They, along with case managers, help educate patients regarding their treatment plans and health hazards, such as alcohol, tobacco, poor hygiene, etc. They coordinate transportation to medical appointments and advocate for their patients' access to services. The challenges for case managers working in the IHS are many, and navigating the system for this underserved population is not for the faint of heart.

Complex and Challenging, but Very Rewarding

There is a common theme for case managers serving in the public sector. Often their patients' cases are the most complex, involving serious medical conditions and, in many cases, multiple lines of insurance or other sources of funding. This can make coordinating care and services, while keeping abreast of the changing regulations and requirements, very difficult. Even more of a challenge is helping the economically disadvantaged, medically complex patient remain covered in a public program. Having been handed off from one plan to another, many of these patients become resistant and distrustful of medical professionals,

particularly individuals charged with directing and coordinating their care. It takes a strong individual, with extra fortitude and compassion, to serve as a case manager in the public sector. Those who can and do realize tremendous professional fulfillment.

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Catherine M. Mullahy, RN, BS, CRRN, CCM, is one of the health care industry's foremost leaders in advancing case management standards and practices. Her consulting firm, Mullahy & Associates, provides case management training and advisory services to case managers, nurses, and students in various settings, including managed care, hospitals, long-term care, government agencies, physicians' offices, and institutions of higher education. A strong presence on the speakers' circuit, with a broad knowledge of "Best in Class" case management practices, she is also the author of *The Case Manager's Handbook*, now in its fifth edition.

Jeanne Boling, MSN, CRRN, CDMS, CCM, is the former Executive Director of the Case Management Society of America, credited with leading that organization through a period of rapid growth and diversification and helping it become a multidisciplinary professional association with an estimated 11,000 members, 20,000 subscribers, 75 chapters, and a reach that extends worldwide. She has helped shape the case management field, raising awareness and the stature of the profession, and will oversee day-to-day operations, service quality, as well as industry and community outreach initiatives. Her credentials and background as a pioneer in case management prepared her well to lead the association and earned her wide respect throughout the health care arena.