

Date: 12/05/06

Initial Report

Account: Account
Contact: Contact
Reference #: 9999999
Patient: Name
Subscriber #: 999999999
Group #: 999999
CMS Dx: 430 - Subarachnoid hemorrhage

History:

- On 10/26/06 this 53 year old female was admitted to University Hospital with subarachnoid hemorrhage and was subsequently found to have a posterior inferior cerebellar artery and right vertebral artery aneurysm. She underwent clipping on 10/26/06.
- On 11/7/06 the patient was transferred to The Drake Center for head injury rehabilitation. She received intensive physical, occupational and speech therapy to address significant deficits in functional mobility, self care and activities of daily living, and in cognitive functioning. Upon transfer she was requiring minimal assistance for bed mobility and transfers, and minimal to moderate assistance for ambulation. The patient required assistance for her self cares. She walked with a slow cadence, with an unsteady gait and multiple episodes of loss of balance. She was noted to have mild impairment of orientation and attention span, moderate impairment in problem solving and organization, and severe impairment in abstract reasoning. She was perseverative and often confabulative, although her speech was fluent. Initially she required bed restraints and a 24 hour sitter for safety. She was noted to be impulsive and wandered despite maximum cues.
- Physical therapy recommended six to seven 60 minutes sessions per week for four weeks. Occupational therapy recommended five 60 minute sessions per week for three weeks. Speech therapy recommended five to six sessions per week for four weeks. Significant improvements were made in the patient's status while at The Drake Center. She improved to ambulating without assistance, independent with her personal self cares, and her cognitive abilities had also improved, although she remained somewhat confused and requiring assistance for some basic and complex cognitive functions.
- On 11/24/06 the patient was discharged to home. She continues to require 24 hour supervision for safety. The physician has opined the likelihood that the patient's cognition will be a longstanding problem for her. Her daughter has moved in with her to provide her with supervision, and she has been enrolled in Active Day Adult Day Care. Continued outpatient speech therapy has been recommended although arrangements for this are pending.

Case Management Intervention:

- This referral was received on 11/3/06 to review for the medical necessity of admission to acute inpatient rehab.
- The discharge planner at University Hospital was contacted to discuss the discharge plans for this patient. Information regarding the plan to transfer the patient to The Drake Center was obtained. Medical records were requested, received and reviewed to determine the patient would likely be appropriate for acute rehab. However, as the plan was not for discharge until several days later, the discharge planner was advised that an update on the patient's needs and The Drake Center's recommendations would be required for review once the patient was ready.
- Communication was established with The Drake Center nurse assessor. She advised that she had not done her evaluation yet, and would not likely complete it for several days, until the patient was ready to go. She was advised that preliminary review would be pursued to at least determine if admission to acute rehab would be possibly recommended. Discussion was also held with the financial office at this facility who advised that they in the patient's network, with a contracted rate of \$850 per day all inclusive for rehab services.
- As it was also learned then that The Drake Center is actually licensed as a long term acute care facility versus an acute rehab, additional research was performed regarding the qualifications of this facility to provide this patient with appropriate rehab services. It was learned that The Drake Center is JCAHO and CARF accredited, Medicare and Medicaid certified, and that they do have specialized neurological rehab. It was reported that they follow inpatient rehab facility regulations and use industry accepted inpatient criteria guidelines. Further contact was made with the discharge planner regarding this issue, who reported that this is the only brain injury rehab in their region, and that the hospital physician "strongly preferred to send the patient to the Drake Center versus the other acute rehab's in the area that don't specialize in brain injury". Discussion was held with The Drake Center provider to advise that close monitoring would be performed by this case manager to ensure the length of stay was not prolonged considering the long term acute care licensing.
- Additional clinical update was obtained from the hospital discharge planner and The Drake Center on 11/7/06, and recommendation was made for admission to The Drake Center.
- A written form indicating the reported contracted rate was faxed to The Drake Center and signature obtained. This was forwarded to the insurance company via fax.
- Communication was maintained with The Drake Center case manager throughout the patient's stay. Assistance was provided in discharge planning. Close monitoring was performed and upon progression to the point that further inpatient stay was no longer medically necessary, plans for discharge were expedited.
- Communication was established and maintained with the patient's daughter. Case management services were explained. Questions were answered. The daughter reported no other medical insurance, and was encouraged to pursue application for Medicaid although it was eventually determined the patient did not qualify. The daughter has reported she has enrolled her mother in adult day care, and plans for arranging outpatient therapy are pending. Discussion was held with the daughter regarding the plan limitations on outpatient therapy, and she was referred to account customer service to verify the benefits. She was also encouraged to utilize a network provider for outpatient therapy and other follow up needs.

Case Management Recommendations:

- The 10/26/06 to 11/7/06 stay at University Hospital was monitored by UR company.
- 11/7/06 to 11/24/06 stay at The Drake Center (LTAC) (in network) was medically appropriate at a contracted rate of \$850 per day all inclusive.
- This file will remain open to case management services to determine the plan for outpatient therapy. If no additional services will be provided other than through the adult day care, then case closure will be pursued.

Thank you for this referral. Please contact the undersigned with any questions.

Case Manager RN, BSN

Continued...

SAMPLE



CASE MANAGEMENT SPECIALISTS, INC.

... PROMOTING CONSUMERISM IN HEALTH CARE

Date: 12/05/2006

Cost Savings Report

Account: Account
Reference #: 9999999
Patient: Name
Subscriber #: 999999999
Group #: 999999
Event: Subarachnoid hemorrhage (CM)
Date Range: 11/03/06 - 12/05/06

Category	Amount	Type	Details
Direct	\$ 9,350.00	Conserved IP days	Initial requested rehab los 28 days, actual 17.

Direct Savings: \$ 9,350.00

Direct Expenses(-): \$ 0.00

Total direct savings for this period: \$ 9,350.00

Total direct savings for this event to date: \$ 9,350.00

Indirect Savings: \$ 0.00

Total indirect savings for this event to date: \$ 0.00