

Date: 03/13/06

Initial Report

Account: Account
Contact: Contact
Reference #: 9999999
Patient: Name
Subscriber #: 999999999
Group #: 999999

History: On 2/10/06 this 55 year old female underwent a left total knee replacement at Southeast Missouri Hospital (in network) for a diagnosis of severe osteoarthritis. She did well post operatively, and on 2/15/06 was discharged to home with home care services through Southeast Missouri Home Care (in network).

On 2/16/06, 2/17/06, 2/20/06, 2/22/06, 2/24/06, 2/27/06, and 3/1/06, the patient received home physical therapy visits due to continued need for physical assistance with her functional mobility.

On 2/16/06, 2/20/06, 2/22/06, 2/27/06, and 3/3/06, the patient received home skilled nursing visits for blood draws to monitor her Coumadin level.

On 3/8/06 the patient began outpatient physical therapy at Southeast Missouri Hospital (in network) where she is currently treating three times per week.

Case Management Intervention:

- This referral was received on 2/13/06 to assist with discharge planning and to review for the medical necessity of inpatient acute rehab admission on 2/14/06.
- The acute rehab was contacted via telephone and clinical information was faxed and reviewed. The anticipated rehab stay was four to six days.
- The rehab coordinator was contacted and advised the acute rehab level of care was not medically supported. This writer suggested skilled nursing facility level of care or home care as medically appropriate. The case manager stated the patient and the physician were not agreeable to this, and indicated she was attempting to obtain additional authorization for inpatient acute days from the PPO network. Additional clinical information to support the acute rehab level of care was requested.
- Telephone contact was made with the orthopedic surgeon's and rehab physician's offices, and they were advised that the clinical information received was not supporting the acute rehab level of care. Inquiry was made regarding whether the

physicians would agree to a skilled nursing facility for this patient. It was reported that as of 2/14/06 morning the rehab physician was no longer expecting the patient, and that the orthopedic surgeon had agreed that skilled nursing facility was to be set up for this patient.

- Additional contact was made with the hospital case manager to discuss what had been learned from the physician's offices. The case manager again indicated she was awaiting authorization from the PPO network for an additional day of stay in the acute setting, and the patient would then likely be discharged to home with home care services.
- Communication was established and maintained with the home care agency and Homelink to ensure medical necessity of these services. The clinical information and plan of care were reviewed. The orders were for daily skilled nursing visits for one week, then twice a week nursing visits for blood draws, plus an additional visit 2/24/06 for staple removal. Further order included PT visits daily for one week, and then three times per week for another two weeks. The agency was advised that recommendation would be made for a total of five nursing visits (twice a week for blood draws), with the staples being removed at one of the blood draw visits, and for a total of 8 physical therapy visits (three times per week).
- Communication has been established with the outpatient PT department of Southeast Missouri Hospital. The evaluation and plan of care have been reviewed and recommendations have been made.
- Telephone contact has been established and maintained with the patient. Case management services have been explained, updates have been obtained, and assistance has been provided as appropriate in making arrangements for healthcare services.
- The surgeon's office has been contacted for clinical update.

Case Management Recommendations:

- 2/10/06-2/15/06 hospital stay at Southeast Missouri Hospital was monitored by the UR company.
- 2/16/06, 2/17/06, 2/20/06, 2/22/06, 2/24/06, 2/27/06, and 3/1/06 home physical therapy visits through Homelink were medically appropriate.
- 2/16/06, 2/20/06, 2/22/06, 2/27/06, and 3/3/06 home skilled nursing visits through Homelink were medically appropriate.
- 3/8/06 to 4/3/06, physical therapy services through Southeast Missouri Hospital are medically appropriate. Additional review will be performed to extend this recommendation.
- This file will remain open to case management services until the patient's recovery is complete.

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

Case Manager RN, BSN

Continued...

Date: 03/13/2006

Cost Savings Report

Account: Account
Reference #: 9999999
Patient: Name
Subscriber #: 999999999
Group #: 999999
Event: Knee disorder (CM)
Date Range: 02/13/06 - 03/13/06

Category	Amount	Type	Details
Direct	\$ 4,060.00	Conserved IP days	Conserved 5 inpatient acute rehab days,(estimated length of stay 4 to 6 days), 2/15/06-2/20/06; contracted rate \$812/day.
Direct	\$ 900.00	Conserved services	Conserved SNV's on 2/17/06, 2/18/06, 2/19/06, 2/21/06, 2/23/06 and 2/24/06; \$150/visit.
Direct	\$ 750.00	Conserved services	Conserved 6 home PT sessions (3 from 2/16/06-2/22/06, and 3 from 3/3/06-3/10/06); \$125/visit.
Expense	\$ 300.00		Home SNV in lieu of acute rehab, 2 visits at \$150 each (2/16/06, 2/20/06).
Expense	\$ 375.00		Home PT visits in lieu of acute rehab, 3 visits (2/16/06-2/20/06), \$125 each.

Direct Savings: **\$ 5,710.00**

Direct Expenses(-): **\$ 675.00**

Total direct savings for this period: **\$ 5,035.00**

Total direct savings for this event to date: **\$ 5,035.00**

Indirect Savings: **\$ 0.00**

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