**UPMC Complex Case Management Criteria**

In addition to this algorithmic approach, there is a “manual” ability for a staff person to add someone to the list because of an indiosyncratic reason – that’s basically individual judgment.

* Greater than three emergency room visits in the past rolling three months
* Two or more readmissions for the same DRG in the rolling past six months
* Any one drug filled through Curascript Specialty Pharmacy in the last 30 days for a member who has two (2) or more of the following chronic conditions:  Asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, or diabetes.
* Exclusions for complex case management identification are the following:
* All members with End Stage Renal Disease (ESRD), Sickle Cell, or Hemophilia
* Members who are in hospice, a Skilled Nursing Facility, Correctional Facility, or

                  State Institution

* Members who are pregnant
* Members with significant behavioral health conditions which includes:
	+ - * Bipolar disorder, major depressive disorders, and schizophrenia
* Members who have other insurance as primary
* Emergency room visits for dental care or rabies treatment

The complex case management program is structured to include assessment of the member’s medical, behavioral health, social, cultural, lifestyle and support needs.  Because so many members have multiple chronic conditions, the assessment and resultant care management plan addresses the whole person and not only the condition which is driving most of the health care resources. This information may be shared with providers involved in the member’s care, when the care manager contacts the provider to assist with care coordination.

A self management plan is developed with the member’s input based on the information collected through the assessment process.  The status of the self management plan will be reviewed with the member on subsequent contacts and adjusted as appropriate.

Upon completion of the assessment, the intensity of the member’s needs for health care services, the level of services needed, care coordination, education, and support will be determined. Coordination of the case management plan with the treating practitioner will occur where appropriate.