

# Compliant Case Management



A community-based care delivery organization holds a new delegation contract with a regional health plan to provide case management services for Special Needs Plan (SNP) members. In order to receive an additional assigned cohort of Severely Mentally Ill (SMI) members, the care delivery organization needed to demonstrate its ability to transition members in compliance with all NCQA standards, state regulations, and contractual requirements.

Clearlink identified compliance gaps and constructed a comprehensive remediation roadmap through multifaceted care management, behavioral health, and complex population health management (PHM) services. By following the roadmap, the organization became better prepared to serve the needs of the SMI members and meet a tight four-month service transition deadline.



## The Challenge

Following a recent audit, the community-based healthcare organization recognized several compliance issues and competency gaps that needed to be resolved. A lack of standardized processes also left it ill-equipped to sufficiently manage the high risks, costs, and needs of the incoming SMI health plan members. The organization's leadership was unfamiliar with the requirements and necessary work involved to prepare for the addition of such a complex population.

Until the organization could demonstrate compliance in its ability to safely transition members, it would be unable to expand its contract with the regional health plan. Failed demonstration would also prevent the organization from serving other high-risk, high-needs populations in the future. Its team sought guidance to prepare for the challenging readiness review conducted by the regional health plan.





## The Solution

Clearlink kicked off the engagement by performing a thorough gap analysis, which consisted of reviewing the organization's current case management program against NCQA standards, state regulations, contractual requirements, and industry best practices and benchmarks. With this information collected, Clearlink built a remediation plan and timeline that would support gap closure and preparation for the upcoming readiness review.

To achieve roadmap objectives within an expedited timeframe, Clearlink assigned two experienced consultants to lead the project, providing more than thirty years of in-depth knowledge in facilitating health plan preparations to expand the scope of care management; meeting general NCQA standards, state regulations, and care management contractual requirements; designing and launching new products; and serving the unique needs of SMI populations.

Clearlink implemented a high-level approach to assessing the organization's current situation and planning for corrective actions that consists of four key phases.

### Discovery

To prepare for the gap analysis, the healthcare organization was asked to provide program collateral, which included elements such as:

- Model of Care & Program Descriptions
- Program & CM Policies
- Procedures & Workflows
- CM & Population-Specific Training Materials
- Health Management/CM Documentation Platforms & Information System Integration
- Health Plan Contracts with the State
- Health Plan Contracts with the Organization
- KPIs & Other Reports & Analyses



## ***The Solution*** (Continued)

Clearlink also discussed the organization's understanding of health plan expectations related to Medicaid and complex population care management, including state and CMS (CFR) regulatory and performance requirements.

### Analysis

To complete the gap analysis, Clearlink reviewed all applicable contractual compliance requirements, NCQA accreditation standards, Medicaid requirements, and CMS regulations against the organization's program collateral. Gathered insights contributed to a comprehensive crosswalk document comparing existing evidence and new needs.

### Identification

Clearlink identified gaps in multiple NCQA care management and PHM standards, as well as significant policy and process gaps in complex care management, Medicaid care coordination, and CMS elements. Gaps in general data analysis and reporting capabilities were also recognized.

### Reporting

Clearlink developed a remediation plan and timeline to help accomplish the organization's compliance goal by the preestablished deadline. Successful implementation of this plan ultimately demonstrates compliance with the relevant requirements and a thorough understanding of the population and its complex needs.



## The Results

Clearlink completed its evaluation and allowed ample time for the organization to review the findings and bring its leadership team up to speed to prepare for the regional health plan's readiness assessment. With a clear remediation plan established, the organization collaborated with Clearlink's experts to develop the essential policies, improve workflows, document all processes, and deliver staff training well in advance of the project's deadline. These efforts helped the care delivery organization offer compliant case management services to its SNP members.

This work also helped educate other areas of the organization on the larger changes necessary to support complex populations. Some of these changes include incorporating a more robust social determinants of health network in community resources, updating service menus, better integrating data in the identification process, broadening the network to ensure access, and educating existing providers on the expanded population needs.

## Key Services Provided

- **State, Contractual & NCQA Requirements Assessment**
- **State, Contractual & NCQA Requirements Gap Analysis**
- **CM Delegation Readiness Requirements Assessment**
- **CM Delegation Readiness Gap Analysis**
- **Remediation Recommendations by Priority & Correction Complexity**
- **State, Contractual & NCQA Compliant Policy & Procedure Development**
- **State, Contractual & NCQA Compliant Staff Training Development**



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Clearlink Partners is an industry-leading managed care consultancy specializing in end-to-end clinical and operational management services and market expansion initiatives for Managed Medicaid, Medicare Advantage, Special Needs Plans, complex care populations, and risk-adjusted entities.

We support organizations as they navigate a dynamic healthcare ecosystem by helping them manage risk, optimize healthcare spend, improve member experience, accelerate quality outcomes, and promote health equity.

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