

BRMS Large Case Management

BRMS is focused exclusively on providing easy-to-use, fully compliant services to employers of all sizes.

Large Case Management

For large case management activities, if purchased, BRMS's experienced medical management staff works through every phase of care, from diagnosis and admission through treatment, discharge and recovery. The discharge planning and concurrent review process begins as soon as the individual is scheduled to have an inpatient surgical procedure. The maximum number of days allowed between concurrent reviews is seven days.

BRMS's role in Case Management:

- Conduct discharge planning and concurrent review assessments directly with individuals during the post-discharge period
- Ensure a clear understanding of the types of medications prescribed and instructions given by their provider
- Work with individuals to develop short- and long-term discharge planning goals for a successful recovery
- Confirm the individuals have scheduled the necessary follow-up appointments with their provider

Using a wide variety of data enables us to ensure that we identify and reach a larger pool of care management candidates.

The care management team conducts a thorough evaluation of an individual's case, which includes the seven domains of care: health, function, psychosocial, cognitive, financial, environmental and supportive. Based on this assessment, the care manager identifies the appropriate care management intensity level for that individual.

The care manager assigned to the case will follow the case through the entire process from pre-certification, review, concurrent review, discharge planning and closure. All clinical, benefit coverage and financial information is gathered from multiple sources, including but not limited to the physician, patient, hospital, employer and vendors. An extensive cost/benefit analysis is completed by the care manager to determine the most cost-effective, medically necessary and appropriate plan of treatment.

The overall goal of the care management process, including all interventions, is to provide individuals with the most precise care possible.

Criteria for identifying individuals for care management:

- Medical and pharmacy claims and utilization data (e.g., selected diagnoses, high-cost claims, etc.)
- Concurrent medical management activities
- Length of stay
- Frequent emergency room use
- Readmissions
- Health and Well-being Assessment
- Referral from physician
- Self-referral from member
- Psychosocial indicators
- Laboratory/diagnostic testing results
- Predictive modeling



DISCHARGED