

Care Integration Phone 1-888-670-7262

Prior Authorization Phone 1-877-347-9367

Prior Authorization Fax..... 1-888-670-7260



If you have or are aware of pediatric patients with any of the following diagnoses or needs, please refer them to Case Management by calling CMPCN Care Integration at 1-888-670-7262.

- AIDS/HIV
- Abuse and/or Neglect/Domestic Violence
- Anxiety
- Autism
- Behavioral health/Substance abuse
- Burns with greater than 3-day hospital stay
- Cancer
- Cardiovascular diseases
- Cerebral Palsy
- Chronic pain
- Children with Special Health Care Needs
- Conditions requiring long-term IV antibiotics or TPN
- Conditions requiring long-term rehabilitative services
- Congenital Abnormality
- Cystic Fibrosis
- Degenerative Neuromuscular Diseases (Multiple Sclerosis, ALS, Guillan Barre')
- Diabetes (newly diagnosed or uncontrolled)
- Failure to thrive
- Frequent ER visits for non-emergent care
- Hepatitis C
- Home Health services greater than 7 visits
- Homelessness
- Hospice services
- Immunological Disorders
- Inpatient hospital > 21 days
- Lead Poisoning Levels 10 and above
- Pervasive Developmental Disorder
- Pregnancy, High Risk/Maternal Complications
- Premature births with complications
- Rehabilitation Services - Inpatient
- Renal failure
- Sickie Cell Disease
- Transplants
- Wound Care Center Services
- Other Chronic or Disabling Diseases/Conditions

Children's Mercy Pediatric Care Network adopts the Case Management Society of America's definition:

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost effective outcomes.

CMPCN provides Care Managers who utilize their experience and working knowledge of the health care delivery system to assist providers and patients in accessing appropriate services.

Case Management Services Primary Functions

- Identification of patients who have or are at risk of developing complex medical and/or behavioral needs
- Utilize evidence-based clinical practice guidelines to develop individualized care plans
- Establish prioritized goals in collaboration with patients and their provider(s)
- Assist patients with implementation of a self-management plan
- Serve as an advocate and educator for the patient and the family, facilitating access to care through the health care delivery system and community resources
- Assist patients in achieving an optimal level of wellness and function by facilitating timely and appropriate health care services
- Reduce inappropriate inpatient hospitalizations and utilization of emergency room services
- Promote clinical care that is consistent with scientific evidence and patient preferences
- Ensure the integration of medical and behavioral health services
- Educate the patient in self-advocacy and self-management
- Achieve cost efficiency in the provision of health services while maximizing health care quality
- Mobilize community resources to meet the needs of patients

Levels of Case Management

CMPCN's Case Management is stratified into three levels:

- Complex Case Management
- Case Management
- Care Coordination

What Patients Can Expect

CMPCN has a unique, high-touch case management program with the ability to provide face-to-face case management using Registered Nurses for high-risk patients with complex needs.

What Providers Can Expect

- Communication from a Care Manager when a case is opened
- Assistance in establishing patient-specific treatment goals
- Assistance in reinforcing the Plan of Care
- Care Managers accompanying patients to appointments, when requested
- Notification when case is closed