

Use Case:

Optimizing Care Coordination during Transition from Corrections Facilities

Overview:

Patients that transition out of Corrections facilities often require substantive attention to their medical care by the healthcare community. In addition, these healthcare organizations may not have knowledge of a patient's prior incarceration and the attendant risks posed. Myriad information systems are responsible for the care of inmates, creating data fragmentation that adversely impacts care.

Permitted Purpose:

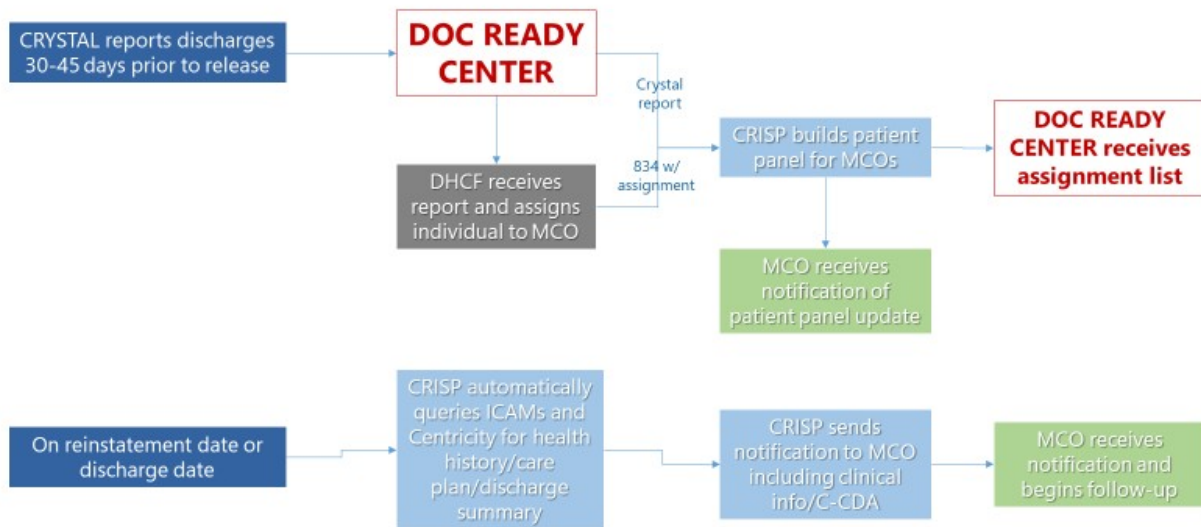
Treatment for Clinical Data Exchange.
Operations for Care Coordination / ENS.

There are existing approved Use Cases that allow for payors to receive patient data for the purposes of Care Coordination.

Technical Design (draft)*:



Returning Resident ToC Workflow Leveraging CRISP-DC



Use Case Description

As Individuals in Corrections facilities are discharged, DHCF (DC Medicaid) receives this roster of newly eligible Medicaid beneficiaries and auto-assigns individuals to Managed Care Organizations in DC. These MCOs have teams ready to perform the necessary care coordination to ensure continuity of medical care as well as linking patients to the appropriate healthcare organizations to ease the burden of re-entry. There are myriad systems, from the reports generated identifying such individuals, to those in use by clinicians when caring for patients during their stay in Corrections, to those used by clinicians outside of Corrections, that has made effective care coordination upon re-entry insufficient. We propose a Use Case that allows this vital attribution data, with the potential addition or clinical data sourced from Corrections system EMRs to flow to the plans and providers responsible for care.

Opt-Out

Patients will be provided the opportunity to opt-out of the CRISP service prior to file submission for attribution*.

Eligible Participants

Managed Care Organizations assigned to beneficiary, and other participants of CRISP (healthcare organizations such as FQHCs, Ambulatory Practices, et al) that have established treatment relationships with the patient.

Dr. Andrew Robie

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contractworks.

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