BLUE PLUS COMMUNITY CARE
COORDINATION PART 1
Common Acronyms

- BP: Blue Plus
- CC: Care Coordinator
- CCP: Collaborative Care Plan
- CW: Community Well
- EW: Elderly Waiver
- NH: Nursing Home
- DTR: Denial, Termination or Refusal
- HRA: Health Risk Assessment
- IHM: Integrated Health Management
- PCC: Primary Care Clinic
- PCNL: Primary Care Network Listing
- RA: Reassessment
- RS Tool: Residential Service Tool
- TOC: Transition of Care
- UM: Utilization Management
- FFS: Fee for Service Medicaid
- SNV: Skilled Nurse Visit
- HHA: Home Health Aide
- PDN: Private Duty Nursing
- OT: Occupational Therapy
- PT: Physical Therapy
- RT: Respiratory Therapy
- ST: Speech Therapy
- PCA: Personal Care Attendant
- MSHO: Minnesota Senior Health Options
- MSC+: Minnesota Senior Care Plus
Interdepartmental Communication

Partner Relations
- Communiques, Communications, Guidelines updates
- Audits
- Trainings
- Quality Improvement Projects

Clinical Guides
- Member specific questions
- Preadmission Screening
- Out of state hospital coordination

Utilization Management
- Inpatient and discharge notification
- MA State Plan Service Authorizations
- Prior Authorizations
- Denial/Termination/Reduction

Bridgeview
- Elderly Waiver Service Agreements
- Assessment Entries
- Enrollment Reports
- Health Risk Assessment Audits
Blue Plus
2017 Service Area
The Clinical Guide Resource Team is available for member specific questions. *Do not include PHI in email subject.* Send secure emails to:

**Clinical.guide.resource.team@bluecrossmn.com**

Examples:

- Case Consult
- Transportation Alternatives
- Formulary Questions
- Out of state hospital coordination
- Blue Plus and Community Resources
- Does not quote benefits
Partner Relations
Communications

Communiques
- Formal communication for changes to:
  - Processes
  - Contract Requirements
  - Quality Improvement Projects
  - Initiatives
- Saved on the Blue Plus Care Coordination Portal

Communications:
- General information regarding announcements, upcoming trainings, and messages targeted to a select group of delegate(s).
- Not saved on the Blue Plus Care Coordination Portal

How are they communicated?
- Emails are sent from: Partner.Relations@bluecrossmn.com email box
- Delegates decide who they want receiving the emails
- Quarterly Blasts: review of information shared in the last quarter
Where is BP INFO Housed?

Access the BP CC Web Portal for the most updated information:
www.bluecrossmn.com/carecoordination

- CC Guidelines (updated 3 times per year)
- 6.02.03 Medicare-Medicaid Member Rights (provide at initial and reassessment)
- Blue Plus Forms
- Member Letters
- Communiques
- Communications
- Trainings
- Resources
- Bridgeview Link

**Care Coordinators are responsible to read the guidelines.**
Care Coordination Delegates

- See resource 9.07 Care Coordination Delegate Listing and Contact Table on BP CC Web Portal

**County Delegates**
- BlueStone
- Essentia
- Fairview Partners
- HealthEast
- Genevive
- LRHC

**Care Systems**
- BCBS Internal CC’s

**Private Agencies**
- Catholic Charities
- Lutheran Social Services
- Thomas Allen Inc.
- Meridian Services

**Nursing Homes in select counties**
CC Identification Reminders

• All Delegates contracted to provide Care Coordination are extensions of Blue Plus

• Always identify yourself as the member’s Blue Plus Care Coordinator

• Email signatures:
  • First identify your primary agency’s name
  • Then identify your secondary role as Blue Plus Care Coordinator

• Contacting member services to reach a live service rep:
  • Prompts- Identify yourself as member
  • Enter member Blue Plus ID (8+PMI)
  • Once rep comes on you can identify yourself as their BP CC and provide the name of your agency
SECUREBLUE MODEL OF CARE
The Model of Care (SNP-MOC)

• Required of all Special Needs Plans (SNPs)

• Goal of MOC: To simplify access to healthcare and reduce fragmentation of care delivery for our members.

• Submitted to CMS at least every 3 years
  • Describes staff, systems, procedures, and improvement activities.
The Model of Care (SNP-MOC)

- The SecureBlue population
- Benefits and services
- Staff roles and responsibilities across health plan functions
- Delivery of care coordination
  - Health Risk Assessment, Collaborative Care Plan, Interdisciplinary Care Team, Transitions of Care
- Provider network
- Measurable quality and performance improvement goals
- How care is coordinated and delivered
The Model of Care
CC Role and Responsibilities

Care Coordination delegates support the implementation of the SNP-MOC by:

• Following the policies and procedures contained in the Blue Plus SecureBlue Care Coordination Delegate Guidelines

• Complying with all DHS requirements and CMS rules and regulations related to the timely completion of the initial HRA and annual reassessment
The Model of Care
CC Role & Responsibilities

• Ensure communication between members of the Interdisciplinary Care Team

• Conduct Health Risk Assessment (HRA):
  • Identify member’s medical, functional, cognitive, psychosocial, and mental health needs

• Develop person-centered Collaborative Care Plan:
  • Address the needs identified in the HRA

• Connect members to resources, care, and services

• Support smooth care transitions between care settings

• Monitor and document progress toward health goals and changes in health status

• Deliver targeted education about care coordination to providers
CMS requires that all Care Coordinators complete SNP-MOC training upon initial hire and annually thereafter:

- Blue Plus utilizes the annual Fall Care Coordinator Training to fulfill this requirement
- All newly hired Care Coordinators must review the current Fall training slides and sign the attendance sheet. Keep on record with your agency
- Delegates are responsible to ensure that any Care Coordinator who did not attend in person receives and reviews Fall Training slides
- Delegates must collect attestations from all care coordination staff confirming completion of the required SNP-MOC training (i.e. sign in sheet)

**See Care Coordination Guidelines for additional details**
SecureBlue vs. MSC+ Comparison

Current MSC+ members may want to consider enrolling in SecureBlue for its additional benefits and streamlined plan design:

<table>
<thead>
<tr>
<th>SecureBlue (MSHO)</th>
<th>MSC+ with separate Medicare and Part D plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ <strong>One phone number</strong> serves all types of questions</td>
<td>▪ Up to three member service numbers: MSC+, Medicare and Part D</td>
</tr>
<tr>
<td>✓ <strong>One set of materials</strong> covering all benefits</td>
<td>▪ One set of materials for MSC+ benefits</td>
</tr>
<tr>
<td></td>
<td>▪ One set of materials for Medicare benefits</td>
</tr>
<tr>
<td></td>
<td>▪ One set of materials for Part D benefits</td>
</tr>
<tr>
<td>✓ <strong>One card</strong> for Medicaid and Medicare medical, dental and prescription drug coverage</td>
<td>▪ One MSC+ card.</td>
</tr>
<tr>
<td></td>
<td>▪ Additional cards if enrolled in Medicare and Part D prescription drug plans.</td>
</tr>
<tr>
<td>✓ <strong>Reduced paperwork</strong> from one health plan that handles all benefits and pays most bills</td>
<td>▪ Potential paperwork from each benefit plan. Member ultimately responsible for working out which plan should pay bills</td>
</tr>
<tr>
<td>✓ <strong>No three day qualifying hospital stay is required</strong> prior to receiving Medicare covered skilled services in a nursing home.</td>
<td>▪ Three day hospital stay is required prior to receiving Medicare covered skilled services in a nursing home.</td>
</tr>
<tr>
<td>✓ <strong>Additional benefits</strong> at no charge</td>
<td>▪ No additional benefits</td>
</tr>
<tr>
<td>✓ <strong>Additional 90 days of Medicare coverage</strong> for enrolled members who lose Medicaid coverage.</td>
<td>▪ Coverage ends the date Medicaid coverage terms</td>
</tr>
</tbody>
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Product Discussion

As a Blue Plus CC you are responsible for:

- Reviewing MSHO benefits and enrollment with MSC+ members, if applicable
- Discussing available supplemental benefits with current MSHO members
- Document discussions in case notes

MSHO Resources available on the Care Coordination Web Portal:

Care Coordinators can refer eligible MSC+ members:
Send a secure notification request to Stacy Rogers at stacy.rogers@bluecrossmn.com with the following information:

- Name of Delegate making request
- Members Name
- Date of birth
- Preferred contact number
- Mailing Address
- Primary clinic
Government Programs Care Coordination

News & Events

Thank you for attending the required Person-Centered webinar held on 9/7/17. Please see the new Person-Centered link under “training” for helpful resources. The recorded webinar is not available yet. We will send a Communique with Q&A and recording soon.

Manuals & reference guides

- SecureBlue (MSHO)
- Blue Advantage (MSC+)
- Post Discharge Resources for SecureBlue MSHO
- STAR Program Information & Resources

Communication

Get updates on happenings within Blue Plus, contract requirements, pharmacy initiatives, health promotion efforts, and performance improvement projects (PIPs).
- Access Communiques

Training

Find information on current training opportunities:
- Access Training
- Person-Centered Planning

Resource management

Resources that maybe helpful to care coordinators.
- View resources
- BluePlus Primary Care Network Listing
- SecureBlue MSHO Enrollment Resources
- Bridgeview Company
- BlueRide Portal

Contact us

Need to contact us? You can call, email or write us.
Blue Cross and Blue Shield of Minnesota
PO Box 64560
St. Paul, MN 55164-0560
- Care Coordination key contacts
- Email Clinical Guides
ANCILLARY SERVICES

*Provider network is subject to change
BlueRide Medical Transportation

• Medical appointments are defined as: dental, doctor, psychiatry, and psychology appointments
• Common carrier and special transportation vendors available
• Requests should be made 3 days prior to the medical appointment, either by using the BlueRide Portal or calling into BlueRide
• Requests made less than the 3 days must be called into BlueRide
• Same day ride requests available after hours, on weekends and holidays for ER and hospital discharges.
How to schedule medical rides:

• BlueRide Portal for Care Coordinators (preferred):
  https://www.bluecrossmn.com/blueride/

OR

• Contact BlueRide:
  1-866-340-8648 or 651-662-8648

BlueRide operation hours 7 am- 5 pm Monday-Friday.
Delta Dental Process:
• Member contacts Delta Dental
• Delta Dental provides 3-5 Providers accepting Blue Plus
• Member contacts the 3-5 Providers

If the member is unsuccessful after calling the Providers, member will call Delta Dental and the Delta Dental Coordinator will schedule the appointment and warm transfer to BlueRide, if needed.

**Member:** 651-406-5907 or 1-800-774-9049  
**Care Coordinator:** 651-994-5198 or 1-866-303-8138
Interpreter Services

Via Language (telephonic)

❖ Call: 1-800-225-5254
❖ Caller must have:
  ➢ BCBS Care Coordinator “customer code”
  ➢ Cost center

Contact your Partner Relation Consultant for code and cost center

Face to Face: Contact one of the contracted interpreter agencies directly:

❖ The Bridge (320) 259-9239
❖ Itasca Interpretation Services (651) 457-7400
❖ Midwest Language Banc (612) 588-9410
❖ Arch Language Network, Inc (651) 789-7897

If you experience issues, send a secure email to: interpreterservices@bluecrossmn.com.