

Request to Exceed Case Mix CAP Request MSHO/SecureBlue and MSC+/Blue Advantage

Send completed form via secure email to Partner.Relations@bluecrossmn.com

CARE COORDINATION INFORMATION				
Date:	Care Coordinator:		Telephone:	
	Agency:		Email address:	
Current Assessment Date:				
Is a reassessment due within 60 days of this request? Yes No *If yes, please complete a reassessment and evaluate if a request is still needed.				
Was assessment completed greater than 60 days ago? ☐ Yes ☐ No * For assessment completed more than 60 days ago, is a "Change in Condition" assessment warranted. ☐ Yes ☐ No				
Date Care Coordinator and Supervisor reviewed: Date sub		Date submitted to	ubmitted to Blue Plus:	
MEMBER INFORMAITON				
Member Name:	Member ID:		Remaining Waiver Span Dates:	
Case Mix:	Case Mix amount:		Amount Over Case Mix Being Requested:	
Summary of Request:				
Cost-effective options considered to stay under current case mix cap (i.e. are all authorized services being used):				
REQUIRED DOCUMENTATION				
 □ Case notes for previous 3 months if applicable □ MnCHOICES assessment (will review from R-MnCHOICES) □ Support Plan (will review from R-MnCHOICES) □ Rate tool (Completed and available for review in MnCHOICES) □ Other supporting documents deemed appropriate (bids, quotes, doctor's order, med records, EAA Assessment results, etc) 				
BLUE PLUS PARTNER RELATIONS USE ONLY				
REQUEST TO EXCEED CASE MIX CAP/CONVERSION REQUEST DETERMINATION				
Date received:		Review/Determination Date:		
Determination:	If APPROVED, to		tal monthly amount:	
☐ Approved☐ Denied, rational:	Start Date		Snon End Data:	
☐ Void-returned to sender, rational:			Span End Date:	
Comments:				
INTERNAL USE ONLY:				
Partner Relations Consultant Signatu	ıre:	Date sent to Bridgeview Team and CC:		