

BCBS ~ CLINICAL GUIDE MEET & GREET

February 26, 2025

AGENDA



- Introductions
- What does a Clinical Guide do?
 - Which products?
- How do they support members?
- How can they support the Care Coordinator?
- Consultation vs Referrals to Case Management
 - Review of CM Referral Form
- Additional Good To Know Items
- Benefit and Claims Questions
- Success Stories
- Questions
- Resources

INTRODUCTIONS





WHAT DOES A CLINICAL GUIDE DO?



- Licensed Independent Clinical Social Workers and Registered Nurses supporting all Medicaid members (MSHO, MSC+, PMAP, MNCare)
- Field incoming phone calls
- Receive inbound referrals and consults, speak to a member or their provider to help bridge gaps
 in care, provide resources, and/or refer them to the appropriate department.
 - Examples may include: Customer Service, Medical and Behavioral Health Case Management, Case Management Specialty Departments and more (SUD, Oncology, Gender Services)
- Case Consultation
- Typically, complete 1-2 calls with member then refer to Case Management as needed
- Collaborate with various departments within the organization including the Partner Relations team!

HOW DOES A CLINICAL GUIDE SUPPORT OUR MEMBERS?



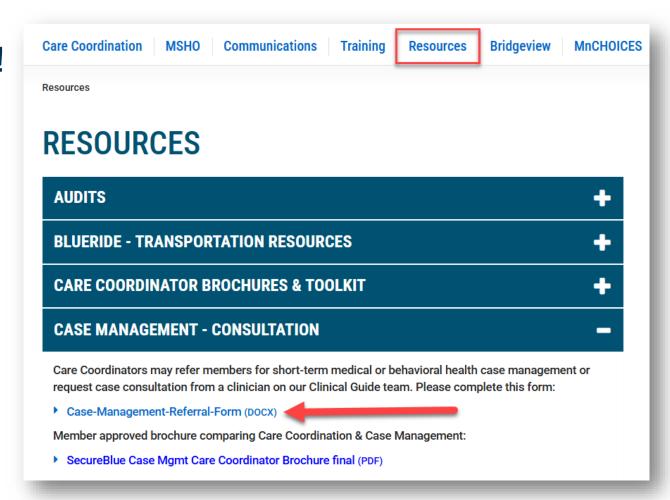
- By utilizing their clinical judgement, Clinical Guides assess the caller's needs, identify and vet resources to support the member holistically
- Warm transfer members to our customer service team, Delta Dental, Prime Therapeutics and others to support with getting benefit and claims questions answered while being a support to the member during the call
- Eliminate barriers through collaborative efforts. Examples may include:
 - Consulting with our internal Pharmacist
 - Collaborating with our Utilization Management Department
 - Provider outreach
 - Referring members to Case Management for ongoing care needs
- Provide members with resources primarily to meet Social Determinant of Health (SDoH) needs, educational resources and more
- Member advocacy

HOW CAN A CLINICAL GUIDE SUPPORT CARE COORDINATORS?



Collaborate to support the member!

- Place a consult or referral request through the online form <u>Case</u> <u>Management Referral Form</u>
- Emails sent to CC prior to us making outreach to ensure the member is not getting inundated with phone calls



CONSULTATION VS. REFERRALS TO CASE MANAGEMENT



Referral

 When you would like a Case Manager or Clinical Guide to work directly the member or caregiver.

Consultation

 When you would like to discuss a member's case with a Clinical Guide for resources and/or how to proceed with supporting the member. The Clinical Guide would have no member facing interaction in this scenario.

Key Take Away

 When in doubt submit a consult to the Clinical Guides and they would be happy to discuss the case with you and support with what next steps may be beneficial



REFERRALS AND CONSULTATIONS



Member is a good match for a case management referral if they:

- Member or caregiver is interested in actively working on a goal they are wanting to accomplish
- Are experiencing barriers to accessing or understanding their medications
- Are experiencing barriers to accessing providers
- Have symptoms that are not well-managed (pain, cancer treatment side effects, etc.)
- New Diagnoses

Member would be a good candidate for a consult with a Clinical Guide:

- When a members needs may not be well supported through telephonic case management but there is a gap in care. Example: Member with dementia
- When no outreach is needed to the member but there is a gap in care.
- When there is a gap in care, and you are wondering if there is a way Case Management can be a support.

ADDITIONAL GOOD TO KNOW ITEMS



- Our Care Management team in general does not call out to members in a Skilled Nursing Facility (SNF) or Assisted Living Facility (ALF) unless there is a specific need.
- One great resource to be aware of for all Medicaid members: 24 Hour Nurse Advice Line

Nurse line

Registered and experienced nurses are available 24 hours a day, 7 days a week when you need medical advice or guidance on where to go for care.

Call toll free **1-888-275-3974**, TTY **711**.

ADDITIONAL GOOD TO KNOW ITEMS



There is a common misconception that our Behavioral Health Case Managers offer therapy to members. Case Management is not intended to replace their therapy with their designated mental health provider but rather we can help with the following:

- Support the member to get connected with a new provider
- Educate on Behavioral Health condition management
- Assess for any medication management needs
- Provider collaboration

Blue Cross Release of Information (ROI) form: https://www.bluecrossmn.com/member-resources/authorization-disclosure-health-information

Correspondence Addresses

ADHI forms should be mailed to the PO Box listed on the form:

PO Box 982803

El Paso, TX 79998-2803

All other privacy/legal documents (Power of Attorney, Guardianship, Conservatorship, etc.) should be mailed to:
Blue Cross Blue Shield of MN and Blue Plus

ATTN: Privacy

PO Box 982817

El Paso, TX 79998-2817

Privacy/legal documents can also be sent to BCBSMN via fax or email:

Fax: 651-662-8424

Email: incoming.service.center@bluecrossmn.com

BENEFIT AND CLAIMS QUESTIONS



Step #1

• Direct the member or provider to call Customer Service or Provider Services. You can help them call too if they are needing support.

Medicaid Customer Service
Member Experience Advocate (MEA)
Medicaid (MNCare, PMAP, MSC+): 1-800-711-9862
MSHO: 1-888-740-6013

Provider Services: 1-866-518-8448

Step #2

If call attempts are made without resolution send a referral to a Clinical Guide

SUCCESS STORIES



- Otezla Nursing Home member
- Wonderful referral received from Care Coordinator for a member with pain



QUESTIONS?





RESOURCES



- Case Management Referral Form:
 https://carecoordination.bluecrossmn.com/resources/
- Authorization for Disclosure of Health Information Form (ROI)
 https://www.bluecrossmn.com/member-resources/authorization-disclosure-health-information