BlueCross BlueShield
of Illinois

BLUE CROSS AND BLUE SHIELD OF ILLINOIS
MEDICARE ADVANTAGE HMO POLICY

DEPARTMENT: IL Provider Performance Management	POLICY NUMBER GCS-IL-MA-05A	ORIGINAL EFFECTIVE DATE (IF KNOWN): 1-1-2013
POLICY TITLE: Complex Case Management Policy		EFFECTIVE DATE:
		LAST REVISION DATE: 4-21-21
EXECUTIVE OWNER: Executive Director, Network Clinical Program Strategy and Oversight	BUSINESS OWNER: Executive Director, Clinical Programs Strategy and Oversight	LAST REVIEW DATE: 4-21-21

I. SCOPE

This Policy applies to Provider Performance Management government product Medicare Advantage HMO.

This Policy applies to the following lines of business and products:

Line of Business / Product Scope / Plan Scope/Contract Number (if applicable)	In Scope [x]
Medicare MAPD/ H3822/H8547	X

II. PURPOSE

- To oversee the IPA who coordinates care and services to members with multiple or complex conditions. The IPA assists members when the degree and complexity of the member's illness or condition is typically severe, the level of case management is complex, and/or the amount of resources required for the member is extensive.
- To assist members to access care and obtain multiple services through assistance from their IPA.
- To assist members to regain optimal health or improved functional capability through assistance from their IPA.

III. POLICY

Blue Cross and Blue Shield of Illinois assures that members have access to Complex Case Management (CCM) based upon medical appropriateness and cost effectiveness.

1. Members and Primary Care Physicians (PCPs) are to be made aware of the ability to refer to CCM using printed materials such as the Welcome Letter, PCP newsletters or a web site. Predictive modeling software is used monthly to identify potential complex case management members for the delegated Independent Practice Association (IPA). The predictive model

incorporates claims/encounter data, hospital discharge data, pharmacy and data collected from the Utilization Management (UM) process to identify potential complex cases. Other sources of complex case identification may include referral sources identified by the IPA and may include: hospital discharge planners, UM referrals, PCP and treating providers, Behavioral Health (BH) Specialist, member/care giver referrals

2. The Nurse Liaison reviews and audits a random sample of case management cases annually. If the IPA fails their audit they are placed on a CAR until improvement is noted.

3. The Nurse Liaisons evaluate the Population Health (Complex Case Management Program) on an annual basis, and based on the populations assessment, enhancements to the program are made if needs are identified.

IV. CONTROLS/MONITORING

Control Document or Control Description	Control Owner
Review of Data being Reported Quarterly	Executive Director, Clinical Programs Strategy & Oversight
Oversight of data collection, analyses and reporting as well as development of Annual Program Evaluation.	Executive Director, Clinical Programs Strategy & Oversight

V. RELATED DOCUMENTS

Procedure ID	Procedure Name	Document Location
GCS-IL-MA-05B	Complex Case Management Procedure	GBS SharePoint Library

VI. SOURCES/REFERENCES

Federal/State	Regulatory Requirements & References
N/A	Blue Cross Medicare Advantage (HMO) Provider Manual - MA HMO Policy and Procedure: https://www.bcbsil.com/pdf/standards/manual/ma_hmo_policy_and_procedure.pdf

VII. POLICY REVIEWERS

Person Responsible for Review	Title	Date of Review
Tammy Wald, RN	Executive Director, Provider Performance, Network Clinical Program Strategy s and Oversight	4-21-2021

VIII. POLICY REVISION HISTORY

Version No.	Revision Date
Annual Review: New Policy Template/added some language and corrections to section 3 #1. Reformatted the numbering under the policy section	4-21-2021

IX. POLICY APPROVALS

Company, Division, Department and/or Committee	By: Name	Title	Approval date
IL Provider Performance Management	Tammy Wald, RN	Executive Director, Provider Performance, Network Clinical Program Strategy s and Oversight	4-21-2021