

Care Management

This section provides information on Care Management Programs available for your CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst) patients.

Per the terms of the Participation Agreement, all providers are required to adhere to all policies and procedures, as applicable.

If we make any procedural changes in our ongoing efforts to improve our service to you, we will update the information in this section and notify you through [email](#) and [BlueLink](#), our online provider newsletter.

Specific requirements of a member's health benefits vary and may differ from the general procedures outlined in this manual. If you have questions regarding a member's eligibility, benefits, or claims status information, we encourage you to use one of our self-service channels; [CareFirst Direct](#) or the Voice Response Unit. Through these channels, simple questions can be answered quickly.

Read and print the [Guidelines for Provider Self-Services](#).

Quality Improvement (QI) Program

The goal of the Quality Improvement (QI) program is to continuously improve the quality and safety of clinical care, including behavioral health care, and the quality of services provided to plan members within and across health care organizations, settings and levels of care. CareFirst strives to provide access to health care that meets the Institute of Medicine's aim of being safe, timely, effective, efficient, equitable and patient-centered.

QI Program Goals and Objectives

1. Support and promote all aspects of the CareFirst Patient-Centered Medical Home (PCMH) program and the Total Care and Cost Improvement (TCCI) programs as a means to improve quality of care, safety, access, efficiency, coordination and service.
2. Expand the Common Model for Medicare fee-for-service beneficiaries beyond the CMMI Innovation Grant to support extension for Medicare members.
3. Maintain overall medical trend at targeted levels.
4. Implement methods, tracking, monitoring, and oversight processes for all TCCI Programs to measure their value and impact for appropriate patients with complex health care needs.
5. All elements of the CareFirst TCCI program will be operating at targeted levels.
6. Establish collaborative partnerships to proactively engage clinicians, providers, and community hospitals and organizations to implement interventions that address the identified (medical and behavioral) health and service needs of our membership throughout the entire continuum of care and those that are likely to improve desired health outcomes.

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- Promote the provision of data and support to clinicians to promote evidence-based clinical practice and informed referral choices and members to use their benefits to their fullest.
- Maintain a systematic process to continuously identify, measure, assess, monitor and improve the quality, safety and efficiency of clinical care (medical and behavioral health), and quality of service.
- Assess the race, ethnicity, language, interpreters, cultural competency, gender identity, and sexual orientation needs of our diverse populations while considering such diversity in the analysis of data and implementation of interventions to reduce health care disparities, improve network adequacy and improve cultural competency in materials and communications.
- Monitor and oversee the performance of delegated functions especially for high priority partners (CVS/caremark, Magellan, Healthways and Medtronic).
- Develop and maintain a high quality network of health care practitioners and providers meeting the needs and preferences of its membership by maintaining a systematic monitoring and evaluation process.
- Operate a QI program that is compliant with and responsive to federal, state, and local public health goals, and requirements of plan sponsors, regulators and accrediting bodies.
- Provide insight based on SearchLight data to increase the knowledge base of the medical panels in the evaluation of their outcome measures.
- Address health needs of all patients along the health care continuum, including those with complex health needs (advanced developmental, chronic physical and/or behavioral illness, or complicated clinical situation).
- Support quality improvement principles throughout the organization; acting as a resource in process improvement activities.

CareFirst recognizes that large racial and ethnic health disparities exist and that communities are becoming more diverse. Racial, ethnic and cultural background influence a member's view of health care and its results. CareFirst uses member race, ethnic and

language data to find where disparities exist, and we use the information in quality improvement efforts.

Quality Improvement Committees

CareFirst's multi-disciplinary committees and teams work closely with community physicians to develop and implement the QI Program.

Clinical practitioners, including designated behavioral health care practitioners, provide input and feedback on quality improvement program activities through participation in the following committees:

Committee	Purpose
Quality Improvement Advisory Committee (QIAC)	A multi-specialty committee of practitioners that advises the Plan about standards of medical and behavioral health care
Quality Improvement Council (QIC)	Evaluates the quality and safety of clinical and behavioral health care and the quality of services provided to members
Credentialing Advisory Committee (CAC)	Reviews the credentials of practitioners and other providers applying for initial or continued participation in the Plan
Care Management Committee (CMC)	Monitors and analyzes the care management program and promotes efficient use of health care resources by members and practitioners
Delegation Oversight	Monitors and analyzes performance of Behavioral Health and Pharmaceutical Services.

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Performance Data

A status of performance and evaluation of meeting goals of the QI program can be found at www.carefirst.com. CareFirst and CareFirst BlueChoice retain the right, at their discretion, to use all provider and/or practitioner performance data for QI activities including but not limited to, activities to increase the quality and efficiency to Members (or employer groups), public reporting to consumers, and member cost sharing.

National Committee for Quality Assurance (NCQA)

All CareFirst's HMO and PPO products are accredited. Accreditation is awarded to plans that meet NCQA's rigorous requirements for consumer protection and quality improvement.

NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed Care Plans. NCQA's Accreditation standards are publicly reported in five categories:

- Access and Service: Do health plan members have access to the care and service they need?
- Qualified Providers: Does the health plan assess each doctor's qualifications and what health plan members say about its providers?
- Staying Healthy: Does the health plan help members maintain good health and detect illness early?
- Getting Better: How well does the health plan care for members when they become sick?
- Living with Illness: How well does the health plan care for members when they have chronic conditions?

Patient-Centered Medical Home (PCMH) Program

CareFirst's PCMH Program is designed to provide primary care providers – whether physician or nurse practitioner – with a more complete view of their patients' needs and of the services they receive from other providers so that they can better manage their individual risks, keep them in better health and produce better outcomes. The program requires greater provider-patient engagement and it meaningfully compensates providers for that engagement.

As part of CareFirst's PCMH Program, the Chronic Care Coordination Program provides coordination of care for patients with multiple chronic illnesses and is carried out according to Care Plans developed under the direction of the PCP. While Care Plans may result from a case management or HTC episode, they also originate from a review of the trailing 12 months of healthcare use by an attributed member who is identified as likely to benefit from a Care Plan.

Care coordination for these patients is carried out through the LCC who is assigned to each provider/practice within a panel. The LCC assists the PCP in coordinating all elements of the patient's health care and ensuring that all action steps in the plan are followed up and carried out. CareFirst provides online tailored care plan templates that are suitable for the needs of members with various chronic diseases (e.g., diabetes, asthma, COPD, coronary artery disease, congestive heart failure, hypertension, childhood obesity), or for members with condition "clusters" (e.g., a member with diabetes, obesity and congestive heart failure; or a member with coronary artery disease with myocardial infarction and hypertension).

The vast majority of patients for whom care plans are most appropriate have multiple morbidities. Each care plan template is based on the latest evidence-based clinical care guidelines for the condition or cluster.

The PCMH Program has a significant "upside" for the provider, for the patient and for CareFirst as a steward of its members' health care dollars. For more specific program information, including eligibility and how to get started, visit www.carefirst.com/pcmhinfo.

Disease Management Programs

CareFirst offers [Disease Management](#) programs designed to reinforce and support the physician's plan of care. All programs are voluntary and confidential.

CareFirst uses claims data to identify members with the following chronic conditions who are eligible for disease management: asthma, diabetes, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), heart failure, chronic low back pain, osteoarthritis, atrial fibrillation, irritable bowel syndrome (IBS), and fibromyalgia. The programs help educate members about their diseases and how to manage them, which will improve medical outcomes and quality of life. Services range from quarterly

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educational mailings to case management, and access to a support nurse by phone 24-hours a day, seven days a week.

To obtain more information or to enroll patients into one of these programs administered by Healthways, Inc., call 800-783-4582.

Please note: These programs are not currently available to all members. Please verify the member's benefits.

Respiratory Diseases (Asthma, COPD)

CareFirst offers comprehensive disease management programs for members with asthma and chronic obstructive pulmonary disease (COPD). These confidential, voluntary programs:

- help members learn how to self-manage their condition
- reinforce the physician's plan of care
- are administered by Healthways, Inc.

Enrolled members:

- can access a nurse by phone 24-hours a day, 7 days a week
- are assigned a nurse care manager, if disease is severe
- receive educational materials, including condition-specific workbooks, action plans and newsletters.

To obtain more information, refer a patient or if you are a member and want to self-refer, call the Asthma Management Program at 1-800-783-4582.

COPD Resources/Related Links

CareFirst follows the COPD guidelines established by National Heart Lung and Blood Institute and World Health Organization.

The COPD Guidelines can be obtained from www.goldcopd.org.

The Asthma Guidelines can be obtained from www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines.

Diabetes

CareFirst offers a comprehensive disease management program for members with diabetes. This confidential, voluntary program:

- provides routine updates to keep physicians informed about patients' progress and adherence to the plan of care
- reinforces the physician's plan of care
- is administered by Healthways, Inc.

Enrolled members:

- can access a nurse by phone 24 hours a day, seven days a week
- are assigned a nurse care manager
- receive educational materials, including condition-specific workbooks, action plans and newsletters.

To obtain more information or to refer a patient, please call the Diabetes Management Program at 1-800-783-4582.

Diabetes Resources/Related Links

The following information/journals can be found at <http://care.diabetesjournals.org/>.

- Standards of Medical Care in Diabetes
- Nutritional Recommendations and Interventions for Diabetes

Heart Disease

CareFirst offers a comprehensive disease management program for members who have or are at risk for congestive heart failure (CHF) and coronary artery disease (CAD). This confidential, voluntary program:

- provides routine updates to keep physicians informed about patients' progress and adherence to the plan of care
- takes note of the high rate of heart disease among persons with diabetes
- reinforces the physician's plan of care
- is administered by Healthways, Inc.

Eligible members:

- can reach a nurse by phone 24 hours a day
- are assigned a nurse care manager (if greater disease severity exists)

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- receive educational materials, including condition-specific workbooks, action plans and newsletters.

To obtain more information or to refer a patient, please call the CHF/CAD management program at 1-800-783-4582.

CareFirst supports the American Heart Association Clinical Guidelines. You may obtain a copy of these guidelines at www.americanheart.org.

Resources/Related Links

- [Clinical Guidelines for the Management of Heart Failure](#)
- [ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults](#)
- [AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk](#)
- [ACC/AHA Guideline on the Assessment of Cardiovascular Risk](#)

Note: Additional heart health resources and links can be found in the Clinical Guidelines section of www.carefirst.com/providers.

Oncology

CareFirst's cancer management program seeks to ensure the best possible outcomes for members with cancer.

Enrolled members are assigned to an experienced oncology Care Manager who:

- monitors their progress in conjunction with the physician's plan of care
- provides educational and emotional support
- is available by calling 888-264-8648, Monday-Friday from 8:30 a.m. to 4:30 p.m.

Providers may refer a member to the oncology program by calling 1-888-264-8648.

Clinical Resources

Clinical resources are developed under our QI program and support our providers in treating chronic disease and conditions and providing preventive care. These

resources include [Clinical Practice Guidelines](#) and [Preventive Service Guidelines](#).

Medical Record Documentation Standards

The following resources are developed under our QI program and support our providers in maintaining office operations.

- [Medical Record Documentation Standards](#)
- [Practitioner Office Standards](#)

Complex Case Management

CareFirst has assembled a team of highly qualified registered nurses who work directly with our sickest members to manage the care of their complicated conditions. Using the web-based care management system, case managers have the ability to create a care management plan in our online portal. Recognizing the need for targeted capabilities for complex conditions, CareFirst has developed specialized case management for the following patient needs:

- Adult Oncology
- Pediatric Oncology
- Complex Medical
- Trauma/Rehabilitation
- Special Needs/Complex Pediatrics
- High Risk Obstetrics
- Hospice/Palliative/End of Life Care

Health care providers, patients, family members, employers or anyone familiar with the case may refer candidates for CCM by calling 888-264-8648.

Outpatient Pre-Treatment Authorization Plan (OPAP)

OPAP is a pre-treatment program that applies to outpatient physical, speech and occupational therapy. Providers should use [CareFirst Direct the provider portal](#) to enter their pre-treatment authorizations.

Coordinated Home Care and Home Hospice Care

The Coordinated Home Care and Home Hospice Care programs allow recovering and terminally ill patients to stay at home and receive care in the most

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comfortable and cost-effective setting. To qualify for program benefits, the patient's physician, hospital or home care coordinator must submit a treatment plan to CareFirst. Authorization requests should be submitted via [CareFirst Direct](#). A licensed home health agency or approved hospice facility must render eligible services. Once approved, the home health agency or hospice is responsible for coordinating all services.

Hospital Transitions of Care

The Hospital Transitions of Care Program strives to improve the quality of care and safety for its members at the greatest risk – those that are hospitalized. By placing CareFirst Registered Nurses (RNs), called Hospital Transition Coordinators, on-site in the hospital and available by phone, the members with a high probability of readmissions get direct access to those who can strengthen the coordination of member care across settings. Contact your Provider Relations Representative with questions about this program.

Comprehensive Medication Review Program (CMR)

The Comprehensive Medication Review Program is offered to members where there are indications of high potential for medication-related issues. The review is performed by a local pharmacist who consults with prescribers. High prescription use, high cost, and high Drug Volatility Score (DVS) members are flagged for a comprehensive medication review by a local pharmacist or specialty pharmacist to assure a member's drug profile is optimal and to resolve any issues with it. In addition, other cases are identified from data mining for review to reduce problems resulting from dosage or drug interactions.

Magellan Healthcare, Inc.

[Magellan](#) offers a full array of managed mental health, substance abuse, and Employee Assistance Programs (EAP) services, including utilization management, PPO, HMO and point-of-service networks. Magellan offers programs designed with a patient-advocacy focus, such as Case Management and Transition of Care Services. Certified behavioral health professionals can provide Behavioral Health and Substance Abuse (BHSA) care coordination. For more information, visit www.carefirst.com/pcmhguidelines.

Mandatory Second Surgical Opinion Program (MSSOP)

MSSOP is aimed at containing costs by reducing unnecessary diagnostic and surgical procedures. It also provides reassurance to patients having elective surgery by either confirming the need for the surgery or advising them of other forms of treatment. Some employer groups elect Voluntary Second Surgical Opinion (VSSOP), while others choose MSSOP for certain procedures. If a subscriber's contract requires MSSOP, a penalty is applied if the VSSOP is not obtained. A practitioner who is qualified to perform the surgery must perform the VSSOP. The program applies to a specific list of diagnostic and surgical procedures when they are performed on an elective, non-emergency basis. The procedures on the MSSOP list vary from account to account.

Utilization Control Program (UCP)/ Utilization Control Program Plus (UCP+)

These programs feature pre-admission review, admission review, continued stay review, retrospective review, and discharge planning. A Notification of Admissions to the CareFirst Utilization Management department is required. This notification is done in [CareFirst Direct](#).