11 – UTILIZATION MANAGEMENT, CASE MANAGEMENT, AND CONDITION & LIFESTYLE MANAGEMENT

Overview

The BCBSNM Utilization Management (UM), Case Management (CM), and Condition & Lifestyle Management (DM) programs are structured to evaluate, promote, and coordinate quality and cost-effective services. The UM, CM, and DM staff are responsible for assisting members with medically related services. A Medical Director is involved in implementing BCBSNM’s UM program and oversees medical necessity decisions and medical reviews. Benefits are determined based on the member’s benefit plan as described in the member’s summary of benefits. Medical necessity determinations are based on nationally accepted, objective, and evidence-based criteria.

The BCBSNM UM, CM, and DM programs are reviewed, updated and approved annually by the Quality Improvement Committee (QIC). This committee includes contracted network providers representing multiple specialties. Provider input to medical policy is welcomed and encouraged. The Clinical and Services Quality Improvement committees support the Health Care Management programs; considers and makes recommendations to improve the UM program and process. The committee also reviews UM criteria and medical policies.
# 11 – Utilization Mgt, Case Mgt and Condition/Lifestyle Mgt

## Blues Provider Reference Manual

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11.1 Utilization Management

11.1.1 Overview

Utilization management at BCBSNM includes:

- Pre-service review (preauthorization)
- Concurrent review
- Discharge planning
- Retrospective review

Physicians and other providers are contractually obligated to supply a timely response to verbal and/or written inquiries from BCBSNM UM representatives regarding members' care needs or medical records. Timely responses afford BCBSNM the opportunity to assist members in receiving the full benefit of their health care coverage.

11.1.2 Accessibility

Intake staff members are available to receive incoming calls, make outbound calls, and discuss UM issues with members and providers Monday through Friday, between the hours of 8 a.m. to 5 p.m. (Mountain Time) toll-free at: 1-800-325-8334. A fax line, 505-816-3857, can receive authorization requests 24 hours a day, 7 days a week.

UM staffing is maintained at a level to provide efficient and knowledgeable services to our providers and members. A nurse is available 24 hours a day, 7 days a week, with access to the Medical Director as needed to address urgent UM requests. When communicating with members and providers, the UM staff members identify themselves by name, title, and as a BCBSNM employee.

11.1.3 Decision Making

BCBSNM refers to the resources listed below to render coverage determinations based on medical necessity or medical appropriateness. A Medical Director makes any denials related to medical necessity and medical appropriateness.

When determining medical necessity or medical appropriateness, BCBSNM will use, in conjunction with independent medical judgment, the following which include but are not limited to:

- Milliman Care Guidelines (MCG), a nationally recognized evidenced-based criteria set.
- Health Care Service Corporation (HCSC)/BCBSNM Medical Policy developed through coordination with BCBS Association, the Technical Evaluation Center (TEC), an independent medical policy research organization, and/or review of medical literature. Policies are based on current medical literature research, consideration of new and evolving technologies, and input from a variety of medical specialists.
• Centers for Medicare & Medicaid Services (CMS) guidelines
• State guidelines
• Guidelines from recognized professional societies and advice from authoritative review articles and textbooks
• eviCore Medical Policy

The definition of Medical Necessity may vary by line of business. For New Mexico insured commercial and retail business, medical necessity means health care services determined by a provider, in consultation with BCBSNM, to be appropriate or necessary, according to any applicable generally accepted principles and practices of good medical care or practice guidelines developed by the federal government, national or professional medical societies, boards and associations, or any applicable clinical protocols or practice guidelines developed by BCBSNM consistent with such federal, national, and professional practice guidelines, for the diagnosis, or direct care and treatment of a physical, behavioral, or mental health condition, illness, injury or disease. It is not for the convenience of the member, the treating physician, the hospital, or any other health care provider.

All HCSC medical policies are available online under the Standards & Requirements tab at bcbsnm.com/provider.

The criteria used in the UM decision-making process are available upon request. The Medical Director and the Plan Pharmacist (when cases involve pharmaceutical management) are available to discuss UM decisions. Please contact our UM department at 800-325-8334 to request specific criteria or to talk with a nurse.

11.1.4 Ensuring Appropriate Utilization

BCBSNM clinical leadership staff reviews data to assess resource utilization. This utilization information is used to determine if there are practices or practice patterns that may be improved to provide better quality care and/or more efficient utilization of services.

BCBSNM clinical staff ensures appropriate utilization of medical services by:

• Basing UM decisions on appropriateness of care and service and existence of coverage
• Ensuring that all members are afforded medically necessary benefits in accordance with their respective plans
• Not specifically rewarding practitioners, providers, or other individuals for issuing denials of coverage or service care
• Not offering financial initiatives to UM decision makers that could encourage decisions that result in under-utilization
• Not prohibiting physicians/professional providers from advocating on behalf of members within the utilization management process

11.1.5 24/7 Nurseline

BCBSNM members may call our 24/7 Nurseline toll-free at 1-800-973-6329, 24 hours a day, 7 days a week.
Members calling the 24/7 Nurseline can speak directly with a registered nurse who can help them identify their health care concerns and options in a matter of minutes. Members can also learn about more than 1,000 health topics in our audio library, from allergies to women’s health, including more than 600 topics in Spanish.

Our members are encouraged to call whenever they have questions about health problems such as asthma, back pain, and other chronic conditions; headaches and fever; minor accidents (cuts and burns); and child care. (For medical emergencies, members are instructed to call 911 or their local emergency service first.)

The Condition Management nurses, known as Blue Care Advisors (BCAs), receive and review electronic reports of all members calling the 24/7 Nurseline. These reports are reviewed, and when appropriate, outbound calls are placed to these members to offer:

- Additional information regarding our Condition Management programs and the benefits of participation in the program
- BCA follow-up calls to address any remaining concerns

### 11.2 Individual Case Management

BCBSNM nurses provide individual case management for members with chronic, complex, or catastrophic conditions. Case management activities are based on national standards of practice from the Case Management Society of America. All BCBSNM case managers are certified or are working towards taking the certification examination.

Key points in case management include:

- Case management referrals are accepted and encouraged from physicians, members, facilities, and community providers.
- Early patient identification and intervention can support the member and improve coordination of care.
- Case managers work closely with physicians and ancillary providers and communicate with them by phone or in team conferences.
- Case managers, in conjunction with the treatment team and family, are advocates for the member.
- All transplants must be performed within the BCBSNM transplant network or appropriate BCBSA affiliated facilities. The case manager is available to work with the member and provider in order to assist with this process. Transplant services, including evaluations, must be preauthorized. Requests for these services can be submitted through the normal preauthorization process.

If you would like to refer a patient for case management, please call Health Services (see the phone directory at the front of this manual). CM can also be contacted 24 hours a day, 7 days a week, by leaving a voice mail at 1-800-325-8334. You will be contacted the next working day.
11.3 Condition & Lifestyle Management

11.3.1 Overview

The BCBSNM Condition & Lifestyle Management (DM) program has been developed to assist and educate our members to improve self-care management of their chronic disease(s). Our DM programs are based on the belief that to optimize healthy outcomes, patients with chronic conditions are best served by a coordinated combination of professional clinical care: the care providers give, and patient self-care. Our DM programs help unite these two aspects of optimal care in the comprehensive Blue Care Connection® (BCC) program. The BCBSNM BCC program provides a continuum of care to all members through coordination between UM, CM, and DM.

The role of the Blue Care Advisor (BCA) is important to our Condition & Lifestyle Management program. Our BCAs are a multidisciplinary team of Registered Nurses, Licensed Professional Counselors and Master Level Social Works who provide telephonic outreach to at-risk and high-risk patients identified through claims analysis, predictive modeling, member self-referrals, provider referrals, internal UM/CM referrals, and completion of health assessments (HAs).

The BCAs assess members’ health status, chronic condition-specific educational needs, gaps in care, as well as assess the member’s readiness to change. If the member chooses to actively engage with the BCA, that clinician works with them and with the provider to provide education on daily and long-term management of chronic conditions, facilitate compliance with treatment plans and medication regimens, and monitor outcomes. The BCA is an adjunct to the care providers give to BCBSNM members.

11.3.2 Program Focus and Features

The BCBSNM DM program focuses on the following conditions that lend themselves to condition management:

**Condition Management**

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Cardiovascular Condition Clusters (coronary artery disease, peripheral artery diseases, angina and atherosclerosis)
- Diabetes
- Musculoskeletal Leading Indicators
Lifestyle Management

- Metabolic Syndrome (Leading Indicators of MetS, diabetes and coronary artery disease)
- Hypertension (HTN)
- Obesity (Weight Management)
- Tobacco Cessation

The BCBSNM DM program is designed to support the physician or practitioner/patient relationship and plan of care in the following ways:

- Provide self-management education and skills to patients
- Provide telephonic health coaching and one-on-one support from a dedicated BCA
- Assist patients with setting realistic, healthy lifestyle goals such as exercise programs, stress reduction techniques, etc.
- Telephonic reminders and support for obtaining medical services
- Provide patients with special monitoring equipment such as blood glucose monitors and peak flow meters
- Provide patients with interactive Web-based tools such as Health Risk Assessments (HA), Well onTarget Program, Well onTarget Life Points Program, Care onTarget Program, Online Member Care Profile, 24/7 Nurseline and Wellness Discounts
- Disseminate current, nationally accepted, evidence-based clinical guidelines
- Identify and refer certain high-needs patients to CM services
- Continually evaluate clinical, humanistic, and economic outcomes with the goal of improving overall health and risk reduction

Components of the BCBSNM DM program include:

- Population identification processes (medical claims, predictive modeling, pharmacy data, HA data, etc.)
- Evidence-based practice guidelines
- Collaborative practice models to include physician and support-service providers
- Patient self-management education (may include primary prevention, behavior modification programs, and compliance/surveillance)
- Process and outcomes measurement, evaluation, and management
- Routine reporting/feedback loop (may include communication with patient, physician, health plan and ancillary providers, and practice profiling)
- Provide members Emmi Health Online Tutorials (short, interactive videos on specific conditions and procedures designed to help member make more informed decisions).

Our DM program is managed through the Blue Care Connection® (BCC) program. For a more detailed description of current program features, visit our provider website at bcbsnm.com.
11.3.3 Physician Referrals

We invite all physicians to consider BCBSNM members for referral to our DM program. Referrals can be made by calling 1-866-874-0912. Physician support enhances the chance the member will achieve full program benefit.

11.3.4 Wellness and Preventive Care

The BCC Wellness Program is a component of the BCC Program and is not a program under Condition & Lifestyle Management.

For more information about our Condition Management programs, go to our website at bcbsnm.com/provider and select the Clinical Resources tab. You may also call 1-866-874-0912.

11.4 Confidentiality

Confidentiality of medical records and medical information is critical to BCBSNM. Medical records and information obtained by phone are held in confidence and used only to make the most appropriate determination for the member. Information pertaining to the diagnosis, treatment, or health of any member, including HIV/AIDS, behavioral health, and genetic testing, is held in strict confidence. This information is utilized and disclosed to the extent required or permitted by law under HIPAA regulations.