of Tennessee

QUALITY+

Population Health Overview

BlueAdvantage (PPO)SM
BlueEssential (HMO SNP)SM

Our Team

The Medicare Advantage Population Health program is a fully integrated, multi-disciplinary medical and behavioral health care management team that focuses on the unique needs of Medicare beneficiaries. The clinical team is required to obtain the Case Management Certification (CCM) designation issued by the Committee of Case Management Certification (CCMC). This certification is in addition to professional licensure and demonstrates a commitment to the principals of care coordination and health coaching. Our staff also has Certified Diabetes Educators (CDE) to handle the specific needs of the diabetic member.

The team includes:

- Registered Nurses
- Licensed Social Workers
- Registered Dietitians
- Behavioral Health Specialists
- Clinical Pharmacist for BlueEssentialSM

Our Focused Programs

Programs that are available to all members at no additional cost include:

- **Complex Case Management**
  - Catastrophic illness support
  - Complicated care coordination issues
- **Transplant Case Management**
  - Integrated service authorization and case management support prior, during, and after transplant
- **Chronic Condition Care**
  - Supportive and healthy behavioral coaching for long-term self-care of chronic diagnoses such as diabetes, coronary artery disease, HTN, CHF and COPD
- **Behavioral Health Case Management**
  - Integrated behavioral health specialists available to co-manage or independently assist with behavioral health concerns and coordination needs and their impact on chronic medical conditions.
- **Specialized Support (Social Work, Registered Dietitian, Clinical Pharmacist)**
  - Social workers coordinate services to address barriers in social determinates of health
  - Registered dietitians provide nutrition education and counseling pertinent to managing chronic conditions as well as specialized diabetic education
  - Clinical pharmacist provides medication adherence education, medication reconciliation and consults with care management team on barriers to compliance and poly-pharmacy concerns.

Our Interventions

Our team supports and reinforces your plan of care through readiness-to-change motivational interviewing and health coaching. We also help the member with care coordination to maximize their insurance benefits.

Our team offers:

- Identification of barriers that affect the patient's compliance with your plan of care
- Coaching and support for behavior change, goal setting and medication adherence
- Education and resources to empower your patients through increased knowledge of their health conditions
- Connections and coordination with primary care, specialists and community resources
- Assistance with navigating complex health situations, such as a transplant or when experiencing a catastrophic diagnosis

How We Can Help

Our care management team works collaboratively with our provider network to identify individual member healthcare needs and promote positive health outcomes. The multi-disciplinary team acts as a member advocate and a liaison between providers, members and BlueCross to integrate and coordinate complex services, and address the social determinates of health that can exacerbate the concerns of living with chronic or acute conditions. We also provide education and motivational coaching for behavior change with the goal to foster increased self-management. Our education includes telephonic, SMS messaging, two way communication through a dedicated smart phone app and written communication focused on the member's unique educational needs.

We're Right Here

For questions or assistance with any patients you believe would benefit from care management services, please contact our Population Health Department:

Population Health Department Referrals

Call: **800-611-3489**

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Call: **(423) 535-8345**

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