MASSACHUSETTS

Advanced Illness Support

Information for referring providers

Questions? Contact Bryan O. Buckley, Advanced Illness Support program pilot, at Bryan.Buckley@bcbsma.com

Goals for the Advanced Illness Support program pilot

Home-based support programs for patients with advanced illness have been shown to:

- Increase quality of life and satisfaction with care for patients and their families
- Improve the ability of members to cope after their loved ones die
- Reduce unwanted care, such as hospital admissions and readmissions, and ED visits

How will my patient benefit?

BCBSMA is offering this pilot in partnership with existing community based agencies. Your patients in this program pilot will get access to:

- In-home visits from an interdisciplinary care team including physicians, nurses, social workers and spiritual care providers
- 24/7 access to home urgent care visits
- Telephone access for symptom advice and concerns
- Caregiver support and respite
- Case management
- Advanced care planning

Cost

Co-pays, co-insurance and deductible rates do apply to this program pilot. Member costs will be billed as a single specialty medical care visit for the entire months' worth of services.

Who is eligible for the pilot?

The Advanced Illness Support program pilot agencies that cover most of the state. **THERE IS NO COVERAGE in Franklin and Berkshire Counties, Cape Cod and the Islands or the towns of Athol, Chesterfield, Goshen, Plainfield, Royalston, and Williamsburg.**

You can refer most **in-state** Blue Cross HMO and PPO members — **excluding Medicare Advantage, Indemnity, Federal Employee Program pilot, Harvard and MIT students and members in the HMO Essentials product** — if the patient:

- Has an advanced disease, disorder, or condition, including but not limited to the following:
  - Stage 3 or 4 Cancer: Locally advanced or metastatic cancer; leukemia or lymphoma
  - NYHA Class 3 or 4 congestive heart failure
  - Chronic obstructive pulmonary disease: Admission for COPD exacerbation, oxygen-dependent state or short of breath at rest, low body mass index or weight loss, poor functional status
  - Cerebral vascular accident/stroke: Inability to take oral nutrition, change in mental status, history of aspiration or aspiration pneumonia
  - Chronic kidney disease (CKD): Signs of uremia (itching, confusion) or edema in a patient not on dialysis, patient on dialysis with poor functional status
  - End-stage liver disease (ESLD): Encephalopathy refractory to medications, coagulopathy, renal dysfunction
- ***And*** had an ER visit, hospitalization, or hospital readmission within past 12 months prompted by uncontrolled symptoms related to the underlying disease or inadequate home, social, or family support.

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Additional clinical criteria

The agency will assess additional clinical and functional criteria to determine if the patient:

- Has a Palliative Performance Scale (PPS) rating <=70% (shows significant disease; unable to do normal activity and work) ***and***
- Will be at home or an assisted living facility at hospital discharge ***and meet two of the following:***
  - Dependent on help for one or more ADLs, complex home support for ventilator/antibiotics/feedings
  - High risk factors: low health literacy, medication non-adherence, frequent no-shows to outpatient appointments, cognitive impairment
  - Decline in function, feeding intolerance, frequent falls, or unintended decline in weight
  - Declined hospice enrollment
  - Has complex goals of care, for example: conflict among patient/family regarding GOC, patient refusing to engage in GOC/ACP activities, hoping for a miracle

Participating agencies include:

- VNACare Network
- Care Dimensions
- Hope Health
- Baystate Home Health & Hospice

You will be fully informed about your patient's status by participating agencies, which are required to coordinate with treating providers.

How do I refer a patient?

Call our Case Management Assistance area at **1-800-392-0098** about the Advanced Illness program pilot