

ConnectionsSM Complex Care Management Program FAQ

What is the Accordant CareTM program?

This disease management program for complex chronic conditions is part of the Independence Blue Cross (IBC) ConnectionsSM Health Management programs and has been administered by Accordant Health Services, a specialized disease management company. Sixteen conditions are managed: ALS, CIDP (chronic inflammatory demyelinating polyradiculoneuropathy), Crohn's disease, cystic fibrosis, dermatomyositis, Gaucher's disease, hemophilia, multiple sclerosis, myasthenia gravis, Parkinson's disease, polymyositis, rheumatoid arthritis, scleroderma, seizure disorders, sickle cell anemia, and systematic lupus erythematosus.

What is changing?

Effective May 1, 2010, IBC will be transitioning the administration of this program to its internal staff of skilled nurses for members in fully insured groups. This transition will occur by December 31, 2010, for members in self-funded groups who have purchased the Connections Health Management programs.

Why is IBC making this transition?

IBC has enhanced its internal care management capabilities so that we can support members with complex chronic conditions through an in-house care management program. The use of an in-house team will enable us to provide the appropriate resources to those members most in need. We will not replicate the vendor's program. Instead, we will target those members with complex conditions who are most at risk for complications, noncompliance, and needs associated with effectively managing two or more complex medical conditions.

How many members will be affected by this program change?

As of December 2009, we have more than 17,000 eligible commercial members, 2,300 of whom are in self-funded groups and who may be affected by this transition. This includes the current 7,000 commercial members participating in the program, including 900 in self-funded groups.

How will this transition affect our members?

For members who are currently engaged with an Accordant nurse, an IBC care manager who is a registered nurse will review medical information and, based on that review, may contact the member. The nurse will offer support through education, guidance, and assistance in monitoring his or her health. The nurse care manager can help the member understand his or her diagnosis, learn skills to stay as healthy as possible, learn about medications, manage symptoms and side effects, and stay on track with the health care provider's plan of care. Members who do not receive a call but who believe they require assistance with managing their condition from a care manager may contact the Care Management department at 1-800-313-8628, prompt 1, to leave a message, or they may self-refer using ibxpress.com.

We will continue to identify and stratify members each month to target those who need additional help and find new members who need support.

All members can take advantage of the health resources available through the Healthy LifestylesSM program and our member website, ibxpress.com. Additionally, IBC members have access to the Connections Health Coaches for information and support. Member communications

will remind members that Health Coaches are available 24/7 at 1-800-ASK-BLUE (1-800-275-2583) to assist with health-related concerns or questions.

How will members with complex chronic conditions be managed?

For members with one of the 16 complex chronic conditions, the complex care management program will utilize claims and medical data to identify members who are at risk for complications, noncompliance, and needs associated with effectively managing two or more complex medical conditions.

Care Managers, who are registered nurses, will work by telephone with members who are identified as at risk as well as their health care team to provide support and education and to coordinate services and resources as needed and available under their health plan benefits. The level of intervention is dependent on the individual needs of the member.

Members who are not contacted but believe they require care coordination may always self-refer by calling the Care Management Department at 1-800-313-8628, prompt 1, to leave a message.

Members who have no immediate needs can take advantage of the health resources available to them through the Healthy Lifestyles Program and the IBC member website, ibxpress.com. Additionally, as an IBC member they have access to the Connections Health Coaches for information and support. Member communications will remind members that Health Coaches are available 24/7 at 1-800-ASK-BLUE (1-800-275-2583) to assist with health-related concerns or questions.

How are we communicating this transition to our members?

Members currently enrolled in the program will receive a letter informing them of the program transition. The mailing schedule is as follows:

- March 2010 for members in fully insured groups.
- third and fourth quarter 2010, for members in self-funded groups. Care management staff will be working with the account executives for these customers to determine optimum transition dates for each customer.

How are we communicating this program change to our providers?

Providers will be notified of this change in the Partners in HealthSM newsletter 30 days in advance of the transition date. Providers can also refer a member with one of the 16 complex conditions to the program by calling 1-800-313-8628, prompt 1, to leave a message.

How are we communicating this change to our group customers?

Sales associates will be provided with a list of customers who have members affected by the transition and talking points that they can use with their customers. Due to the limited number of members affected by this change, a mass customer mailing will not be needed.

What is the name of this program?

To minimize potential market confusion, when positioning our capabilities to support members with these 16 diseases, we should refer to these as complex care management activities available

through the Connections program with the level of outreach activities targeted to the specific member's needs. We should no longer refer to the AccordantCare Program by that name.

What will happen when members or providers call Accordant after the transition?

Accordant Health Services will direct members to contact Customer Service at 1-800-ASK-BLUE (1-800-275-2583). Providers will be asked to contact their network coordinator.