BlueCross BlueShield of Florida
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Answers to Frequently Asked Questions

BCBSF Care Coordination Program: Supporting Members Through the Challenges of Health Care Decisions

What is Care Coordination?

"What can I expect after my hospital stay? What services will be covered under my plan? How can I get the most out of my benefits?" Care Coordination is a voluntary program designed to help provide answers to members' questions as they navigate through the health care system and their contract benefits. This new model focuses on providing a central point of contact—Care Coordinators—who help members coordinate benefits and provide information sources to assist them in achieving their individual health goals.

How is Care Coordination different from existing Concurrent Review, Discharge Planning and Case Management?

Care Coordinators will continue to perform traditional activities related to Concurrent Review, Discharge Planning and Case Management. The enhanced program is designed to assist our members and providers as they navigate through coverage and benefit decisions related to the member's health care event. The Care Coordination team is comprised of BCBSF registered nurses and physicians in collaboration with the member, their physician and facilities as needed. In addition, Care Coordination also offers a Member Outreach Program.

What is Member Outreach?

Member Outreach is designed for early identification of individuals who may be making significant health care decisions. A BCBSF registered nurse will contact members scheduled for select procedures and/or those needing additional services after discharge. The goal is to proactively assist in evaluating and planning the member's coverage and benefits to improve outcomes. Early identification provides an opportunity to promote informed health care decisions, familiarize members with their participating network and support coordination of care with their physician.

Are there other changes?

Care Coordination teams are located throughout the state and are familiar with local and national resources that may be able to help members with additional support based on individual needs. This may include referrals to community resources or other related programs available to the member (e.g. Healthy Addition, Health Dialog, Disease Management Programs).

How will we know if the program is successful?

This new approach has continuous improvement measurements and audit functions embedded in its design through planned feedback and satisfaction surveys.

How does Care Coordination link with other programs?

The Care Coordination team has links with many internal and external support programs.

What if I have questions?

For questions or additional information, contact any of the following senior managers in Care Coordination: Lisa Pensivy, (941) 378-7319 (Tampa and Orlando), Krista Dawkins, (904) 905-45897 (Jacksonville and Pensacola), and Susan Carver, (561) 242-1321 (Dade, Broward and Palm Beach). For information about Care Coordination's continuous improvement program, call Susan Gladora, (904) 905-8543.