



Binder: OSF HealthPlans HCM Department	
Policy No/Title: HCM.CMG.279 ESRD Case Management Coordination	
Author: Edward A. Hirsch, M.D. Original Date: 12/06	
Replaces:	Revision/Review Date(s): 2/07; 2/08
Approval:	Title: Vice President and Chief Medical Officer

POLICY: It is the policy of OSF HealthPlans to coordinate and case manage ESRD patients to transition to and from Medicare coverage when indicated.

PURPOSE: To ensure consistency with coordinating ESRD patients with Medicare and Commercial coverage.

PROCEDURE:

OSF Healthplans will review and coordinate ESRD patients to verify eligible primary benefits between Medicare and Commercial coverage according to Medicare Guidelines.

1. ESRD members will be identified according to guidelines for case management in policy HCM.CMG.074 Case Management.
2. The date of onset of dialysis services and/or kidney transplant will be determined and documented. A Case Management Service Form will be completed for documentation of ongoing case management activities.
3. The Group Services department will be notified via e-mail to investigate primary coverage according to Medicare Guidelines. They will update the system with eligibility/COB coverage verification.
4. Communication and coordination will be competed with the member, the dialysis center, and/or the nephrology specialist staff to ensure appropriate primary and secondary coverage.
5. The case will be flagged for appropriate follow up according to the member's progress, Medicare eligibility, or status changes.
6. Four to six week prior to becoming medicare prime, a medicare prime coverage letter is sent to the dialysis patients. Copies are sent to the primary care physician, specialist and dialysis center/facility, notifying them of the effective date OSF HealthPlans becomes secondary to Medicare.