



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

June 2, 2023

Group Customer FAQ Clinical Insights & Innovation Summit

Overview

The Clinical Insights & Innovation Summit was held on April 18, 2023 in South Lyon. Key group customers were invited to participate in person and virtually.

The summit showcased clinical innovation with presentations to our group customers. The following are answers to the questions received from the group customers during the summit.





Questions about centering pregnancy

1. Where and when will we find expanded access to the centering pregnancy model in SE MI?

We plan to launch an incentive for practices who want to start offering centering pregnancy care in the fall of 2023 and training is planned for 2024.

Questions about Maven

1. Does Maven have plans to expand to women's care issues that are beyond those related to pregnancy/post party's etc.? Caregiver, mental health, weight loss etc.?

According to Maven, they continue to make product investments so that **every woman and family:**

- Receives personalized care and guidance each step of the way
- Feels confident in how they will finance the care that they need
- Finds high-quality, accessible care without long wait times, long drives, or conflicting information
- Can self-advocate and have the resources and support to make informed decisions on their care
- Has access to trustworthy, equitable care no matter where they are in the world

Mental health support is already embedded into every Maven program and is an integral part of women's and family health. They support members with both content and specialists available 24/7 to members.

Maven's Parenting Program has the flexibility to support parents of teens up to age 18 and are investing more resources to support the phases of adolescent and teen development.

Maven continues to explore and research expansion areas that align with their mission.

2. Are thyroid issues in the road map?

Today Maven's onboarding assessment captures health history - inclusive of whether a member has a preexisting thyroid issue. The assessments inform the approach to care and allows them to determine any level of risk for fertility, pregnancy, and overall health. Additionally, Maven has a wide range of specialists who specialize in thyroid issues available for in-app appointments. These include specialists such as OBs, nutritionists, naturopathic family physicians, and more. Additionally, members have access to educational resources via articles and connecting to other members with similar conditions, concerns, etc. via community forums. Members with thyroid issues can also discuss with their care advocate for in-person referrals to specialized care.





3. How does Maven get the data that is otherwise a challenge to find regarding who is an LGBTQ+ friendly provider?

Maven has three ways in which they collect LGBTQIA+ friendly and specialized care data.

- i. Maven's care team care advocates and virtual specialists can indicate LGBTQIA+ as a specialist as well as indicate personal identity.
- ii. Clinic and agency referrals for families seeking treatment, egg/sperm freezing, or adoption/surrogacy Maven collects public data from their network where they indicate LGBTQIA+ specialization. For example, they leverage SART national data to capture fertility clinic data.
- iii. In-person providers across specialties They review NCQA credentialing, practice history, and incorporate member experience and public reviews as part of the referral building process for in-person support, this is inclusive of indicated LGBTQIA+ specialized care.
- 4. Why should a company consider Maven Wallet vs. relying on the health plan coverage?

Through Blue Cross, groups can add fertility coverage and waive the requirement for infertility diagnosis so that anyone pursuing fertility treatment (including single parents or same-sex couples) can benefit from the health plan coverage. Groups who want to offer support for non-medical benefits can leverage Maven Wallet to add coverage for adoption and surrogacy.

Questions about Included Health

1. Will BCBS allow employers to partner with Included Health and other nav and adv for a full integration nav & adv solution?

Blue Cross Blue Shield of Michigan has a coordinated solution portfolio that is highly integrated with a set of curated, preferred vendors. These vendors were selected because we believe they are best-inclass. We are confident that they provide a superior member/group experience and are fully integrated into our standard offerings resulting in better member care. If a customer has existing relationships with other vendors or would like to carve out, Blue Cross is ready to discuss specific needs for each vendor.

In the past year, we have collaborated with our group customers and agreed to support a broad range of data integration/sharing requests with third party vendors. Blue Cross is willing to discuss what solutions and vendors make sense for our customers and how we can best support.





Questions about behavioral health: crisis intervention and suicide prevention

1. How do we find out about services like Hegira that are in geographies our employees work and live in in MI and beyond? EEs use ER because they know about it.

Locating crisis services can be challenging because they are regionally established both in Michigan and nationally.

For our Michigan members, **Blue Cross Blue Shield Michigan** maintains a list of crisis services available to our members on this site: For Members: Behavioral Crisis Care | BCBSM.

We continue to work at partnering with behavioral health providers and health systems to expand these services across the state.

2. Where are you with increasing support for the under 18 behavioral health challenges we need more support?

We recognize that there are significant challenges in finding behavioral health providers for people under 18.

We continue to explore ways to add additional access points and providers to the network to serve this population.

In 2021, we added a pediatric specialization to our collaborative care programs.

- This model leverages scarce pediatric behavioral health resources by adding a behavioral health care manager and psychiatric consultant to a pediatric or family medicine practice.
- This supports the primary care doctor to deliver integrated behavioral health care to more youth that otherwise would not have access to a specialist.
- In addition, we're adding a family support program starting Jan. 1, 2024 that will help caregivers navigate the behavioral health system when their children have complex conditions (e.g. autism, substance use, severe anxiety or depression, etc.).





3. Do you do the medical clearance prior to the BH evaluation?

Most of the time, a member goes to the emergency department or crisis center prior to being admitted to an inpatient psychiatric or substance use facility. Medical clearance is obtained during that time.

Inpatient facilities vary in their abilities to care for medically complex members.

Free-standing psychiatric or substance use facilities, are generally less likely to have expansive medical staff, so the patient must be medically stable prior to admission.

Individual facilities, not Blue Cross, do their own assessments and admission of members so this does vary across the continuum.

4. I recently became a HFH patient and noticed there is a mental health assessment at every visit. My past non-HFH provider did not do this. Is this standard at HFH?

Blue Cross encourages routine population-based screening for behavioral health conditions given their prevalence and impact on health outcomes.

This has become the standard of care nationally and is occurring at many Michigan health systems (e.g. Trinity, U of M, HFHS).

To encourage behavioral health screening, Blue Cross provides incentives for population-based screening of behavioral health conditions via PGIP initiatives.

5. There is a lot of substance abuse as a form of self-medication of mental health issues. How does substance abuse treatment fall in to MiMind model?

While the initial focus for the MI MIND CQI centers on reducing suicide via the Zero Suicide model, their overall goal is to bring to the forefront morbidity and mortality of mental illness and provide solutions.

This program encourages routine population-based screening for behavioral health conditions and integration with primary care.

Assessing for substance use is an important part of a biopsychosocial assessment that would need to occur if an individual screened positive for suicidal ideation or intent.

Our partners at HFHS serve as the coordinating center for this initiative and we will continue to work with them as they expand this project.





6. Will the upcoming BCBS primary care online visit program adopt the phq9 as a standard of care?

Yes, the upcoming Virtual PC PPO product we are launching Jan. 1, 2024 will adopt both the PHQ-9 (depression screening) and the GAD-7 screenings.

Questions about precision medicine

1. How does this impact formularies, step therapy and prior authorization?

Regarding formularies, members' results from the PGx program may be used in the step therapy and PA process. Please see response to question #3 with respect to the ST/PA process.

2. Does PGx appear in the group's experience in terms of utilization or cost?

Blue Cross Personalized Medicine, currently available for fully insured HMO plans with pharmacy benefit who are likely to benefit from PGx testing, is available at no cost to eligible employees or the employer. The PGx test is invoiced between Blue Cross and the vendor and does not appear through claims. The group may experience changes in utilization or cost with regards to changes in medications or decrease in medical utilization or spend due to avoided hospitalizations or emergency department visits from side effects or safety issues.

3. What should be done if the provider gets the results and prescribes a particular medicine then insurance says "no they should try other medicines first"?