



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

Blue Cross Coordinated Care

Frequently asked questions for providers

For Blue Cross commercial, Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

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This document answers frequently asked questions about Blue Cross Coordinated Care.

General questions

Which members are eligible for the Blue Cross Coordinated Care program?

The program is available to most Blue Cross Blue Shield of Michigan commercial, Medicare Plus Blue, Blue Care Network commercial and BCN Advantage members. Members can call the number on the back of their ID card to verify eligibility for the Blue Cross Coordinated Care care management program.

For members who are eligible, this program is included in their benefits. There's no additional cost.

What are the central elements of the Blue Cross Coordinated Care model?

Central elements of the model include:

- **Member-centric, holistic model:** Members are no longer managed through separate programs that fragment the member experience. Through Blue Cross Coordinated Care, we have an integrated medical, pharmacy and behavioral health care program that addresses a member's care management needs in a holistic manner.
- **Multidisciplinary integrated care teams:** A nurse is the primary liaison, coordinating the members' care and self-management health goals. Nurse care managers work closely with a supporting team at Blue Cross and BCN, including medical directors, pharmacists, behavioral health specialists, dietitians, social workers and nonclinical staff, to deliver a comprehensive program to improve health outcomes.
- **Regional alignment:** Care teams are assigned to regions and take a localized approach to care management by coordinating care with providers and local resources and understanding regional social determinants of health. Traditional payer-led care management programs operate through a call center model where nurses work with any member regardless of where he or she lives. With our approach, nurses and specialists are dedicated to specific in-state and out-of-state regions, allowing them to learn the local social determinants of health, community resources and providers to better enable member-centric care.
- **Digital engagement channels:** Care teams communicate with members by telephone, secure mobile app and email. Interactions can be longer conversations or may involve sending text-like reminders or educational materials.

The benefits of communicating through the secure mobile app include:

- Greater frequency of communication with nurses. Members can easily send inbound communications. For example, they can text questions to nurses rather than scheduling phone calls.
- Ability for nurses to send notifications reminding members to record their health goals, take their medications and so on.
- The privacy of digital conversations (compared to phone calls).

- Ability to improve the member experience by catering to each member's communication preferences.
- Ability to collect more robust data on the member's goals, habits and challenges.
- **Member identification and prioritization:** We use robust analytics, which are supported by more than 30 unique data sets, to identify and prioritize members for care management. This enables us to take a blended approach that focuses on reactive and predictive analytics and early intervention to identify members whose risk and utilization are likely to increase within six to 24 months. It also allows us to intervene earlier.

We target only those members who are likely to engage with and benefit from payer-led care management. For example, we don't identify members with cancer because they have significant support through provider touchpoints.

- **High-dollar claimant review unit:** A dedicated team monitors all commercial members who meet a predefined spend threshold and refers them to additional Blue Cross and BCN resources as determined during the case review. For example, members may be referred to care management (for additional support to coordinate), to utilization management or to provider contracting.

Does Blue Cross Coordinated Care replace a patient's relationship with his or her primary care physician?

No, our program complements the member's relationship with his or her primary care physician by providing additional support and resources.

We encourage members who have primary care physicians to continue to work with them.

Provider care management programs

How do providers handle members who are identified for Blue Cross Coordinated Care but are already in provider care management programs?

Based on provider billing patterns, Blue Cross and BCN are aware of members who are in provider care management programs. We make this information available to the care management nurses at Blue Cross and BCN.

If a member who is identified for care management is already in a provider program, a care manager will reach out to the provider practice to understand the current care plan, share details about why the member has been identified for Blue Cross or BCN care management, and discuss opportunities for collaboration.

If there are additional payer-led services or interventions that could supplement the provider activities, Blue Cross or BCN will reach out to the member to enroll them in Blue Cross Coordinated Care. If no additional payer-led services are required, Blue Cross or BCN will close the case.

If a member is managed both through Blue Cross- or BCN-led care management and provider care management, we'll work closely with the provider, including sharing care plans.

What capabilities do Blue Cross and BCN have that complement provider-delivered care management programs?

In most cases, members who are identified for Blue Cross Coordinated Care aren't enrolled in provider-delivered care management and vice versa for these reasons:

- Blue Cross and BCN often prioritize members who don't have a primary care physician because these members can benefit the most from payer-led care management. We encourage these members to identify a primary care physician for ongoing care.
- The integrated care teams help connect high-quality providers to members who don't have primary care physicians.

If a member who is identified for the program is already enrolled in provider-delivered care management, the nurse care manager and the provider will discuss the member needs that will be managed through Blue Cross Coordinated Care and determine how they might manage care together.

Blue Cross and BCN have care management capabilities beyond those of a typical provider, including:

- A multidisciplinary care team to address both the physical and social factors that influence health.
- Relationships with community resources across the nation. The care team coordinates referrals to these resources and facilitates access when needed.
- Ability to work with utilization management and other internal payer functions to support the member.

- Digital engagement tools that allow members to communicate using their preferred methods.

What type of patients should be referred to Blue Cross Coordinated Care?

Blue Cross Coordinated Care supports patients who are most at risk and can benefit from payer-led support. This includes patients without identified primary care physicians and patients who lack resources to manage their conditions.

We support members with recent inpatient discharges to review medications, schedule follow-up provider appointments and coordinate other community resources to address barriers.

How can providers learn more about Blue Cross provider-delivered care management?

Visit valuepartnerships.com or send an email to valuepartnerships@bcbsm.com.

Data, analytics and identifying members

How do Blue Cross and BCN prioritize members for care management programs?

We prioritize members daily based on:

- Ability to impact members with payer-led interventions
- Urgency of care management need
- Opportunity to drive improved outcomes and savings through care management

It's critical that we prioritize which members we manage to ensure our resources bring about the maximum possible improvement in outcomes and spend.

We evaluate and refine our algorithms regularly to ensure we're identifying and prioritizing the right members.

How do Blue Cross and BCN use social determinants of health in the delivery of care management?

Care managers have access to resources to learn more about the social determinants of health that may be prevalent in their assigned region. These determinants are the

circumstances in which people live and work that may affect their health and the management of their chronic conditions. Examples of social determinants of health include education level, crime rates, access to public transportation and limited access to healthy food.

Members are screened to determine any unmet social needs. Our regional model allows us to work with community resources, such as local health departments and civic centers, so we can connect members to nonclinical resources to address health barriers as needed.

Communicating with members

Is real-time or 24/7 support available to members?

Members have access to a 24-hour nurse hotline:

- Blue Cross commercial and Medicare Plus Blue members should call 1-800-775-BLUE (2583). Press 1 to reach the nurse hotline.
- BCN commercial and BCN Advantage members should call 1-844-811-8460.

Our digital engagement channels also allow members to send messages to their care manager at any time; however, the care manager won't receive messages outside normal business hours.

Is support available in languages other than English?

Yes, we offer a live translation service through LanguageLine Solutions to members who need it.