

Blue Cross Coordinated Care Core

For members with complex, chronic and acute conditions

Revised July 2024

CARE MANAGEMENT AND SUPPORT SERVICES



Blue Cross Blue Shield of Michigan and Blue Care Network offer care management programs and support services to members.

These programs vary based on member coverage and may be administered by Blue Cross or BCN staff or by independent companies.

Care management programs provide patient support by identifying patients with health risks and working with them to improve or maintain their health, and **support services** provide support to members through their health journeys.

These services are provided by the department listed below.

Care management and support services

[Blue Cross Coordinated Care Core](#)

Keep reading to learn which members have access to or requirements under these programs. Programs may not apply to all members.

This document is subject to change. Access this document via ereferrals.bcbsm.com to ensure you're viewing the most up-to-date information.

CARE MANAGEMENT AND SUPPORT SERVICES

Blue Cross Coordinated Care Core

The Blue Cross Coordinated Care Core program facilitates care coordination for members with complex, chronic and acute conditions. Through analytics, we identify the members who will benefit the most from the support of a multi-disciplinary care team.

The Coordinated Care program helps members to:

- Better understand their conditions, medications and treatment options
- Identify health risks and steps they can take to improve their health
- Connect with support and services in their local communities
- Find behavioral health services and care for other special needs

The Coordinated Care program provides these services for the following groups and individual members:

- Blue Cross commercial
 - Most fully insured groups — **Exception:** Michigan Education Special Services Association
 - Most self-funded groups* — **Exceptions:** Select Ascension groups, Dart Container of Michigan and UAW Retiree Medical Benefits Trust
 - All members with individual coverage
- Medicare Plus BlueSM — All groups and all members with individual coverage

- BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- BCN AdvantageSM — All groups and all members with individual coverage

How to refer members

If you believe a specific patient could benefit from Blue Cross Coordinated Care Core's support and guidance, do the following:

- For commercial members, email cmreferrals@bcbsm.com.
- For Medicare Advantage members, call 1-800-775-BLUE (2583) or email hcreferrals@bcbsm.com.

Resources

- Information for members: bcbsm.com/coordinatedcare
- [Blue Cross Coordinated Care: Frequently asked questions for providers](#) (PDF)

For Blue Cross commercial

- The “Blue Cross Coordinated Care Core” section in the Health, Well-Being and Coordinated Care chapter of the *Blue Cross Commercial Provider Manual*

For Medicare Plus Blue

- In the Medical management and quality improvement section of the [Medicare Plus Blue PPO Provider Manual](#), look for the subsection titled “Care and disease management”

Continued on next page



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

Blue Cross Coordinated Care Core

For members with complex, chronic and acute conditions

Revised July 2024

CARE MANAGEMENT AND SUPPORT SERVICES

Continued from previous page

For BCN commercial and BCN Advantage

- The “Blue Cross Coordinated Care Core” section of the Health, Well-Being and Coordinated Care chapter of the *BCN Provider Manual*

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also refers to additional resources. For resources that are publicly available, we provide direct links. To access documents that aren't publicly available, including provider manual chapters:

1. Log in to our provider portal (availity.com**).
2. Click *Payer Spaces* on the menu bar, and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.

Reminder

As always, it's essential that providers check each member's eligibility and benefits prior to performing services.

Providers are responsible for identifying the need for prior authorization through our provider portal, Benefit Explainer or Provider Inquiry and for obtaining prior authorization for services, as needed.

*For self-funded plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross or BCN.

**Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.