

CARE MANAGEMENT AND UTILIZATION MANAGEMENT



Blue Cross and BCN offer care management programs to members. We also provide utilization management programs.

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

- **Care management** programs provide patient support by identifying patients with health risks and working with them to improve or maintain their health.
- **Utilization management** programs focus on ensuring that patients get the right care at the right time in the right location through the authorization process.

These programs are provided by the departments and vendors listed below.

Care management

- [2nd.MD — For commercial members](#)
- [2nd.MD — For Medicare Advantage members](#)
- [Welvie](#)

Utilization management

- [Medicare Plus BlueSM and BCN Utilization Management](#)
- [TurningPoint Healthcare Solutions LLC](#)

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

2nd.MD — For commercial members

Provides a second-opinion service on treatment plans.

Blue Cross or BCN care managers or physician consultants:

- Identify member cases to refer to 2nd.MD
- Notify members that they're consulting with 2nd.MD about their care treatment plans.

In addition, some employer groups communicate with members about the 2nd.MD program.

2nd.MD provides expert medical opinions to eligible members and their families via video or phone consultations with medical experts.

Members have the option to text questions to 2nd.MD through 2nd.MD's secure mobile app. 2nd.MD replies to questions with written notes and recommendations from a specialist.

2nd.MD provides these services for the following groups:

- Blue Cross commercial
 - Most fully insured groups — **Exception:** Michigan Education Special Services Association
 - Select self-funded groups*
- BCN commercial — All fully insured groups

Resources

[2nd.md](#)**

2nd.MD — For Medicare Advantage members

Provides a second-opinion service on treatment plans.

Blue Cross or BCN care managers or physician consultants identify member cases to refer to 2nd.MD.

Blue Cross or BCN notifies members that they're consulting with 2nd.MD about their care treatment plans.

2nd.MD provides these services for the following groups and individual members:

- Medicare Plus BlueSM — Some groups and all members with individual coverage
- BCN AdvantageSM — Some groups and all members with individual coverage

Resources

[2nd.md](#)**

CARE MANAGEMENT

Welvie

Provides a self-service online treatment decision support program that includes:

- Pre- and postsurgical decision support
- Self-guided online tools to educate members about potential surgery and alternatives

Welvie provides this program for the following groups and individual members:

- Blue Cross commercial — For UAW Retiree Medical Benefits Trust non-Medicare members only
- Medicare Plus Blue — All groups and all members with individual coverage
- BCN Advantage — All groups and all members with individual coverage

Resources

[welvie.com](https://www.welvie.com)**

UTILIZATION MANAGEMENT

Medicare Plus BlueSM and BCN Utilization Management

Makes authorization determinations for various elective surgeries (excluding musculoskeletal surgeries and related procedures) for the following groups and individual members:

- Medicare Plus Blue — 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 Advantage — All groups and all members with individual coverage

Medical necessity and coverage determination criteria

- For BCN commercial members, we use our authorization criteria to determine medical necessity for select elective surgical procedures. In the absence of authorization criteria, we use our medical policies.
 - Authorization criteria is available on the [BCN Authorization Requirements & Criteria](#) page of [ereferrals.bcbsm.com](#).
 - Our medical policies are available through the [Medical Policy & Pre-Cert/Pre-Auth Router Home](#) page of the [bcbsm.com](#) website. Enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)

- For Medicare Plus Blue and BCN Advantage members, we apply the Medicare national coverage determinations (if available) or Medicare local coverage determinations (in the absence of national coverage determinations). If a Medicare NCD or LCD isn't available, we apply our authorization criteria. In the absence of authorization criteria, we apply our medical policies.
 - For Medicare Plus Blue members, authorization criteria are available on the [Blue Cross Authorization Requirements & Criteria](#) page of [ereferrals.bcbsm.com](#).
 - For BCN Advantage members, authorization criteria are available on the [BCN Authorization Requirements & Criteria](#) page of [ereferrals.bcbsm.com](#).
 - The "Government regulations" sections of our medical policies include the Medicare coverage determinations that were in effect when the policies were last reviewed. You can access the policies through the [Medical Policy & Pre-Cert/Pre-Auth Router Home](#) page of the [bcbsm.com](#) website. Enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)

Resources

For Medicare Plus Blue

- See the [Services that require authorization: Authorization requirements for Michigan providers for members with Medicare Plus Blue coverage](#) document.

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UTILIZATION MANAGEMENT

Resources, continued

For Medicare Plus Blue, continued

- See the “For Medicare Plus Blue PPO members” section of the [Blue Cross Authorization Requirements & Criteria](#) page on our ereferrals.bcbsm.com website.

For BCN commercial and BCN Advantage

- See the [BCN referral and authorization requirements for Michigan providers](#) document.
- See the “Authorization criteria and preview questionnaires” section of the [BCN Authorization Requirements & Criteria](#) page on our ereferrals.bcbsm.com website.
- See the [Utilization Management](#) chapter of the BCN Provider Manual.

For BCN Advantage, also see

The “BCN Advantage utilization management program” section of the [BCN Advantage](#) chapter in the *BCN Provider Manual*.

UTILIZATION MANAGEMENT

TurningPoint Healthcare Solutions LLC

Makes authorization determinations for surgical procedures related to musculoskeletal conditions. This includes orthopedic surgical procedures, pain management procedures and spinal surgical procedures.

TurningPoint provides service for the following groups and individual members:

- Blue Cross commercial
 - All fully insured groups
 - Select self-funded groups* — Includes UAW Retiree Medical Benefits Trust non-Medicare members
 - 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

Resources

- tpshealth.com**
- [Musculoskeletal procedure codes that require authorization by TurningPoint](#)

For Blue Cross commercial

- See the [Blue Cross Musculoskeletal Services](#) page of the [ereferrals.bcbsm.com](https://www.ereferrals.bcbsm.com) website.
- See the “Prior authorization for pain management” section of the Hospital Services chapter or the Medical-Surgical Services chapter of the *Blue Cross PPO Provider Manual*.

For Medicare Plus Blue

- See the [Blue Cross Musculoskeletal Services](#) page of the [ereferrals.bcbsm.com](https://www.ereferrals.bcbsm.com) website.
- See the “Authorization of musculoskeletal surgical procedures, including orthopedic, pain management and spinal procedures – TurningPoint” subsection within the Utilization management section of the [Medicare Plus Blue PPO Manual](#).

For BCN commercial and BCN Advantage

- See the [BCN Musculoskeletal Services](#) page of the [ereferrals.bcbsm.com](https://www.ereferrals.bcbsm.com) website.

See the “Procedures reviewed by TurningPoint Healthcare Solutions for BCN” section of the [Utilization Management](#) chapter in the *BCN Provider Manual*.

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also provides links to additional resources, some of which may be in provider manuals that aren't publicly available.

- To access chapters of the *Blue Cross' PPO Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *Blue Cross PPO Provider Manual* link.
- To access chapters of the *BCN Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *BCN Provider Manual* link.

Information for out-of-state providers

See the following documents for referral and authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: [Provider Preauthorization and Precertification Requirements](#)
- For BCN commercial and BCN Advantage members: [Non-Michigan providers: Referral and authorization requirements](#)

You can view these documents and our medical policies through the [Medical Policy & Pre-Cert/Pre-Auth Router](#). To access the router, go to bcbsm.com/providers, click *Quick Links*, click *Out-of-state providers* and then click *Medical policy, precertification and preauthorization router*.

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 authorization through web-DENIS, Benefit Explainer or Provider Inquiry and for contacting vendors and obtaining 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.

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