



Field Alert

Your Resource for Sales and Service Information

April 20, 2021

Welvie sending letters to our Medicare Advantage members, explaining importance of preventive rehabilitation



What you need to know

Our vendor Welvie provides online educational content that assists members when they're reviewing treatment options for non-urgent and elective surgeries. Targeted members receive quarterly mailings that provide incentives to participate in different initiatives.

In April 2021, the mailing for the second quarter will be sent to approximately 511,000 Medicare Plus BlueSM and 91,000 BCN AdvantageSM members. The mailing explains preventive rehabilitation and why it's important. Members will receive one of three letters regarding heart surgery, orthopedic surgery or general surgery, based on member-specific data.

Action item

If members would like to learn more about the Welvie program, advise them to call Welvie's customer service at 1-877-434-6168, Monday through Friday, between 8 a.m. and 7 p.m. Eastern time. TTY users should call 711.

Time frame

In January 2021, Welvie sent out welcome letters and flyers to select Medicare Plus Blue and BCN Advantage members, informing them of their eligibility to participate in the Welvie program.

Questions? Contact your Medicare Advantage sales or service consultant.

The information in field alerts is for business purposes only. Misuse or distribution outside of business purposes is subject to discipline.



Field Alert

Your Resource for Sales and Service Information

April 20, 2021

We're launching a pilot Patient Navigation program for Medicare Advantage members



What you need to know

Blue Cross Blue Shield of Michigan and Blue Care Network have started working with naviHealth to pilot the Patient Navigation program. This pilot program provides nonclinical support to Medicare Plus BlueSM PPO and BCN AdvantageSM members for discharge needs after their acute hospital stay. The goal of the program is to reduce readmissions.

Members are eligible if they meet naviHealth's qualifications for this program. If members qualify for the program, naviHealth will reach out to them and offer its services.

Action item

If members contact you about the program, let them know it's a pilot program. If they ask why they were contacted, explain that they met the qualifications for the program.

If members ask what the program entails, explain that naviHealth will provide nonclinical support to members for discharge needs after an acute hospital stay.

If members ask what kind of support they'll receive, specify that naviHealth will:

- Reach out through phone calls for 30 days after discharge from the hospital to a skilled nursing facility and through their transition home.
- Help to coordinate doctor appointments.
- Connect them with other appropriate Blue Cross and BCN clinical programs and resources.

If members have more questions about the program and want to talk to a patient navigation team member, provide them with naviHealth's contact number: **313-752-1381**.

Time frame

The pilot started in April 2021 and will run through July 2021, at which time an evaluation will be completed to determine whether the program should continue after the pilot stage.

Questions? Contact your Medicare Advantage sales or service consultant.

The information in field alerts is for business purposes only. Misuse or distribution outside of business purposes is subject to discipline.



Field Alert

Your Resource for Sales and Service Information

April 6, 2021

We've mailed Part D Recovery letters to Medicare Advantage PPO individual, group members



What you need to know

On March 29, 2021, Blue Cross Blue Shield of Michigan mailed letters to 4,307 members who have Medicare Plus BlueSM Group PPO and Medicare Plus BlueSM PPO plans. The letters detail outstanding balances owed to Blue Cross for Part D claims processed between June 30, 2019, and Dec. 31, 2020. The balance due is the result of a semi-annual review of our processed pharmacy claims.

The affected members were charged a lower copayment than what they should've been charged, resulting in the members owing a balance. The lowest amount owed is \$0.01 and the highest is \$20,454.07.

Below is a breakdown of the distribution of amounts owed:

- **2,981** members owing an amount between \$.01 and \$25
- **916** members owing an amount between \$25.01 and \$100
- **324** members owing an amount between \$100.01 and \$500
- **34** members owing an amount between \$500.01 and \$1,000
- **34** members owing an amount between \$1,000.01 and \$2,000
- **18** members owing an amount greater than \$2,000.01

Payment plans are available for members with large, outstanding balances.

Note: This recovery process is separate from the ongoing 45-day member balance notification process managed by Pharmacy Services. Plans are required to attempt to collect any overpayments regardless of the amount.

Action item

No action is required from sales representatives at this time.

Additional resources

Here are copies of the individual and group letters:

- [For active members and members whose coverage was terminated](#)
- [For deceased members](#)

Questions? Contact your Medicare Advantage sales or service consultant.

The information in field alerts is for business purposes only. Misuse or distribution outside of business purposes is subject to discipline.



Field Alert

Your Resource for Sales and Service Information

March 23, 2021

Blue Cross, BCN announce Medicare Advantage 3Q 2021 standard rates for employer retiree groups



What you need to know

Blue Cross Blue Shield Michigan and Blue Care Network have released the third-quarter 2021 Medicare Advantage standard rates for employer groups with retiree plans.

The third-quarter 2021 [standard group product menu and pricing](#) have been released for immediate use. Groups may enroll using these rates with a July, August or September effective date. The rates are guaranteed through Dec. 31, 2022.

Note: Standard rates are for illustrative purposes only, as a reference and starting point for quoting new groups. Please follow the benefits exactly as they are shown in these grids then work with your Medicare Advantage sales consultant to get a quote.

It's also important to know that:

- Benefits and monthly premiums vary based on plan design.
- All Medicare Advantage group benefits renew annually on Jan. 1, including deductible and out-of-pocket maximums for medical and pharmacy.
- Midyear benefit enhancements are allowed, but midyear benefit reductions aren't allowed, meaning benefit reductions are effective Jan. 1 only.

Action item

Sales representatives should share [the standard rate pricing menus](#) with their group prospects and agents.

How agents can find rate information

Agents can begin presenting standard group benefit plans and pricing to their clients. Once they do, they must notify their Blue Cross account manager or Medicare Advantage sales consultant.

The Medicare Advantage sales consultant will assist agents with obtaining the group contractual documents, meeting the proper lead times for group enrollment and member notifications, and confirming final rates based on group census.

Agents can find the third-quarter 2021 Medicare Advantage standard rates on Agent Secured Services at bcbsm.com.

Underwriting guidelines

Groups may select benefit plans from the standard product menu when enrolling at least five Medicare-eligible members. The pricing is developed quarterly and offers **Medicare Plus BlueSM PPO** and **BCN AdvantageSM HMO** products with high-, mid- and low-benefit plan options. Groups can select from Part D options to customize their medical plan and prescription drug plan.

The following general underwriting guidelines apply:

- Groups enrolling into a **Medicare Plus Blue PPO** product must have 51 or more active employees with at least five Medicare-eligible members enrolling into the plan. Members don't need to reside in the state of Michigan.
- Groups are allowed to have a **BCN Advantage HMO** only segment when there are 51 or more eligible active contracts with at least five Medicare-eligible members enrolling into the plan and retirees are a permanent resident of the state of Michigan.
- Groups with fewer than 51 active employees are considered small groups under the Affordable Care Act and are member-level rated. **Medicare Plus Blue PPO or BCN Advantage HMO** aren't offered with commercial plans that are member-level rated, such as small groups.
- Groups may select both a **Medicare Plus Blue PPO** and a **BCN Advantage HMO** option when they have 51 or more active employees and at least five retirees enrolled in both the PPO and HMO plans.

Questions? Contact your account manager or Medicare Advantage sales consultant.

The information in field alerts is for business purposes only. Misuse or distribution outside of business purposes is subject to discipline.



Field Alert

Your Resource for Sales and Service Information

March 16, 2021

We're making pharmacy outreach calls to Medicare Advantage members as part of our 2021 Clinical Calls Program



What you need to know

On March 10, 2021, we began making outbound pharmacy calls to approximately 11,000 Medicare Advantage members who qualify for the 2021 Clinical Calls Program.

Members included in the CCP outreach may not be regularly taking their diabetes, hypertension and cholesterol medications as prescribed. Calls will continue through December 2021 at fluctuating volumes, with an average of 460 member calls per week.

Follow-up calls may be made to discuss remaining issues, or we may mail a letter to members as a summary of previous outreach calls. When called, members may also request a letter regarding this initiative rather than talking about it on the phone.

Action item

- If members call asking why they received a call from our pharmacy team, you can let them know that it was a courtesy call to discuss their medications.
- If members have other questions or would like to discuss their medications — particularly those relating to diabetes, hypertension or cholesterol — they can call our pharmacy team at 1-855-269-9887. Pharmacists are available Monday through Friday from 9 a.m. to 4:30 p.m. TTY users can call 711.

Time frame

Outreach calls began on March 10 and will continue through December 2021.

Additional resources

For your reference, here's a copy of the [CCP member letter](#).

Questions? Contact your Medicare Advantage sales or service consultant.

The information in field alerts is for business purposes only. Misuse or distribution outside of business purposes is subject to discipline.