



Federal Employee Program.

# 2023 Health Management Programs

Available to members of the Blue Cross and Blue Shield Service Benefit Plan in Oklahoma

The Blue Cross and Blue Shield Service Benefit Plan offers **health management programs** to eligible members to address their medical and mental needs. These programs aim to help in four ways:

- Keeping you healthy
- Managing your emerging health risks
- Assisting with your safety and health outcomes
- Managing multiple chronic illnesses

You can access or find out more about these **health management programs** by calling the Customer Service number on the back of your member ID card.

Health management programs*	Who should sign up?	How can I access the program?	How does this program work?
<b>Flu vaccine reminder</b>	All members on a current contract	A flu vaccine reminder is offered when Service Benefit Plan members call for any inquiries.	Customer advocate staff educate members on how to get a flu shot with no out-of-pocket cost at a Preferred retail pharmacy. The team can also provide the contact number for the Retail Pharmacy Program.
<b>Cervical cancer screenings education</b>	Members 21 to 64 years old who are due for their cervical cancer screening	If eligible, you may receive education information via mail or email.	The mailers explain the importance of cervical cancer screenings and encourage members to set up a screening appointment.
<b>Well-child visits</b>	Parents of children turning three months old	Parents receive a one-time letter with a recommended schedule of visits.	These mailers provide education about the importance of well-child visits, immunizations and dental care within the first 15 months of life. Parents can discuss the information in the mailer with their child's health care provider.
<b>Colorectal cancer screening education</b>	Members over 45 years of age	If eligible, you may receive educational information via mail or email.	Educational information provides members with guidance on how to stay up to date on preventive cancer screenings.
<b>HbA1c education</b>	Targeted population of members who have Type I or Type II diabetes and are due for an HbA1c test	If eligible, you may receive educational information via mail or email.	Educational information provides members with guidance on how to stay up to date with diabetes-specific screenings.

\* The Blue Cross and Blue Shield Service Benefit Plan contacts eligible members who could benefit from these programs and invites them to participate. Members can opt in or opt out by informing their care manager.



Health management programs	Who should sign up?	How can I access the program?	How does this program work?
<b>Disease management</b>	Members who have one or more of the following five core conditions: diabetes, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease or congestive heart failure	You can call the Customer Service number on your member ID card.	Disease management supports members who have one or more of the five core conditions by assisting them to adopt effective self-care habits to improve self-management of their condition. Members may be contacted by phone and/or letter.
<b>Complex case management programs</b>	Members with a complex medical condition or newly diagnosed condition	Members receive a call from their assigned case manager. You can also call the Customer Service number on your member ID card.	Complex case management programs' case managers educate enrolled members about applicable health conditions and making healthy choices. They also collaborate with members to offer support and resources to navigate the complex health care delivery system.
<b>Asthma medication compliance</b>	Targeted members with asthma	If you are newly diagnosed, you will receive an educational letter in the mail or an email.	The asthma medication compliance program provides eligible members with an asthma medication compliance mailer and asthma action plan mailer. Targeted members with asthma are offered additional educational resources, such as expectation management and medical information. Outreach to members will include phone calls and Emmi® videos for education and medication compliance.
<b>Emergency department utilization</b>	All members on a current contract	"Know Where to Go" information is offered to Service Benefit Plan members. Members may receive "Know Where to Go" education information via mail or email.	Mailers provide members with information regarding 24/7 Nurse Line, telehealth services and resources to locate urgent care clinics. FEP® clinicians reach out to members by phone and provide members with 24/7 phone access to care team members to support execution of new care plans and answer questions. Members who have been hospitalized may receive outreach from clinicians regarding follow-up post-hospital stay.
<b>Men's or AMAB's and women's or AFAB's wellness card</b> <ul style="list-style-type: none"> <li>• Women or people assigned female at birth (AFAB)</li> <li>• Men or people assigned male at birth (AMAB)</li> </ul>	<ul style="list-style-type: none"> <li>• Women or AFAB 40 and older</li> <li>• Men or AMAB 45 and older</li> </ul>	If eligible, you will receive an annual mailer or email.	Wellness cards are distributed during a member's birthday month. These mailings emphasize the importance of age-and-gender-appropriate preventive screenings, immunizations and tips for healthy living. This information can be used as a reference for discussion with a health care provider.
<b>Expectation management and medical information (Emmi®)</b>	Members who want additional information regarding their medical condition or planned medical/surgical intervention	You can request information from your case or disease manager, who will then email the material to you.	Emmi® online education modules are a part of case management and disease management programs. The goal of Emmi® education is to improve self-management of medical conditions, preventative care and medical/surgical intervention outcomes. We contact members who could benefit from case management or disease management and offer them a chance to participate in the programs.



Maternity health program	Who should sign up?	How can I access the program?	How does this program work?
<b>Maternity health program</b>	Members can enroll up to the 34th week of their pregnancy	Eligible members receive a call from their assigned case manager. You can also call the Customer Service number on your member ID card.	The Maternity health program provides expectant members ongoing support, resources and education from early pregnancy until six weeks after delivery. Personal contact with experienced obstetrical nurses enables early identification of high-risk pregnancies and increased opportunities for intervention.

Mental health programs	Who should sign up?	How can I access the program?	How does this program work?
<b>Mental health case management and intensive case management programs</b>	<p>Members who meet specific criteria including, but not limited to, suicide/homicide attempt requiring admission to a medical unit, acute exacerbation of symptoms, gaps in care or decrease in functioning associated with:</p> <ul style="list-style-type: none"> <li>• Two or more psychiatric or substance use disorder admissions in the past six months</li> <li>• Inpatient stay &gt; 10 days in the past six months</li> <li>• History of suicidal ideation, suicide attempt, homicidal ideation or homicide attempt</li> <li>• Combination of mental and physical health issues</li> <li>• Request for residential treatment facilities</li> <li>• Emergency room (ER) visits for alcohol or other substance use disorder</li> <li>• ER visits for mental health diagnosis</li> </ul>	<p>Referred eligible members receive a call from their assigned mental health case manager. If the case manager is unable to reach the member, a letter will be mailed. You can also call the Customer Service number on your member ID card.</p>	<p>Mental health case management and intensive case management programs include all or a combination of mental health conditions based upon severity and intervention needs. The programs are designed for members who meet specific criteria. Programs are available for the following diagnoses:</p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Alcohol/substance use disorders</li> <li>• Anxiety/panic disorders</li> <li>• Bipolar disorder</li> <li>• Eating disorders</li> <li>• Schizophrenia and other psychotic disorders</li> <li>• Attention deficit disorder and attention deficit hyperactivity disorder</li> </ul> <p>The case management coordinator will intervene with practitioners when the following concerns are identified:</p> <ul style="list-style-type: none"> <li>• Provider variance in evidence-based treatment protocols</li> <li>• Medications appear to be at sub-therapeutic dose</li> <li>• Member is not making reasonable progress in treatment</li> <li>• Mental health status checks with provider</li> <li>• Long length of stay without subsequent successful goal achievement</li> <li>• Numerous readmissions</li> <li>• Member complaints</li> </ul> <p>Our programs are designed to provide services with respect for the autonomy, dignity, privacy, confidentiality and rights of the member and to facilitate their involvement in the case throughout the entire process.</p>