



Prescribing the BCBSM Patient Empowerment Toolkit

BCBSM offers a type 2 diabetes patient monitoring device toolkit to support healthy behavior modification, referred to as the Patient Empowerment Toolkit (PET).

This device toolkit consists of:

- 1) An Abbott Libre continuous glucose monitor (CGM) with six sensors
- 2) A digital wireless blood pressure monitor (up to 42in armband)
- 3) A wireless enabled weight scale (max weight: 420lbs)

This benefit is available for Commercial PPO patients who are eligible for the provider delivered care management (PDCM) benefit at **no patient copay**, regardless of if a patient has BCBSM pharmacy coverage or not. This does not include patients with Medicare Advantage or patients with out-of-state Blue Cross Blue Shield coverage.

This workflow will guide you through the exact steps to prescribe the Patient Empowerment Toolkit to your patients.

Step 1: Decide if you are going to refer patients via fax or via J&B's Provider Portal.

- The fax form can be found at <https://michmed.org/Dnne4>.
- You can register for the portal at <https://michmed.org/BnnmM>.

If you are going to use the fax form, skip to step 2.

- To register on J&B's Portal:

1. Select "Register New Users/Organization" in the provider login box.
2. From the drop down, choose either "Individual User" or "Organization." An individual user would be if only one provider is going to be prescribing the toolkit. A practice can also register as an organization and appoint an admin who can add physicians and other supporting office personnel to the organization, without each individual prescriber needing to have their own account.
 - a. Any member of the practice will be able to complete the form, but an MD, DO, NP, or PA will have to electronically complete the electronic signature on prescriptions.
3. Enter the required fields (e.g. name, address, phone number, etc.)



4. Read and review the terms and conditions.
5. Select “Register.”
6. The Administrator will receive an email notification for the pending registration.
 - a. The administrator is appointed by the applying organization when registering for an account.
7. The Administrator will receive an email notification for the registration approval or denial.

We recommend using the portal, if possible, as it allows for more direct communication with J&B. Some physician organizations (POs) may not allow use of the portal, so please check with your PO.

Step 2: Identify a patient who may benefit from the use of a continuous glucose monitor. Consider the patient’s ability to use technology.

Consider the following:

- Does the patient have a compatible smartphone to use as their receiver?
 - Review the phone compatibility lists for the [Abbott FreeStyle Libre 2 and Abbott FreeStyle Libre 3](#)
- If not, does the patient have home internet and a computer to upload data?
 - Review the [MCT2D Use Case Guide- Section 2](#) if helpful in considering these questions.

If no to the above questions, the patient is not a good candidate for CGM. If yes, proceed to step 2.

Step 3: Determine if they meet the requirements for the Patient Empowerment Toolkit.

Medication Requirements: If a patient does not meet the medication requirements to be prescribed a CGM through their standard benefit (e.g. a patient not on insulin) they would be a good candidate for the Patient Empowerment Toolkit. If they are already on insulin, they should be prescribed a CGM through their standard benefit.



Insurance Requirements: Check to see if a patient has BCBSM PPO insurance before prescribing the toolkit. You can determine this multiple ways but your EMR will likely provide information on your patient's insurance, including if their insurance is out of state, or if in state, if it is PPO. BCBSM suggests relying on J&B to verify if a patient has provider delivered care management benefits- to manage patient expectations, let them know that they may be eligible for the toolkit, but you cannot say for certain until J&B verifies that.

Step 4: Introduce the patient empowerment toolkit to the patient. Explain the following details to the patient:

- Why you are prescribing the toolkit to them
- The devices that the toolkit includes
- The toolkit delivery cadence- Discuss with your patients the delivery cadence for the CGM. There are two options:
 - Intermittent- this approach allows patients to get a baseline of glycemic control over two or four weeks and work on lifestyle improvements over the course of four or six weeks between sensors. Delivery options:
 - 2 weeks on, 6 weeks off
 - 4 weeks on, 4 weeks off
 - Continuous use for 12 weeks. As a reminder, the patient is only eligible for this benefit once every three years.
- How the process will work
 - Tell patients they will receive a call from a company called J&B who will validate their insurance benefits, support the patient in completing the necessary paperwork, and get the patient set up on LibreView. Emphasize that all of this will need to be completed prior to their toolkit being shipped to them. Notify patients of the following:
 - They will have the option of completing the paperwork online or via standard US mail. Mail will add additional time for the toolkit to be processed and shipped.
 - Patients will need to provide their email in order for you to submit the form as it is a required field to get patients set up on LibreView.
 - Getting set up on LibreView is not optional and patients must complete this prior to the toolkit being shipped.
 - Patients should answer phone calls from unknown numbers for the next 2-5 business days, as it may be J&B calling to process the toolkit.
 - J&B may call patients from 8am-8:30pm.
 - If a patient has issues or questions, J&B has a dedicated phone line for the Patient Empowerment Toolkit: **248-560-1664** Your local J&B contact may not be familiar with the PET so make sure to use this number for all PET related issues.



- Note: Please only use the above number for the Patient Empowerment Toolkit. Call the standard J&B number for all other issues.
- Patient eligibility is not yet verified.
 - Tell patients that they may be eligible for this benefit, but that ultimately J&B will confirm eligibility with the Blue Cross Blue Shield Provider Delivered Care Management list and notify both the patient and the provider of the eligibility.

Step 5: Submit the order for the toolkit, either via the dedicated fax 248-255-0148 or the portal. Ensure that you have included the delivery cadence of the CGM, the patient email, and the patient's BCBSM ID number. The provider NPI must be a physician, nurse practitioner, or a physician assistant.

Step 6: Wait to hear from J&B regarding patient eligibility. When J&B receives a toolkit order, they create an account and verify the patient's insurance. If they are able to service, they contact the patient, confirm program enrollment and set them up on LibreView. J&B will complete three follow up attempts with the patient if they are unable to get in touch with them.

If J&B is unable to service, possible reasons may include: insurance coverage, incomplete documentation from the patient, and patient responsiveness to calls. J&B will send "Unable to Service" letters to both the provider and the patient.

If eligible and the patient completes the documentation, the order is processed and dispensed. Continuous use for 12 weeks patients will receive two shipments of sensors. The second shipment will auto dispense to the patient six months after their first order.

Step 7: Have the patient notify you via the portal or by phone that they have received their supplies. Support them in setting up data sharing from the CGM with your office.