

BCN Partners in Care



Blue Care
Network
of Michigan

2020 Edition

A supplement to BCN Provider News

Partnering in extraordinary times

By the time you receive this annual newsletter, we hope Michigan providers have seen the worst of the COVID-19 pandemic and that we continue to flatten the curve. More than ever, we're thankful for our health care providers and all those in the health care system who are working around the clock to diagnose and treat COVID-19 patients.

Blue Cross Blue Shield of Michigan and Blue Care Network took decisive action to support providers and protect members during this crisis. Because that's what partners do — in extraordinary times — we support and protect each other. Here are some of the temporary actions we've taken during this pandemic:

- Waived authorization requirements and member cost sharing for diagnostic lab testing for COVID-19
- Waived member cost sharing for COVID-19 treatment
- Changed clinical review to plan notification for admissions to all Michigan acute care hospitals for all diagnoses and for the first three days of all skilled nursing facility transfers from acute care
- Added influenza testing to physician in-office laboratory testing to rule out flu
- Facilitated the use of telehealth by revising our policies, relaxing certain requirements, expanding telemedicine to all Blue Cross and BCN members and waiving member cost sharing on the most common medical office visits, hospitalization follow-up visits and common behavioral health therapy
- Provided extensions to authorizations for elective and non-urgent procedures, claim submission time limits and pharmacy authorizations
- Accelerated payments to Michigan physician organizations and practices



Dr. Marc Keshishian



Dr. Amy L. McKenzie

As this crisis unfolds, we continue to listen and adapt our policies to support and make it easier for you to focus your efforts on treating the most vulnerable.

For more information, log into our secure provider website at bcbsm.com and click on *Coronavirus (COVID-19)*. While more information is available on the secure website, we also have a public webpage for providers who don't have a login and password. Go to bcbsm.com/coronavirus and click on **For Providers**.

We thank you for your work on the front lines of this pandemic, for saving the lives of our members and improving our community. You're our heroes and we're proud to partner with you.

Your partners in care,

Marc Keshishian, M.D.

Marc Keshishian, M.D.
Senior Vice President and
Chief Medical Officer

Amy McKenzie

Amy McKenzie, M.D.
Medical Director
Provider Engagement

Tools to help you care for your Blue Care Network patients

BCN Provider News

Sign up to receive the latest BCN news by email and view current and past newsletters at bcbsm.com/bcn-provider-news.

Tip: If you miss an issue:

- Check your Junk or Spam email folder
- Mark our email as "Not Spam"
- Add us to your Safe Senders List

e-referral

BCN's ereferrals.bcbsm.com website helps you manage BCN members' care with documents related to BCN referral and authorization requirements, along with forms and information on utilization management programs. Log in to our secure electronic e-referral tool to submit referrals and authorization requests or receive notification of referrals made to you.

Go to ereferrals.bcbsm.com. To sign up to use the e-referral system, click on *Sign Up or Change a User*.

bcbsm.com/providers

Our website has a wealth of information. Find provider enrollment and change forms, all the pharmacy information you need, a *Contact Us* section and access to Provider Secured Services.

Provider Secured Services

Register for a provider login at bcbsm.com/providers. You can access:

- **web-DENIS**

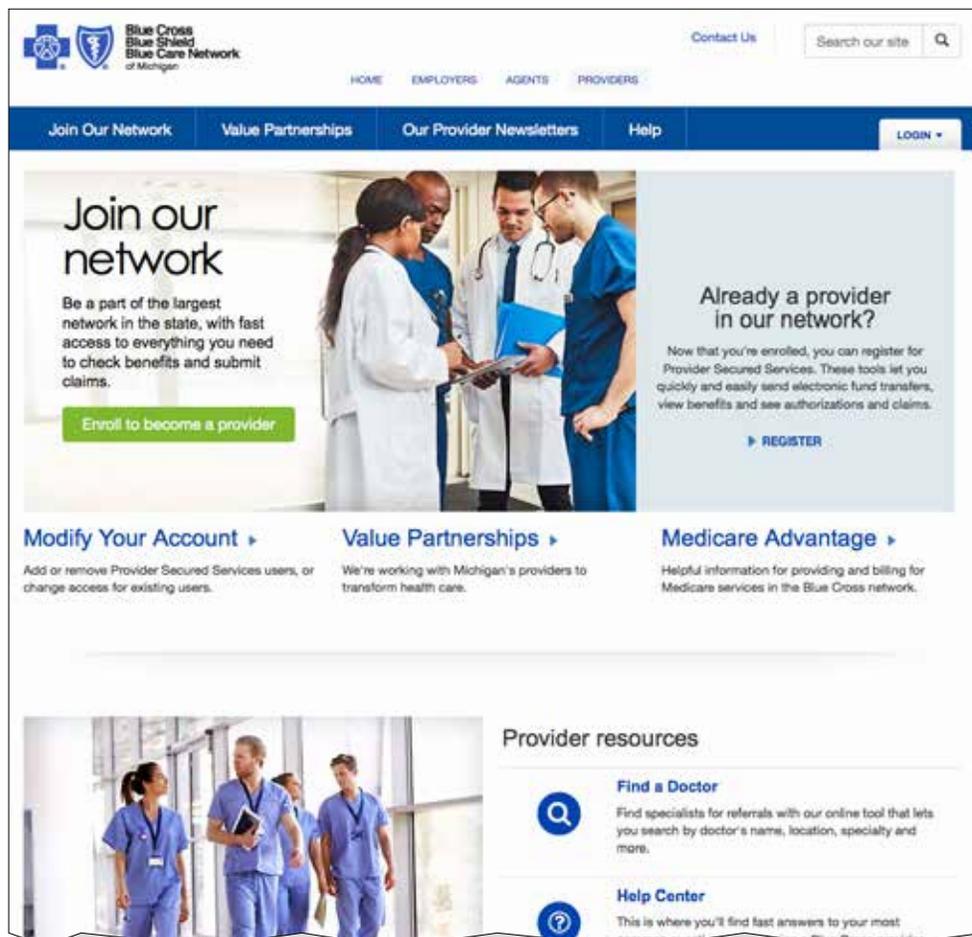
BCN's secure electronic inquiry tool lets you check member eligibility and benefits, and the status of claims. Breaking news is posted on the home page. Don't forget to read our *Welcome new provider* flyer that tells you what you need to know to do business efficiently with us.

- **BCN Provider Publications and Resources**

This comprehensive secure website for BCN providers includes the *BCN Provider Manual*, billing information and instructions, medical policies, clinical practice guidelines, utilization management and referral information, and more. This year, we added a COVID-19 page with resources for providers.

- **BCN Health e-BlueSM**

BCN's secure electronic clinical support tool is available to primary care physicians and medical care group administrators. You'll find reports on quality, utilization and pharmacy along with patient care reports on service episodes, treatment opportunities, the *Blue Care Network Qualification Form* for Healthy Blue LivingSM and more.



Help is available

Use the *BCN Provider Resource Guide* to locate the BCN help you need. Go to ereferrals.bcbsm.com and click on *Quick Guides*.

Keep these phone numbers handy:

- For coverage, claims or primary care physician assignment, call BCN Provider Inquiry: 1-800-344-8525
- For technical support with BCN systems, call the Web Support Help Desk: 1-877-258-3932
- For enrollment inquiries or issues, call: 1-800-822-2761

Information you need to know

Everything you need to know is detailed in the *BCN Provider Manual*. To find it:

1. Visit bcbsm.com/providers.
2. Log in to Provider Secured Services.
3. Click *Provider Manuals* (on the right).
4. Click *BCN Provider Manual*.

For specific topics, check out these resources:

Affirmation statement about incentives

Utilization management decisions regarding care and service are based solely on the appropriateness of care prescribed in relation to each member's medical or behavioral health condition and existence of coverage.

BCN's clinical review staff don't have financial arrangements that encourage denial of coverage or service that would result in underutilization.

Neither BCN-employed clinical staff nor physicians receive bonuses or incentives for issuing denials. Review decisions are based strictly on medical necessity within the limits of a member's plan coverage.

See the affirmation statement in the "Utilization Management" chapter of the provider manual. It's located in the section titled Overview of BCN Utilization Management.

Criteria used for utilization management decisions

Upon request, BCN provides the criteria used in the decision making process for utilization management decisions.

To request criteria for non-behavioral health decisions, complete the *BCN Criteria Request Form* and fax it to 1-866-373-9468. The form is available on our ereferrals.bcbsm.com website. Click *BCN* and then click *Authorization Requirements & Criteria*. Look under the "Referral and authorization information" heading. If you do not have access to fax, email or the internet, call 1-800-392-2512 to request criteria. We'll mail it to you free of charge.

To request criteria for behavioral health decisions, call the BCN Behavioral Health department at 1-877-293-2788. We'll mail the criteria to you free of charge if you don't have access to fax, email or the internet.

Translation services

Members who need language assistance can call the Customer Service number on the back of their member ID card. TTY users should call 711.

For information about language access, go to the chapter titled "BCN System of Managed Care" in the provider manual.

How to contact a medical director

Plan medical directors are available in BCN's local service areas to discuss authorization requests that have been denied. The purpose of the peer-to-peer review is to exchange information about the clinical nuances of the member's medical condition and the medical necessity of the services.

Providers must submit the request for a peer-to-peer review before submitting an appeal.

To discuss a specific BCN HMO (commercial) or BCN AdvantageSM request, providers should follow the instructions outlined in the document *How to request a peer-to-peer review with a Blue Cross or BCN medical director*. The document is available on our ereferrals.bcbsm.com website. Click *BCN* and then click *Authorization Requirements & Criteria*. Look under the "Referral and authorization information" heading.

Member rights and responsibilities

BCN outlines the rights and responsibilities of our members, including how members can file a complaint or grievance. See the "Member Rights and Responsibilities" chapter of the provider manual.

Pharmacy management

It's important to familiarize yourself with our drug lists and pharmacy management programs, such as step therapy, quantity limits, use of generics and specialty pharmacy. You also need to know how to request prior authorizations, or an exception request and what information is needed to support your request.

We recommend that you visit the Pharmacy section of our website at least quarterly to access our drug lists, and view updates. Go to bcbsm.com/providers and click on *Quick Links* on the bottom right. Then click *Pharmacy*. You can also call 1-800-437-3803 for the most up-to-date pharmaceutical information.

Note: Generic drug substitutions may be required for BCN members. If both the generic and brand name are listed on our drug list, we encourage members to receive the generic equivalent when available. Some members may have to pay the difference between the brand name and generic drug, as well as the applicable copay, depending on their plan. See the *Pharmacy* section of the website for more details.

You can find more information in the "Pharmacy" chapter of the provider manual.



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OF MICHIGAN

Utilization management staff availability

Staff members are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding utilization management issues. They're also available for urgent matters after normal business hours at 1-800-851-3904. When initiating or returning calls related to utilization management, staff members identify themselves by name, title and organization. Please refer to the provider manual for more information. See the chapter titled "Utilization Management."

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