

BCN Partners in Care



Blue Care
Network
of Michigan



May 2024 Edition

A supplement to BCN Provider News

We're committed to making your work easier



Peter T. Graham, M.D.

We know you're constantly working to improve the quality of care you deliver to your patients. As a family medicine physician, I'm keenly aware of the challenges you face related to providing high-quality care and the best patient experience. That's why all of us at Blue Care Network are committed to simplifying our processes to make it easier for you to work with us.

Spending less time on administrative work can translate into spending more

time on patient care. And this can result in high quality scores, like the 4-Star rating you helped us achieve for our Medicare Advantage programs in 2023 — thank you. This is why I'm excited about the initiatives we launched over the past year that we designed to save you time and simplify the work you do with us. (For more information, subscribe to *BCN Provider News*.)

Behavioral health services combined to provide more consistency

Starting Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network consolidated the prior authorization and case management functions for behavioral health services, including those for autism treatment.

We combined these programs into Blue Cross Behavioral HealthSM to provide consistency across Blue Cross and BCN products, making it easier for you to manage these services for your patients. Benefits include the ability to use the same medical necessity criteria for behavioral health prior authorization requests and to use the same provider portal to submit and update those requests for most members.

Medical records can now be submitted electronically

When Availity Essentials[®] users are assigned to the appropriate roles, they can upload medical records in support of post-service appeals of BCN commercial and BCN AdvantageSM claims through the *Attachments* dashboard on our provider portal (availity.com).* (Information about assigning roles and registering staff to receive requests electronically is in the document *Submitting medical records through Availity Essentials* on our Provider Resources site; click *Billing and Claims* in the menu, click *Claims* and then click the link to the document.)

I strongly encourage you to submit medical records electronically. In addition to being more secure than submitting by fax or mail, it's easier, helps to protect personal health information, avoids the limitations of faxing and reduces manual effort.

Provider training opportunities continue to grow

We continue to support you by offering many training opportunities, including virtual symposiums, webinars, on-demand e-learning courses and new mini modules on topics such as *Effective searches in Benefits & Eligibility* and *Check verification*.

Be sure to visit our Provider Training Site, now easily accessible through the Applications tab in Payer Spaces within our provider portal (availity.com).* Be sure to check the dashboard for announcements as we add more courses.

These initiatives are a few of the ways we're simplifying your administrative work so you can focus more of your effort on providing quality care for your patients and improving their health care experience. We pledge to work with you to keep making improvements.

Sincerely,

Peter T. Graham, M.D.
BCN Chief Medical Officer

May 2024

Tools to help you care for your Blue Care Network patients

BCN Provider News

Sign up to receive the latest Blue Care Network news by email and view current and past newsletters at bcbsm.com/providers/newsletters.

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

ereferrals.bcbsm.com website

BCN's ereferrals.bcbsm.com website helps you manage BCN members' care with documents related to BCN referral, plan notification and prior authorization requirements, along with forms and other information on utilization management programs.

bcbsm.com/providers

Our public website has a wealth of information. Find provider enrollment and change forms under *Enrollment*, all the pharmacy information you need under *Resources*, a *Contact Us* section under *Help*, and provider newsletters under *Newsletters*.

Our provider portal

Log in to our provider portal at availability.com.* There you can check member eligibility and benefits, the status of claims, prior authorization requirements and more. It also provides you with access to BCN- and Blue Cross-specific provider applications and resources, including provider alerts, provider manuals, billing information and instructions, and utilization management and referral information.

BCN's Health e-BlueSM

Access this tool through the Applications tab of our provider portal at availability.com.* This electronic clinical support tool is available to primary care providers and medical care group administrators. You'll find reports on quality, utilization and pharmacy, with patient care reports on service episodes, treatment opportunities and the *Blue Care Network Qualification Form* for Healthy Blue LivingSM members.



Information you need to know

You can find helpful information on a variety of topics in the *BCN Provider Manual*. To access the manual:

1. Log in to our provider portal (availability.com).*
2. Click *Payer Spaces* on the Availability menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab
4. Click the *Provider manuals*.

Finding provider alerts

To find provider alerts, follow the first three steps above and then click *Secure Provider Resources (Blue Cross and BCN)* and click *Read Alerts*.

You can also subscribe to *Provider Alerts Weekly* to receive an email each week with links to the latest provider alerts. Go to bcbsm.com/providers/newsletters and click on *Subscribe Now*.

Note: You can also access and subscribe to additional provider publications at bcbsm.com/providers/newsletters.

Help is available

Use the *Provider resource guide at a glance* document to locate the help you need. Go to ereferrals.bcbsm.com and click on *Provider resource guide at a glance* under the Frequently Accessed Documents menu at the bottom of the webpage.

Keep these phone numbers handy:

- For coverage, claims or primary care provider assignment, call BCN Provider Inquiry:
 - Professional providers: 1-800-344-8525
 - Ancillary and facility providers: 1-800-249-5103
 - Hearing and vision providers: 1-800-482-4047
- For assistance registering or working with our provider portal, call 1-800-AVAILITY (282-4548)
- For enrollment inquiries or issues, call 1-800-822-2761

Affirmation statement about incentives

Utilization decisions about 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.

See the complete affirmation statement in the Utilization Management chapter of the *BCN Provider Manual*, in the section titled "Overview of BCN Utilization Management."

Criteria used for utilization management decisions

Upon request, BCN provides the criteria we use in the decision-making process for prior authorization requests.

To request criteria for non-behavioral health decisions, complete and fax the *Criteria Request Form* to the number on the form. Visit ereferrals.bcbsm.com, click *BCN* and then click *Prior Authorization & Plan Notification*. Look under the "Authorization Information" heading for *Criteria Request Form (for non-behavioral health cases)*. To receive a free mailed copy of the criteria, call 1-800-392-2512. The form should be used only for determinations made by Blue Cross and BCN, not for determinations made by our contracted vendors.

To request criteria for behavioral health decisions, call Blue Cross Behavioral Health 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.

How to contact a medical director

Plan medical directors are available to discuss prior authorization requests that have been denied by BCN Utilization Management. 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 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 *Prior Authorization & Plan Notification*. Look under the "Authorization Information" heading for *How to request a peer-to-peer review with a Blue Cross or BCN medical director*.

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 *BCN Provider Manual*.

Care management

Learn about our care management programs for members and how to refer a member. See the following documents for more information:

- Health, Well-Being and Coordinated Care chapter of the *BCN Provider Manual*
- *Care and utilization management overview* on the home page of ereferrals.bcbsm.com
- *Blue Cross and BCN: Blue Cross Coordinated Care Fact Sheet* at bcbsm.com/providers/help/coordinated-care

Pharmacy management

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

We recommend that you visit the *Pharmacy Services* section of our website at least quarterly to access our drug lists and view updates. Go to bcbsm.com/providers, click *Help*, scroll down to *Pharmacy Services* and select *How do I request a prescription drug prior authorization* to access links for pharmacy benefit drugs, medical benefit drugs and specialty drugs. The page contains links to the drug lists, prior authorization and step therapy requirements, quantity limit lists, and alternatives for nonpreferred brand and nonformulary drugs.

You can also call the Pharmacy Clinical Help Desk at 1-800-437-3803.

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. Depending on their plans, some members may have to pay the difference between the brand name and generic drug along with the applicable copay.

For more information, see the Pharmacy chapter of the *BCN Provider Manual*.

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, see the BCN System of Managed Care chapter of the *BCN Provider Manual*.

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 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.

For more information, see the Utilization Management chapter of the *BCN Provider Manual*.

Providers must comply with access and availability guidelines

Blue Care Network has established standards for access to appointments and after-hours care. Providers are required to comply with these standards.

You can find details about these standards in the Access to Care chapter of the *BCN Provider Manual*.



Blue Care Network of Michigan — Mail Code 507E MG
600 E. Lafayette Blvd.
Detroit, MI 48226

PRESORTED
STANDARD
US POSTAGE
PAID
BLUE CROSS
BLUE SHIELD
OF MICHIGAN

Coordination of care and exchange of information

We encourage all health care providers to continue to enhance the coordination of care and bidirectional information exchange across the continuum of care among specialists, behavioral health providers and primary care providers to improve member satisfaction and quality of care.

For more information, see the Utilization Management chapter of the *BCN Provider Manual*. Look in the "Coordination of Care" section.

Subscribe now to *BCN Provider News*

Sign up to receive the latest Blue Care Network news by email and view current and past newsletters at bcbsm.com/providers/newsletters.

If you need assistance or have questions, email us at bcnprovidernews@bcbsm.com.

*While Blue Cross Blue Shield of Michigan and Blue Care Network recommend this website and we're responsible for its Blue Cross and BCN-specific content, we don't own or control this website.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

May 2024

Access our provider portal

Learn more at bcbsm.com/providers. Scroll down and click *Register for Web Tools*.

Check out provider training

Log in to our Provider Training Site to view our many training opportunities. This site is accessible on the *Applications* tab on our provider portal (availity.com).*

