

BCN Partners in Care



Blue Care
Network
of Michigan

2017–2018 Edition

A supplement to BCN Provider News

Our clinical quality is first rate thanks to our providers

We value our partnership with our contracted providers and believe that together we're improving the health and lives of Michigan patients.

Blue Care Network works with providers year-round on our HEDIS® goals. We're constantly collecting data, alerting providers about gaps in care and reminding your patients about important preventive tests or follow-up care they need for chronic conditions.

This year, we developed a new data management process to collect data for the measure, plan all-cause readmissions. As a result, this was one of the measures where BCN commercial and BCN AdvantageSM ranked first in the state.

We're seeing better electronic medical records data in provider offices, and we commend you for providing the best care to your patients — our members.

BCN Advantage had the highest HEDIS clinical star score from measurement year 2017 compared with other plans. The plan ranked first among competitors in eight measures, and second in nine measures.

Here's where BCN Advantage ranked first in the state:

- Colorectal cancer screening
- Comprehensive diabetes care: retinal eye exams
- Comprehensive diabetes care: medical attention for nephropathy
- Comprehensive diabetes care: poor HbA1c control
- Use of spirometry testing in chronic obstructive pulmonary disease
- Use of high-risk medications in the elderly: at least two prescriptions
- Plan all-cause readmissions
- Non-recommended prostate-specific antigen-based screening in older men



BCN, too, outshined competitors in the state. We had the highest scores on the analyzed National Committee for Quality Assurance measures.

There were 11 measures for which our clinical quality was the best in the state:

- Comprehensive diabetes care: hemoglobin A1c testing
- Comprehensive diabetes care: medical attention for nephropathy
- Controlling high blood pressure
- Follow-up for children with attention deficit hyperactivity disorder – continuation and maintenance
- Follow-up for children with attention deficit hyperactivity disorder – initiation
- Persistence of beta-blocker treatment after a heart attack
- Pharmacotherapy for chronic obstructive pulmonary disease – systemic corticosteroids
- Use of spirometry testing in COPD
- Weight assessment for body mass index
- Weight assessment for counseling for physical activity
- Plan all-cause readmissions

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Clinical quality *continued from page 1*

We continue to work with our network providers to offer programs and member outreach in areas where we need to improve. We feel we offer the best chronic condition management programs to help patients meet their goals and manage their conditions.

We also want to remind providers that we're dedicated to partnering with you to provide the best care to patients. And, we believe that excellent care and improved outcomes ultimately lead to higher patient satisfaction.

Thank you for continuing to work with us in our efforts.

As part of our partnership with you, we publish this annual edition of *BCN Partners in Care* to remind you of the many ways you can get information to work with us effectively. Please share this publication with your staff to ensure they have the information they need to care for your Blue Care Network patients. Let us know how we can improve our communications to you. We can be reached at bcnprovcomm@bcbsm.com.

Your partners in care,



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



Alison Pollard
Vice President,
Provider Affairs

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 and demographic change requests:
1-313-448-7892 – Hospitals
1-800-822-2761 – All other providers

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 e-referral website helps you manage BCN member care with a list of BCN referral and authorization requirements, forms and information on utilization management programs. Log in to our secure electronic referral tool to submit referrals or receive notification of referrals made to you. Go to ereferrals.bcbsm.com. Click on *BCN* for BCN-specific information. To sign up for the secure referral tool, click on *Sign Up or Change a User*.

bcbsm.com

BCN's website has a wealth of information. Go to *Providers* to 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, and authorization information, and more.

- **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 much more.

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:

Access and availability guidelines

When a member requests an appointment, Blue Cross providers are required to comply with these standards.

Access to primary care	<ul style="list-style-type: none">• Regular and routine care – 30 days• Urgent care – 48 hours• After-hours care – 24 hours / 7 days a week
Access to behavioral health care	<ul style="list-style-type: none">• Not a life-threatening emergency – 6 hours• Urgent care – 48 hours• Initial visit for routine care – 10 business days• Follow-up routine care – within 30 days of request
Access to specialty care	<ul style="list-style-type: none">• High-volume specialist: Including but not limited to OB-GYN<ul style="list-style-type: none">– Regular and routine care – 30 business days– Urgent care – 48 hours• High-impact specialist: Oncology<ul style="list-style-type: none">– Regular and routine care – 30 business days– Urgent care – 48 hours

For more detailed information, see the “Access to Care” chapter in the *BCN Provider Manual*.

Affirmative statement about incentives

Medical decisions are based only on appropriateness of care and service, and existence of coverage.

See the Affirmation Statement in the “Care Management” chapter of the provider manual. It’s located in the section titled *Overview of BCN utilization management*.

Criteria used for level of care utilization management decisions

Upon request, Blue Care Network provides the criteria used in the decision-making process. Call Care Management at 248-799-6312 Monday through Friday from 8:30 a.m. to 5 p.m.

For information, see the “Care Management” chapter of the provider manual. Go to the section about *BCN authorization requirements*.

Member rights and responsibilities

Blue Care Network 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 our pharmacy management programs, such as step therapy, quantity limits, dose optimization, use of generics and specialty pharmacy. You also need to know how to request prior authorizations 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 and click on *Quick Links* on the right. You can also call 1-800-437-3803 for the most up-to-date pharmaceutical information.

Note: Generic substitution may be required for BCN members. If both the generic and brand name are listed on our drug list, members are encouraged to receive the generic equivalent when available. Some members may be required to pay the difference between the brand name and generic drug, as well as applicable copay, depending on the member’s plan. See the Pharmacy Services section of the website for more detail.

Pharmacy updates are published in each issue of *BCN Provider News*. You can find more information in the “Pharmacy” chapter of the 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, go to the chapter titled “BCN System of Managed Care” in the provider manual.

Utilization management staff availability

We encourage providers to discuss any decision with a plan medical director. Call BCN Utilization Management at 248-799-6312 from 8:30 a.m. to 5 p.m. weekdays or 1-800-851-3904 after normal business hours.

This information is available in the “Care Management” chapter of the manual. Go to the section on *Utilization management decisions*.



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Watch BCN's video series to help improve communication with your patients

One measure of a patient's care experience is the Consumer Assessment of Healthcare Providers and Systems, or CAHPS®, survey. It's sent each year to a random sample of your patients by the Centers for Medicare & Medicaid Services. Among the areas it covers is how well doctors communicate. You can learn about best practices in patient communication from your colleagues who received high satisfaction scores.

Watch the short video at:
brainshark.com/bcbsm/patientcommunication.*

*Blue Cross Blue Shield of Michigan and Blue Care Network are only responsible for the Blue Cross and BCN-related content at brainshark.com.

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