JANUARY-FEBRUARY 2023

BCN Provider News

Farewell, web-DENIS; Hello, Availity Essentials

What you need to know

The last day to log in to Provider Secured Services and web-DENIS was Dec. 15. Make sure you're registered and ready to use Blue Cross and BCN's new provider portal, Availity Essentials.

As we announced in the **November-December issue**, beginning Dec. 16, you'll no longer be able to log in to Provider Secured Services or web-DENIS.

If you're new to Availity® Essentials or if you'd like to brush up on how to best use the tools in our new provider portal, you can register for webinars and view recordings of prior webinars on the **Get Up to Speed with Training** website.

Tip: When you need help using our new provider portal, your first step should be to call 1-800-AVAILITY (282-4548). Help is available from 8 a.m. to 8 p.m. Eastern time, Monday through Friday (excluding holidays). When you call, ask for an Availity Client Services, or ACS, ticket number. This number is helpful if the call doesn't resolve your problem and follow-up assistance is needed.

Want to know what's new on our provider portal?

Check out the *Provider Portal Change and Status Updates* document for new provider portal improvements, features and functionality, and issues we're working to address. Here's how to find it:

Log in to our provider portal (**availity.com**).

1. Click on *Payer Spaces* on the menu bar, and then click on the BCBSM and BCN logo.
2. Click on the *News and Announcements* tab.
3. Click on *Provider Portal Change and Status Updates.*

Watch for additional announcements

Continue to read our provider alerts within the Blue Cross and BCN *Payer Space* in Availity Essentials, for the latest information on the retirement of Provider Secured Services and web-DENIS. We'll post an alert if there are any changes to the date listed in this article.

Please see Farewell, web-DENIS; Hello, Availity Essentials continued on Page 2

Inside this issue…

Feedback | Subscribe

Network Operations

Here's how to find provider alerts within Availity Essentials.

1. Click on *Payer Spaces* on the menu bar.
2. Click on the BCBSM and BCN logo.
3. Click on the *Resources* tab.
4. Click on *Secure Provider Resources (Blue Cross and BCN)*.
5. Click on *Read Alerts*.

You can make the *Provider Resources* site a favorite by clicking on the heart icon next to *Secure Provider Resources (Blue Cross and BCN)* in Step 4 above. Once you've done this, you'll find a link to *Provider Resources* when you click on *My Favorites* in the top menu bar.

Here are recent notices about the retirement of Provider Secured Services and web-DENIS:

- Provider alert: **Eligibility and benefits functionality retires from web-DENIS on Nov. 18**
- November-December *BCN Provider News* article: **Final Provider Secured Services and web-DENIS retirement dates announced along with Availity enhancements**

Read the November-December *BCN Provider News* article for earlier retirement notices.

Resources

- **Register for Availity Essentials**. Learn more at **Get Started with Availity Essentials**.
- Learn how to use Availity Essentials on **Get Up to Speed with Training**.
- Check out our **frequently asked questions about transitioning to the Availity® provider portal**.
- Need help? Call Availity Client Services at 1-800-AVAILITY (282-4548), from 8 a.m. to 8 p.m. Eastern time, Monday through Friday (excluding holidays). Request an ACS ticket number for reference in case this call doesn't resolve your problem and follow-up assistance is needed.

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

Editor
Michael Gingerella
bcnprovidernews@bcbsm.com

Provider Communications
Catherine Vera-Burgos, Manager
Elizabeth Donoghue Colvin
Tracy Petipren
Deb Stacy

Market Communications Publications
Adam Pete

Follow these tips for checking eligibility and benefits in Availity

To get started checking eligibility and benefits on our new provider portal, Availity® Essentials, simply click on *Patient Registration* at the top of your Availity home screen. Then select *Eligibility and Benefits Inquiry*. Here are some tips.

- **Select a patient** — When you're looking for a patient, click on the *Patient Search Option* drop-down menu for a choice of search options. One option is the patient's first and last name, and date of birth.
- **Active and inactive contracts** — Active contracts have a green bar; inactive contracts have a red bar.
- **If a patient's plan is inactive** — Here are two actions you can take if you find that a patient's plan is inactive.
  - A Patient ID in Availity is the patient's enrollee ID on his or her member ID card. If you search based on the Patient ID and receive a response indicating the patient's plan is inactive, submit another inquiry that doesn't include the patient's enrollee ID. The patient may have changed plans and received a new enrollee ID number.
  - After taking the above action, if the patient's coverage is still displaying as inactive on the current date, change the "As of Date" to a date when coverage was active. Inactive coverage will display an end date. You can select a date prior to the end date for more information on the prior coverage. Information is available on coverage up to one year prior to the current date.
- **Narrow the benefit results** — Before clicking on the patient box and selecting *Submit*, click on the *Benefit/Service Type* drop-down menu. You can select multiple benefits in this field to narrow down the benefits you want to view. Click on *Search,* and then click on the *Coverage and Benefits* tab to see details for the benefits you've selected.
- **Find the result you need** — A categorized list of frequently viewed benefits information is on the left side of the screen. You can click the links listed under each benefit or service type to navigate to the corresponding section of the *Coverage and Benefits* screen.
- **Some health plans have a custom message** — If a patient's plan has a custom message, you'll find it under the Blue Cross and BCN logo in the green bar.
- **Networks** — On the *Coverage and Benefits* tab, you may see some filters by network such as "All Networks," "In Network" or "Out of Network." These links provide the benefits but don't indicate the network status of the health care provider. To determine the network status for a specific provider, look up the provider in our online provider search at **bcbsm.com/find-a-doctor**. For detailed steps, review **Finding your plans and networks**.
- **Coordination of benefits** — Coordination of benefits information is available on the *Patient Information* tab in the *Payer Details* section under *Other or Additional Payers*.
- **Medicare and Medicaid contracts** — Medicare and Medicaid are listed as separate payers. For more information, see pages 12 and 13 of **Transitioning to the Availity provider portal frequently asked questions for providers**.
- **Non-Michigan Blue plan members** — To check eligibility and benefits for an out-of-state Blue plan member, go to the *Patient Information* section, and select *Click here to search for Federal Employee Program or Blue Exchange members*.
- **Get training** — For more details on how to use eligibility and benefits, go to **Get Up to Speed with Training**, and select *Availity Overview, Payer Spaces, Eligibility & Benefits*.

Direct your questions to Availity Client Services at 1-800-AVAILITY (282-4548), from 8 a.m. to 8 p.m. Eastern time, Monday through Friday (excluding holidays). Request an ACS ticket number for reference in case this call doesn't resolve your problem and follow-up assistance is needed.

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

Have you been surprised by a paper check when you expected electronic payment?

If you submit a claim with a tax ID that doesn't match what we have in our system for electronic funds transfer, or EFT, the claim will pay by paper check instead of EFT. Review your recent vouchers that were paid via EFT to note the tax ID.

If you need to revise your EFT information, check out EFT training within the Availity Learning Center or in the **Get Up to Speed with Training** website, or call 1-800-AVAILITY (282-4548), from 8 a.m. to 8 p.m. Eastern time, Monday through Friday (excluding holidays). Request an ACS ticket number for reference in case this call doesn't resolve your problem and you need follow-up assistance.

Follow these tips for checking claim status and viewing remittance advices and vouchers in Availity

If you're still getting accustomed to using our new provider portal, Availity® Essentials, here are some tips that can help with claims-related activities.

Checking claim status

Click on *Claims & Payments* and then click on *Claim Status*. If you have more than one organization, select the appropriate one, then select BCBS MICHIGAN AND BLUE CARE NETWORK as the payer. Then, follow these four steps:

1. Use *Member Search* to select the patient.
2. Once you find the patient, click the patient's row. This opens the *HIPAA Standard* tab.
3. Select the billing provider and complete the fields in the Claim Information section.
4. Click *Submit*.

Tip: Allow at least 72 hours for the claim to be processed before checking its status.

Tip: For Federal Employee Program contracts or contracts from non-Michigan Blue plans, start with the HIPAA Standard tab.

Using the Remittance Viewer in Availity

Click on *Claims & Payments* and then click on *Remittance Viewer* twice.

Tip: When you open the Remittance Viewer, you'll see a popup screen titled *Welcome to Remittance Viewer* with a link at the bottom to a demo on using the tool.

The Remittance Viewer screen has two tabs:

- *Check/EFT* – This tab opens by default. Use this to search with payment information.
- *Claim* – Use this tab to search with claim information.

Tip: Make sure the date span is correct for the search option you use. In the *Check/EFT* tab, it's best to search for a couple days before and after the check date.

Tip: When you find results, you'll see a row of data. On the right, there will be an *Actions* column. One of the items is labeled *EOP/EOB* when you hover your mouse over it. This is the voucher you're used to seeing in Provider Secured Services/web-DENIS. Another of the items is labeled *Download* when you hover your mouse over it. This is the electronic remittance advice which you can download as a PDF.

Submitting claims through the Availity Claim Submission tool

If you use Availity's Claims Submission tool to submit claims to Blue Cross and BCN, you need to make sure the member prefix is included with the member contract number on your claim. The prefix is usually three alpha characters preceding the 9-digit contract number. Federal

Please see Follow these tips continued on Page 5

Network Operations

Employee Program contract numbers are an exception, with an R followed by an 8-digit contract number.

In some cases, when you search for a Blue Cross or BCN member within Availity, the results do not display the contract prefix. If you submit a claim that doesn't include the prefix, the claim will reject due to an incomplete or invalid contract number.

To find the prefix, look up the patient in Availity's Eligibility and Benefits Inquiry tool (found under the Patient Registration dropdown) and click on the "View Member ID Card" link near the top of the results page. The ID card image will include the complete contract number (called the Subscriber ID), including the prefix.

Training assistance

Here's where you can learn more.

- Go to **Get Up to Speed with Training**, and select either a live or recorded webinar for Blue Cross and BCN-specific training.
- Go to the Availity Learning Center. Here's how:
  1. Within Availity, click on *Help & Training*.
  2. Click on *Get Trained*.
  3. In the search bar, click the Catalog icon (which looks like a folder) and search for either:
     - Claim Status – Training Demo
     - Availity Claim Status
     - Remittance Solutions – Training Demo
     - Remittance Viewer: Tips for finding what you need. Fast.

Troubleshooting

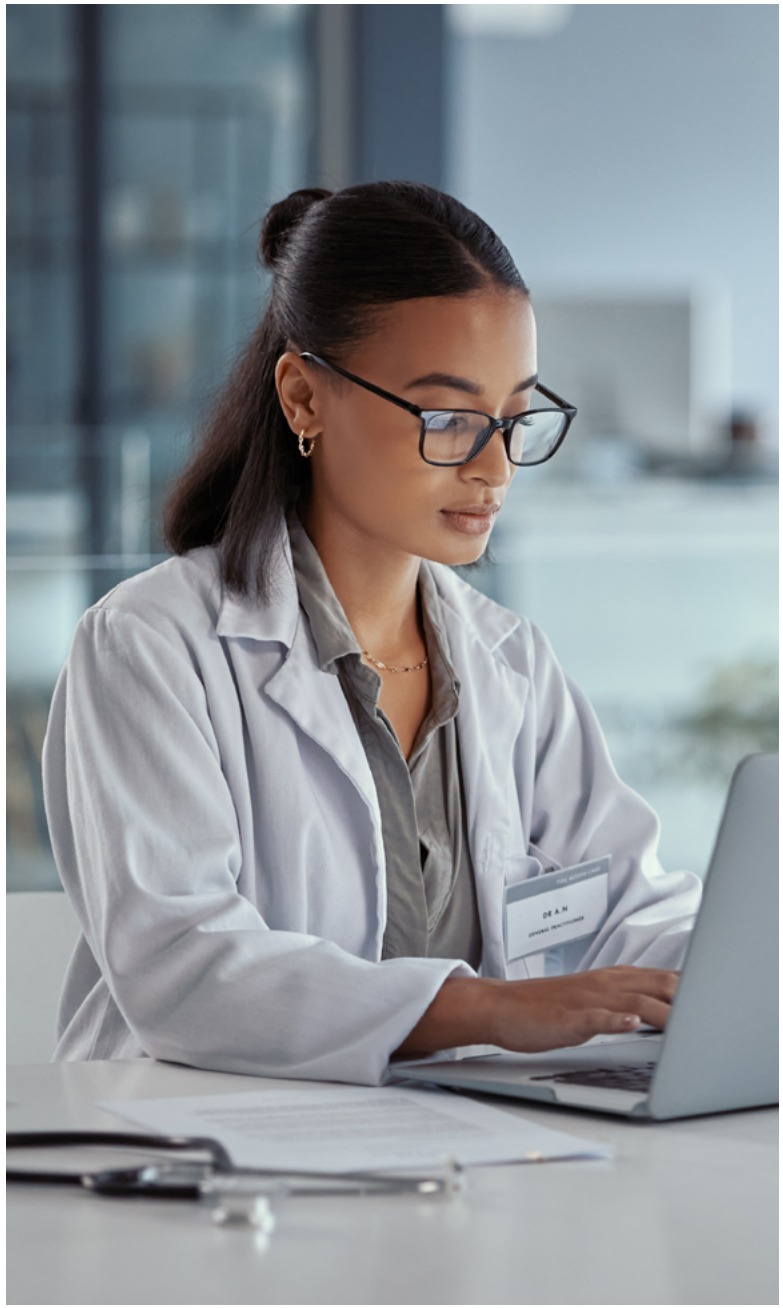
If you're having problems checking claim status or using the Remittance Viewer, ask your Availity administrator to make sure you have the claim status role assigned to you.

Contact Availity Client Services for one-on-one assistance. Call 1-800-AVAILITY (282-4548), from 8 a.m. to 8 p.m. Eastern time, Monday through Friday (excluding holidays). Request an ACS ticket number for reference in case this call doesn't resolve your problem and follow-up assistance is needed.

Still need to register?

Find out how at **Register for Availity Essentials**. Learn more at **Get Started with Availity Essentials**.

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



Learn more about our new virtual primary care plan

As previously announced in the **November-December 2022 issue of *BCN Provider News***, Blue Care Network will offer a new, low-cost plan providing coordinated, virtual access to primary, urgent and behavioral health care starting Jan. 1, 2023.

You can learn more about this plan in our *Virtual Primary Care Frequently Asked Questions* document. Here's how to find it within our provider portal:

Log in to our provider portal (**availity.com**).

1. Click *Payer Spaces* on the Availity menu bar.
2. Click the BCBSM and BCN logo.
3. Click *Secure Provider Resources (Blue Cross and BCN)* on the Resources tab.
4. Choose *BCN* from the *Products* drop-down menu.

Important referral notes about the plan

- In the event a member needs an in-person evaluation for a non-urgent low acuity need, the Doctor On Demand virtual primary care physician may ask for in-network BCN providers' support. Doctor On Demand will submit a referral via e-referral to the participating BCN PCP. Just like all other referrals, BCN providers can find a Doctor On Demand referred case to them in the list of open cases on the e-referral dashboard home page. You can read more about the e-referral dashboard in the *Navigating the Dashboard* section of the ***e-referral User Guide*** or the ***Navigating the Dashboard Home Page*** online self-paced e-learning module found on **ereferrals.bcbsm.com**.
- Referrals are required for adult members (age 18 and older) if in-person care is needed (except for urgent care, emergency room, behavioral health and routine women's health services). This also applies to adult members who reside in our West, Mid and Upper Peninsula regions. Pediatric referrals follow the standard BCN processes.
- Starting in January, BCN providers that need to contact the member's virtual PCP should call Doctor On Demand by Included Health at 1-855-431-5552. Please have the member's information available to connect to that member's virtual PCP or care team. This information can be found when checking the member's eligibility and benefits in our provider portal (**availity.com**).

Precision medicine and pharmacogenomics educational webinar recordings now available

On Jan.1, 2023, Blue Care Network is launching an end-to-end precision medicine pharmacogenomics, or PGx, program called Blue Cross Personalized Medicine℠.

To prepare providers, BCN hosted pharmacogenomics educational sessions as announced in the **November-December 2022 issue of *BCN Provider News***. These sessions focused on:

- Specific case studies as they pertain to various disease states and specialties.
- The patients' experience from invitation through testing completion and medication treatment options tailored to their individual needs.

We canceled the cardiology webinar that was originally scheduled for Dec. 8, 2022. It will be rescheduled in early 2023. We apologize for any inconvenience caused by the cancellation.

Session date	Case study focus	CME credit
November 10	Primary Care	Yes
November 15	Behavioral Health	No

To watch the recorded sessions, visit the provider training website. Use the words PCP, PGx, or personalized to search for the sessions.

Please see Precision medicine continued on Page 7

Access to the provider training website

- Click **here** if you are already registered for the provider training website.
- Click **here** to request access to the provider training website.

  Complete the registration. We recommend using the same email you use to communicate with Blue Cross Blue Shield of Michigan and Blue Care Network for other provider-related needs. This will become your login ID.

Statement of Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Michigan State Medical Society and Blue Care Network of Michigan. The Michigan State Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

AMA Credit Designation Statement

The Michigan State Medical Society designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HEDIS® medical record reviews begin in February

Each year from February through May, Blue Cross Blue Shield of Michigan conducts Healthcare Effectiveness Data and Information Set (HEDIS®) medical record reviews for members who live in Michigan. This year, Blue Cross HEDIS clinical consultants will conduct HEDIS reviews for members with Blue Cross PPO and BCN HMO plans (including commercial, Medicare Plus Blue℠ and individual products) who had services in 2022.

To support HEDIS and government-required programs, the Blue Cross and Blue Shield Association mandates who can retrieve medical records for patients living in Michigan but enrolled in another state's Blue plan. Blue Cross Blue Shield of Michigan is authorized to retrieve medical records for patients who live in Michigan and are enrolled in any Blue Medicare Advantage PPO plan, including those outside of Michigan.

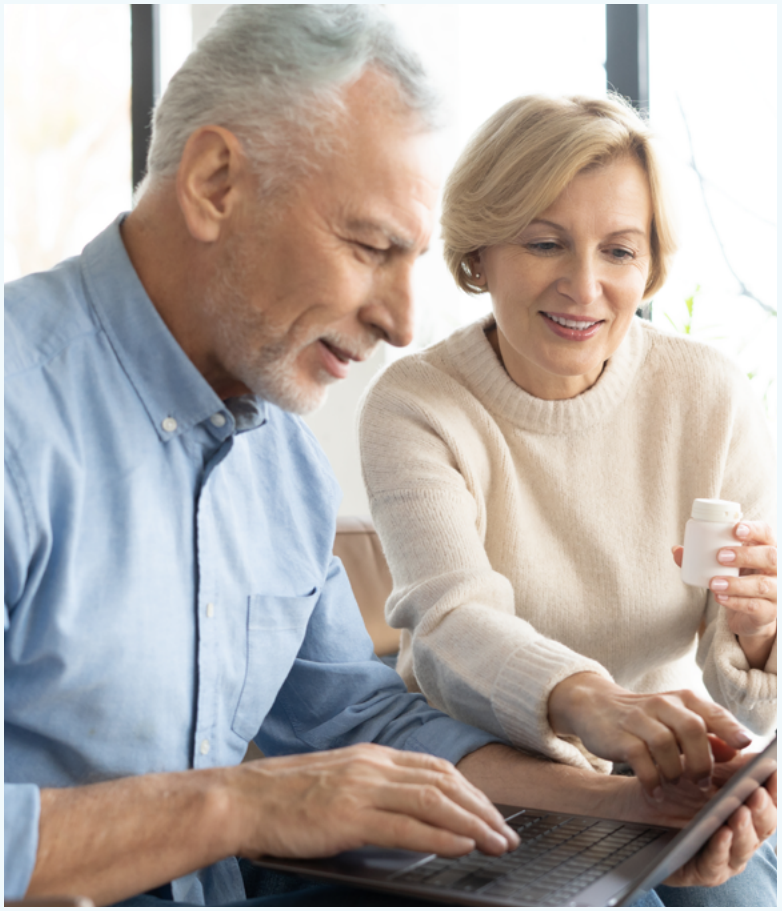
Inovalon, an independent data and analytics firm, is authorized to retrieve medical records for patients enrolled in all Blue Cross PPO and HMO plans as well as Blue Medicare Advantage PFFS and HMO plans.

For the HEDIS reviews, we look for details that may not have been captured in claims data, such as blood pressure readings, HbA1c lab results and colorectal cancer screenings. This information helps us improve health care quality reporting for our members.

Our Blue Cross HEDIS clinical consultants will contact you to schedule an appointment for a HEDIS review or request that you fax the necessary records. The HEDIS review also requires proof of service documentation for data collected from a medical record.

If you have questions or concerns, contact Ellen Kraft ekraft@bcbsm.com.

HEDIS® (Healthcare Effectiveness Data Information Set) is a registered trademark of the National Committee for Quality Assurance.



Network Operations

Learn more about patient experience resources

The Centers for Medicare & Medicaid Services continues to emphasize the importance of the patient experience in all their programs. Blue Cross Blue Shield of Michigan and Blue Care Network administer the Clinician and Group Consumer Assessment of Healthcare Providers and Systems®, or CG-CAHPS, a nationally recognized survey that's widely used to collect data about patient experiences and monitor provider performance.

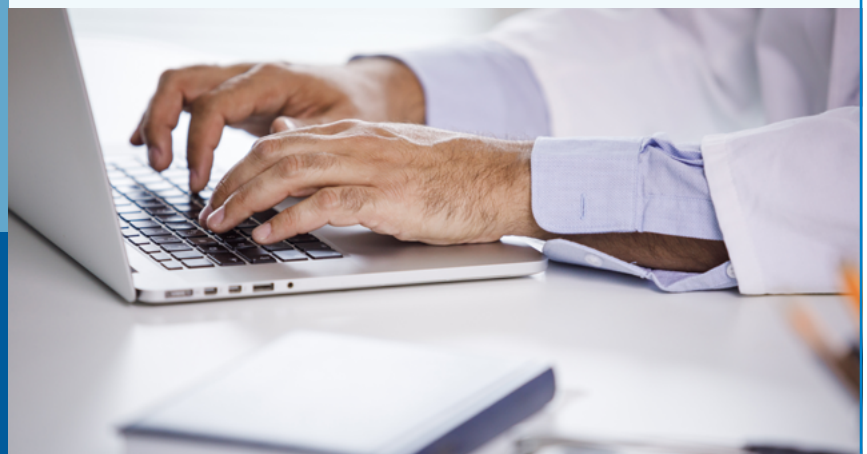
We've added a page on our *Provider Resources* site to provide more details about the CG-CAHPS survey and our patient experience resources, including our Provider Experience podcast series. (To read more, see *Podcasts give you quick, easy tools for improving the patient experience* on **Page 16** of this issue)

You can find the *Provider Experience* page on the *Member Care* tab. To get there:

- Log in to our provider portal at **availity.com**.
- Click on *Payer Spaces* on the Availity menu bar.
- Click on the BCBSM and BCN logo.
- Click on *Secure Provider Resources (Blue Cross and BCN)* on the *Resources* tab.
- Click on *Patient Experience* on the *Member Care* tab.

CAHPS® is a registered trademark of the Agency for Healthcare Quality and Research, or AHQR.

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



New! Healthy Blue Choices℠ POS now available to FCA employees

Healthy Blue Choices℠ POS is a new point-of-service product for FCA non-bargaining employees and retirees* that allows the flexibility to receive covered health care services in or out of network without a referral. It is administered by Blue Care Network and works similarly to our popular Blue Elect Plus℠ POS plan. **Healthy Blue Choices members don't need a referral for any covered service.** They can refer themselves to any provider — even to providers who are considered out of network for this product.

Requirements for selecting a primary care provider

Healthy Blue Choices POS members with a Michigan address must select a BCN primary care physician; however, they also have the option to receive covered health care services in or out of network without a referral. Members who live outside of Michigan, with a non-Michigan address, don't need an assigned primary care physician. They also don't need a referral — they just need to see a BlueCard-participating provider if they want to pay the lower in-network out-of-pocket costs.

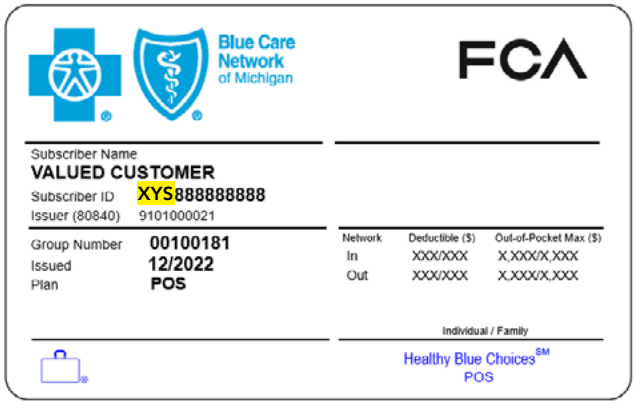
Important information to know

- All members have lower costs when seeing in-network providers (those who are contracted with BCN or a BlueCard-participating provider).
- Authorization requirements apply for certain services provided by both in- and out-of-network providers.
- Some services are covered from in-network providers only, including most preventive services defined by the Affordable Care Act, office visits, durable medical equipment, prosthetics and orthotics, diabetic supplies, routine prenatal care (for members with active employee coverage) and colonoscopy (for members with retiree coverage).
- Some services aren't handled through Blue Care Network, including behavioral health services, infertility treatment services and pharmacy.

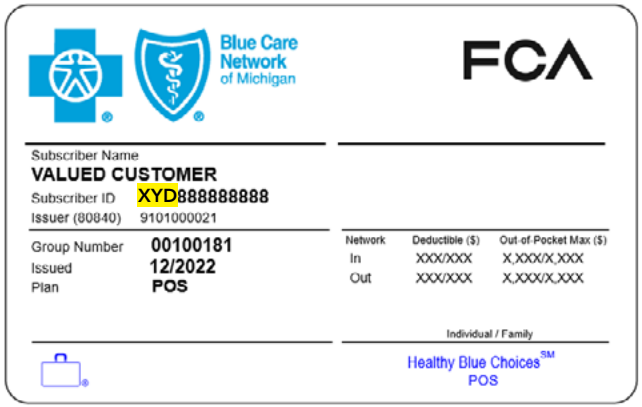
Please see New! Healthy Blue continued on Page 9

Network Operations

Healthy Blue Choices POS for employees



Healthy Blue Choices for retirees



More information is available

Refer to the **Healthy Blue Choices℠ POS webpage** for more information. For questions about Healthy Blue Choices POS, call Provider Inquiry:

- Physicians/Professionals: 1-800-344-8525
- Hospitals/Facilities: 1-800-249-5103

* FCA bargaining employees are covered under a separate health plan administered by Blue Care Network.

Ordering transfers from noncontracted (or nonparticipating) ambulance services costs members money

Providers must order transfers from contracted ambulance services when arranging for non-emergency ground transfers. This applies to transfers for Blue Cross commercial, Medicare Plus Blue℠, Blue Care Network commercial and BCN Advantage℠ members.

For more information, see the article on **Page 14**.

Podcasts give you quick, easy tools for improving the patient experience

As part of our ongoing efforts to help practices improve the patient experience, we've developed a podcast series called "Practice Up." The four podcasts included in the series are short and engaging, allowing physicians and other health care providers to listen at their convenience.

For more information, see the article on **Page 16**.

Find out more about the new Blue Cross® Local HMO and BCN Advantage℠ Local HMO

Blue Cross Local HMO and BCN Advantage Local HMO are new products that are part of a new 2023 Local network available to Michigan residents in Macomb, Oakland and Wayne counties. Members must select a primary care physician within the Local network of physicians and hospitals affiliated primarily with Ascension and Trinity Health.

For more information, see the article on **Page 10**.

Find out more about the new Blue Cross® Local HMO and BCN Advantage℠ Local HMO

As previously announced in the **November-December 2022 issue of *BCN Provider News*** on pages 3 and 8, Blue Cross Local HMO and BCN Advantage Local HMO are new products that are part of a new 2023 Local network available to Michigan residents in Macomb, Oakland and Wayne counties. Members must select a primary care physician within the Local network of physicians and hospitals affiliated primarily with Ascension and Trinity Health.

Members must receive services within this Local network. The primary care physician coordinates care with the network specialists and hospitals. If a member needs services found outside the network, BCN authorization is required for the member to receive care. BCN will only authorize the service if it is something that can't be performed within the network. Standard BCN clinical review requirements apply.

Referrals are handled like other similar BCN health plans.

- Blue Cross Local HMO, a BCN commercial health plan in the Southeast region, requires primary care physicians to submit referrals through the e-referral system.
- BCN Advantage Local HMO, a BCN Advantage health plan, does not require referrals to be submitted through the e-referral system, but still expects the primary care physician to coordinate care.

To see a list of participating hospitals and medical care groups, check your network status or see images of the member ID cards, please see the ***Blue Cross Local HMO and BCN AdvantageSM Local HMO flyer (PDF)***. You can also find this flyer on our provider portal:

1. Log in to our provider portal (**availity.com**).
2. Click *Payer Spaces* on the Availity menu bar.
3. Click the BCBSM and BCN logo.
4. Click *Secure Provider Resources (Blue Cross and BCN)* on the Resources tab.
5. Choose *BCN* or *BCN Advantage* from the *Products* drop-down menu.

Prior authorization and billing reminders for SNF interrupted stays for Medicare Advantage members

Per Centers for Medicare & Medicaid Services guidance, a skilled nursing facility interrupted stay occurs when a patient is discharged from a SNF and is readmitted to the same SNF within three consecutive days. When this occurs:

- The readmission or subsequent stay is considered a continuation of the previous stay.
- One claim must be submitted for both stays.
- The completion of new patient assessments is optional.
- The variable per diem isn't reset.

For more information, see the "Interrupted Stay Policy" section of the Medicare Learning Network® document titled **SNF PPS: Patient Driven Payment Model**.

How naviHealth issues authorizations for SNF interrupted stays

naviHealth's authorization process is based on their medical necessity review process.

If a patient who is receiving skilled services leaves a SNF for the emergency department, for an observation stay or for an acute-care hospital inpatient stay and:

Please see Prior authorization and billing continued on Page 11

BCN Advantage

- Returns to the same SNF **before two midnights have passed**, naviHealth will use the original prior authorization number.
- Returns to the same SNF **after two or more midnights have passed**, naviHealth will create a new authorization number.

How to submit claims for SNF interrupted stays

Here's what you need to know about billing for SNF interrupted stays:

- You must submit only one claim for both stays.
- Submitting authorization numbers on Medicare Plus Blue and BCN Advantage claims for post-acute care stays is **optional**. If you choose to include an authorization number on the claim, include the prior authorization number for the initial SNF stay.
- If naviHealth assigns a different patient-driven payment model, or PDPM, code for the subsequent stay:
  1. Include a claim line for the original dates of service and PDPM code.
  2. Include a separate or new claim line for the subsequent dates of service and the second PDPM code.

Reminders:

- naviHealth authorizes the first four digits of the PDPM code based on the associated case mix groups, or CMGs. The provider is responsible for assigning the appropriate fifth digit.
- Providers are responsible for billing appropriately.
- Claims for unauthorized services and procedures are subject to denial.

Resources for CMS billing guidance

- **Medicare Claims Processing Manual Chapter 6 - SNF Inpatient Part A Billing and SNF Consolidated Billing** — Section 120.2 - Interrupted Stay Policy
- **Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance** — Section 30.1 - Administrative Level of Care Presumption

Additional information

For more information, see the document titled **Post-acute care services: Frequently asked questions for providers**. We updated this document to include the information in this alert.

naviHealth Inc. is an independent company that manages authorizations for post-acute care services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

Blue Cross and BCN receive high Medicare Star Ratings from CMS again this year

The Centers for Medicare & Medicaid Services recently announced its 2023 Medicare Star Ratings — and Blue Cross Blue Shield of Michigan achieved strong results.

Both our BCN Advantage℠ HMO plan and our Medicare Plus Blue℠ PPO plan captured 4.5-Star ratings, making our plans once again among the highest-rated in the country.

CMS publishes Star Ratings each year to measure the quality of health services received by beneficiaries enrolled in Medicare Advantage plans. They're designed to evaluate how well plans that contract with Medicare perform, and to help consumers select a Medicare Advantage plan that works best for them.

"These phenomenal ratings reflect our dedication to provide our Medicare members with service that goes above and beyond," said Daniel J. Loepp, Blue Cross president and CEO. "We are grateful to the care teams in our network who work closely with our members to meet their health care needs."

Medicare considers five categories when assigning Star Ratings:

- How the plan emphasizes staying healthy, including such benefits as screenings, tests and vaccines
- How the plan manages chronic conditions
- How responsive the plan is, as well as the quality of care that people with the plan receive
- Member complaint reports, which include problems in getting services and decisions on appeals

Please see Blue Cross and BCN continued on Page 12

- How many members leave the plan each year

Blue Cross Blue Shield of Michigan's high ratings for 2023 reflect sustained performance in several key areas, including HEDIS® measures and CAHPS® surveys. The Consumer Assessment of Healthcare Providers and Systems surveys, developed by the Agency for Healthcare Research and Quality, evaluate a member's experience with their plan, quality of care received and access to care.

The role of health care providers

Dr. James Grant, senior vice president and chief medical officer for Blue Cross, acknowledged the important role health care providers played in achieving the ratings. "We couldn't have achieved this strong performance without our physician partners and the efforts of each patient care team. These professionals interact with our patients every day and are helping to provide quality care to everyone they touch," he said.

Going forward, Blue Cross and BCN will continue to work with health care providers to focus on quality, pursue operational excellence and provide a best-in-class experience for our members.

How Landmark can support primary care providers as they care for our most vulnerable Medicare Advantage members

On Jan. 1, 2023, all Medicare Plus Blue and BCN Advantage members who have multiple chronic conditions and reside in Michigan's Lower Peninsula will be eligible for Blue Cross Blue Shield of Michigan and Blue Care Network's high-intensity in-home care program. This program uses the services of Landmark Health L.L.C., an independent company that provides Blue Cross and BCN with in-home care services.

See the article on **Page 15** for details.

Xenpozyme™ and Zynteglo® to require prior authorization for Medicare Advantage members, starting Nov. 1

For dates of service on or after Nov. 1, 2022, we're adding a prior authorization requirement for Medicare Plus Blue and BCN Advantage members for the following medications:

- Xenpozyme™ (olipudase alfa-rpcp), HCPCS code J3590
- Zynteglo® (betibeglogene autotemcel), HCPCS code J3590

See the article on **Page 25** for details.

Pemfexy® to require prior authorization for most members, starting Feb. 9

For dates of service on or after Feb. 9, 2023, Pemfexy (pemetrexed), HCPCS code J9304, will require prior authorization through AIM Specialty Health®. This drug is part of members' medical benefits, not their pharmacy benefits.

See the article on **Page 26** for details.

BCN Advantage

How BCN Advantage will reimburse carrier-priced codes, starting Jan. 1

Starting Jan. 1, 2023, BCN Advantage will follow Centers for Medicare & Medicaid Services guidelines when establishing reimbursement for procedure codes that CMS lists as carrier priced. This will apply to services for BCN Advantage members.

See the article on **Page 28** for details.

Medicare Plus Blue and BCN Advantage claims audits will transition from HMS to Cotiviti

Effective Dec. 1, 2022, Blue Cross Blue Shield of Michigan and Blue Care Network will transition their audit services for Medicare Plus Blue and BCN Advantage claim reviews from HMS to Cotiviti, an independent company that provides auditing support services for Blue Cross and BCN. Cotiviti contracted with HMS in the past for clinical chart review services and has now purchased the company.

See the article on **Page 29** for details.

Ordering transfers from noncontracted (or nonparticipating) ambulance services costs members money

Providers must order transfers from contracted ambulance services when arranging for non-emergency ground transfers. This applies to transfers for Blue Cross commercial, Medicare Plus Blue℠, Blue Care Network commercial and BCN Advantage℠ members.

Noncontracted ambulance services may balance bill members, which may result in members being charged large amounts for these services.

You can avoid this situation by using only contracted (or participating) ground ambulance services for non-emergency transfers. To determine which ground ambulance services are contracted with or participate with a member's health plan:

1. Go to **bcbsm.com**.
2. Click ***Find a Doctor***.
3. Click the *Search without logging in* link.
4. If prompted, choose a location.
5. In the upper-right corner of the screen, do one of the following:
   - Click the *I don't know my network* button.
   - Click the *Change your location or plan* link and then click *I don't know my network*.
6. Click the *Find a different plan* button.
7. Select the appropriate plan.
8. Click the *Confirm selection* button.
9. Click *Places by type*.
10. Enter *Land ambulance* or the name of a specific ambulance provider, and press Enter.

The search results include the ground ambulance services that are contracted with or participate with the plan you selected.

See our *Ground Ambulance Services* medical policy for additional information. To view the policy:

1. Go to **bcbsm.com/providers**.
2. Click *Resources*.
3. Scroll down the page and click the *Search Medical Policies* button.
4. In the **Medical Policy Router Search** page, enter **ground ambulance services** in the Policy/Topic Keyword field and press Enter.
5. Click the *Medical Policy – Ground Ambulance Services* link.

Reminder: DME/P&O and telehealth visits

Blue Cross and Blue Care Network follow the Centers for Medicare & Medicaid Services COVID-19 PHE Interim Final Rules for DME/P&O items that allow exceptions to requirements for face-to-face encounters to avoid exposure of vulnerable populations. Telehealth visits can be used to prescribe DME/P&O items and medical supplies, effective March 18, 2020, until the end of the public health emergency, as indicated in our **Temporary changes due to the COVID-19 pandemic** document. For more information, see the **CMS Medicare Learning Network guidance**.

We'll communicate updated telehealth requirements for DME/P&O and medical supplies after the PHE has ended.

How Landmark can support primary care providers as they care for our most vulnerable Medicare Advantage members

On Jan. 1, 2023, all Medicare Plus Blue and BCN Advantage members who have multiple chronic conditions and reside in Michigan's Lower Peninsula will be eligible for Blue Cross Blue Shield of Michigan and Blue Care Network's high-intensity in-home care program. This program uses the services of Landmark Health L.L.C., an independent company that provides Blue Cross and BCN with in-home care services.

The Landmark program

Using a physician-led, interdisciplinary team, the Landmark program complements office-based primary care by:

- Collaborating and coordinating with each member's primary care provider, using the primary care provider's preferred method of communication
- Supporting frail, elderly patients who want to manage their conditions through in-home care
- Meeting patients in the comfort of their homes
- Delivering geriatric care, including medical, behavioral, urgent care, medication management and 24/7 nurse triage

The program doesn't replace members' primary care providers or other health care providers. Instead, the Landmark team provides supplemental support between members' regularly scheduled medical appointments, when it's often needed most.

The Landmark program is a member benefit. Members who are eligible for the Landmark program decide whether they want to participate in the program.

Learning opportunities

Blue Cross, BCN and Landmark are available to meet with primary care practices, providers and care managers to answer questions about Landmark's care model and coordination of care.

Discussion topics include:

- Coordination of care between Landmark and an identified person in the practice
- The best method of communication with the practice and how to coordinate on urgent patient needs
- How and when practices can call on Landmark for eligible or engaged patients when the patient has an urgent need or cannot come into the office
- Feedback on Landmark communication with primary care providers

If you want to participate in an open-forum discussion, email the Care Delivery Solutions team at CareDeliverySolutionsProgramMtg@bcbsm.com.

How patients are identified for the Landmark program

Blue Cross and BCN identify eligible members through specific criteria related to level and number of qualifying chronic conditions, age, geographic location and other factors (for example, frailty).

You can refer patients to the Landmark program. To do this, send an encrypted email message to CareDeliverySolutionsProgramMtg@bcbsm.com with the patient's:

- First and last name
- Contract ID
- Date of birth
- Any pertinent medical information, including chronic conditions.

For the patients you refer, we'll review the information you provide and reply to your email to let you know whether the patient will be accepted into the Landmark program.

Additional information

To learn more about our program with Landmark, see the **High-intensity in-home care program: Frequently asked questions for providers** document.

* Providers who are in full-risk arrangements have separate provisions for this benefit.

BCN and BCN Advantage℠ providers can begin billing PDCM services, effective Jan. 1

Effective Jan. 1, 2023, BCN commercial and BCN Advantage℠ Patient-Centered Medical Home designated providers may begin billing Blue Care Network for Provider-Delivered Care Management services. These payments do not have a corresponding reduction in capitation and are equal to the PPO base fee schedule.

Provider-Delivered Care Management builds upon PCMH in transforming care delivery, enabling providers to deliver coordinated team-based care. The program allows physician-led health care teams to deliver services that are billed by qualified practitioners. By partnering with health care providers to deliver care management in the doctor's office, Blue Care Network helps to ensure that patients with chronic conditions receive more effective, personalized care that leads to better clinical outcomes and lower costs for patients.

Additional benefits of PDCM services include:

- Decreased unnecessary emergency department utilization and inpatient admissions
- Increased closure of quality gaps in care – a HEDIS® measure for BCN Advantage
- Better patient experience through care coordination by the support of a larger care team
- Improved chronic disease management and outcomes (hypertension, diabetes, etc.)

This initiative aligns BCN commercial and BCN Advantage providers with Blue Cross commercial and Medicare Plus Blue℠ providers in the PDCM program.

Some self-funded employer groups may elect to not participate with the PDCM program. FCA's new Healthy Blue Choices℠ POS health plan is not participating in the PDCM program. For more information on Healthy Blue Choices POS, see the article on **Page 8**.

HEDIS® (Healthcare Effectiveness Data Information Set) is a registered trademark of the National Committee for Quality Assurance.

Podcasts give you quick, easy tools for improving the patient experience

As part of our ongoing efforts to help practices improve the patient experience, we've developed a podcast series called "Practice Up." The four podcasts included in the series are short and engaging, allowing physicians and other health care providers to listen at their convenience.

Podcasts include the following:

- Episode 1: A Minute to Win It
- Episode 2: What Matters Most
- Episode 3: Finding Room for Feelings
- Episode 4: Rock the Wrap-up

"These podcasts give providers concrete tools they can implement that will improve the patient experience," said Martha Walsh, M.D., senior medical director and associate chief medical officer for Provider Engagement. "Many of us think of the patient experience as very subjective, but the reality is there are very objective things that a provider can implement in their interactions with patients that will improve the patient experience. Our goal in creating these podcasts was not only to improve the patient experience, but also to help providers improve their own experience."

CME credit

Listening to all four of the episodes — and scoring 100% on the quiz questions — will also allow you to apply for continuing medical education credit. To receive credit, you must access the podcasts through the provider training site.

Accessing the podcasts

To access the podcasts, follow these steps:

Please see Podcasts continued on Page 17

1. Open the **registration page**.
2. Complete the registration, which takes less than a minute. (We recommend using the same email you use to communicate with Blue Cross Blue Shield of Michigan for provider-related needs. This will become your login ID.)
3. Follow the **link** to log in.
4. Scroll down and click on the link that says *Click here to locate the podcasts*.

Note: If you already have access to the site, you can go directly to Step 3 to log in. Currently, nearly 1,200 providers have access to our provider training site.

For more information

If you need assistance creating your login ID or navigating the site, contact ProviderTraining@bcbsm.com.

Reminder: Blue Cross to launch new family building and maternity support solution

To read more about maternal health

1. See the **article on eliminating maternal health disparities** that ran in the September-October issue of this Hospital and Physician Update.
2. See the articles about maternal health that ran in the **November-December 2021** and **May-June 2022** issues of Hospital and Physician Update.
3. Learn about the **Blue Distinction® Specialty** Care programs, including the Blue Distinction Centers for Maternity Care program.

As you may have read in the October *Record*, Blue Cross Blue Shield of Michigan and Blue Care Network are launching a new family building and maternity **support solution**. It's part of our ongoing commitment to improving maternal health and eliminating care disparities.

We're working with Maven Clinic, an independent company, to provide a program that supports all backgrounds, lifestyles and phases of starting or growing a family. These services are expected to improve clinical outcomes for parents and babies.

Our Family Building and Maternity Support Solution combines Maven's comprehensive, personalized digital care navigation with our wide-ranging network and benefits to give members high-quality, clinically appropriate and convenient care, including benefit guidance using data-driven insights.

The new support solution includes three programs through the Maven app, which are available to our self-funded groups to purchase and implement, starting Jan. 1, 2023:

- **Family Building program** — Provides support and information for different paths to parenthood, such as fertility treatments, intrauterine insemination, in vitro fertilization and egg freezing, as well as surrogacy and adoption. In addition, Maven Wallet is an optional add-on to the Family Building program. It enables self-funded groups to help their employees with reimbursement of adoption and surrogacy costs.
- **Maternity program** — Offers support during pregnancy and for three months postpartum. The program includes support for prenatal and postpartum care, high-risk pregnancy and care within a neonatal intensive care unit. In addition to self-funded groups, this program will also be available to members who have Blue Cross and BCN commercial fully insured group plans, as well as those who have individual coverage.
- **Parenting & Pediatrics program** — Supports parents as they raise their children from ages 1 to 10. The program includes support for pediatric care, parent coaching, special needs and child care navigation.

Please see maternity support solution continued on Page 18

Each of the programs includes access to:

- **A dedicated care advocate** who is matched to the member and will provide 24/7, personalized, one-on-one care and benefits navigation, answer questions about the member's pregnancy and postpartum journey, recommend virtual coaches for specific needs and refer members to high-quality, in-network health care providers.
- **Video appointments with top-rated coaches** from more than 30 clinical specialties**,** providing personalized and culturally competent care which is available 24/7. Coaches include OB-GYNs, mental health specialists, lactation consultants, nutritionists and sleep coaches. Coaching is available in more than 35 languages.
- **Personalized resources**, including articles and other content related to prenatal health, postpartum depression and how to return to work with more confidence. Resources also include classes led by coaches and community forums so members can connect with others on similar journeys.

Fertility and maternity benefits

These programs **won't** change your patients' current fertility and maternity benefits or replace their health care providers or coverage. Rather, they provide supplemental support and education between regularly scheduled, in-person appointments when support is often needed most.

Members who don't have access to this support solution can visit **bcbsm.com/familybuilding** for guidance on starting or growing a family. We'll provide additional information about how we're providing family building and maternal suvpport programs in future issues of our provider newsletters.

New microsite gives members access to maternity, family-building resources

Blue Cross Blue Shield of Michigan has developed a **microsite** that enhances the experience of Blue Cross and Blue Care Network members seeking to build families, and improves clinical outcomes for mothers and babies.

It's part of a comprehensive maternal health strategy to improve member education about maternal health coverage and how to navigate maternity benefits. This strategy can help encourage members to get recommended care and increase their engagement in available Blue Cross programs.

Members on a journey to parenthood can find information on this new **family building and maternity microsite** at **bcbsm.com**. The site includes information for each stage of a family building journey, from fertility testing, counseling and treatments to prepregnancy, pregnancy and labor and delivery, including pregnancy loss, postpartum and pediatrics.

Each page on the microsite also includes a link to our behavioral health site where members can find information about mental health support throughout their family-building journey. Another link directs them to their Blue Cross member account where they can get information about their health plan coverage.

Additional webpage topics include:

Prepregnancy planning

- Fertility testing, counseling and treatments
- Egg freezing

Pregnancy, labor and delivery

- Prenatal vitamins
- Prenatal exam schedule
- Prenatal testing
- Pregnancy loss
- Self-care
- Birthing experience, traditional and nontraditional
- Midwives, doulas and birthing classes
- Preparing for baby's arrival
- Breast pump coverage
- Hospital checklist
- Family medical leave
- Labor and delivery, epidural and cesarean section

Postpartum care pediatrics

- Lactation and breastfeeding
- Insurance for your newborn
- Baby's first physical
- Postpartum physical
- Pregnancy prevention and pills, injection and IUDs, morning-after pill, condom and vasectomies, having your tubes tied, insurance coverage

You can direct Blue Cross members who are on a family planning journey to our **family building and maternity microsite**.

Services rendered as result of telemarketing subject to post-service audit

Blue Cross Blue Shield of Michigan and Blue Care Network work with health care providers to facilitate the provision of optimal medical care for our members. To this end, we reserve the right to audit services provided to our members to ensure these services were medically necessary.

Blue Cross and BCN don't condone telemarketing services, defined as provider solicitation or cold calling of our members, to prescribe items that may be medically unnecessary, including, but not limited to, durable medical equipment, genetic testing, wound care items or prescription medication. All services are subject to a post-service audit and possible payment recovery if it's determined that the services were rendered as a result of providers soliciting members.

Criteria corner

Blue Care Network uses Change Healthcare's InterQual Level of Care when conducting admission and concurrent review activities for acute care hospitals. To ensure that providers and health plans understand the application of the criteria and local rules, BCN provides clarification from Change Healthcare on various topics.

Question:

What InterQual subsets for inpatient level of care can be used to review for patients who expire?

Answer:

If a member is critically sick and receiving aggressive interventions, often the case will meet InterQual at an Acute level of care or higher.

The following is a non-inclusive list of ways that members near end of life commonly meet criteria at an inpatient level of care:

- Continuous vasopressors – Most subsets contain a Critical level criterion that can be selected to approve an inpatient level of care if there is clinical support that a member required continuous vasopressors.
- Invasive monitoring – Many subsets contain a Critical level criterion that can be selected to approve an inpatient level of care if there is clinical support that a member required invasive monitoring such as an arterial line or "A-line," central venous pressure monitoring, or even a Swan Ganz catheter.
- Mechanical Ventilation – Many subsets contain a Critical level criterion that can "give the case credit" for when the member requires mechanical ventilation due to critical illness.
- The General Trauma subset contains a criterion that can be utilized when a critically ill patient has a cardiac arrest, is successfully resuscitated, and requires post resuscitation care ("Cardiac arrest and post resuscitation care ≤ 2 days").
- There is a criterion in the General Medical-Neurological subset for patients whose plans of care are focused on comfort rather than aggressive prolongation of life. It's essentially an "admit for placement" criterion but also requires the member be unconscious. This allows the facility time to arrange for an admission to a lower level of care such as home hospice. The criterion is "Unconscious and DNR, DNI, or CMO and discharge planning." There is an informational note attached to this criterion which may be helpful.

Please note that some expiration cases may not meet an inpatient level of care and may be appropriate for a lower level of care such as Observation. There is no specific, designated location within IQ to process expiration cases or even cardiac arrests when the patient does not survive.

Also, it may be helpful to note that BCN's current practice is to focus our InterQual review on the day of inpatient admission (for Non Condition Specific Local Rule cases). On the other hand, for diagnoses associated with the Condition Specific Local Rules, BCN's current practice is to focus our InterQual review on the third Episode Day of care.

Medical policy updates

Blue Care Network's medical policies are posted on **bcbsm.com/providers**. To find them:

1. Go to **bcbsm.com/providers**.
2. Click *Resources*.
3. Scroll to "Looking for medical policies?" and click *Search medical policies*.

Recent updates to the medical policies include:

Covered services

- Endothelial Keratoplasty
- Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Metastatic Colorectal Cancer (KRAS, NRAS, BRAF, MMR/MSI, HER2, and TMB)
- Aqueous Shunts and Stents for Glaucoma
- Small Bowel/Liver and Multivisceral Transplant
- Temporomandibular Joint Disorder
- BMT - Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome
- Amniotic Membrane and Amniotic Fluid
- Identification of Microorganisms Using Nucleic Acid Probes
- Remote Therapeutic Monitoring
- Medical Formula for Inborn Errors of Metabolism
- Contraception and Voluntary Sterilization

Noncovered services

- Radiofrequency Ablation of Basivertebral Nerve for Low Back Pain
- Cryoablation or Cryoneurolysis (e.g., iovera° System) of Peripheral Nerves

New radiology-focused initiative aims to improve quality of care and patient outcomes

Blue Cross Blue Shield of Michigan and Blue Care Network are engaging Covera Health to launch a radiology-focused quality improvement program to help us better support radiologists and referring providers in their efforts to improve diagnostic quality, overall care and patient outcomes.

Covera's quality improvement programs support radiology facilities and radiologists in their efforts to:

- Engage in continuous quality improvement.
- Identify peer learning opportunities.
- Improve quality of care provided to members.
- Improve patient outcomes.

Participating practices and radiologists will:

- Have access to Covera's Diagnostic Intelligence Platform, which includes quality assurance tools that incorporate clinically validated artificial intelligence and data science.
- Have access to confidential quality assurance analytics and quality insights, including study-level, provider-level and practice-level reporting. This includes actionable insights to target clinical areas where additional peer learning and educational activities may be beneficial.
- Be eligible for a high-quality designation. This designation makes it easier for referring providers to refer patients to high-quality radiology centers, which will help to improve member outcomes.

Program participation and quality assurance insights

- Participation in this program will be voluntary and will be available to all radiology providers and facilities. Neither reimbursement nor value-based arrangements will be affected if a practice or radiologist chooses not to participate in Covera's quality improvement program.
- To participate in the program, practices must apply and complete participation agreements with Covera.
- As part of its certification by the Agency for Healthcare Research and Quality as a patient safety organization, Covera cannot share sensitive provider data with other parties, including Blue Cross and BCN. This includes data related to quality assurance analytics and insights.

Program availability

Starting in April 2023, the program will be available for the following groups and members:

- BCN commercial — Members who have coverage through fully insured groups and members who have individual coverage
- BCN Advantage℠ — All groups and all members who have individual coverage
- Blue Cross commercial — Members who have coverage through fully insured groups and members who have individual coverage
- Medicare Plus Blue℠ — All groups and all members who have individual coverage

Please see New radiology-focused initiative continued on Page 23

Patient Care/ Quality

Designations for quality and value

On prior authorization requests approved by AIM Specialty Health®, Covera designations will display as follows:

- For BCN commercial, BCN Advantage and Medicare Plus Blue members, facilities will be identified as having high-quality designations and will be listed **as recommended providers**.
- For Blue Cross commercial, facilities will be identified as having high-quality designations.

Providers that are designated as high quality and are also cost effective will receive an additional "high-value" designation on prior authorization requests approved by AIM. Cost efficiency is determined through cost factors including (but not limited to):

- The cost of the diagnostic service being requested
- The average cost of the service in the geographic area

Only radiology centers that have been designated as high-quality are eligible to receive the high-value designation.

Register for webinars to learn more

Blue Cross, BCN and Covera Health will host webinars throughout the program, starting in January 2023. The webinars will provide an overview of the Covera programs, how they improved outcomes for members and providers and how they can enhance peer learning opportunities.

For more information on dates and clinical areas covered, go to **coverahealth.com/webinar**.

Questions?

If you have questions about this program, contact Covera Health by calling 1-855-211-2272 or by sending an email message to bcbsmsupport@coverahealth.com.

Our commitment to quality

Blue Cross and BCN are proud to be leaders in advancing collaborative partnerships with our provider community to improve the quality, outcomes and value of care delivered to our members. This new radiology-focused initiative represents a significant step in fulfilling our commitment to our providers, our members and the communities we serve.

AIM Specialty Health is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for select services. For more information, go to our **ereferrals.bcbsm.com** website.

Covera Health is an independent company that supports Blue Cross Blue Shield of Michigan and Blue Care Network by providing programs to help improve the diagnostic quality, quality of care and member outcomes related to radiology.

Reimbursement for certified opioid treatment programs to change in 2023

In the first quarter of 2023, we'll change how we reimburse providers who offer certified opioid treatment programs, or OTPs. The bundled reimbursement rates we use to reimburse for OTPs will include both the drug and nondrug components.

This change applies to providers who treat Blue Care Network commercial and BCN Advantage members diagnosed with an opioid use disorder.

Currently, the bundled rates we use to reimburse these services for BCN members include only the nondrug components. Providers bill the drugs separately.

We'll communicate the exact date of the change in an upcoming provider alert.

Reminder about OTP certification

As a reminder, only providers who are certified through the Substance Abuse and Mental Health Services Administration, or SAMHSA, to provide OTP services are eligible to receive bundled reimbursement.

OTPs provide medication-assisted treatment along with counseling and other services for people diagnosed with an opioid use disorder.

The treatment of opioid use disorders with medications is governed by the Certification of Opioid Treatment Programs, 42 Code of Federal Regulations 8. This regulation created a system to accredit and certify opioid treatment programs. SAMHSA's Division of Pharmacologic Therapies is responsible for overseeing the certification of OTPs.

Additional information

- For information on how to obtain OTP certification, visit SAMHSA's **Certification of Opioid Treatment Programs webpage**.
- For information on Medicare billing and payment guidelines for OTPs, refer to the fact sheet titled **Opioid Treatment Programs (OTPs) Medicare Billing & Payment (MLN Booklet 8296732)**.

We'll change how we cover some drugs, starting Feb. 1

Starting February 1, 2023, we'll change how we cover some medications on the drug lists associated with our prescription drug plans. These changes are listed below and apply for both the brand name and any available generic equivalents for drug lists where the drugs are currently covered. No changes will apply if a drug is currently not covered.

We'll encourage members to discuss their treatment options with their provider if they have any concerns.

Drug	Affected drug list	Common use	Coverage or requirement change
Bydureon® Byetta® Ozempic® Rybelsus® Trulicity® Victoza®	All (where the drug is currently covered)	Diabetes	Will have new coverage requirements for **members new to treatment.** Coverage will require the following: 1. Being used for the treatment of Type 2 diabetes. **OR** 2. Trial of one generic or preferred medication for the treatment of Type 2 diabetes.
Wegovy®	Preferred only	Weight management	Will have a higher copayment.
Clenpiq® Moviprep® Plenvu® Suprep® Sutab®	All (where the drug is currently covered)	Bowel preparation	Will have quantity limit of 2 fills per 365 days.

For a complete list of drugs and coverage requirements go to **bcbsm.com/pharmacy**.

Xenpozyme™ and Zynteglo® to require prior authorization for Medicare Advantage members, starting Nov. 1

For dates of service on or after Nov. 1, 2022, we're adding a prior authorization requirement for Medicare Plus Blue and BCN Advantage members for the following medications:

- Xenpozyme (olipudase alfa-rpcp), HCPCS code J3590
- Zynteglo (betibeglogene autotemcel), HCPCS code J3590

Submit prior authorization requests through the NovoLogix® online tool.

These medications are part of members' medical benefits, not their pharmacy benefits.

When prior authorization is required

These medications require prior authorization when they are administered by a health care provider in an outpatient facility or a physician's office and billed in one of the following ways:

- Electronically through an 837P transaction or on a professional CMS-1500 claim form
- Electronically through an 837I transaction or by using the UB04 claim form for a hospital outpatient type of bill 013x

Please see Xenpozyme™ continued on Page 26

Submit prior authorization requests through the NovoLogix tool

To access NovoLogix, log in to our provider portal (**availity.com**), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. You'll find links to the NovoLogix tools on the Applications tab.

Note: If you need to request access to our provider portal, follow the instructions on the **Register for webtools** webpage on **bcbsm.com/providers**.

List of requirements

For a list of requirements related to drugs covered under the medical benefit, see the **Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue PPO and BCN Advantage members**.

We'll update the list to reflect this change prior to the effective date.

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

Pemfexy® to require prior authorization for most members, starting Feb. 9

For dates of service on or after Feb. 9, 2023, Pemfexy (pemetrexed), HCPCS code J9304, will require prior authorization through AIM Specialty Health®. This drug is part of members' medical benefits, not their pharmacy benefits.

Prior authorization requirements apply when this drug is administered in outpatient settings for:

- Blue Care Network commercial members
- BCN Advantage℠ members
- Blue Cross commercial — Members who have coverage through UAW Retiree Medical Benefits Trust non-Medicare plans, fully insured groups, and members with individual coverage.

  Note: This requirement doesn't apply to other members who have coverage through Blue Cross commercial self-funded groups, including the Blue Cross and Blue Shield Federal Employee Program®.
- Medicare Plus Blue℠ members

How to submit authorization requests

Submit authorization requests to AIM using one of the following methods:

- Through the AIM ProviderPortal, which you can access by doing one of the following:
  - Logging in to our provider portal (**availity.com**), clicking *Payer Spaces* and then clicking the BCBSM and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *AIM Provider Portal* tile.
  - Logging in directly to the AIM ProviderPortal at **providerportal.com**.
- By calling the AIM Contact Center at 1-844-377-1278

More about the authorization requirements

Authorization isn't a guarantee of payment. As always, health care practitioners need to verify eligibility and benefits for members.

For additional information on requirements related to drugs covered under the medical benefit, refer to the following drug lists:

- Blue Cross commercial and BCN commercial:
  - **Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial members**
  - **Blue Cross and BCN utilization management medical drug list**
- URMBT members with Blue Cross non-Medicare plans:
  - **Medical oncology prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members**
  - **Medical Drug Management with Blue Cross for UAW Retiree Medical Benefit Trust PPO non-Medicare Members**
- Medicare Plus Blue and BCN Advantage members:
  - **Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members**

We'll update the pertinent drug lists to reflect the information in this message prior to the effective date.

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

Pharmacy News

Male condoms will be covered as a preventive care product, starting Jan. 1

Starting Jan. 1, 2023, Blue Cross Blue Shield of Michigan and Blue Care Network will cover generic and select brand-name male condoms that comply with the Affordable Care Act's preventive care benefits requirements.

The amount that can be filled will be limited to 12 units per 30 days. Generic will be dispensed where available.

Members must obtain a prescription from a doctor for preventive care drugs, including over-the-counter drugs.

We're changing how we manage biologic asthma therapies, starting Jan. 1

Starting Jan. 1, 2023, Blue Cross Blue Shield of Michigan and Blue Care Network are changing how we manage some biologic asthma medications for all Blue Cross and BCN group and individual commercial members.

The following biologic asthma therapies will be affected by this change:

- Fasenra® (benralizumab), HCPCS code J0517
- Nucala® (mepolizumab), HCPCS code J2182

Fasenra and Nucala will continue to be covered under the medical benefit when administered by a health care professional. They'll be managed under the pharmacy benefit when self-administered.

Starting Jan. 1, these drugs will no longer be covered under the medical benefit when they're self-administered by a member.

Note: In October, we updated the medical policies for these drugs to reflect this change. You can view the medical policies through the **Medical Policy Router Search** page of the **bcbsm.com** website.

How to submit prior authorization requests

- When Fasenra or Nucala will be self-administered, submit the request using an electronic prior authorization, or ePA, tool such as CoverMyMeds® or Surescripts®.
- When Fasenra or Nucala needs to be administered by a health care professional, submit the request through the NovoLogix® online tool.

What you need to do for members who self-administer these drugs

- For members who self-administer these drugs and **don't** have pharmacy benefits through Blue Cross or BCN, providers need to work with the member's pharmacy vendor to ensure that the drug is covered.
- For members who self-administer these drugs and **do** have pharmacy benefits through Blue Cross or BCN, providers will need to submit a prior authorization request under the member's pharmacy benefit. Members can obtain these drugs through an AllianceRx Walgreens Pharmacy.

Why we're making this change

We're making this change as part of our continued effort to provide members with access to the best health care at the lowest cost. The management changes for this drug class ensure that we're taking the most cost-effective approach by reducing the cost to our members and to the plan. In addition, these changes ensure that patient health and outcomes aren't affected while delivering value to members.

List of requirements

For a full list of requirements related to drugs covered under the medical benefit, see the **Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members**.

For a full list of requirements related to drugs covered under the pharmacy benefit, see the **Prior authorization and step therapy coverage criteria**.

We'll update these lists to reflect the changes related to these drugs prior to the effective dates.

Authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

How BCN Advantage will reimburse carrier-priced codes, starting Jan. 1

Starting Jan. 1, 2023, BCN Advantage will follow Centers for Medicare & Medicaid Services guidelines when establishing reimbursement for procedure codes that CMS lists as carrier priced. This will apply to services for BCN Advantage members.

Definition of a carrier-priced code

A carrier-priced code is a CPT* or HCPCS code that has a specific description but for which CMS has not identified a fee. We include carrier-priced codes in our Medicare Advantage Professional Fee Schedule.

When there's no fee identified by CMS, BCN Advantage will establish the reimbursement for carrier-priced codes using the process outlined below.

Process for establishing the reimbursement for a carrier-priced code

Starting Jan. 1, 2023, BCN Advantage will follow these steps in the order listed below, to establish the reimbursement for a carrier-priced code:

1. We'll look at the fees published by one of these jurisdictional Medicare Administrative Contractors, or MACs:
   - Wisconsin Physician Services Government Health Administrators is the jurisdictional MAC providing Part A and Part B benefit administration for Indiana and Michigan. They publish the local carrier fees for professional services.
   - CGS Medicare, which publishes local carrier fees for durable medical equipment.
2. If we don't find a fee published by one of those jurisdictional MACs, we'll look at the BCBSM TRUST fee schedule.
3. If we don't find a fee in the BCBSM TRUST fee schedule, we'll base our reimbursement on a percentage of the billed charges, as defined in the provider agreement.

Additional information

Our Health Plan Medicare Advantage Professional Fee Schedule reflects locally adjusted reimbursement amounts established by CMS. We commit to timely implementation of any changes to our fee schedules based on changes to the CMS fee schedule, including carrier-priced codes, for payment to BCN Advantage members.

We won't retroactively adjust reimbursements to reflect these changes.

BCN updates billing and reimbursement information for mid-level, or nonphysician, practitioners

We've updated the Claims chapter of the BCN Provider Manual with the billing options and reimbursement information for mid-level, or nonphysician, practitioners for services to BCN commercial and BCN Advantage members.

The updates reflect the most current Blue Care Network reimbursement policies and apply to these practitioners:

- Acupuncturists
- Athletic trainers
- Clinical nurse midwives
- Clinical nurse specialists
- Clinical registered nurse anesthetists
- Dietary manager/dietitians
- Genetic counselors
- Nurse practitioners
- Physician assistants who are not employed by hospitals

Please see BCN updates billing continued on Page 29

To locate this information:

1. Log in to our provider portal (**availity.com**).
2. Click *Payer Spaces* and then click the BCBSM and BCN logo.
3. Select *Provider Manuals* on the Resources tab.
4. Click *BCN commercial and BCN Advantage* and then click *Claims (Billing)*.
5. Look for the section titled "Billing information for mid-level, or nonphysician, professional practitioners."

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

Medicare Plus Blue℠ and BCN Advantage℠ claims audits will transition from HMS to Cotiviti

Effective Dec. 1, 2022, Blue Cross Blue Shield of Michigan and Blue Care Network will transition their audit services for Medicare Plus Blue and BCN Advantage claim reviews from HMS to Cotiviti, an independent company that provides auditing support services for Blue Cross and BCN. Cotiviti contracted with HMS in the past for clinical chart review services and has now purchased the company.

Here's how the transition will work:

- For reviews already in progress, all communication will continue under the HMS name until the reviews are complete. These claims will remain in the HMS portal.
- As of Dec. 1, 2022, communications will come directly from Cotiviti regarding completed reviews and new requests for medical records.

Note: During the transition, providers may receive communications from both HMS and Cotiviti for reasons stated above.

What you need to know

Cotiviti conducts clinical chart validation, or CVV, reviews to ensure proper billing. These require a copy of the medical records, which providers may submit medical records through the Cotiviti medical record upload portal or by mail. Cotiviti doesn't have a provider audit tracking portal at this time. Cotiviti has relationships established with several copy service companies including MRO, Ciox, and ScanStat, where they can acquire medical records electronically. Cotiviti also has relationships with some large provider groups that allows them to log in to their systems and retrieve electronic medical records.

Cotiviti typically sends medical records requests shortly after Blue Cross and BCN approve the selected claims to be audited, and sends reminders 30 days after the initial request. Final reminders are sent out 30 days after the reminder letter.

Audit and appeal determinations will be sent within 50 days after provider documentation, such as medical records, is received. The CVV includes instructions for requesting a review of the audit findings.

If you have questions, need additional information or to update provider contact information, please contact Cotiviti Provider Services at 770-379-2009 Monday thru Friday from 8 a.m. to 5 p.m. Eastern time.

If you didn't receive or misplaced audit correspondence, contact Cotiviti Provider Services, and they will mail you a copy of the correspondence through the U.S. Postal Service.

Coding Advisor outreach to educate providers about appropriate use of procedure codes

What you need to know

In January, Change Healthcare will reach out by phone or letter to health care providers who submit claims to Blue Cross Blue Shield of Michigan and Blue Care Network. Coding Advisor will compare the billing of CPT codes to the codes used by a provider's peers through a physician profile. (An example of a physician profiles is at the end of this article.)

It can be challenging for health care providers and their office staff to select the Current Procedural Terminology, or CPT®, code that best reflects the complexity of a patient visit. That's why Blue Cross Blue Shield of Michigan contracted with Change Healthcare, an independent company, to implement our Coding Advisor program in 2019.

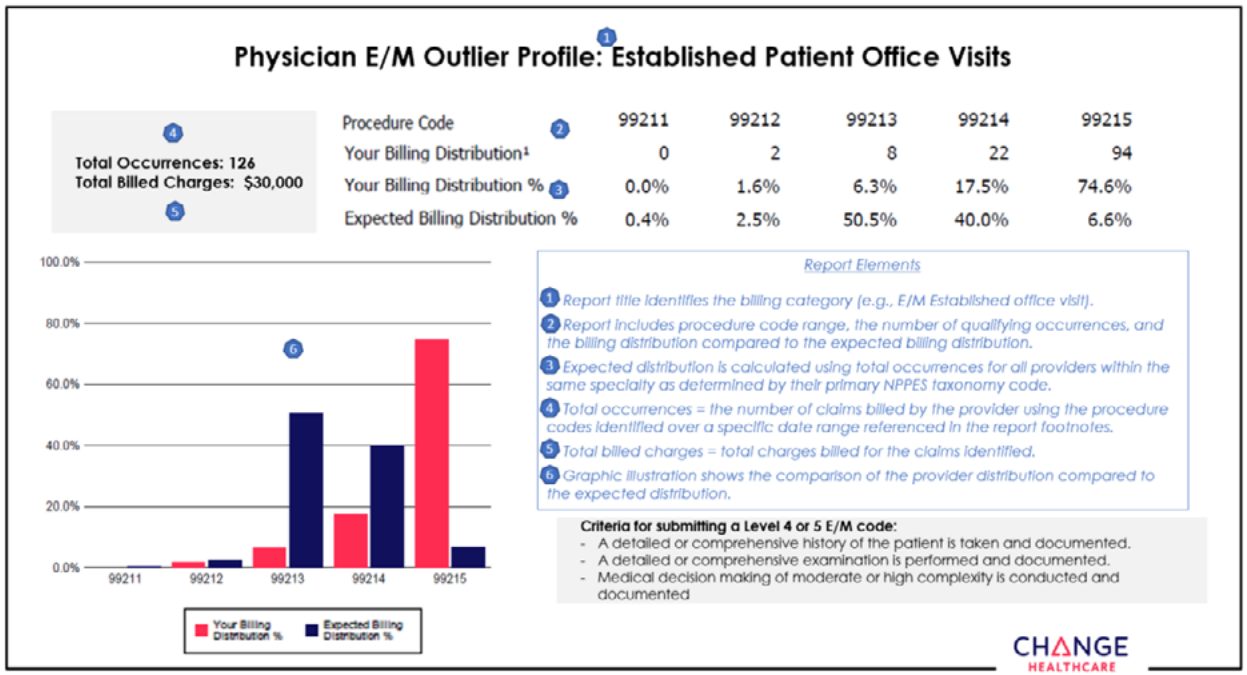
Change Healthcare reviews evaluation and management codes billed and other scenarios — such as use of modifier 25, observation care and nursing facility care — on claims submitted to Blue Cross. While Change Healthcare won't review Evaluation and Management services for BCN and BCN Advantage℠ because they use a repricing program that's already in place, the company will review other modules that include services provided by BCN and BCN Advantage. The program provides useful data insights to the provider community and works to maximize coding efficiency and accuracy through up-front education, rather than taking a traditional post-claim review process.

Effective January 1, 2023, the Coding Advisor program will expand to include the review of Home Health services. The Home Health review is meant to help ensure the Domiciliary Rest Home or Custodial Care Services procedure codes *99324-*99337 and Home Services procedure codes *99341-*99350 are used and billed appropriately.

Throughout the course of this program, Coding Advisor will continue to monitor billing practices and send updated reports periodically. Coding Advisor may contact your practice to discuss coding variances and to offer one-on-one coding education. You'll receive all correspondence from Change Healthcare.

If you have any questions, call the Coding Advisor Customer Support line at 1-844-592-7009 and select option 3.

For reference, here's an example of a physician profile:



*CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Updates related to swallow services for BCN

For swallow services, we:

- Reprocessed Blue Care Network commercial and BCN Advantage claims for swallow services that denied in error
- Are changing requirements for swallow evaluations for BCN commercial

Keep reading to learn more.

We reprocessed claims that denied in error for swallow services

For some providers, claims for the following procedure codes were denying in error for BCN commercial and BCN Advantage members:

- *92610 — Swallow evaluations
- *92611 through *92617 — Swallow studies
- *92526 — Swallow therapy

You don't need to take any action. We already reprocessed denied claims with dates of service on or after Jan. 1, 2021, that were affected by this issue.

In addition, we updated our systems so claims with these codes will no longer deny in error.

We apologize for the inconvenience and thank you for your patience.

Change to requirements for swallow evaluations for BCN commercial

For dates of service on or after Nov. 1, 2022, we no longer require contracted providers to submit plan notifications for swallow evaluations for BCN commercial members.

Note: This change doesn't affect BCN Advantage. Providers don't currently need to submit plan notification for swallow evaluations for BCN Advantage members.

As a reminder, contracted providers must continue to submit the following in the e-referral system for BCN commercial and BCN Advantage members:

- Plan notifications for swallow studies
- Prior authorization requests for swallow therapy

We updated the **BCN referral and authorization requirements for Michigan providers** document to reflect the change for swallow evaluations.

Note: Noncontracted providers must submit prior authorization requests for all services related to swallow therapy.

Billing changes coming for COVID-19 treatment products

Since the development of the COVID-19 treatment products, the U.S. government has provided these products at no cost to providers. Because of this, providers submitted claims to Blue Cross Blue Shield of Michigan or Blue Care Network only for the administration of the products.

As the remaining federal supply runs out, these products are transitioning to the commercial marketplace. After a product transitions, providers will need to purchase it and submit a claim to Blue Cross and BCN for both the product and the administration of the product.

Products already transitioned to the commercial marketplace

In August, a monoclonal antibody treatment drug, bebtelovimab, was successfully transitioned to the commercial marketplace. For Blue Cross commercial and BCN commercial members, member cost share may apply for this treatment.

Note: For Medicare Advantage members, we're waiving all cost sharing for monoclonal antibody products and administration until the end of the year in which the public health emergency ends, per the Centers for Medicare

Please see Billing changes continued on Page 32

& Medicaid Services requirements. Review the Dec. 17, 2021, **provider alert** for important information about billing Medicare Advantage plans for monoclonal antibody products and administration.

Expected time frame for additional products to transition to the commercial marketplace

According to the **Administration for Strategic Preparedness & Response**, this is the expected time frame for the following products to transition to the commercial marketplace:

- Evusheld, pre-exposure prophylaxis– early 2023
- Lagevrio, oral antiviral – first quarter 2023
- Paxlovid, oral antiviral – mid-2023

Additional information

For more information on COVID-19 vaccines, treatment, billing, etc., refer to our Coronavirus webpage. To access this page:

1. Log in to our provider portal (**availity.com**).
2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click the *Secure Provider Resources (Blue Cross and BCN)* link.
5. Click the *Coronavirus information* link under Easy Access.

You can also view these documents on our **public coronavirus webpage**.

Note: The U.S. Department of Health and Human Services is assisting providers who treat uninsured or underinsured patients with commercially purchased bebtelovimab by offering to replace the dose for free. HHS expects the supply for this **initiative** to last through September 2023.

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

Reminder: Use U09.9 for long-term COVID-19 as a secondary diagnosis code

When treating patients for documented residual or long-term effects of COVID-19, use diagnosis codes for the specific symptoms. In addition, be sure to include U09.9 as a secondary diagnosis code. Including U09.9 is important for tracking the number of patients with long-term COVID-19.

More information about diagnosis codes for COVID-19 treatment is available in the **Billing tips for COVID-19** and **Billing tips for COVID-19 at a Glance** documents on our **COVID-19 webpage for health care providers**.

This information is also available on our provider portal. Here's how to find it:

1. Log in to our provider portal (**availity.com**).
2. Click on *Payer Spaces* on the menu bar and then click on the BCBSM and BCN logo.
3. Click on the *Resources* tab.
4. Click on *Secure Provider Resources (Blue Cross and BCN).*
5. Under *Easy Access*, click on *Coronavirus information.*

None of the information included in this article is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with all applicable state and federal laws and regulations.

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

Billing Bulletin

COVID-19 vaccine product coverage

When the government-purchased supply of COVID-19 vaccine product runs out, providers should bill the member's health plan for both administration and the vaccine product. We'll process claims based on members' immunization benefits.

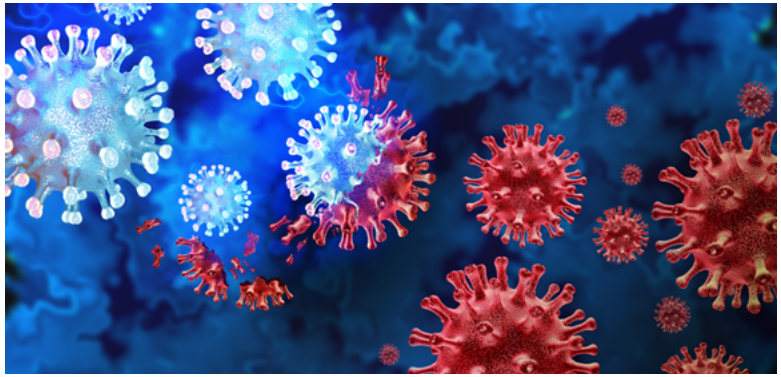
As a reminder, you can view our COVID-19 provider communications as follows:

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

   Tip: You can make the Provider Resources site a favorite by clicking the heart icon next to this link. Clicking the heart adds a *Secure Provider Resources (Blue Cross and BCN)* link to the My Favorites menu.
5. Under Easy Access, click *Coronavirus information.*

You can also access these communications on our public website on the **COVID-19 webpage for health care providers** webpage.

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



We're updating review threshold for high-dollar prepayments

What you need to know

Effective Jan. 1, 2023, high-cost claims greater than $75,000 are now eligible for high-dollar prepayment review by Blue Cross. This change only affects the review threshold. It doesn't affect any other aspect of the current high-dollar prepayment review process.

Since 2017, Blue Cross Blue Shield of Michigan has been partnering with Equian, an independent company, to review certain types of high-cost inpatient claims. This review helps us detect and resolve errors before payment to ensure that all claims will be paid right the first time.

As we **previously communicated**, Blue Cross intended to review high-cost claims greater than $25,000. But since beginning the review process in May 2017, we've only examined claims greater than $100,000. After five years of reviews at this higher amount, Blue Cross has decided to lower the review threshold.

Effective Jan. 1, 2023, high-cost claims greater than $75,000 are now eligible for high-dollar prepayment review by Blue Cross.

This change only affects the review threshold. It doesn't affect any other aspect of the current high-dollar prepayment review process, including claim payments and reconsideration time frames.

For more information:

- A detailed look at the process is available in the *BCN Provider Manual* under the "Reimbursement of high-cost inpatient claims" section of the Claims chapter.
- You can also read the previously published articles in the **April 2017** issue and **August 2017** issue of *The Record*, and the **March-April 2017 issue** of Hospital and Physician Update.

Clinical editing billing tips

In most issues, we publish clinical editing billing tips. This helps ensure that Blue Care Network pays your claims accurately and the performed procedure is correctly reported to us.

This issue's tips:

- Modifier 26 No Longer Used to Support Denial of New Patient Claim
- Submitting a Clinical Editing Appeal for Lesions or Removals
- CPT Updates 2023
- Assistant Surgeon Appeals, What Documentation Should Be Submitted?

Clinical editing billing tips

Prior authorization and billing reminders for SNF interrupted stays for Medicare Advantage members

Per Centers for Medicare & Medicaid Services guidance, a skilled nursing facility interrupted stay occurs when a patient is discharged from a SNF and is readmitted to the same SNF within three consecutive days. When this occurs:

- The readmission or subsequent stay is considered a continuation of the previous stay.
- One claim must be submitted for both stays.
- The completion of new patient assessments is optional.
- The variable per diem isn't reset.

For more information, see the article on **Page 10**.

Ordering transfers from noncontracted (or nonparticipating) ambulance services costs members money

Providers must order transfers from contracted ambulance services when arranging for non-emergency ground transfers. This applies to transfers for Blue Cross commercial, Medicare Plus Blue℠, Blue Care Network commercial and BCN Advantage℠ members.

For more information, see the article on **Page 14**.

Reimbursement for certified opioid treatment programs to change in 2023

In the first quarter of 2023, we'll change how we reimburse providers who offer certified opioid treatment programs, or OTPs. The bundled reimbursement rates we use to reimburse for OTPs will include both the drug and nondrug components.

For more information, see the article on **Page 24**.

How to speed up the review process for AIM prior authorization requests

To make the process of submitting prior authorization requests to AIM Specialty Health® as speedy and efficient as possible, we're offering important tips to keep in mind. These tips apply to both initial requests and appeals.

What to do

- Gather all the pertinent information about the procedure and the patient's condition before submitting the request.

  Example: For requests that involve oncology services, include information on tumor testing results, tumor staging and previous therapy.

- Submit the request with a complete set of clinical information that supports the rationale for the treatment you're planning.

  Here's why: This will move the clinical review process along faster.

- Provide a phone number where the provider can be reached for a peer-to-peer discussion.

  Here's why: This will help AIM get answers to clinical questions so they can determine the medical necessity of the proposed services.

  Note: AIM physicians are available for peer-to-peer discussions **at any time** during AIM's business hours.

Submit authorization requests electronically

We encourage you to submit authorization requests to AIM through our provider portal. To do this:

1. Log in to **availity.com**.
2. On the Availity® menu bar, click *Payer Spaces* and then click the BCBSM and BCN logo.
3. On the Applications tab, click the *AIM Provider Portal* tile.

Note: If you need to request access to our provider portal, follow the instructions on the **Register for web tools** webpage on bcbsm.com/providers.

As an alternative, you can call the AIM Contact Center at 1-844-377-1278.

Where to find information about AIM requirements

For more information about the services that AIM manages for us, including procedure codes, and for more details on how to submit prior authorization requests to AIM, refer to these webpages at **ereferrals.bcbsm.com**:

- **Blue Cross AIM-Managed Procedures**
- **BCN AIM-Managed Procedures**
- **Blue Cross Medical Benefit Drugs**
- **BCN Medical Benefit Drugs**

AIM Specialty Health is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for select services.

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

Prior authorization and billing reminders for SNF interrupted stays for Medicare Advantage members

Per Centers for Medicare & Medicaid Services guidance, a skilled nursing facility interrupted stay occurs when a patient is discharged from a SNF and is readmitted to the same SNF within three consecutive days. When this occurs:

- The readmission or subsequent stay is considered a continuation of the previous stay.
- One claim must be submitted for both stays.
- The completion of new patient assessments is optional.
- The variable per diem isn't reset.

For more information, see the article on **Page 10**.

Referral Roundup

Pemfexy® to require prior authorization for most members, starting Feb. 9

For dates of service on or after Feb. 9, 2023, Pemfexy (pemetrexed), HCPCS code J9304, will require prior authorization through AIM Specialty Health®. This drug is part of members' medical benefits, not their pharmacy benefits.

See the article on **Page 26** for details.

Updates related to swallow services for BCN

For swallow services, we:

- Reprocessed Blue Care Network commercial and BCN Advantage claims for swallow services that denied in error
- Are changing requirements for swallow evaluations for BCN commercial

See the article on **Page 31** for details.

New radiology-focused initiative aims to improve quality of care and member outcomes

Blue Cross Blue Shield of Michigan and Blue Care Network will be launching a radiology-focused quality improvement program in partnership with a third-party vendor. This program will help us better support radiologists and referring providers in their efforts to improve diagnostic quality, overall care and member outcomes.

See the article on **Page 22** for details.

Index

BCN Provider *News*

Feedback

W007804

INDEX: January-February 2023

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup