

BCN Provider News



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Changes for the end of the COVID-19 public health emergency

On Jan. 30, 2023, the White House announced that it will end the public health emergency on May 11, 2023.

Blue Cross Blue Shield of Michigan and Blue Care Network enacted temporary measures to support providers and protect members during the COVID-19 pandemic. Now that the public health emergency is ending, you need to know which temporary measures are continuing and which are ending.

Please refer to our **Temporary changes due to the COVID-19 pandemic** document. We've been updating this as we determine which temporary changes become permanent and which will end.

Several temporary measures will continue after the public health emergency ends

Here are some examples of changes that are no longer temporary and will continue after the public health emergency ends:

- For all members in group or individual plans covered by the Patient Protection and Affordable Care Act, cost sharing will continue to be waived for both the COVID-19 vaccine product and its administration when the vaccine is provided in network.

- For all members, specific COVID-19 and influenza testing will continue to be payable in a physician office setting.
- For all members, durable medical equipment, prosthetics, orthotics and medical supplies can continue to be prescribed via telemedicine visits.

Coverage is ending for several temporary measures

Here are a few examples of temporary changes that are ending:

- Expanded laboratory networks – We return to our standard lab networks beginning May 12. Please direct any patients who need a COVID-19 test to an in-network lab. As a reminder, BCN and BCN AdvantageSM use JVHL labs. Medicare Plus BlueSM uses JVHL, LabCorp or Quest Diagnostics labs.
- Over-the-counter COVID tests – During the pandemic we covered over-the-counter at-home rapid diagnostic COVID-19 tests for members with Blue Cross or BCN pharmacy coverage. This coverage ends with the public health emergency on May 11.

For other temporary measures that have ended, please see the **Temporary changes due to the COVID-19 pandemic** document.

Please see [Changes for the end](#) continued on Page 2

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Resources

Here are some additional resources for information on the ending of the public health emergency.

- **What Do I Need to Know? CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency**
- **Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap**

Through May 11, we'll continue to update the **Temporary changes due to the COVID-19 pandemic** document as decisions are made.

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

1. Log in to our provider portal ([availability.com](https://www.availability.com)).
2. Click *Payer Spaces* in 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)*.
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.



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EDI transitioning to Availity starting in 2023

Blue Cross Blue Shield of Michigan and Blue Care Network will move our electronic data interchange services, known as EDI, to Availity® beginning in August 2023.

The EDI transition affects HIPAA* electronic transactions. The transition will occur in phases, starting with claims (837) and remittance (835) transactions, but all electronic transactions will transition to Availity. Examples of electronic transactions include the electronic 837 claims, 835 electronic remittance advice, 270/271 eligibility and benefit, 276/277 claim status and 278 prior authorizations.

This transition includes electronic transactions for all Blue Cross and BCN fully insured and self-funded health plans. This includes:

- Blue Cross commercial, including the Federal Employee Program®
- Medicare Plus BlueSM, our Medicare Advantage PPO plan
- Blue Care Network commercial
- BCN AdvantageSM, our Medicare Advantage HMO and POS plans
- Blue Cross® Complete

If you submit HIPAA EDI transactions to Blue Cross for payers other than Blue Cross and BCN and our health plans listed above, you'll need to find a new method to submit those transactions. Blue Cross Blue Shield of Michigan EDI will no longer accept non-Blue Cross and BCN health plan transactions once our EDI transitions to Availity.

Many of our EDI submitters and trading partners already submit to Availity's EDI clearinghouse for other health plans. In 2022, Blue Cross and BCN moved our provider portal to Availity's secure platform where you can find information for members associated with multiple health plans.

We expect the EDI transition to begin in August 2023.

Availity will handle all transition activities and will start sending communications to our EDI submitters and trading partners 90 to 120 days prior to the transition.

- If you use a submitter or trading partner to exchange electronic transactions with us, check with them to ensure they're working with Availity on this transition.
- If you currently submit HIPAA EDI transactions today directly to Blue Cross and believe we may not have your most up-to-date email on file, reach out to partnermanagement@availity.com to update your contact information.

If you have any questions about the EDI transition, send an email to partnermanagement@availity.com. Don't contact Blue Cross EDI.

*Health Insurance Portability and Accountability Act

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



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Reminder: Provider Resources site has added a new search tool

Search hint

To search for an entire phrase, or to make sure you get your specific keyword higher in the search results, put quotation marks around it.

Our Provider Resources site has recently added a search tool to assist you in finding the information you need. You'll find the search box in the upper-right corner of every page and can use it to search the *entire* site, including PDFs! Like many searches, the Provider Resources search will return results even if your spelling isn't quite right.

As a reminder, the Provider Resources site replaced the BCBSM Newsletters and Resources and the BCN Provider Publications and Resources sites when we moved to our new provider portal. It has information for all lines

of business, including provider alerts, forms, provider manuals and more.

To get to the Provider Resources site:

1. Log in to our provider portal ([availity.com](https://www.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.

To get to the Provider Resources site more quickly, make it a favorite in Availity® Essentials. On the Resources tab within our Payer Space, click the heart icon next to *Secure Provider Resources (Blue Cross and BCN)*. You'll then be able to go directly to the Provider Resources site from the My Favorites dropdown in the top menu bar on any page of the provider portal.

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

Reminder: Health care providers must confirm data every 90 days and attest in CAQH every 120 days

What you need to know

To remain listed in Blue Cross provider directories, including Find a Doctor, health care providers must re-attest every 120 days.

Have you confirmed data within the past 90 days and attested in CAQH within the past 120 days? CAQH is a nonprofit alliance of health plans and trade associations focused on simplifying health care administration. If health care providers don't re-attest with CAQH every 120 days, they won't be included in Blue Cross Blue Shield of Michigan provider directories. That includes our *Find a Doctor* search tool. That's why it's so important to perform this task.

Here are some other reasons to re-attest with CAQH:

- Ensure that your affiliation with Blue Cross isn't interrupted.
- Keep your contact information up to date.
- Make sure that claims payment isn't interrupted.

Regardless of whether providers are practicing at an office location or practicing exclusively in an inpatient hospital setting, they need to perform this attestation.

If you're practicing exclusively in an inpatient hospital setting, you must indicate it on your CAQH application. This information is used to determine whether full credentialing is required.

Blue Cross uses CAQH to gather and coordinate our practitioner credentialing information. All health care practitioners, including hospital-based providers, need to be registered with CAQH.

If you have questions about CAQH, call the help desk at [1-888-599-1771](tel:1-888-599-1771), or go to [CAQH.org](https://www.caqh.org).

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Change Healthcare portal created to help providers import medical records

Change Healthcare now offers eligible providers access to an online portal that allows the secure upload of requested medical records for the EquiClaim retrospective audits. EquiClaim is an independent company that provides auditing support for Blue Cross Blue Shield of Michigan and Blue Care Network conducting medical claim audits for our members.

As of January 2023, the portal allows for the submission of medical records only. Change Healthcare is working to expand the ability to upload other types of documents, such as appeals. The portal is protected health information-friendly and HIPAA compliant. It allows users to securely submit medical records to Change Healthcare at no cost to them.

Note: Change Healthcare has an agreement with copy service vendor MRO that excludes providers from using the portal if they're already in a contract with MRO. If providers have a contract with MRO, they should refer to the directions in the medical request letter on how to send in the record and not use the portal.

How to register for the portal

Register for portal access using **this link**:

- Select *Medical Attachments* when prompted on the *Product & Services Selection* page. Untick the solution on the left side.
- You'll receive a confirmation page once you fill out the facility information; wait 5 to 6 business days for completion. You'll receive a follow-up email with more steps to set a password for your secure account.

Portal instructions

You can access the Change Healthcare Attachments Solution at **attachments.changehealthcare.com/payment-integrity**.

1. Enter the email address registered to account.
2. Click on the link for *Payment Integrity* on the bottom right corner of the page or select *Payment Integrity* from the *Menu* heading in the top left corner of the screen.

3. Enter the Case ID for the documents you'll be uploading.
 - Case ID can be found on the Medical Records Request letter.
 - Case ID will be 12 characters in length.
4. Click on *Add Files* to select with documents to upload.
5. Click on *Submit*.

Questions?

If you have questions or need technical assistance, call **1-866-943-9579**, option 1, from 8 a.m. to 4:30 p.m. Eastern time, Monday through Thursday. Please have your Tax Identification Number ready to provide to your support team member.



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Meet Dr. Peter T. Graham – the new Chief Medical Officer of Blue Care Network

Blue Cross Blue Shield of Michigan and Blue Care Network are proud to announce Peter T. Graham, M.D. as the new Chief Medical Officer of Blue Care Network. Prior Chief Medical Officer Scott Betzelos, M.D., continues to focus his energies on BCN in the new role of vice president, HMO Strategy and Affordability, where he will explore innovative opportunities for the HMO.

Dr. Graham is a Michigan native, and an undergraduate degree holder from the University of Michigan. Following undergraduate studies, he was a staffer in the Michigan Governor’s office, and then U.S. House of Representatives, before returning to medical school at Michigan State University. He completed residency training in Family Medicine at MSU/Sparrow.

Dr. Graham was a staff physician with Sparrow Medical Group, eventually becoming medical director of Sparrow’s home care agency, then medical director of Physicians Health Plan. He spent five years as the Vice President overseeing Sparrow’s employed physician group before returning to PHP as Chief Medical Officer for the last decade. He is still active in resident and medical student education.

Dr. Graham has been extensively involved in organized medicine and physician advocacy. He is a past president of the Michigan Academy of Family Physicians and spent eight years on the Michigan Board of Medicine, including three years as chairperson.

As a family medicine physician, Dr. Graham knows the importance of the primary care physician’s role in coordinating member care.

“It’s essential for BCN to maintain a strong partnership with our primary care physicians and practitioners. My goal is to support our PCPs so they can provide the best care to our members,” said Dr. Graham.

“As a health maintenance organization, prevention is key. I understand that primary care takes the lead in helping our members stay healthy. In conjunction with primary

care, specialty care physicians and ancillary providers are crucial for managing member health conditions. BCN is well known for having Michigan’s largest HMO network of high-quality health care providers. I am excited to work with BCN’s providers to support and maintain their focus on health care excellence.”



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Learn more about Blue Cross Personalized MedicineSM

Action item

Behavioral health providers can sign up to attend a live webinar. See the article on page xx of this issue.

We know you're busy caring for patients. We also know that you'll want to learn about Blue Cross Personalized MedicineSM, Blue Care Network's new precision medicine pharmacogenomics, or PGx, program. PGx can help you personalize medications for your patients.

Some of your patients may be invited to take a RightMed[®] PGx test at no cost to them. These patients may want your advice on whether they should take this test. And, once results are available, they'll want you to determine if their medications should change.

Here's how to find information on the new PGx program.

[View a recorded webinar or sign up to attend a live webinar](#)

The best way to learn about PGx is to attend a webinar or view a recorded webinar. If you missed the recent March webinar for cardiologists or the April webinar for oncologists, you can find these recordings as well as prior recordings for primary care and behavioral health providers on our provider training website.

- Already registered for the provider training website?
 1. **Log in.**
 2. On the main page, look at Upcoming Events on the right side of the page to register for a live webinar.
 3. To view previously recorded webinars, use "PGx" or "personalized" in the search.
- Not yet registered for the provider training website?
 1. **Complete the registration process.** We recommend using the same email you use to communicate with Blue Cross Blue Shield of Michigan and Blue Care Network for other needs. This will become your login ID.
 2. Follow steps 1 through 3 above.

Read about PGx

You can learn more about BCN's new PGx program through these sources:

- **We're moving forward with Blue Cross Personalized Medicine**, in the March-April 2023 issue of *Hospital and Physician Update*
- **The July-August 2022 issue of BCN Provider News, page 1**
- Visit MyRightMed.com/BCBSM-providers
- Visit our Blue Cross Personalized Medicine webpage for a list of frequently asked questions a clinician guide and a fact sheet. Here's how to find it:
 1. Log in to our provider portal (availability.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)*.
 5. Click the dropdown next to Member Care in the menu bar and click on *Blue Cross Personalized Medicine*.

Questions?

Call OneOme at 1-844-663-6635 from 8 a.m. to 6 p.m., Eastern time, Monday through Friday or email support@oneome.com.

OneOme is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing services related to genetic testing.

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

Network Operations

Provider training site updates for webinars

The Provider Experience team has made a few enhancements to our webinars.

Going forward, we will use the Microsoft Teams webinar platform to host all sessions. Participants who have a Teams account will see that their Teams ID is tracked whenever they join a session. If you do not have a Teams account, please use your full name and email address to sign in to your session.

All webinar events are now posted on the provider training website. You can register for sessions as soon as you see they are available.

Use the search feature to quickly locate the sessions that work with your schedule. Often, a keyword is all that is needed to locate the event. For example, use the term "lunch" to locate the 2023 Lunch and Learn events. After the search completes, click the Events tab to see the full list of sessions. Click the event title to register.

Action item

Experience our new features to sign up and attend upcoming webinars

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The screenshots illustrate the search process on the provider training website. The first screenshot shows the search bar with the term "lunch" entered. The second screenshot shows the search results page with the "Events (9)" tab selected. The third screenshot shows a detailed list of search results for "lunch" events.

| Title | My Courses | Status |
|---|------------|-------------|
| <input type="checkbox"/> Common coding errors and scenarios | Add | Not Started |
| <input type="checkbox"/> Coding for cancer and neoplasms | Add | Not Started |
| <input type="checkbox"/> Coding tips and HCC review for heart disease and heart arrhythmias | Add | Not Started |
| <input type="checkbox"/> Coding for vascular disease | Add | Not Started |
| <input type="checkbox"/> Heart failure | Add | Not Started |
| <input type="checkbox"/> 2023 ICD-10-CM updates and changes | Add | Not Started |
| <input type="checkbox"/> Coding scenarios for PCP and specialty providers | Add | Not Started |
| <input type="checkbox"/> Medicare Risk Adjustment and Morbid Obesity | Add | Not Started |

| Title | Start | Type |
|--|------------------------|---------|
| HCC and Risk adjustment - Lunch and Learn with Blue Cross and BCN | 4/26/2023 12:00:00 PM | Webinar |
| Coding neoplasms - Lunch and Learn with Blue Cross and BCN | 5/17/2023 12:00:00 PM | Webinar |
| Coding diabetes and hypertension - Lunch and Learn with Blue Cross and BCN | 6/21/2023 12:00:00 PM | Webinar |
| Coding heart disease and vascular - Lunch and Learn with Blue Cross and BCN | 7/19/2023 12:00:00 PM | Webinar |
| Medical record documentation tips - Lunch and Learn with Blue Cross and BCN | 8/16/2023 12:00:00 PM | Webinar |
| ICD-10 CM updates and changes for 2024 - Lunch and Learn with Blue Cross and BCN | 10/18/2023 12:00:00 PM | Webinar |

Click [here](#) if you are already registered for the provider training website.

Click [here](#) to register for the provider training website. We recommend registering under the 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.





Lunch and learn webinars for physicians and coders focus on risk adjustment, coding

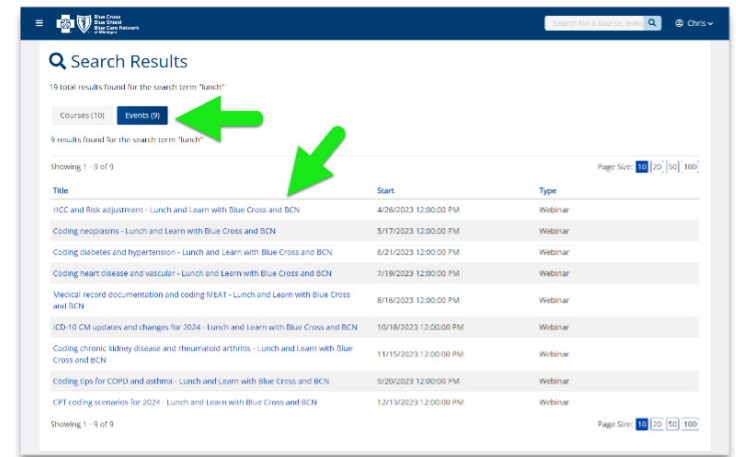
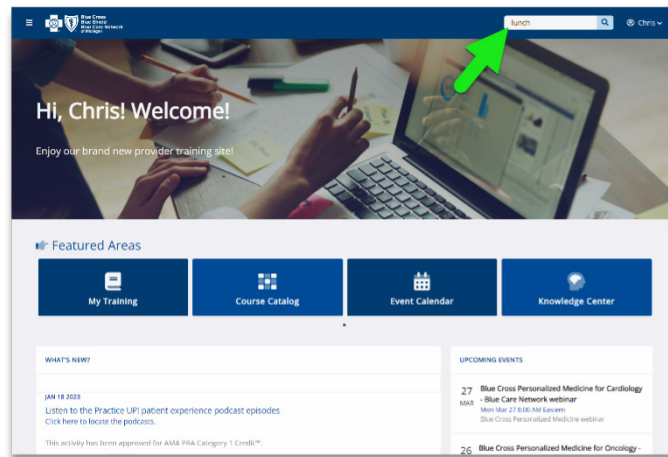
We are offering webinars that will provide updated information on documentation and coding of common challenging diagnoses. These live lunchtime educational sessions will also include an opportunity to ask any questions that you may have.

Here's our current schedule and the tentative topics for the sessions. All sessions start at noon Eastern time and generally last for 30 minutes. Log in to the provider training website and register for the session that best works with your schedule.

Click here if you are already registered for the provider training website.

| Session Date | Topic |
|--------------|--|
| May 17 | Coding neoplasms |
| June 21 | Coding diabetes and hypertension |
| July 19 | Coding heart disease and vascular |
| Aug. 16 | Tips for proper medical record documentation and coding MEAT |
| Sept. 20 | Coding tips for COPD and asthma |
| Oct. 18 | ICD-10 CM updates and changes for 2024 |
| Nov. 15 | Coding chronic kidney disease and rheumatoid arthritis |
| Dec.13 | CPT coding scenarios; a look at the new CPT codes for 2024 |

On the provider training website, look in the Event Calendar or use the search feature with the keyword **lunch** to quickly locate all 2023 sessions.



To request access to the provider training website:

1. **Click here to register.**
2. Complete the registration. We recommend using the same email you use to communicate with Blue Cross Blue Shield of Michigan for other needs. This will become your login ID.

You can also listen to the previously recorded sessions:

| Previously recorded | Topic |
|---------------------|--|
| April 26 | HCC and risk adjustment coding scenarios |

If you have any questions about the sessions, contact April Boyce at aboyce@bcbsm.com. If you have questions regarding session or website registration, email ProviderTraining@bcbsm.com.

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Reminder: Register now for 2023 virtual provider symposium sessions

This year’s virtual provider symposiums run throughout May and June. Physicians, physician assistants, nurse practitioners, nurses and coders can receive continuing education credits for attending. You’re welcome to register for any session listed below.

Click [here](#) to log in to the provider training website to register for sessions.

You can easily create an account if you don’t already have access: Click [here](#) to register. We recommend that you use the same email address you use to communicate with Blue Cross Blue Shield of Michigan when creating the account.

Once you’re logged in to the provider training site, open the event calendar to sign up for any of the following sessions.

Reach for the Stars-HEDIS®/Star Measure Overview: For physicians and office staff responsible for closing gaps in care related to quality adult measures.

| Session | Date | Time |
|--|--------|-----------------|
| Reach for the Stars-HEDIS®/Star Measure Overview | May 10 | 9 to 10:30 a.m. |
| Reach for the Stars-HEDIS®/Star Measure Overview | May 18 | 12 to 1:30 p.m. |
| Reach for the Stars-HEDIS®/Star Measure Overview | May 23 | 2 to 3:30 p.m. |
| Reach for the Stars-HEDIS®/Star Measure Overview | June 1 | 8 to 9:30 a.m. |
| Reach for the Stars-HEDIS®/Star Measure Overview | June 6 | 12 to 1:30 p.m. |

Patient Experience: For physicians and office staff responsible for creating positive patient experiences. Learn how to ensure your practice has the knowledge and tools needed to set and meet patients’ expectations.

| Session | Date | Time |
|--|--------|----------------------|
| Patient Experience – Best Practices for the New Normal | May 2 | 9 to 10:30 a.m. |
| Patient Experience – Best Practices for the New Normal | May 9 | 11:30 a.m. to 1 p.m. |
| Patient Experience – Best Practices for the New Normal | May 17 | 12 to 1:30 p.m. |
| Patient Experience – Best Practices for the New Normal | May 22 | 2 to 3:30 p.m. |
| Patient Experience – Best Practices for the New Normal | June 8 | 9 to 10:30 a.m. |

Coding Complex Cases: For physicians, coders, billers and administrative staff.

| Session | Date | Time |
|--|---------|--------------|
| 2023 CPT Coding Updates and Coding Complex Cases | May 4 | 9 to 10 a.m. |
| 2023 CPT Coding Updates and Coding Complex Cases | May 11 | 12 to 1 p.m. |
| 2023 CPT Coding Updates and Coding Complex Cases | May 16 | 2 to 3 p.m. |
| 2023 CPT Coding Updates and Coding Complex Cases | June 7 | 9 to 10 a.m. |
| 2023 CPT Coding Updates and Coding Complex Cases | June 20 | 12 to 1 p.m. |

Questions?

Contact Ellen Kraft at ekraft@bcbsm.com if you have questions about the sessions. Contact the provider training team at ProviderTraining@bcbsm.com if you have questions about registration or using the provider training website.

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

Accreditation Statement:

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 the Minnesota Medical Association and Blue Cross Blue Shields of Michigan. The Minnesota Medical Association (MMA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CME Statement:

The Minnesota Medical Association designates this internet this internet live activity for a maximum of 4 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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BCN AdvantageSM Fee Schedule for Professional Services and some policies on enhanced benefits now available

Providers can now access documents that show:

- What BCN Advantage reimburses for professional services
- What enhanced benefits are available to BCN Advantage members with individual plans

Where to locate these documents

Both the *BCN Advantage Fee Schedule for Professional Services* and the enhanced benefit policies are available on the web. Here's how to find them:

1. Visit bcbsm.com/providers.
2. Click *Resources*.
3. Under the "Key forms and documents" heading, click *View all*.
4. On the **For Providers: Forms and Documents page**, scroll to the "Medicare Advantage" heading and click *See more*.
5. Click one of these:
 - **BCN Advantage Fee Schedule for Professional Services**
 - **BCN Advantage Enhanced Benefit Policies**

Keep reading to find out more about these documents.

About the fee schedule

The *BCN Advantage Fee Schedule for Professional Services* includes rates for enhanced benefits and for carrier-priced codes.

A carrier-priced code is a CPT* or HCPCS code that has a specific description for which CMS has not identified a fee. When there's no fee identified by CMS, BCN Advantage establishes the reimbursement.

When a service has a fee schedule amount listed on the *BCN Advantage Fee Schedule for Professional Services*, it doesn't guarantee that the member has coverage for that service.

The rates are effective for dates of service on or after Jan. 1, 2023. The fee schedule will be updated from time to time.

About the enhanced benefit policies

BCN Advantage provides at least the same level of benefits as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This means that BCN Advantage can offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Currently, there's a policy document available for each enhanced benefit offered with the BCN Advantage individual plans. The documents include some or all of these:

- A description of the benefit that Original Medicare offers along with a description of the enhanced benefit offered by BCN Advantage
- Excluded services
- Information about the conditions that must be met for payment
- Information about reimbursement and member cost-sharing
- Billing instructions

Some of the policy documents include other types of information as well.

In the first quarter of 2024, we're planning to make the enhanced benefit policies for members with BCN Advantage group plans available.

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COVID-19 DRG enhancements end with the public health emergency

The federal CARES Act implemented a temporary inpatient diagnosis-related group enhancement for Original Medicare payments. Blue Cross Blue Shield of Michigan and Blue Care Network applied the DRG enhancement to our Medicare Advantage plans (Medicare Plus BlueSM and BCN AdvantageSM) for both network and non-network providers.

When the public health emergency ends on May 11, 2023, the DRG enhancement will also end.

The DRG enhancement was a temporary 20% increase in the weighting factor for inpatient DRG payments for Medicare patients diagnosed with COVID-19.

For more information on changes occurring with the end of the public health emergency, see our [Temporary changes due to the COVID-19 pandemic document](#). See also the article on the front page of this issue.

Nonclinical, transitional care program available to Medicare Advantage members outside of Michigan

In 2021, we announced that Blue Cross Blue Shield of Michigan and Blue Care Network had contracted with naviHealth, an independent company, to reduce avoidable inpatient readmissions through a nonclinical, transitional care program.

Starting in March 2023, this program was made available to Medicare Plus Blue and BCN Advantage members outside of Michigan when they're admitted to an acute care hospital and are then discharged to their homes.

See the article on [Page 13](#) for details.

Changes to Carelon's (formerly AIM's) provider portal for medical oncology program

On May 14, 2023, Carelon Medical Benefits Management (formerly known as AIM Specialty Health[®]) will release enhancements to the provider portal for the medical oncology program. The goal of the enhancements is to make the process of submitting prior authorization requests easier.

See the article on [Page 20](#) for details.

Requirements changed for some medical benefit drugs for most members

For January through March 2023, we added requirements for medical benefit drugs.

See the article on [Page 21](#) for details.

Transfer Medicare Advantage members to post-acute care facilities immediately after appeals are approved

As a reminder, the Medicare Plus Blue and BCN Advantage Grievance and Appeals units handle requests to appeal denials of post-acute care services for both prior authorization requests and retroactive authorization requests.

See the article on [Page 29](#) for details about the process for fast, or expedited, appeals.

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Reminder: New radiology-focused initiative aims to improve quality of care and member outcomes coming soon

As a reminder, Blue Cross Blue Shield of Michigan and Blue Care Network have contracted with 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.

This program will start in the second quarter of 2023 for:

- Commercial members who have coverage through fully insured groups or individual coverage
- All Medicare Advantage members

For details about the program, see page 22 of the **January-February issue** of *BCN Provider News* or in the **January issue** of *The Record*.

Note: We previously stated that this program would start in April 2023.

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.

Nonclinical, transitional care program available to Medicare Advantage members outside of Michigan

In 2021, we announced that Blue Cross Blue Shield of Michigan and Blue Care Network had contracted with naviHealth, an independent company, to reduce avoidable inpatient readmissions through a nonclinical, transitional care program.

Starting in March 2023, this program is made available to Medicare Plus Blue and BCN Advantage members outside of Michigan when they're admitted to an acute care hospital and are then discharged to their homes.

Since 2021, this program has been available to Medicare Plus Blue and BCN Advantage members who are discharged from inpatient acute care facilities in Michigan directly to their homes or to certain post-acute care facilities. (To view the list of participating post-acute care facilities, see our **Dec. 9 provider alert**.)

To learn more about the nonclinical, transitional care program, see the **November 2021 Record article** or the **November-December 2021 BCN Provider News article**.

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We're updating our ambulatory surgery facility incentive model for CQI participation

In mid-2023, Blue Cross Blue Shield of Michigan and Blue Care Network will make updates to the ambulatory surgery facilities Collaborative Quality Initiatives model. We'll introduce additional incentives for ASFs that participate in more than one CQI, as well as a performance-based incentive.

We introduced these changes to the participating ASFs in March 2023 and plan to roll out a portion of the new incentives in June 2023. Details of these changes will be updated in the ASF CQI Program guide by June 2023.

Background

In late 2020, Blue Cross introduced the first incentive model for ambulatory surgery facilities participating in our CQIs. This incentive, introduced as a 1% facility fee increase, supports ASF's clinical data abstraction and reporting, as well as the development of a quality initiatives infrastructure to support CQI operations and implementation of quality initiatives interventions. Qualifying ASFs participating in either the Michigan

Arthroplasty Registry CQI, known as MARCQI, or the Michigan Spine Surgery Improvement Collaborative, known as MSSIC, are eligible to receive this incentive.

Additional information

For more information, refer to our provider manual or reach out to your provider consultant. To access the provider manual through our provider portal:

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 *Provider manuals*.

ASFs that are interested in participating in the CQI program can email CQIprograms@bcbsm.com for additional details.

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

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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:

New

- Percutaneous Arteriovenous Fistula (pAVF)
- Digital Health Technologies: Diagnostic Applications
- Digital Health Therapies For Attention Deficit/Hyperactivity Disorder
- Digital Health Therapies For Substance Use Disorders

Established

- Drug Testing in Pain Management and Substance use Disorder Treatment

Maintenance

- Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Or Uncontrolled Hypertension

Covered services

- Amniotic membrane and amniotic fluid
- Cosmetic and Reconstructive Surgery
- Aquablation (Transurethral Waterjet Ablation) of the Prostate

- BMT - Hematopoietic Cell Transplantation for Acute Myeloid Leukemia and Blastic plasmacytoid dendritic cell neoplasm (BPDCN)
- Gender Affirming Services
- Radiofrequency Ablation of Miscellaneous Solid Tumors, Excluding Liver Tumors
- Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders
- Genetic testing-analysis of MGMT promoter methylation in malignant gliomas
- Germline genetic testing for gene variants associated with breast cancer in individuals at moderate and high breast cancer risk (for example, CHEK2, ATM, BARD1)
- Genetic testing for cytochrome P450 polymorphisms
- Pharmacogenomic and metabolite markers for patients treated with thiopurines
- Bone growth stimulation: ultrasound accelerated fracture healing device

Noncovered services

- Adjunct and stand-alone ultrasound for routine breast cancer screening
- Transcutaneous Electrical Nerve Stimulation for the Management of Attention Deficit Hyperactivity Disorder
- Evaluation of biomarkers for Alzheimer's disease



Changes for the end of the public health emergency

On Jan. 30, 2023, the White House announced that it will end the public health emergency on May 11, 2023.

See the article on [Page 1](#) for details.

Addressing co-morbid medical and behavioral health issues

The Blue Cross Blue Shield Physician Group Incentive Program offers training, support, and incentives to eligible practices to help implement and deliver Collaborative Care, a model which links medical and behavioral health service in order to deliver optimal care and outcomes. While historically this model has mainly been used to treat depression and anxiety, patients with more severe or complex mental health issues, who are relatively stabilized, may also be good candidates.

See the article on [Page 16](#) for details.

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Addressing co-morbid medical and behavioral health issues

According to the American Academy of Family Physicians, up to 80% of people with some form of behavioral health issue get their care through their primary care physician, and many prefer this over treatment from a specialized provider.¹ It's also estimated that roughly one third of prescriptions for severe and persistent mental illness (i.e., schizophrenia, bipolar disorder, major depressive disorder) are from the primary care setting.²

Not only are severe and persistent mental illnesses complex in and of themselves, but comorbid issues such as increased risk of alcohol and drug use, smoking, poor diet, and the increase in co-morbidity of medical issues such as metabolic syndrome, elevated A1c or diabetes presented by certain types of medications³ require their own monitoring and care to help members live longer, healthier lives.

Given the complexities of managing major behavioral health and medical conditions, the question is raised: How best to help patients manage both their medical and behavioral health issues, while at the same time providing the best care possible? A solution to this is presented through the Blue Cross Blue Shield Physician Group Incentive Program, or PGIP.

PGIP offers training, support, and incentives to eligible practices to help implement and deliver Collaborative Care, a model which links medical and behavioral health service in order to deliver optimal care and outcomes. While historically this model has mainly been used to treat depression and anxiety, patients with more severe or complex mental health issues, who are relatively stabilized, may also be good candidates.

For example, the Collaborative Care Model (CoCM) will link primary care (or OB/GYN) practitioners with a behavioral health care manager, who will check in with the patient regularly to assess progress toward the treatment goals using validated depression and anxiety scales, provide motivational interviewing and brief interventions to make sure that their comprehensive needs are being met. The team also includes a consulting psychiatrist who reviews the patient case load with the behavioral health care manager regularly to make treatment recommendations. Results of screenings such as those for A1c and LDL levels for members taking antipsychotic medications are available to everyone on the care team.

The primary care physician remains in charge of patient care, but with input and assistance from the behavioral health care manager and the consulting psychiatrist.

The CoCM is also increasingly being used to help patients manage severe mental illnesses such as schizophrenia and bipolar disorder along with their co-morbid medical issues. Training and on-going support to primary care settings can help to manage these serious illnesses while at the same time overcoming the shortage of specialist behavioral health providers.

Our Physician Group Incentive Program offers a CoCM Designation program, training, support and incentives to eligible practices to help them implement and deliver Collaborative Care.⁴ This training is provided not only to physicians but also to office and support staff in order to ensure proper service delivery. Not only does this model improve current care for members, but it also shows significant reductions in inpatient and emergency care along with reduced hospital readmissions.⁵

Any practitioners who are interested in participating in this initiative should reach out to their physician organization and also watch for additional articles in provider publications; information on billing tips related to this model can be also found through past issues of *The Record*.⁶ In addition, providers who participate in Collaborative Care can now be identified through the bcbsm.com/find-a-doctor search, making providers involved in Collaborative Care more widely available to members seeking integrated care.

For more information on PGIP, visit the [Physician Group Incentive Program](#) section of valuepartnerships.com.

1. Kieu, A. (2021, April 30). *Now more than ever, mental health care needs family medicine*. Family Practice Management
2. Jetty, A., Petterson, S., Westfall, J. M., & Jabbarpour, Y. (2021). *Assessing primary care contributions to behavioral health: A cross-sectional study using Medical Expenditure Panel Survey*. Journal of Primary Care & Community Health
3. WebMD. (n.d.). *Schizophrenia and diabetes*
4. *The Record - Blue Cross offers incentives and training to expand use of Collaborative Care Model*
5. *The Record - Announcing our PCMH and Collaborative Care Designations*
6. *The Record - Review These Important Collaborative Care Billing Tips*

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Blue Cross works with Quartet to connect behavioral health providers with members, starting July 1, 2023

Action item

Learn how we're working with Quartet to help members access behavioral health care and how you can join the Quartet online platform.

Blue Cross Blue Shield of Michigan has contracted with Quartet, an independent company that offers an online care navigation solution. The company connects behavioral health providers with new patients through an online platform at no cost to the provider or patient.

We know that some of our members struggle to find the behavioral health care they need. Our relationship with Quartet is designed to help our members who are having difficulty obtaining timely care from a behavioral health specialist in their area. Quartet helps members access outpatient behavioral health services with an appropriate provider more quickly.

Starting July 1, 2023, Quartet will begin referring members seeking outpatient treatment to behavioral health providers registered on Quartet's platform, based on their clinical specialty and their availability.

Quartet's services will be available to the following adult members (18 years of age or older) who reside in Michigan:

- Fully insured Blue Cross commercial members
- Fully insured Blue Care Network commercial members
- All BCN AdvantageSM members
- Select Medicare Plus BlueSM members

Through Quartet, a behavioral health provider can receive referrals, accept new patients, track the patient's progress and access clinical assessments and other resources.

Joining the Quartet online platform

Beginning April 2023, Quartet will begin reaching out to Blue Cross and BCN participating behavioral health providers to assist them with joining the Quartet online platform. Participation is voluntary. We encourage our

behavioral health providers to join and hope they will see the value in this tool for both practitioners and patients.

Here's how Quartet works

1. Quartet works with the provider to create a provider profile and add the provider to the platform.
2. Quartet matches members seeking outpatient behavioral health care to a provider based on their geographic location, treatment needs and preferences. Quartet can refer members to both in-person and virtual care.
3. Quartet sends a referral to the selected provider through the platform for a specific member.
4. The provider reviews and accepts or declines the referral.
5. When the provider accepts the referral, the provider contacts the member to schedule an appointment.

Please visit quartethealth.com/mental-health-providers for more information, to schedule a demo or if you would like to sign up.

Quartet is an independent company contracted by Blue Cross Blue Shield of Michigan to connect Blue Cross and BCN members seeking outpatient behavioral health services with the appropriate behavioral health providers.



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Behavioral health providers and support staff urged to attend Blue Cross Personalized MedicineSM webinar

As announced on [page 8 of the March-April issue](#), Blue Care Network is hosting a webinar on the new precision medicine pharmacogenomics, or PGx, program called Blue Cross Personalized MedicineSM.

All BCN behavioral health providers and their support staff are invited to attend, but the webinar will be most beneficial for prescribers as it will discuss medication optimization.

When is the webinar?

This free, one-hour webinar will be held on Wednesday, May 24 at 8 a.m. Eastern Time.

What will I learn?

By attending this webinar, you'll learn:

- How the RightMed test uses the patient's DNA to provide insight into how the patient may respond to certain medications based on their unique genetic makeup
- How you, as a prescriber, can use this knowledge to achieve better patient outcomes through medication optimization
- The process from patient invitation through testing completion and the report you'll receive to help inform your medication decisions

You'll also hear specific behavioral health PGx case study success stories.

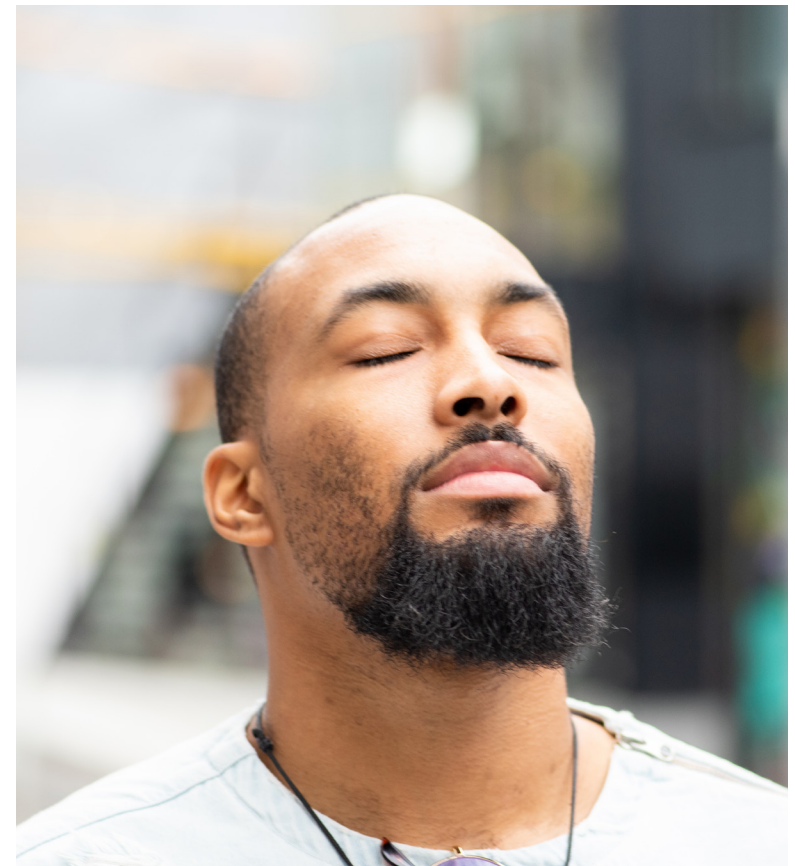
How can I register?

Register for the webinar through our provider training website.

- Already registered for the provider training website?
 1. **Log in.**
 2. On the main page, click on the webinar you wish to attend under Upcoming Events on the right side of the page.

- Not yet registered for the provider training website?
 1. **Complete the registration process.** We recommend using the same email you use to communicate with Blue Cross Blue Shield of Michigan and Blue Care Network for other needs. This will become your login ID.
 2. **Log in.**
 3. On the main page, click on the webinar you wish to attend under Upcoming Events on the right side of the page.

Even if you attended the PGx behavioral health webinar in 2022 or have patients involved with the program, please consider attending to learn more and ask questions.



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Quality Corner

The Michigan Quality Improvement Consortium (MQIC) publishes clinical practice guidelines for various medical and behavioral health disorders, which are updated every two years. The MQIC committee is comprised of medical directors from a wide variety of insurers and professional organizations across the state of Michigan and is devoted to publishing evidence-based guidelines in order to improve service delivery and outcomes.

MQIC Guidelines include information on the diagnosis and treatment of attention deficit hyperactivity disorder, depression, and other medical conditions, such as diabetes, that may be comorbid with behavioral health disorders. There is also a guideline on prescribing opioid medications (excluding palliative and end-of-life care). The MQIC Guidelines are intended for behavioral health and primary care professionals in order to help deliver the most effective, evidence-based care for behavioral health and related disorders.

Below is a list of some of the guidelines available for the specific issues noted above:

- ADHD
 - Diagnosis guidelines:
http://mqic.org/pdf/mqic_diagnosis_of_adhd_for_children_and_adolescents_cpg.pdf
 - Treatment guidelines:
http://mqic.org/pdf/mqic_treatment_of_adhd_for_children_and_adolescents_cpg.pdf
- Depression
 - Primary Care Diagnosis guidelines:
http://www.mqic.org/pdf/mqic_primary_care_diagnosis_and_management_of_adults_with_depression_FINAL%202022.pdf
 - Treatment Guidance update alert:
http://www.mqic.org/pdf/mqic_2022_primary_care_diagnosis_and_management_of_adults_with_depression_update_alert.pdf
- Diabetes
 - Diabetes Mellitus Management guidelines:
<http://www.mqic.org/pdf/mqic2022managementofdiabetesmellitusALERT.pdf>
 - Management of Diabetes Mellitus:
<http://www.mqic.org/pdf/managementofdiabetesmellitusFINAL2022.pdf>
- Opioid Prescribing
 - Prescribing Guideline update alert:
<http://mqic.org/pdf/mqic2022OpioidPrescribinginAdultsExcludingPalliativeandEndofLifeCareALERT.pdf>
 - Opioid Prescribing in Adults (Excluding Palliative and End-of-Life Care) guideline:
<http://mqic.org/pdf/opioidprescribinginadultsexcludingpalliativeandendoflifecareFINAL2022.pdf>
- Substance Use
 - Screening, Diagnosis, and Referral for Substance Use Disorders guideline:
http://www.mqic.org/pdf/mqic_screening_diagnosis_and_referral_for_substance_use_disorders.pdf

To join the MQIC mailing list to be notified of any updates, use this link: <http://mqic.org/guidelines.htm#signup-now>.

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Changes to Carelon's (formerly AIM's) provider portal for medical oncology program

On May 14, 2023, Carelon Medical Benefits Management (formerly known as AIM Specialty Health®) will release enhancements to the provider portal for the medical oncology program. The goal of the enhancements is to make the process of submitting prior authorization requests easier.

Starting May 14, the look and functionality of the clinical intake screens will change. Among other changes, you'll notice:

- An improved look and feel in the case entry screens
- That biomarker questions are no longer presented for clinical scenarios to which the questions don't apply
- That changes to the drug dosing screens make it easier to enter cycle ranges and dates of administration

Register for a webinar to learn more

To learn more about the changes you'll see when submitting prior authorization requests for medical oncology drugs, register for one of the following webinars, which will be hosted by Carelon. (All times are Eastern time.)

| Day | Date | Time | Registration link |
|-------|---------------|----------|--------------------------|
| Tue. | May 16, 2023 | 1-2 p.m. | Register |
| Thur. | Aug. 10, 2023 | 3-4 p.m. | Register |
| Tue. | Nov. 14, 2023 | 3-4 p.m. | Register |

Additional information

If you have questions about Carelon's provider portal or about submitting prior authorization requests for medical oncology drugs, email Carelon at MedicalOncologySolution@aimspecialtyhealth.com.

For more information about the medical oncology program, see the following pages of our ereferrals.bcbsm.com website:

- [Blue Cross Medical Benefit Drugs](#)
- [BCN Medical Benefit Drugs](#)

Carelon Medical Benefits Management (formerly 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.

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Requirements changed for some medical benefit drugs for most members

Blue Cross Blue Shield of Michigan and Blue Care Network encourage proper utilization of high-cost medications that are covered under the medical benefit. As part of this effort, we maintain comprehensive lists of requirements for our members.

For January through March 2023, we added requirements for medical benefit drugs.

For Blue Cross commercial and BCN commercial members

We added prior authorization requirements, site-of-care requirements or both as follows:

| HCPCS code | Brand name | Generic name | Requirement | |
|------------|--------------|-------------------------------|---------------------|--------------|
| | | | Prior authorization | Site of care |
| J3590* | Adstiladrin® | nadofaragene firadenovec-vncg | ✓ | |
| J3590* | Briumvi™ | ublituximab-xiiy | ✓ | |
| J3590* | Fynetra® | pegfilgrastim-pbbk | ✓ | |
| J3590* | Lamzede | velmanase alfa-tycv | ✓ | |
| J3590* | Leqembi™ | lecanemab | ✓ | |
| J3590* | Rolvedon™ | eflapegrastim-xnst | ✓ | |
| J3590* | Rebyota™ | fecal microbiota, live-jslm | ✓ | |
| J3590* | Spevigo® | spesolimab-sbzo | | ✓ |
| J3590* | Stimufend® | pegfilgrastim-fpgk | ✓ | |
| J3590* | Syfovre™ | pegcetacoplan | ✓ | |
| J3590* | Vegzelma® | bevacizumab-adcd | ✓ | |
| J3590* | Xenpozyme™ | olipudase alfa | | ✓ |

*May be assigned a unique code in the future.

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For Medicare Plus BlueSM and BCN AdvantageSM members

We added prior authorization requirements as follows:

| HCPCS code | Brand name | Generic name | For dates of service on or after |
|------------|------------|-----------------------------|----------------------------------|
| J3590* | Leqembi™ | lecanemab-irmb | 01/13/2023 |
| J3590* | Rolvedon™ | eflapegrastim-xnst | 03/01/2023 |
| J3590* | Stimufend® | pegfilgrastim-fpgk | 03/01/2023 |
| J3590* | Vegzelma® | bevacizumab-adcd | 03/01/2023 |
| J3590* | Rebyota™ | fecal microbiota, live-jslm | 03/01/2023 |

*May be assigned a unique code in the future.

Drug lists

For additional details, see the following drug lists:

- For commercial members: **Blue Cross and BCN utilization management medical drug list**
- For Medicare Advantage members: **Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue PPO and BCN Advantage members.**

These lists are also available on the following pages of the ereferrals.bcbsm.com website:

- **Blue Cross Medical Benefit Drugs**
- **BCN Medical Benefit Drugs**

Additional information about these requirements

We communicated these changes previously through provider alerts. Those alerts contain additional details.

You can view the provider alerts on ereferrals.bcbsm.com and on our Provider Resources site, which is accessible through our provider portal (availability.com).

Additional information for Blue Cross commercial groups

For Blue Cross commercial groups, authorization requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization

Program for drugs administered under the medical benefit. To determine whether a group participates in the prior authorization program, see the **Specialty Pharmacy Prior Authorization Master Opt-in/out Group list**. A link to this list is also available on the **Blue Cross Medical Benefit Drugs** page of the ereferrals.bcbsm.com website.

Note: Blue Cross and Blue Shield Federal Employee Program® members and UAW Retiree Medical Benefits Trust (non-Medicare) members don't participate in the standard prior authorization program.

Reminder

An authorization approval isn't a guarantee of payment. Health care providers need to verify eligibility and benefits for members.

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



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Briumvi™ to have a site-of-care requirement for most commercial members starting July 1

For dates of service on or after July 1, 2023, we're adding a site-of-care requirement for Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drug covered under the medical benefit:

- Briumvi (ublituximab-xiyy), HCPCS code J3590

The NovoLogix® online tool will prompt you to select a site of care when you submit prior authorization requests for this drug. If the request meets clinical criteria for the drug and is for one of the following sites of care, it will be approved automatically:

- Doctor's or other health care provider's office
- Ambulatory infusion center
- The member's home, from a home infusion therapy provider

Additional information or documentation may be required for requests to administer Briumvi in an outpatient hospital setting.

As a reminder, this drug already requires prior authorization; providers can submit prior authorization requests using NovoLogix. The new site-of-care requirement is in addition to the current prior authorization requirement.

Members who start courses of treatment with Briumvi before July 1, 2023, will be able to continue receiving the drug in their current location until their existing authorization expires. If those members then continue treatment under a new prior authorization, the site-of-care requirement outlined above will apply.

Some Blue Cross commercial groups not subject to these requirements

For Blue Cross commercial groups, the prior authorization and site-of-care requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under the medical benefit. To determine whether a group

participates in the prior authorization program, see the **Specialty Pharmacy Prior Authorization Master Opt-in/out Group list**.

Note: Blue Cross and Blue Shield Federal Employee Program® members and UAW Retiree Medical Benefits Trust (non-Medicare) members don't participate in the standard prior authorization program.

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**. We'll update this list prior to July 1, 2023.

You can access this list and other information about requesting prior authorization at ereferrals.bcbcm.com, at these locations:

- **Blue Cross Medical Benefit Drugs** page
- **BCN Medical Benefit Drugs** page

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



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Starting July 1, we'll change how we pay for certain drugs that must be administered by a health care provider

Our goal at Blue Cross Blue Shield of Michigan and Blue Care Network is to provide our members with safe, high-quality prescription drug therapies. We continuously review prescription drugs to provide the best value for our members, control costs and make sure our members are using the right drug for the right situation.

Starting July 1, Blue Cross Blue Shield of Michigan and Blue Care Network will change how we pay for certain drugs.

We'll no longer pay for these drugs with the member's prescription drug benefit. These drugs should only be administered by a health care provider, and therefore we'll pay for them with the member's medical benefit. We'll work with the member's doctor to switch the medication to their medical benefit. Our prescription drug benefits only pay for drugs that can be self-administered by the patient, per FDA-approved prescription labeling.

These changes affect all pharmacy drug lists where the drug is currently covered by the prescription drug benefit.

| Drugs paid for only by medical benefits starting July 1, 2023 | | |
|---|--------------------|--|
| Generic name | Brand name | Common use |
| lanreotide | lanreotide (brand) | Acromegaly, carcinoid syndrome, gastroenteropancreatic neuroendocrine tumors |
| | Somatuline® Depot | |
| octreotide | Sandostatin® LAR® | |
| pasireotide | Signifor® LAR | Acromegaly, Cushing's disease |

We'll send letters to affected groups, members and their health care providers. We'll advise them to talk with their doctor about continuing to receive their treatment, which should be billed to their medical benefits.

AIM changed its name to Carelon

In March 2023, AIM Specialty Health® changed its name to Carelon Medical Benefits Management. The name change does not affect how they work with providers.

See the article on [Page 27](#) for details.

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More information about changes to the inpatient readmission review guidelines starting June 1

In the **March-April 2023 issue** of *BCN Provider News*, we announced that starting June 1, 2023, BCN will change the guidelines it uses to review inpatient readmissions of BCN commercial and BCN Advantage members for billing purposes.

The primary change is that BCN will review admissions for BCN commercial and BCN Advantage members readmitted within 30 days of discharge. Currently, BCN reviews admissions for members readmitted within 14 days of discharge.

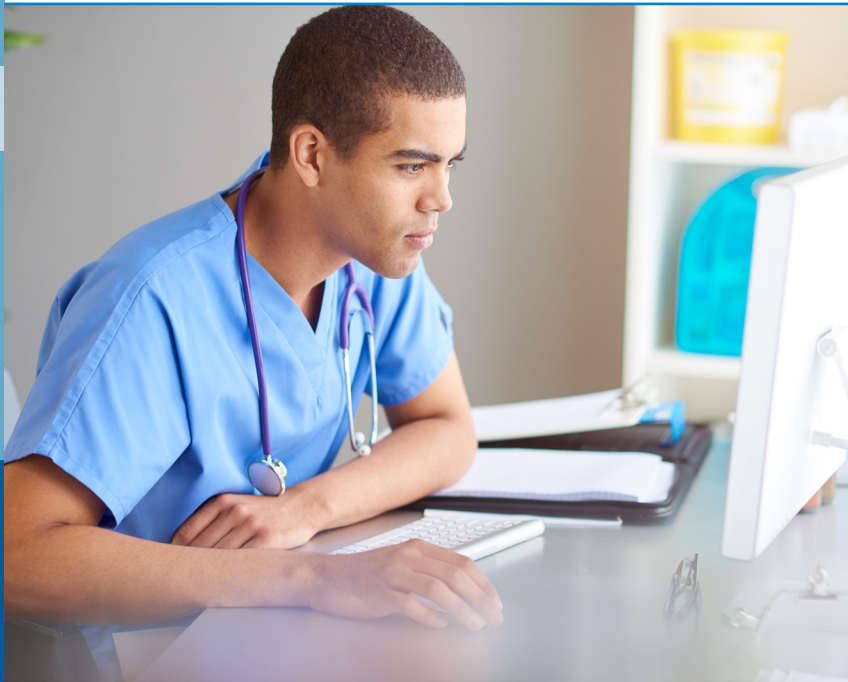
The new bundling guidelines will be applied to readmissions that occur on or after June 1, 2023. We'll review to determine whether two separately billed admissions should be bundled and paid as one admission.

If we determine that an admission that was already paid should have been bundled, we will retrospectively bundle the admission with the readmission and reimburse only one DRG payment.

These guidelines apply to facilities that are reimbursed by diagnosis-related groups, or DRGs. In some instances, BCN combines the two admissions into one for purposes of the DRG reimbursement.

You can access the current **Guidelines for Bundling Admissions** by following the steps below. We'll update that document before June 1 to reflect any changes.

1. Visit ereferrals.bcbsm.com.
2. Click *BCN*.
3. Click *Authorization Requirements & Criteria*.
4. Click *Guidelines for Bundling Admissions* under the "Referral and authorization information" heading and the "Acute inpatient care" subheading.



BCN AdvantageSM Fee Schedule for Professional Services and some policies on enhanced benefits now available

Providers can now access documents that show:

- What BCN Advantage reimburses for professional services
- What enhanced benefits are available to BCN Advantage members with individual plans

See the article on **Page 11** for details.

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COVID-19 DRG enhancements end with the public health emergency

The federal CARES Act implemented a temporary inpatient diagnosis-related group enhancement for Original Medicare payments. Blue Cross Blue Shield of Michigan and Blue Care Network applied the DRG enhancement to our Medicare Advantage plans (Medicare Plus BlueSM and BCN AdvantageSM) for both network and non-network providers.

When the public health emergency ends on May 11, 2023, the DRG enhancement will also end.

See the article on [Page 12](#) for details.

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:

- Submitting Pathology Reports with Clinical Editing Appeal
- Therapeutic Radiology Simulation-Excess of Units Denial



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AIM changed its name to Carelon

In March 2023, AIM Specialty Health® changed its name to Carelon Medical Benefits Management.

The name change doesn't affect how they work with providers. For example:

- Carelon still manages authorizations for the services they managed before the name change.
- The company's provider portal web address didn't change and providers can access it:
 - Through our provider portal ([availity.com](https://www.availity.com))
 - Directly at [providerportal.com](https://www.providerportal.com)
- The call center numbers will remain the same:
 - Blue Care Network: 1-844-377-1278
 - Blue Cross Blue Shield of Michigan: 1-800-728-8008

A recorded message will advise callers of the name change to Carelon Medical Benefits Management.

- Visitors to the current AIM **Clinical Guidelines** site and **corporate webpage** will automatically be redirected to a Carelon web address.
- Clinical decision letters and other communications will transition to display the Carelon Medical Benefits Management name and logo.

The important thing to know is that this is a change only to the AIM Specialty Health name. There will be no changes to the way providers submit prior authorization requests.

Carelon Medical Benefits Management (formerly known as 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.

Starting June 1, submit prior authorization requests for human organ transplants through e-referral and not by fax

Beginning June 1, 2023, we'll require providers located in Michigan to submit prior authorization requests for human organ transplant procedures through the e-referral system and not by fax.

This applies to requests for Blue Cross Blue Shield of Michigan commercial, Blue Care Network commercial and BCN Advantage members having bone marrow and specified solid organ transplant procedures.

This doesn't include kidney transplant procedures except for Blue Cross and Blue Shield Federal Employee Program® members, for whom kidney transplant procedures require prior authorization.

Currently, most providers are faxing these requests to us.

This change doesn't apply to Medicare Plus BlueSM members.

Hospital transplant financial coordinators must contact their Availity® administrator

To prepare for this change, hospital transplant financial coordinators must contact their Availity administrator so the administrator can:

- Give the coordinator access to our provider portal ([availity.com](https://www.availity.com))
- Set up the e-referral tool within Availity for the coordinator

Important: We'll contact each coordinator by email to help them determine who their Availity administrator is. In addition, we'll schedule webinars in May so the coordinators can learn how to use the e-referral system. We'll notify the coordinators directly about registering for the webinars.

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

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Determining prior authorization requirements for patients with non-Michigan Blue plans

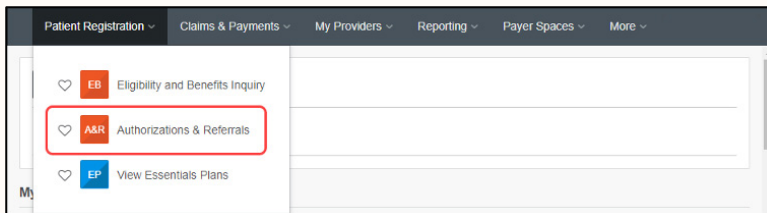
Michigan providers can find information about prior authorization requirements for patients with non-Michigan Blue plans as follows:

- Specific information may be available through *Availity*®. See the *Specific information* section below for details.
- General information is available through our Medical Policy & Pre-Cert/Pre-Auth Router. See the *General information* section later in this article for details.

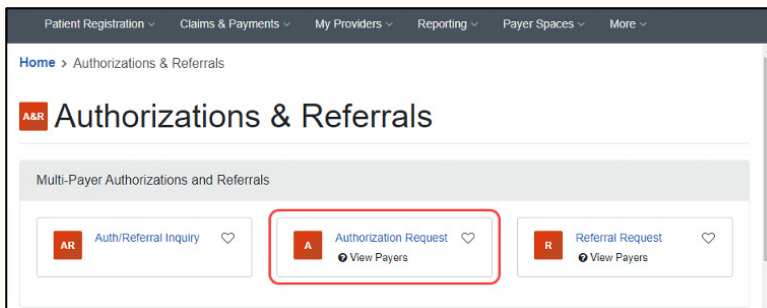
Specific information

Specific information about prior authorization requirements may be available through *Availity*.

1. Log in to our provider portal (availability.com).
2. Click *Patient Registration* and then click *Authorizations & Referrals*.



3. Click *Authorization Request*.



4. In the *Select a Payer* screen, make these selections:

| Field | Selection |
|--------------|---|
| Organization | Select the appropriate organization. |
| Payer | Select <i>BCBS Michigan and Blue Care Network</i> . |
| Request Type | Select the appropriate type of request. |

5. Click *Next*.
6. In the *Select a Patient* field, choose any patient.
7. In the *Member ID* field, enter the subscriber ID from the non-Michigan member's ID card. Be sure to include the three-character alpha prefix.
8. Complete the fields in the *Requesting Provider* section and click *Next*.
9. Based on what you see on the screen, complete the rest of the steps.

| What you see on screen | What to do |
|--|--|
| <p>"Important: You have been routed from BCBSM Michigan and Blue Care Network to BCBSXX to conduct pre-service review for a BCBSXX member."</p> | <ol style="list-style-type: none"> 1. Click the <i>Inpatient Authorization</i> or <i>Outpatient Authorization</i> link. 2. The <i>Authorizations</i> page opens to the <i>Requesting Provider</i> section. 3. Scroll up to the <i>Patient Information</i> section at the top of the screen. 4. Enter the non-Michigan member's member ID, relationship to the subscriber, first and last name and date of birth. 5. Enter the appropriate information in all required fields. |
| <p>A Blue Cross Blue Shield Association disclaimer that states: "You are about to be redirected to a third-party site, which may require a separate log-in..."</p> | <ol style="list-style-type: none"> 1. Click <i>Submit</i>. 2. Follow the instructions in the screen that opens. |

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General information

For general information about services that require authorization, go to our Medical Policy & Pre-Cert/Pre-Auth Router. To access the router:

1. Go to bcbsm.com/providers.
2. Click *Resources*.
3. Click the **out-of-area router** link.
4. Click the *General pre-certification/pre-authorization information* option.
5. Enter the three-character alpha prefix from the non-Michigan member's subscriber ID in the Prefix field.
6. Click *Go*.

Additional information

You can also find this information in the **Determining prior authorization requirements for a member** document. That document also explains how:

- Michigan providers can look up requirements for patients who have coverage through Blue Cross of Blue Shield of Michigan or Blue Care Network plans.
- Non-Michigan providers can look up requirements for patients who have coverage through Blue Cross of Blue Shield of Michigan or Blue Care Network plans.

You can access this document by clicking the *Determine prior authorization requirements for members* tile on the left side of any page of our ereferrals.bcbsm.com website.

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

Transfer Medicare Advantage members to post-acute care facilities immediately after appeals are approved

As a reminder, the Medicare Plus Blue and BCN Advantage Grievance and Appeals units handle requests to appeal denials of post-acute care services for both prior authorization requests and retroactive authorization requests.

Here's what you need to know about the process for fast, or expedited, appeals.

Transfer the patient as soon as you receive approval

When you submit a fast, or expedited, appeal to Blue Cross Blue Shield of Michigan or Blue Care Network, we have 72 hours to approve or deny the appeal. Within those 72 hours, we'll send a fax to inform you of our determination.

Once you receive a fax stating that an appeal has been approved, you can immediately transfer the member to a post-acute care facility.

Although naviHealth will provide an authorization number later, don't wait for that number to transfer the patient. The fax you received serves as proof of the approval.

Post-acute care providers should accept the transfer based on the faxed notification stating that we approved the appeal.

If you'd like a status update on an appeal request, call us at:

- For Medicare Plus Blue members: 1-866-309-1719
- For BCN Advantage members:
 - Facility providers: 1-800-249-5103
 - Professional providers: 1-800-344-8525

How to submit an appeal to get the fastest response

For the fastest response to your appeal request:

1. Include all current and relevant medical documentation to ensure the appeal can be processed in a timely manner.
2. Fax it to the fax number listed on the denial letter.

If you don't have a copy of the denial letter, you can request a copy from naviHealth by calling 1-855-851-0843 or by submitting a request through nH Access.

Please see [Transfer Medicare Advantage](#) continued on Page 30

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3. On the fax cover sheet, be sure to indicate that you're requesting a fast, or expedited, appeal.

For your convenience, the fax numbers for submitting appeals are:

- For Medicare Plus Blue members: Fax to 1-877-348-2251.
- For BCN Advantage members: Fax to 1-866-522-7345.

Additional information

For additional information about post-acute care services for Medicare Advantage members, see the **Post-acute care services: Frequently asked questions for providers** document.

naviHealth is an independent company that provides select care management services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

Prior authorization changes coming in June

Michigan's **prior authorization law requirements** go into effect on June 1, 2023. These requirements apply to insurers and providers in Michigan for members who have commercial coverage.

These requirements aim to give members and health care providers a clearer understanding of the services that require prior authorization and of the prior authorization criteria for medical and pharmacy benefits.

The areas that will be affected are:

| Area | Requirements of the law |
|---|---|
| Services and benefits that require prior authorization and medical necessity criteria | <p>The following must be posted to a publicly available website:</p> <ul style="list-style-type: none"> • A list of all services and benefits that require prior authorization • Medical necessity criteria for all benefits <p>This information must be posted as follows:</p> <ul style="list-style-type: none"> • For medical services: 60 days in advance of changes. • For pharmacy services: 45 days in advance of changes, with some exceptions for patient safety <p>Note: While this information is currently available to Blue Cross Blue Shield of Michigan and Blue Care Network members and providers, we're working to consolidate it, make it more easily accessible and present it in more easily understandable language.</p> <p>The law also requires insurers to modify prior authorization requirements based on provider performance. We already have several gold carding programs in place that meet this requirement.</p> |
| Turnaround times | <p>Turnaround times for prior authorization requests will change.</p> <ul style="list-style-type: none"> • For standard prior authorization requests <p>We must make determinations on requests or ask for additional information as follows:</p> <ul style="list-style-type: none"> - Within 9 days of submission, for requests submitted on or after June 1, 2023 - Within 7 days of submission, for requests submitted on or after June 1, 2024 |

Please see [Prior authorization](#) continued on Page 31

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|---------------------------------|--|
| Turnaround times (cont'd.) | <ul style="list-style-type: none"> • For urgent prior authorization requests* We must make determinations on requests or ask for additional information within 72 hours of submission for requests submitted on or after June 1, 2023. Important: If we ask for additional information, providers should submit it as soon as possible. Once the provider submits the additional information, the turnaround time noted above will reset. For example, we must make a determination within 72 hours of receiving additional information for an urgent request. Approved prior authorization requests will be valid for a minimum of 60 days or for the length of time that's clinically appropriate, whichever is longer. As is true now, providers and members will be able to appeal prior authorization requests that aren't approved. |
| Electronic prior authorizations | <p>Insurers must provide an online method through which providers can submit prior authorization requests for all services, including prescription drugs. Online submission methods include our e-referral tool, online tools provided by vendors who manage certain authorizations on our behalf, and electronic prior authorization (or ePA) tools.</p> <p>Notes:</p> <ul style="list-style-type: none"> • We'll continue to provide alternate submission methods (fax or phone) for times when providers are unable to submit requests online due to power outages, internet outages and so on. • For members who have Blue Cross commercial coverage through MESSA, providers must submit prior authorization requests to MESSA for certain services. Starting June 1, there will be a new process for providers to submit these requests online for MESSA members. Look for additional information in upcoming provider alerts and issues of <i>The Record</i>. |
| Reporting | <p>Insurers must submit reports about prior authorizations annually to the Michigan Department of Insurance and Financial Services, or DIFS, on June 1 of each year, beginning in 2023.</p> <p>Reporting will include the number of prior authorization requests that weren't submitted to us using an online submission method.</p> |
| Member appeals | We'll communicate details before June 1. |

These requirements also apply to the third-party vendors with which Blue Cross and BCN have contracted to manage prior authorizations for certain services. We're working with these vendors to ensure compliance with the law.

As we make changes, we'll publish provider alerts and newsletter articles with additional information. For example, we announced in the February issue of *The Record* that **voluntary prior authorization ends on May 1**.

Be sure to check member eligibility and benefits through our provider portal (availability.com) or Provider Inquiry prior to performing services.

*A request for medical care or services is considered urgent when the time frame for making determinations for routine or non-life-threatening care would do one of the following: (1) seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a layperson's judgment, (2) seriously jeopardize the life, health or safety of others, due to the member's psychological state or (3) subject the member to adverse health consequences without the care or treatment that is the subject of the request, in the opinion of a practitioner who has knowledge of the member's medical or behavioral condition.

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Starting June 1, requests for commercial LTACH admissions and extensions must be submitted through e-referral and not by fax

Beginning June 1, 2023, we'll require long-term acute care hospitals, or LTACHs, located in Michigan to submit prior authorization requests through the e-referral system and not by fax. This applies to requests for our Blue Cross Blue Shield of Michigan and Blue Care Network commercial members for:

- Initial admissions
- Additional days (extensions)

Currently, many LTACH providers in Michigan use the Blue Cross and BCN *LTACH assessment form* to fax their prior authorization requests.

For Michigan providers

Starting June 1, 2023:

- We'll stop accepting faxed requests as a general practice.
- We'll accept faxes **only** for urgent requests and **only** when the e-referral system is not available. In those instances, fax the form using the instructions on the document titled **e-referral system planned downtimes and what to do**.

If we receive a faxed form for an admission or extension when the e-referral system **is** available, we won't accept the request. We'll notify you by fax or phone that you must submit the request through the e-referral system.

For non-Michigan providers

LTACH providers outside of Michigan can either:

- Continue to submit their requests by fax.
- Submit the request through the e-referral system.

For additional information, refer to the document titled **Determining prior authorization requirements for members** and look for the information for non-Michigan providers. Prior authorization **is** required for LTACH stays and the steps in that document will show you how to access the e-referral system.

We'll offer training

In May, we'll schedule webinars for LTACH providers so you can learn how to use the e-referral system. Watch for upcoming communications about these webinars.

Sign up now to use the e-referral system

Refer to our ereferrals.bcbsm.com website:

- To sign up for the e-referral system: Follow the instructions on the **Sign Up or Change a User** page.
- To learn how to use the e-referral system: Refer to the **Training Tools** page, where you'll find the **e-referral User Guide**.

How to access the e-referral system

Access the e-referral system through our provider portal:

1. Log in to avality.com.
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. On the Applications tab, scroll down and click on the *e-referral* tile.

You'll first need to register for access to our portal, if you haven't already done that. Refer to the **Register for web tools** webpage for instructions on how to:

- Register for access to Avality
- Set up the e-referral tool within Avality

Submit Medicare Advantage requests to naviHealth

naviHealth manages prior authorization requests for post-acute care admissions for our Medicare Plus BlueSM and BCN AdvantageSM members.

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

naviHealth is an independent company that provides select care management services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

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Reminder: New radiology-focused initiative aims to improve quality of care and member outcomes coming soon

As a reminder, Blue Cross Blue Shield of Michigan and Blue Care Network have contracted with Covera Health to launch a radiology-focused quality improvement program.

See the article on [Page 13](#) for details.

Requirements changed for some medical benefit drugs for most members

For January through March 2023, we added requirements for medical benefit drugs.

See the article on [Page 21](#) for details.

Briumvi™ to have a site-of-care requirement for most commercial members starting July 1

For dates of service on or after July 1, 2023, we're adding a site-of-care requirement for Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drug covered under the medical benefit:

Briumvi (ublituximab-xiyy), HCPCS code J3590

See the article on [Page 23](#) for details.

More information about changes to the inpatient readmission review guidelines starting June 1

Starting June 1, 2023, BCN will change the guidelines it uses to review inpatient readmissions of BCN commercial and BCN Advantage members for billing purposes. The primary change is that BCN will review admissions for BCN commercial and BCN Advantage members readmitted within 30 days of discharge.

See the article on [Page 25](#) for details.

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