

For hospitals and facilities

Authorization requirements changed for home health, total parenteral nutrition and intradialytic parenteral nutrition services

HMO MA HMO

Home health care

For traditional home health care, including services such as nursing visits and physical, occupational and speech therapy, the following changes have occurred:

- Effective December 2019, home health no longer requires authorization for BCN HMOSM (commercial) and BCN AdvantageSM members covered through the UAW Retiree Medical Benefits Trust.
- For BCN HMO and BCN Advantage members not covered through the UAW Retiree Medical Benefits Trust, home health requires authorization for noncontracted providers and providers who are contracted with BCN but who do not belong to the provider network associated with the member's plan.

TPN and IDPN services

Effective Feb. 3, 2020, TPN and IDPN services don't require authorization for BCN members. This applies to both contracted and noncontracted home infusion providers and to all BCN HMO and BCN Advantage members.

For more information, see the January 2020 message on ereferrals.bcbsm.com, the updated *BCN Referral and Authorization Requirements* document and the *Care Management chapter* of the BCN Manual.

Inpatient acute care admissions for Blue Cross members submitted through e-referral may be subject to clinical review

PPO

Throughout 2020, select facilities must submit medical inpatient stays through e-referral. Behavioral health authorization requests and clinical reviews will continue according to follow the current process; however, inpatient admission authorization requests processed through New Directions will be subject to full clinical review from the first day of admission and subject to non-approval.

Facilities that need to submit reviews starting in October will be notified midyear.

For more information, see the [March 2020 issue of *The Record*](#).

Provider appeal time frame extended for Blue Cross admissions

PPO

You now have up to 45 days to submit appeals for denied authorization requests related to admissions of Blue Cross commercial members. This applies to admissions for care in acute inpatient settings, skilled nursing facilities, long-term acute care hospitals and inpatient rehabilitation settings.

For more information, see the [January 2020 issue of *The Record*](#).

Holiday office closings

Blue Cross and BCN offices will be closed April 10 (Good Friday) and May 25 (Memorial Day).

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Articles apply to all lines of business unless noted by the icons below:

Key:  BCN HMOSM  Blue Cross PPO  BCN AdvantageSM HMO  Medicare Plus BlueSM PPO

For hospitals and facilities

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Blue Cross 101: Understanding the Basics training webinar

Provider Experience is continuing its series of training webinars for health care providers and staff. Our next training webinar will be held on Tuesday, May 12, 10 to 11:30 a.m. To register, see the [April 2020 issue of *The Record*](#).

Important information about peer-to-peer reviews and appeals

When we deny your request to authorize an inpatient or outpatient service, you can ask for a peer-to-peer review or you can appeal the denial. Whether you're requesting a peer-to-peer review or submitting an appeal, there's important information you need to know. For detailed information, see [Page 34 of the March–April 2020 BCN Provider News](#) or the [January 2020](#) and [March 2020](#) issues of *The Record*.

Drugs to treat members with opioid use disorder and behavioral health conditions now payable in home or AICs

Beginning Jan. 1, 2019, select injectable medications are payable in the home setting through home infusion therapy and in ambulatory infusion centers without requiring medical IV therapy on the same day. We've expanded the list of applicable drugs to assist members struggling with opioid addiction and chronic behavioral health conditions.

For more information, as well as a list of drugs now included, see the [January 2020 issue of *The Record*](#).

Blueprint for Affordability gets more traction

We're pleased to announce the second wave of health care provider organizations that have agreed to sign risk-

sharing arrangements with Blue Cross Blue Shield of Michigan as part of Blueprint for Affordability.

We'll continue to update you as Blueprint for Affordability evolves. For now, you can read more about it at BlueprintForAffordability.com.

For more information, see the [March 2020 issue of *The Record*](#).

TurningPoint to manage authorizations for musculoskeletal procedures with dates of service on or after June 1 for certain members

Providers will need to submit authorization requests through TurningPoint Healthcare Solutions LLC for all surgical procedures related to musculoskeletal conditions scheduled to occur on or after June 1, 2020, for BCN commercial members, as well as BCN AdvantageSM and Medicare Plus BlueSM members.

This pertains to procedures currently managed by Blue Cross or BCN. These changes don't apply to Blue Cross commercial plans. For more information, see [Page 37 of the March–April 2020 BCN Provider News](#) or the [March 2020 issue of *The Record*](#).

Reporting instructions for Blue Cross or FEP supplemental when MA is primary payer

When a member has a Medicare Advantage or Medicare Advantage HMO primary and a Blue Cross Blue Shield of Michigan or Federal Employee Program supplemental policy, remember to report the primary payer with a claim filing indicator of MA or MB in loop 2320.

For more information on how to complete these claims, see the [January 2020 issue of *The Record*](#).

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