



MRCA

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**Blue Cross Blue Shield of Michigan
Blue Care Network**

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Elimination of BIP and Hospital Settlement

- BCBSM and the Michigan Health & Hospital Association have recently agreed to the modernization of the Participating Hospital Agreement which is in the process of being developed.
- With the new PHA, BCBSM will pay hospitals directly to the voucher for their services. Both the annual hospital settlement process and the Blue Cross Interim Payment reimbursement structure will be eliminated.



Elimination of BIP and Hospital Settlement

- Future state is to pay hospitals directly to the voucher/claim for services.

	<u>Current State</u>	<u>Future State</u>
Pay BIP	✓	X
Annual Settlement with Hospital & Customers	✓	X
Process Claim	✓	✓
Pay Claim/Voucher	X	✓
Rate & BIP Adjustments	✓	X

- Almost every department at BCBSM will be impacted, as will your hospital finance departments.

Key Impacted Areas	
Prov Contracting Support	Finance
Prov Contracting & Netw Admin	Rating & Underwriting
BCN Prov Contracting	Treasury
Accounting	OGC
Sales - Key & Large Groups & Small and Medium Groups	Utilization Review
Auto/URMBT Account Admin	Provider Consultant
Group Cust Advocate & Perf	Outreach
	Claims
	BCN



➤ **BCBSM PPO Prior Auths**

- January 2018 - Auths will be needed for most PPO members
 - Interventional pain management
 - Radiation therapy (oncology) services
 - Inpatient and outpatient lumbar spinal fusion surgery (separate IP e-referral auth required.)
 - [Updated Q&A on eReferral website](#)
- Start requests for 2018 on December 18, 2017. 3.
- The Evicore training schedule that's in the November Record for commercial BCBSM auths coming in January. 4. Q & A for e-referral was updated in October. [The Record - Here's more information about determination, training for new preauthorization program for commercial PPO](#)



➤ **BCBSM PPO Infusion Drug Site of Care**

- Beginning Jan. 1, 2018, Blue Cross Blue Shield of Michigan will require prior authorization to cover infusions of select specialty drugs administered in the hospital outpatient department. Members must instead receive their infusions in a professional office setting, a professional infusion center or in the member's home.
- Specialty drugs currently and will continue to require authorization; in home and office setting. In addition to the auth a medical review for medical necessity would be required if the patient needs services in the o/p hospital setting for the drugs in this program.
- [Blue Cross updates policy for medical specialty drug infusions](#)



- **New BCN authorization requirements are effective Jan. 1, 2018**
 - New BCN HMOSM (commercial) and BCN AdvantageSM authorization requirements take effect on Jan. 1, 2018.
 - October web-DENIS message contains a link to the article [Changes in authorization requirements are effective Jan. 1, 2018](#), which was published in the November-December 2017 issue of [BCN Provider News](#).
- **Transition BCN PT, OT & ST cases continuing into 2018:**
 - When the episode of care began in 2017 and continues into 2018 you must enter a new referral through the e-referral system or call Care Management at 1-800-392-2512.
 - The beginning date should be the date of the first appointment in 2018.



➤ Medicare Plus Blue PPO updating claim editing processes

- Implementation Schedule
 - 12/1/17 for Professional
 - 4/1/17 for Outpatient Facility
 - 1/1/18 for URMBS

➤ Howardsms...

- If you bill a **52 modifier**, you will be requested to send in medical records... period. Doesn't matter why you billed a 52, med records will be requested. Send them in thru the normal Med Record process.

- **T or E modifiers** (and possibly any code that does is not billed bilaterally) in addition to the Tx, Tx, Tx modifier, you need to append a 59 modifier to the additional surgeries. So, for your fingers or hammertoe surgeries, if you are performing more than one, you need to append a 59 modifier on the additional surgeries.



HMS Portal –Medicare Plus Blue HMS Audits Resource

- Access real-time audit status and reporting 24/7
 - Upload review documentation
 - Manage multiple addresses
 - Update contact information
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- Register for the HMS Portal
 - Go to ecenter.hmsy.com
 - Click on the link to “Start here for new access”
 - Questions call HMS Provider Relations at 866-875-1749





REMINDERS

- Alpha Numeric Prefixes coming in April of 2018 (due to new products being introduced into the market)
- Make sure to read “The Record”, BCN Provider News and WebDENIS updates (or at least assign it to some responsible people...)
- Check out the eReferral.bcbsm.com website. It includes all of the information you need to know about BCN and Medicare Plus Blue authorizations.
- Please complete and return provider surveys. If you value having Provider Consultants in the field, our leadership really needs feedback.

