



Frequently asked questions for Blue Care Network behavioral health providers

Background Information

Why has Blue Care Network decided to bring behavioral health services in-house?

Blue Care Network's purchase of the University of Michigan's M-CARE health plan in 2006 included M-CARE's Behavioral Health Services department. Since the M-CARE behavioral health team was already managing services for M-CARE and M-CAID members, BCN retained the Behavioral Health department to manage BCN's behavioral health services. Managing behavioral health services in-house will enhance the ability to coordinate medical and behavioral health services for BCN members.

What is the effective date BCN will begin providing behavioral health services through its own provider network?

BCN began providing behavioral health services to Medicaid members October 1, 2007, on behalf of BlueCaid of Michigan. BCN will begin providing behavioral health services to its commercial and Medicare members as well as BCN Service Company (self-funded) members January 1, 2008. BCN's contract with ValueOptions expires December 31, 2007.

Which providers will be in BCN's behavioral health network?

BCN's behavioral health network in 2008 will include providers currently serving BCN and M-CARE members. This includes providers who were contracted with M-CARE as well as providers contracted with ValueOptions for BCN.

Will BCN accept applications for additional behavioral health providers in the future?

BCN may consider applications from the following behavioral health provider types based on geographic needs after January 2008. Applications will be available on MiBCN.com in January 2008.

Facilities

- Outpatient Psychiatric Centers
- Outpatient Substance Abuse Facilities
- Inpatient Psychiatric Hospitals
- Inpatient Substance Abuse Hospitals

Individuals or Groups

- Psychiatrists (M.D./D.O.)
- Fully-licensed Psychologists
- Licensed Masters-level Social Workers

Will BCN make changes to members' behavioral health benefits?

No, bringing behavioral health in-house will not result in any behavioral health benefit changes for BCN members. All services covered under a member's behavioral health benefit will require authorization from BCN's Behavioral Health Services department. Emergency services are covered under each member's medical benefit and are available 24 hours per day, seven days per week.

Referrals and authorizations

Will BCN members require a PCP referral for behavioral health services?

No, a referral from the member's primary care physician will not be necessary for behavioral health services. Only an authorization from BCN's Behavioral Health Services department is required. However, the PCP can recommend a behavioral health provider to the member and is encouraged to do so. The member can also initiate services by making an appointment with an in-network behavioral health provider. The behavioral health provider must then call the BCN Behavioral Health Services department for an authorization.

Will there be any changes in requirements for coordination of care with the member's PCP?

No, coordination of care with the primary care physician will remain a high priority. BCN behavioral health providers will be expected to discuss the importance of coordination of care with all BCN members. When a BCN member is admitted to an inpatient facility, the behavioral health provider must inform the member's PCP of the admission and coordinate all medical consults with the PCP.

How can members find a contracted behavioral health provider in their area?

Members can call the behavioral health benefit manager at the number on the back of their member ID card. Behavioral health providers also will be included in the BCN online provider directory beginning January 2008 at MiBCN.com/find.

What happens if a member is in an active course of treatment at the time BCN implements its behavioral health program?

The vast majority of members will not be affected by this change. In the few cases where treatment is being provided by a provider who is not contracted with BCN, continuity of care services must be requested by the member or provider. Members may call one of the following numbers:

- For BCN commercial line of business 800-482-5982
- For BCN Advantage 800-431-1059
- For BCN Service Company (self-funded plans) 800-482-5982

Providers should call one of the Behavioral Health Provider Inquiry numbers listed at the end of this document.

When will BCN begin loading 2008 outpatient authorizations to its system?

BCN began providing authorizations for 2008 in mid-November 2007.

How can I submit an authorization request to BCN for services to be provided in 2008?

BCN has four forms for requesting authorizations:

- ***The BCN 2008 Outpatient Authorization Request Form***

This form should be used for requests made in advance (during November and December 2007) to request authorizations for dates of service to occur on or after January 1, 2008.

Providers may include authorization requests for multiple members on this form. This form should ONLY be used during the months of November and December 2007 to request advance authorizations for dates of service in 2008.

- **The *BCN Behavioral Health Outpatient Treatment Authorization Form***
On or after January 1, 2008, to obtain authorization for initial outpatient visits, providers should call BCN Behavioral Health Services at 800-688-3290. Subsequent visits require completion of the *BCN Behavioral Health Outpatient Treatment Authorization Form*. This form should be used beginning January 1, 2008, to request approval for an extension of outpatient visits after the member has completed the initial 10 visits. A single form should be completed for each patient for whom the provider is requesting an authorization.
- **The *BCN Behavioral Health Inpatient Concurrent Review Form***
On or after January 1, 2008, to obtain authorization for an initial inpatient, partial hospital or intensive outpatient admission, providers should call BCN Behavioral Health Services at 800-688-3290. To obtain authorization for an extension of treatment or subsequent sessions, the *BCN Behavioral Health Inpatient Concurrent Review Form* must be submitted.
- **The *BCN Behavioral Health Neuropsychological/Psychological Testing Request Form***
This form is used to request prior authorization for psychological assessment (other than for bariatric surgery) and for neuropsychological assessment.

Where can providers obtain the authorization request forms?

A copy of each form will be included in the welcome packet that BCN behavioral health providers will receive in early December. The forms will also be available on web-DENIS under BCN Provider Publications and Resources. Providers who do not already have access to web-DENIS, can sign up on **MiBCN.com** > I am a Provider > Learn how to sign up for Provider Secured Services.

The forms can be downloaded from web-DENIS and completed electronically. To download a form from web-DENIS, point your mouse at the name of the form (prior to opening the form), right click, select "Save Target As" and save to a selected location on your hard drive for future use.

Providers may also request that BCN fax a copy of the form to them by calling the appropriate Behavioral Health Provider Inquiry phone number listed in the Provider Inquiry section at the end of this document.

How should I send the completed authorization form to BCN?

Fax the completed form to BCN's Behavioral Health Services department at 734-332-2519. BCN will notify the provider office once an authorization has been granted and entered in our system.

When will I be able to obtain an authorization from BCN and check the status of authorizations electronically?

BCN is currently working on expanding its e-referral system to include behavioral health services. Indications are that this option will be available in early 2008. We will inform providers when that occurs.

Note: Providers who currently use e-referral for medical referrals and authorizations should not submit behavioral health requests at this time. Such requests will be accepted by the system but cannot be processed, so your response will be delayed.

Checking eligibility and benefits for BCN members

When and how should I check members' behavioral health eligibility and benefits?

Always ask to see the member's ID card at each visit. It is essential to check each member's eligibility and benefits prior to performing services. You can check eligibility and benefits using any one of the following methods:

- (Preferred) Log on to **web-DENIS** at MiBCN.com > [I am a Provider](#). Providers who do not currently have access to web-DENIS can get sign-up instructions by clicking on the Learn how to sign up for Provider Secured Services link on the provider welcome page.
- (Preferred) Call CAREN, the Blues' automated and interactive telephone system. Providers should have their BCN provider identification number available.
 - Physicians/professionals call 800-344-8525
 - Facility-based practitioners call 800-249-5103
- Call one of the Behavioral Health Provider Inquiry numbers listed at the end of this document.

Transitioning business from ValueOptions to BCN

What should I know about submitting BCN and/or BCN Service Company claims to ValueOptions?

Nothing is changing for claims submitted to ValueOptions for dates of service prior to January 1, 2008. BCN and/or BCN Service Company behavioral health claims for dates of service beginning January 1, 2008, must be submitted to BCN.

What should I know about submitting behavioral health claims to BCN for dates of service beginning January 1, 2008?

In order to receive timely payment for dates of service after January 1, 2008, providers will need to follow these billing instructions:

- For outpatient facility claims billed on a UB-04 form, submit revenue codes with the applicable CPT-HCPCS codes* for contracted services.
- For professional services billed on a UB-04 form, include a modifier to designate the credentials of the rendering provider.
- For inpatient facility claims, provide the applicable revenue code on the UB-04 form for contracted services.
- For professional claims submitted on a CMS-1500 form, submit the applicable CPT code along with a modifier to designate the credentials of the rendering provider.
- Professional services billed on either a UB-04 or CMS-1500 form without a modifier specifying the rendering provider's credentials will be denied.

Modifier	Credentials
AJ	Clinical social worker
AH	Clinical psychologist (Ph.D.)
AM	Physician (M.D./D.O.)
HO	Masters-level clinician
TD	Nurse (nurse practitioner)

*CPT codes, descriptions, and two-digit modifiers only are copyright 2007 American Medical Association. All rights reserved.

Will the address change for paper claims?

Yes. Please note the addresses listed below to ensure you send your claims to the correct address.

Claim Type	Notes	Mailing Address
Medicaid claims with dates of service <i>before October 1, 2007</i>	These claims will be accepted until September 30, 2008.	M-CAID Claims Department P.O. Box 130799 Ann Arbor, MI 48113-0799
Medicaid claims with dates of service <i>October 1, 2007, and later</i>	On October 1, 2007, M-CAID changed its name to BlueCaid of Michigan and BCN began processing all claims for BlueCaid behavioral health.	BlueCaid Claims P.O. Box 68753 Grand Rapids, MI 49516-8753
BCN* and BCN Service Company claims with dates of service <i>before January 1, 2008</i> *Including BCN Advantage	Claims must be submitted within ValueOptions' timely filing guidelines. Direct questions to ValueOptions. After January 1, 2008, call ValueOptions at 800-688-8586.	ValueOptions, Inc. Attn: Claims P.O. Box 930829 Wixom, MI 48393-0829
BCN and BCN Service Company claims with dates of service <i>January 1, 2008, and later</i>		Blue Care Network Claims P.O. Box 68710 Grand Rapids, MI 49516-8710
BCN Advantage claims for dates of service <i>January 1, 2008, and later</i>		BCN Advantage Claims P.O. Box 68753 Grand Rapids, MI 49516-8753

Are there any changes for electronic claims submission?

For BlueCaid EDI behavioral health claims with dates of service on or after October 1, 2007 and for BCN EDI behavioral health claims with dates of service on or after January 1, 2008, the Payer ID and Claim Filing Indicator Code must be changed. These EDI claims must use the Blue Care Network of Michigan Payer ID of 00210 for institutional claims or 00710 for professional claims, and a Claim Filing Indicator Code (Loop 2000B, SBR09) of HM.

Providers should submit BCN behavioral health EDI claims through the BCBSM clearinghouse and follow all other reporting instructions for the submission of BCN claims, as defined in the BCBSM EDI Companion Document available at bcbsm.com/provider/electronic_data_interchange.

Who will pay the claim if a member is hospitalized prior to December 31, 2007, and remains hospitalized until January 1, 2008, or later?

ValueOptions will continue to pay all claims related to a member's behavioral health hospitalization in an acute care facility on or before December 31, 2007, until discharge. After discharge, BCN assumes responsibility for that member's care.

How can I check explanation of payments and claim status for dates of service beginning January 1, 2008? Providers should sign up to use web-DENIS, BCN's secure site for viewing explanation of payments and claim status as well as patient eligibility and benefits, fee schedules, and more. Providers who do not currently have access to web-DENIS can get sign-up instructions on MiBCN.com > I am a Provider > Learn how to sign up for Provider Secured Services.

Standards of care

Will standards of care change with this transition?

No, there are no changes in standards of care. BCN is committed to ensuring the highest standards of care through its Behavioral Health department. This includes ambulatory follow-up for members who have been recently discharged after hospitalization for major affective disorders.

Why must providers strictly monitor ambulatory follow-up care?

Many members fail to keep initial outpatient appointments once physically discharged from the hospital. It is important for providers to ensure that members have an ambulatory follow-up appointment, preferably on the last day of their inpatient stay, but at least within seven days of discharge, to decrease instances of rehospitalization.

BCN Provider Resources

Where can I find more comprehensive information about providing behavioral health services to BCN members?

The following BCN behavioral health provider resources are available on web-DENIS under BCN Provider Publications and Resources > News and Updates > Behavioral Health:

- This Frequently Asked Questions document for Blue Care Network behavioral health providers
- The new comprehensive behavioral health chapter of the *BCN Provider Manual* for commercial, BCN Advantage and self-funded plans. Information includes:
 - Accessing behavioral health services
 - Coordination of care
 - Member complaints and grievances
 - Provider appeals, and more
- The BCN behavioral health fee schedule
- The *BCN 2008 Outpatient Authorization Request Form*
- The *BCN Behavioral Health Outpatient Treatment Authorization Form*

- The *BCN Behavioral Health Inpatient Concurrent Review Form*
- The *BCN Behavioral Health Neuropsychological/Psychological Testing Request Form*

BlueCaid behavioral health providers can find information specific to BlueCaid in the *BlueCaid Provider Manual* located on web-DENIS under BCN Provider Publications and Resources > News and Updates > BlueCaid.

Beginning with the Jan.-Feb. 2008 issue of *Network News*, BCN's provider newsletter, important new information and updates for BCN behavioral health providers will be published regularly in the Behavioral Health Bulletin section.

Behavioral Health Provider Inquiry

Where should providers call if they have questions about BCN behavioral health dates of service prior to January 1, 2008?

Questions about BCN behavioral health dates of service prior to January 1, 2008 should be directed to ValueOptions. Call 800-482-5982 before January 1, 2008 and 800-688-8586 after January 1, 2008.

What is the BCN provider inquiry telephone number for BCN behavioral health services?

During the month of December 2007, telephone assistance with 2008 BCN behavioral health authorizations is available at 800-439-6348. This is a temporary number set up to help handle advance behavioral health authorization requests.

Beginning January 1, 2008, providers may call BCN's Behavioral Health Provider Inquiry number — 800-688-3290.