

Frequently asked questions for providers concerning the purchase of M-CARE by the Blues

Note: The questions posted most recently are identified with a .

Background information

Blue Care Network and Blue Cross Blue Shield of Michigan — together known as the Blues — finalized the purchase of M-CARE from the University of Michigan Dec. 31, 2006. The Blues are working with groups and agents throughout 2007 to effect the smooth transition of members from M-CARE to Blues products.

BCN, a subsidiary of BCBSM, purchased M-CARE's HMO and its subsidiary, M-CAID, which together represent about 180,000 health plan members. BCBSM purchased M-CARE's PPO subsidiary, Michigan Health Insurance Company, which has fewer than 20,000 members.

What are some of the benefits of the sale?

The Blues would like providers to know about the following benefits of the M-CARE sale:

- The Blues and U-M are both nonprofit organizations and share the mission of improving the health of Michigan's citizens.
- Pursuing this change now helps ensure that U-M can continue its missions of educating tomorrow's physicians, conducting groundbreaking research and providing exceptional care to patients in Michigan and beyond.
- Both organizations are committed to a smooth transition. More than 90 percent of the physicians in southeast Michigan already participate with the Blues, making it easier for M-CARE members to transition their health care coverage to the Blues.
- The sale includes the creation of a separate joint venture between BCBSM and the University of Michigan Health System (UMHS), called Michigan HealthQuarters, in the areas of health service research and quality improvement projects.

What will the joint venture called Michigan HealthQuarters do?

BCBSM is excited that Michigan [HealthQuarters](#) will build on the existing association between BCBSM and UMHS. It will commission projects and research studies in areas of health care in which there is an opportunity to improve the delivery of services, get the right care to the right person at the right time, prevent medical errors, reduce risks by avoiding unnecessary treatment or obtain more value for dollars spent.

What the sale means for providers

Will M-CARE physician contracts remain in effect for services to M-CARE members?

M-CARE provider contracts remain in effect throughout 2007, subject to the contract's terms and conditions.

Will M-CARE providers have to be recredentialed by the Blues in order to continue to treat M-CARE members?

No changes are needed for providers who are currently credentialed by BCN and M-CARE. Providers who are credentialed only with M-CARE are being processed by BCN. New providers joining BCN or M-CARE will follow the BCN credentialing process. Providers up for recredentialed will follow the BCN cycle and process.

What processes are changing for providers because of this sale?

No processes are changing immediately for providers as a result of this sale. Providers will be notified in advance of any changes that become necessary. Providers should follow the processes currently in place as follows:

- When seeing an M-CARE member, follow the M-CARE processes. Continue to use the same Internet portal, service numbers and addresses you have been using for M-CARE business. M-CARE staff and services continue to support physicians during the transition period.
- When seeing a BCN member, follow the BCN processes, including using BCN service numbers, addresses and the Blues' Internet portal.
- When seeing a BCBSM PPO member, follow BCBSM's processes, including using BCBSM service numbers, addresses and the Blues' Internet portal.



Will the primary care physician (PCP) assignment be affected when an M-CARE HMO patient moves to BCN coverage?

No. If the PCP is contracted with BCN, as each of the PCP's assigned members transition to BCN coverage, that PCP will automatically be listed on BCN's system as the member's PCP. Of course, the member can contact BCN at any time to request a change in PCP assignment, so member eligibility and benefits should always be checked with each visit. If the PCP is not contracted with BCN, the member will need to select a new PCP after transitioning to BCN coverage.



How will M-CARE-approved referrals and authorizations be affected when an M-CARE HMO patient moves to BCN coverage?

The PCP will not need to write a new referral or request a new authorization for ongoing treatment simply because the member has transferred to BCN coverage. BCN will automatically transition any open referrals or authorizations on record with M-CARE to BCN's system. These referrals and authorizations will be honored by BCN for the length of time submitted on the referral or authorization and approved by M-CARE. Once the referral or authorization expires, BCN procedures must be followed if continued treatment is necessary.



How will continuity of care be affected when an M-CARE HMO patient moves to BCN coverage?

If an M-CARE member is involved in an active course of treatment covered by M-CARE at the time he or she transfers to BCN, BCN will continue coverage. For example, an M-CARE member who is pregnant at the time of enrollment with BCN will be able to complete the pregnancy with the same physician, regardless of whether that physician is contracted with BCN.

Note: An active course of treatment is one in which a disruption of the current course of treatment could cause a recurrence or worsening of the condition under treatment and interfere with anticipated outcomes. Examples of an active course of treatment include post-surgical care, illness recurrence, an acute episode of a chronic illness, or an acute medical condition; pregnancy; or terminal illness.



Who can I call if I have questions?

For additional information, some useful phone numbers are listed here:

- To arrange for continuity of care services:
 - HMO providers should call BCN's Care Management department at 800-392-2512.
 - HMO members should call BCN's Customer Service department at 800-662-6667.

- For questions about the transition process in general or about a specific HMO or POS member who has already transitioned to BCN, call BCN Provider Inquiry at 800-255-1690.
- For questions about a specific PPO member who has already transitioned to BCBSM, call the appropriate BCBSM Provider Inquiry number.
- You can find BCBSM Provider Inquiry numbers online at bcbsm.com > I am a Provider > [Contact Us](#).
- BCBSM members with questions should be directed to call the number on the back of their ID card.
- For M-CARE-related questions, please call M-CARE Provider Service at 800-688-3290 from 8 a.m. to 5 p.m., Monday through Friday, or go to the M-CARE Web site at: mcare.org.



How can I reassure my patients that I can continue to serve them once they transition to the Blues?

M-CARE providers can reassure their M-CARE patients that their physician-patient relationship will continue by taking the following steps:

- If you are not already contracted with BCN or BCBSM, start the process now.
Note: For additional information on how to contract with BCN and BCBSM, refer to the article "M-CARE physicians encouraged to contract with BCN, BCBSM" on page 1 of the [April 2007 M-CARE Monthly Provider News](#).
- You can display BCN and BCBSM Participating Provider decals in your office waiting room. Newly-contracted physicians and providers will receive the decals in their orientation kit. Additional decals are available as follows:
 - For BCN decals, call BCN Provider Servicing at 248-455-3511.
 - For BCBSM decals, fax the request to the Database Administrator at 313-225-7709.
- You can send a letter to your M-CARE members reassuring them that you can continue to serve them as a participating BCN or BCBSM physician or provider. You can download an electronic copy of a sample letter at mcare.org > Providers > (News) [Reassure your M-CARE patients as they transition to the Blues](#). For more information, call BCN Provider Servicing at 248-455-3511.

Will there be any change to the claims processes?

No. There are no changes to claims processes at this time. If you are seeking reimbursement for service to an M-CARE member, submit your claims to M-CARE following M-CARE procedures. Likewise, follow BCN or BCBSM claims processes for Blues members. You will be informed if any changes occur.

Will my reimbursement change?

No. You will continue to be reimbursed for M-CARE members following your M-CARE contract. Services provided to BCN or BCBSM members will be reimbursed according to your applicable BCN or BCBSM contract.

How much longer will providers continue to see M-CARE patients?

Some M-CARE contracts will remain in effect throughout 2007. However, M-CARE members began transitioning to the Blues May 1. Providers should check eligibility and benefits at each member visit in order to bill the correct health plan. Providers who participate with the Blues can continue to see M-CARE patients as they transition to the Blues. Providers who are not

contracted with BCN can only provide services that are part of an active course of treatment at the time the member transitions to BCN. To check if the service is considered an active course of treatment, HMO providers should call BCN's Care Management department at 800-392-2512.

When will M-CARE providers be able to accept BCN or BCBSM patients?

If you are not currently part of the BCN or BCBSM network, you will have to complete the affiliation process in order to treat members covered by the Blues. For information on affiliation:



- With BCN, call BCN Provider Servicing at 248-455-3511.



- With BCBSM, professional providers call BCBSM Professional Credentialing at 800-985-7434. Facility providers call BCBSM Provider Contracting at 800-777-2118.

Can BCN providers accept M-CARE patients?

Only providers contracted and credentialed through M-CARE can accept M-CARE patients.

I am an M-CARE provider. Will I be able to use M-CARE *Connect* (secure Internet portal) to check authorizations, referrals, eligibility, benefits, explanation of payments (EOPs) and claims status in 2007?

Use M-CARE *Connect* for now. When that process needs to change, you will receive ample notice.

I am an M-CARE provider. What is the cut-off date for claims submissions to M-CARE and when should claims be sent to BCBSM or BCN?

You will receive ample notice for any change in claims submission requirements. M-CARE's current contract requirement for claims submissions and payment remains in effect. However, we recommend that you submit your claim as soon as possible after the service is rendered.



What will happen with M-CAID, M-CARE's Medicaid program?

M-CAID's name will change to BlueCaid[®] effective Oct. 1, 2007. BlueCaid will provide services to the same Medicaid population presently serviced by M-CAID through a contract with the Michigan Department of Community Health. The BlueCaid service area will be limited to the same counties serviced by M-CAID — Livingston, Washtenaw and western Wayne counties. The BlueCaid provider network will be similar to the M-CAID network. Look for more detailed information in M-CARE provider publications.

What the sale means for your M-CARE patients

When will M-CARE members be transitioned to Blues coverage?

The transition from M-CARE coverage to Blues coverage is based on the M-CARE member's employer group renewal month. M-CARE members who are part of a contract that is renewing January through April 2007 will continue to receive coverage under the M-CARE name throughout 2007 and can transition to a Blues product in 2008. M-CARE members who are part of contracts renewing in May 2007 or later will transition to a Blues product during 2007. The Blues will work with groups to identify a product that is similar to the one they have under M-CARE.

Where should I direct my M-CARE patients who have questions about this change?

- M-CARE members can call M-CARE Customer Service at 800-658-8878, Monday through Friday, 8 a.m. to 5 p.m. The deaf or hearing impaired may call 800-649-3777 (TTY/TDD). Members can also learn more about the transition at: mcare.org and can visit MiBCN.com or bcbsm.com to learn more about the Blues.
- M-CAID members can call M-CAID Customer Service at 800-228-8554, Monday through Friday, 8 a.m. to 5 p.m. The deaf or hearing impaired may call 800-649-3777 (TTY/TDD). M-CAID members can also visit mcaid.org or e-mail M-CAID at: custserv@mcaid.org.
- Any member who wants to learn more about the value of Blues products can visit bcbsm.com/chooseblue or call 800-222-5992, Monday through Friday, 8 a.m. to 5 p.m.