

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



**Update: Blue Cross is delaying implementation and the previous process will remain in place. This Quick Point will be updated after the new implementation date is determined.**

October 26, 2016

### **Implementation of New Utilization Management Platform**

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is moving its current Utilization Management platform to a new platform effective November 14, 2016, for clinical reviews of Prior Authorizations, hospital and length of stay pre-certifications, and Concurrent Reviews. All Blue Cross subscribers will be migrated to this new platform on November 14, 2016.

### **What Differences will Providers See in Response to Prior Authorization Requests, Pre-certifications and Requests for Concurrent Reviews?**

- Fax and letter communications have been updated and will look different than they do today; however, the content remains the same.
- Providers will receive an initial determination fax, followed by a letter with determination details.
- Providers will get denial letters for post service claim reviews; currently, no letter is sent.
- Providers must call or fax requests for additional inpatient concurrent days. The Blue Cross Utilization Management team will no longer initiate contact with providers to request updates on Concurrent Reviews. This includes, but is not limited to: hospitals, long term acute care facilities, skilled nursing facilities, and residential treatment centers.
- McKesson Interqual criteria will be updated to the 2016 version.
- For Platinum Blue subscribers only, providers will receive a phone call in place of a fax for all decisions on pre-service requests, and providers will also receive a letter.

### **Questions?**

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.