

PROVIDER QUICK POINTS

PROVIDER INFORMATION



November 7, 2017

Implementation of New Utilization Management Platform

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is moving its Behavioral Health Utilization Management (UM) activities to a new Blue Cross platform in November 2017 for all reviews (pre-service, post-service, claims and appeals).

What differences will providers see with this change, specifically for Prior Authorization Requests, Pre-certifications, Concurrent Reviews and Claims?

- 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 must call or fax requests for additional inpatient/residential concurrent days.
 - The Behavioral Health Utilization Management team will no longer initiate contact with providers to request updates on Concurrent Reviews since providers are responsible to oversee and coordinate this activity. This includes, but is not limited to: Intensive Residential Treatment Services (IRTS), crisis beds, court-ordered treatment, and residential treatment.
- In November 2017, providers will get denial letters for post service claim reviews; currently, no letter is sent.

Best practices to keep in mind:

- Keep track of concurrent review dates to ensure that clinical information can be submitted in a timely fashion.
- Include all relevant clinical information in your submission to promote timely review determination.
- Please submit the discharge date and after care plans upon member discharge.

Questions?

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