

Blue Care Network's New e-referral Tool

Frequently Asked Questions

September 2014

Overview

Blue Care Network is introducing a new e-referral system for managing referral and authorization requests. This new system begins Sept. 29, 2014.

1. How will providers get access to the new e-referral system?

All users with access to the current e-referral system, who have an active web-DENIS ID and have made transactions within the last year and a half are loaded into the new system, and should have access by Sept. 29 (the date the new system becomes available). If you want to sign up as a new e-referral user, follow the steps outlined on the [Sign Up or Change a User page](#) of the e-referral website. Obtaining access can take about 10 business days.

2. I have access to e-referral now. Does that mean I will have access to the new system?

You should check your access. The new e-referral system is located within the Blues' Provider Secured Services. If you haven't accessed Provider Secured Services within the last 180 days, your login and password may be deactivated. [Follow these instructions to check your access.](#)

3. Why is BCN changing its e-referral system?

The new e-referral system will allow BCN to incorporate ICD-10 codes when they are required. The new system also has many additional advantages:

- Your e-referral username and password are the same as the ones you use for the Blues' Provider Secured Services (sometimes referred to as web-DENIS). There's no need for a separate username and password.
- You can add up to 10 services on one patient's referral or authorization.
- A provider's network status is displayed next to his or her name in search results – no more searching for provider affiliation by code or network description.
- You can send communication directly to BCN (and vice versa).
- You can create bookmarks for commonly used diagnoses and procedure codes as well as providers and facilities.
- You can create templates to streamline your most commonly used inpatient and outpatient authorizations and referrals.
- Behavioral health providers can request ongoing outpatient treatment electronically through questionnaires so you no longer have to fax the *Continuing Outpatient Treatment Request* form.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Overview *continued*

4. Does the system use diagnosis codes from ICD-9 or ICD-10?

Currently, ICD-9 codes are being used. However, ICD-10 codes will be loaded into the system when appropriate.

5. Will BCN as well as BCBSM members be listed in the new e-referral system?

No, only BCN members will be listed in the new e-referral system.

6. Will the new system be accessible 24 hours a day, seven days a week?

The new e-referral system will normally be available 24 hours a day. However, there may be brief periods when the system will be unavailable due to system maintenance. We will post scheduled system down time on our e-referral website at ereferrals.bcbsm.com.

7. Will BCN load any information contained in the previous e-referral system to the new system?

Yes, BCN will be loading some of the information contained on the previous e-referral system into the new system. Cases beginning Jan. 1, 2013 will be loaded into the new system. This includes cases spanning Jan. 1, 2013 – meaning cases that were authorized to start prior to Jan. 1, 2013 and extend beyond Jan. 1, 2013.

8. Should I use the “patient link” feature to check eligibility?

No. You are encouraged to follow your normal method of checking patient eligibility, through web-DENIS, PARS (formerly CAREN), etc. If you check patient eligibility within e-referral you will have to search for the patient again when submitting a referral or authorization request.

9. Is there any way for a user to see updates/status of requests for multiple providers in a group at once on the same screen?

No, updates/status of requests may only be reviewed for a single provider at a time, although the status of multiple requests pertaining to a single provider may be viewed on the same screen.



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Overview *continued*

10. Can a user view referrals pertaining to all of the individual providers from a particular practice or group?

There is no way to view all of the cases pertaining to all of the providers from a particular practice or group. Each provider must be viewed individually with regard to cases that pertain to that provider.

11. Will a user be able to print off a report of all pending decisions for a particular provider?

No. However, cases can be sorted by status on the dashboard home page for a particular provider.

12. If BCN has approved one line of a case, but not the entire case, will a user be able to see which specific line is approved?

Yes. The user must open the case by clicking on the “reference ID” hyperlink and the status of each service will be displayed.

13. What characterizes a partially approved case?

Cases in which some services or days are approved, but others are not. The user will be able to tell which lines are and are not approved for a partially approved case by viewing the case details (see number 12).

14. Will the system tell the provider why a case is voided?

BCN will include a note explaining why a case was voided.

Searching for a patient

15. Does searching by Patient ID pull up all of a patient’s eligibilities (i.e. benefits from multiple employers)?

Yes, the system will display all eligibilities based on the member’s active coverage.

16. Can I search for multiple members at a time by using patient IDs?

No. You can search for only one member at a time.



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Searching for a patient *continued*

17. Are the “from” and “through” dates mandatory fields when searching by patient ID?

No, the “from” and “through” dates can be entered if desired. Date ranges are only required fields when searching by Provider ID.

Searching for a provider

18. With the new e-referral system, how do we determine whether a provider is in or out of network for a particular patient?

Once you have selected a patient in the new e-referral system, the system knows the patient’s health plan and provider network. When you look for a provider, the system will state “In” for in-network and “Out” for out of network.

19. Does the new e-referral system recognize providers by their designated tier for those plans that have network tiers, for example U-M Premier Care?

No, the system will only note the providers in the highest member benefit tier as being in network for that member.

20. Can I search for a provider’s NPI using the provider’s name?

No, you cannot search for an NPI in the system but you can search for a provider by name and the NPI will display.

Searching for a referral or authorization

21. What is the default time period that the system uses when searching for a referral or authorization?

The default parameters are five (5) months prior to “today” and one month into the future. When searching for a case on a patient, the data parameters need to be very wide as both the “From” & “To” dates must be within the search parameter. To avoid needing to make this determination, a user can blank out these date fields.

22. Does searching by Reference ID require “From” and “To” dates as search parameters?

No, there are no date parameters attached to searching by the Reference ID. Date ranges are only required fields when searching by Provider ID.



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Searching for a referral or authorization *continued*

23. Are there any searching situations where I should remove the “from” and “to” dates?

Yes. When searching for referrals and authorizations for a particular patient, BCN recommends that “from” and “to” dates be left out of the search so the maximum number of search results is generated.

Referral and authorization requests

24. Can a specialist request a referral from a PCP using the new e-referral system?

No, the same referral and authorization rules for BCN continue to apply.

25. When submitting multiple services for one patient, do I need to retype everything for the second service?

No. Some of the required fields, such as place of service and even service providers (if the user selects “add service and copy providers,”) will auto-fill for additional services selected for the same patient.

26. When a patient is having multiple services performed would it be better to submit the request as separate individual cases versus listing multiple services on different lines in the same case?

No, separating multiple services from a single case into separate cases will not expedite approval and may actually slow it. This is especially true if a member is having multiple procedures done at the same location on the same day.

27. If a user knows a diagnosis code which is not bookmarked, does the user still have to click search, then select the relevant diagnosis from the results?

Yes, the diagnosis will still need to be selected from the search results. Only bookmarked diagnoses will be able to be selected without being searched.

28. Should a user choose any selections for “type of care” and “place of service” other than “elective” and “office” for a global referral or referral?

No. “Elective” and “office” are the standard selections.



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Referral and authorization requests *continued*

29. What happens if all the required data fields are not filled in prior to clicking submit?

If you submit before completing all of the required fields a red box will appear at the top of the screen notifying the user of the specific required fields that were not filled in prior to submission.

30. Will an alert show up if a member has been termed or otherwise becomes not eligible after a request is submitted?

No, claims for services not covered by the member's benefits will pend and the provider will receive a letter stating that the member was not eligible on the date of service.

31. Can cases that have passed the specified end date of service be accessed, then edited/extended?

Yes. Cases past the end date of service can be re-opened, edited, and/or extended as long as the case has not been closed by BCN. Cases are usually closed after 180 days.

32. What is the turnaround time for notifying a provider that a case has been approved?

BCN attempts to make determinations (if all necessary information is provided) within two business days, however, standard turnaround time frames for pre-service elective services allow for up to fourteen (14) days processing time

33. What is the turnaround time for notifying a provider that a case has been pended?

If a user is submitting a case electronically via e-referral they will know immediately if a case is pending a decision.

34. Are retro-authorizations/referrals permitted in the new e-referral system?

Yes, retro-authorizations/referrals can be loaded in the new system.

35. Can providers use the "notes" feature in the new e-referral system to send BCN a communication with an attachment?

Providers should only send an attachment when responding to a request via "case communications" from BCN that asks for additional information.



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Referral and authorization requests *continued*

36. If a provider is required to provide medical documentation, how should they do so? Can it be attached to the initial request when the provider submits it?

No, requests to providers for medical documentation will be sent in a letter asking the provider to fax the info in, as was the case with the previous e-referral system.

37. Do all behavioral health requests require that questionnaires be answered prior to submission?

No behavioral health initial requests for authorization require response to a questionnaire. However, extensions on behavioral health cases will require a questionnaire.

38. If a PCP refers a patient to an outpatient physical therapy office to get PT services, the referring provider would be the PCP, but what should be in the “servicing provider” and “servicing facility” fields?

The name of the outpatient facility where the PT will be taking place would be entered in the “servicing facility” field and the actual provider administering the PT would be entered into the “servicing provider” field (ex. Dr. X). Even though several different individuals (multiple therapists, etc.) may be involved in the patient receiving PT services, a single provider must be entered similar to the way the attending physician is entered as the servicing provider with regard to inpatient authorizations.

Global referrals

39. What is the difference between a standard referral and a global referral?

A global referral is an authorization put on the system indicating that a patient’s PCP has approved a contracted BCN specialist to perform necessary services to diagnose and treat a member in the office, with the exception of services that require benefit or clinical review. Additionally, the specialist can request authorizations for high tech radiology services from BCN directly without going through the PCP.

A referral can be used for a noncontracted provider and for services that require BCN benefit or clinical review, or plan notification, for example, chiropractic services, neuropsychological testing for bariatric surgery, or infertility services. See the [Blue Care Network Referral and Clinical Review Program](#) for more information.

(Continued on next page.)



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Global referrals *continued*

39. What is the difference between a standard referral and a global referral?

(Response continued from previous page.)

The standard referral and the outpatient authorization are exactly the same from BCN's perspective. You can use either the "Submit Referral" or "Submit Outpatient Authorization" for the same services. The standard referral feature exists for other health plans that use this tool that may differentiate between referrals and pre-authorizations for claims authorization matching.

40. What does the green check mark next to a case indicate on the e-referral dashboard home page?

The green check mark indicates that the referral in question is a global referral.

41. Can global referrals be issued for other locations other than "office?"

No. "Office" will always be the location a user should select.

42. What if a user submits a global referral for less than 90 days?

If a user submits a global referral for less than 90 days the system will give an error message, and then correct the date range based on servicing provider specialty as long as the provider is "in" network for the member.

Inpatient admission

43. Is a questionnaire required for each request for an inpatient admission?

No, only emergency medical admissions require a user to answer a questionnaire.

44. Will the status "voided" apply to bundled admissions? Is there a "bundled" status?

There is no indicator stating that admissions are "bundled," and some may show the status "void."

45. When searching for a facility under the "servicing facility" field, can I use a group's name as search criteria?

No, because facilities and groups are separate types of entities in the new e-referral system.



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Inpatient admission continued

46. Can a user search for a facility under the “Servicing Provider” or “Admitting Provider” fields when entering information for an inpatient authorization?

No, only the provider name or group can be searched under the “Servicing Provider” or “Admitting Provider” fields when entering information for an inpatient authorization.

Bookmarks and templates

47. What is the difference between bookmarks and templates?

Think of bookmarks as a list of “favorites” for diagnosis and procedure codes, providers and facilities. Templates are a model of a request that contains information frequently used by a provider that can be used over and over without having to repeatedly fill out the same information in the same fields.

48. Will bookmarked codes auto-fill, so you don’t have to search for them?

Yes, upon typing the first few letters of a bookmarked code, the full name of the code will appear and be able to be clicked on by the user, allowing the user to avoid having to search for the bookmarked codes.

49. Can multiple diagnosis codes be bookmarked at one time on the same screen?

Multiple diagnosis codes cannot be bookmarked at the same time on the same screen.

50. When a bookmark is created, is it specific to that type of referral? For example, if a user creates a bookmark for a global referral, is that bookmark also able to be used for a regular referral?

Bookmarks can be used across all types of referrals, regardless of the type of referral the user was submitting when the bookmark was initially created.

51. Can templates include provider names and/or facility names?

No, templates cannot contain provider or facility names.



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Bookmarks and templates *continued*

52. What information can be saved in a template?

Type of care, place of service, diagnosis code, description, procedure code type, procedure code, and units can all be saved in a template.

53. Will templates be specific to individual users even if numerous users work in the same office?

Yes, a template will be specific to the user who created it.

54. Can a user create and save a template before any template categories are created?

No. In order to save a template, a template category must already exist or be created by the user.

55. When creating a template, can a user search for a provider by specialty?

Yes. Please note that it is important to enter the city and state of the provider you are searching for, otherwise the search could take an extended period of time to complete.

Additional assistance

56. I have taken the online training and reviewed the user guide but I still need help. Where can I get assistance with the new e-referral system?

We want to help you. Here are some places you can go for assistance.

Need help...	Here's what to do...
Logging in?	Call the Web Support Help Desk at 1-877-258-3932
With a referral or authorization?	Call BCN Care Management at 1-800-392-2512
With a behavioral health request?	Call BCN Behavioral Health: For a BCN member – 1-800-482-5982 For a BCN Advantage SM member – 1-800-431-1059
With using e-referral or anything else?	Contact your provider consultant. To find your consultant, go to bcbsm.com/providers and click on Contact Us .



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association