Submitting acute inpatient admission requests to BCN
For BCN HMOSM (commercial) and BCN AdvantageSM
Updated March 2020

Authorization and concurrent review requests submitted to Blue Care Network for acute inpatient admissions are accepted only when they are submitted through the e-referral system. Discharge dates can also be submitted through the e-referral system.

These requests are accepted by fax only when the e-referral system is not available.

These requests may also be submitted through the X12N 278 Health Care Services Review – Request for Review and Response electronic standard transaction. A 278 request accepted for processing will result in a 278 response indicating the request has been received and additional information will be provided outside of the 278 transaction. The accepted electronic request will be manually processed and the requestor will be contacted regarding the decision outcome. For information on the 278 transaction, email ElectronicData Interchange at EDICustMgmt@bcbsm.com.

This applies to all BCN lines of business, including BCN HMO (commercial) and BCN Advantage members.

There are exceptions to this requirement. Certain types of requests must be faxed to BCN. For that information, see the “Submitting requests by fax” section below.

Submitting requests through e-referral

What to submit. Complete the Request for Review of Initial Inpatient Admission form. Attach the completed form and other pertinent documentation to the request in the e-referral system.

For instructions on how to attach documentation to the request, refer to the e-referral User Guide. Look in the “Submit an inpatient authorization” section for how to “Create New (communication).”

Accessing the e-referral system. To access the e-referral system, do the following:

2. Click Login.
3. Log in to Provider Secured Services with your user name and password.
4. Click e-referral on the page that opens.

Sign up for e-referral. If you haven’t yet signed up for access to the e-referral system, click Sign Up or Change a User. Follow the instructions to complete the appropriate Provider Secured Services application forms.

Submitting requests by fax

Types of requests that must be faxed to BCN

- Authorization requests for sick or ill newborns
  Note: These requests cannot be submitted through the e-referral system because the newborn is not a member covered by BCN. The BCN nurse reviewer will create a case for the newborn in the e-referral system and you will be able to see it there. The newborn will be identified as “baby boy” or “baby girl” until he or she is added to the subscriber’s contract. You can attach updates or discharge information to the case in e-referral using the Case Communication field, as you would with a member.

- Requests for admissions and continued stays, when the e-referral system is unavailable
What to submit. Complete the Request for Review of Initial Inpatient Admission form. Fax the completed form and other pertinent documentation to BCN.

Fax numbers

- BCN HMO (commercial): 1-866-313-8433
- BCN Advantage: 1-866-526-1326

Additional information

You can also call the BCN Utilization Management department after-hours number at 1-800-851-3904 and listen to the prompts for help with the following:

- Determining alternatives to inpatient admissions and triage to alternative care settings (for BCN HMO members only)
- Handling expedited appeals of utilization management decisions (for both BCN HMO and BCN Advantage members)

Note: Do not use the after-hours number to request authorization for routine inpatient admissions.

As a reminder, when an admission occurs through the emergency room, contact the primary care physician to discuss the member's medical condition and coordinate care prior to admitting the member.