

CARE MANAGEMENT AND UTILIZATION MANAGEMENT



Blue Cross Blue Shield of Michigan and Blue Care Network offer care management programs to members. We also provide utilization management programs.

These programs vary based on member coverage and may be administered by Blue Cross or BCN staff or by contracted vendors.

- **Care management** programs provide patient support by identifying patients with health risks and working with them to improve or maintain their health, and **support services** provide support to members through their health journeys.
- **Utilization management** programs focus on ensuring that patients get the right care at the right time in the right location through the authorization process.

These programs are provided by the departments and vendors listed below.

Care management

- [naviHealth](#)

Utilization management

- [Blue Cross and BCN post-acute care admissions](#)
- [naviHealth](#)

Keep reading to learn which members have access to or requirements under these programs. Programs may not apply to all members.

This document is subject to change. Access this document via ereferrals.bcbsm.com to ensure you're viewing the most up-to-date information.

CARE MANAGEMENT

naviHealth

Offers a nonclinical, transitional care program for Medicare Advantage members that aims to reduce avoidable inpatient readmissions. naviHealth does this by:

- Engaging members during their hospital stays and supporting them through phone calls for up to 30 days after discharge
- Identifying social barriers that may affect medical outcomes and connecting members with appropriate resources
- Helping to coordinate physician appointments
- Connecting members with appropriate Blue Cross and BCN clinical programs and resources
- Assisting members with medication adherence

The program is available to members who are discharged from inpatient facilities to their homes or to certain post-acute care facilities in Michigan.

naviHealth provides this service to the following groups and individual members:

- Medicare Plus BlueSM — All groups and all members with individual coverage
- BCN AdvantageSM — All groups and all members with individual coverage

Resources

- [Nonclinical, transitional care program for Medicare Advantage members](#) PDF — Includes a list of participating post-acute care facilities
- navihealth.com/solutions/readmissions-reduction/**

UTILIZATION MANAGEMENT

Blue Cross and BCN post-acute care admissions

Makes authorization determinations for post-acute care stays.

Submit authorization requests and clinical documentation through the e-referral system.

We provide this service for the following groups and individual members:

- Blue Cross commercial — All fully insured groups, all self-funded groups and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups and all members with individual coverage

Peer-to-peer reviews

To request a peer-to-peer review of a denied authorization request, see the [How to request a peer-to-peer review with a Blue Cross or BCN medical director](#) document.

Appeals

For information about appealing utilization management decisions for inpatient authorization requests:

- For Blue Cross commercial, see the “Appealing prior authorization decisions” section in the Appeals and Problem Resolution chapter of the Blue Cross Commercial Provider Manual.

- For BCN commercial, see the “Appealing utilization management decisions” section of the [Utilization Management](#) chapter in the BCN Provider Manual.

Resources

[e-referral User Guide](#) — For information about submitting authorization requests through the e-referral system

For Blue Cross commercial

- [Blue Cross Authorization Requirements & Criteria](#) page at [ereferrals.bcbsm.com](#) — Look in the “Forms – Blue Cross commercial” section
- The following chapters of the *Blue Cross Commercial Provider Manual*:
 - Skilled Nursing Facility Services
 - Long-Term Acute Care Hospital Services
 - Preapproval of Services

For BCN commercial

- [BCN Authorization Requirements & Criteria](#) page at [ereferrals.bcbsm.com](#)
- [BCN Utilization Management Forms](#) page at [ereferrals.bcbsm.com](#) — Look in the “Transitional care services” section.
- The “Guidelines for transitional care” section in the [Utilization Management](#) chapter of the *BCN Provider Manual*

UTILIZATION MANAGEMENT

naviHealth

Makes authorization determinations for post-acute care.

naviHealth provides this service for the following groups and individual members:

- Medicare Plus BlueSM — All groups and all members with individual coverage
- BCN AdvantageSM — All groups and all members with individual coverage

Peer-to-peer reviews

You can schedule a peer-to-peer review with naviHealth when they haven't yet made a determination on an authorization request. To learn how to schedule a peer-to-peer review, see the [Post-acute care services: Frequently asked questions for providers](#) document.

Appeals

For information about appealing utilization management decisions for inpatient authorization requests, see the "How do I submit appeals on denied authorization requests" section of the [Post-acute care services: Frequently asked questions for providers](#) document.

Resources

- navihealth.com**
- [naviHealth Partner Resources for Blue Cross and BCN](#)** — Note that you must register for this site to view the resources
- [Post-acute care services: Frequently asked questions for providers](#) PDF

For Medicare Plus Blue

- [Blue Cross Authorization Requirements & Criteria](#) page at ereferrals.bcbsm.com
- The "Prior authorization of skilled nursing facility, long-term acute care, and inpatient rehabilitation stays" section of the [Medicare Plus Blue PPO Provider Manual](#)

For BCN Advantage

- [BCN Authorization Requirements & Criteria](#) page at ereferrals.bcbsm.com
- The "Guidelines for transitional care" section of the [Utilization Management](#) chapter of the *BCN Provider Manual*

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also refers to additional resources. For resources that are publicly available, we provide direct links. To access documents that aren't publicly available, including provider manual chapters:

1. Log in to our provider portal (availability.com**).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.

Information for out-of-state providers

See the following documents for referral and authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: [Provider Preauthorization and Precertification Requirements](#)
- For BCN commercial and BCN Advantage members: [Non-Michigan providers: Referral and authorization requirements](#)

You can view these documents and our medical policies through the [Medical Policy & Pre-Cert/Pre-Auth Router](#). To access the router, go to bcbsm.com/providers, click *Resources*, scroll to the "Out-of-area prior authorization resources" section and click the *out-of-area router* link.

Reminder

As always, it's essential that providers check each member's eligibility and benefits prior to performing services.

Providers are responsible for identifying the need for authorization through our provider portal, Benefit Explainer or Provider Inquiry and for obtaining authorization for services, as needed.

*For self-funded plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross or BCN.

**Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

naviHealth is an independent company that manages authorizations for post-acute care services and provides select care management services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.