

UTILIZATION MANAGEMENT



Blue Cross and BCN 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.

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.

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.

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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 PPO Provider Manual.

- For BCN commercial and BCN Advantage, 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 PPO 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*

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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](#)

For Medicare Plus Blue

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

For BCN Advantage

- BCN [Authorization Requirements & Criteria](#) page at ereferrals.bcbsm.com
- See 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 provides links to additional resources, some of which may be in provider manuals that aren't publicly available.

- To access chapters of the *Blue Cross' PPO Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *Blue Cross PPO Provider Manual* link.
- To access chapters of the *BCN Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *BCN Provider Manual* link.

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 *Quick Links*, click *Out-of-state providers* and then click *Medical policy, precertification and preauthorization router*.

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 web-DENIS, Benefit Explainer or Provider Inquiry and for contacting vendors and 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.

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