

New Health e-BlueSM site allows you to manage patient care for Blue Cross individual and group patients

The new BCBSM Health e-BlueSM site for individual and group members is now operational and accessible through its [Provider Secured Services](#) portal.

Health e-Blue is an online tool designed to make the process of managing diagnosis gaps and treatment opportunities easy and efficient for providers.

Previously available for Medicare Advantage PPO and Blue Care Network patients, Health e-Blue has been expanded to include individual and group patients.

Existing Medicare Advantage PPO and BCN Health e-Blue users have received automatic access to commercial BCBSM Health e-Blue. If you don't have current access to Health e-Blue, [sign up today](#).

The following provider types can be granted access to Health e-Blue:

- BCN primary care physicians and medical care group administrators
- Blue Cross physicians and physician organizations from the following specialties:
 - Adult medicine
 - Family medicine
 - Family practice
 - General practice
 - Geriatric medicine
 - Health clinic practice
 - Internal medicine
 - Nurse practitioner
 - Osteopathy
 - Pediatrics
 - Physician assistant

The following are key items to note about BCBSM Health e-Blue:

- There's a user's guide available in the Resources and Training section of Health e-Blue.
- Diagnosis gaps will be updated every 30 days. Treatment opportunities will update every 60 days. Alerts will be posted on BCBSM Health e-Blue when each refresh takes place. In the future, a monthly refresh and retrieval schedule will be posted.
- Health e-Blue allows users to enter a 2013 date of service for a 2014 diagnosis gap. **Ensure that you are entering a 2014 date of service to properly close a 2014 diagnosis gap.** If a prior year date of service is entered for a 2014 diagnosis gap, the gap will not be closed.
- Click on the *Feedback* button found in the upper right of each screen to send comments or ask question about Health e-Blue.
- Before using the *Feedback* button, verify the correct product line - Blue Cross, BCN or Medicare Advantage PPO. You'll find it listed near the upper left of each page in small, blue font. If necessary, you'll be contacted for more information related to your comment or question within 72 hours. A response will be returned via a secure email. Click on Yes to open the email. It may take longer to respond to questions that require investigation and corrective action.

Training opportunities

Provider training webinars were offered in August 2014. If you were unable to attend one of these webinars, but would still like to learn more about BCBSM Health e-Blue, contact your provider consultant who can assist you with training.

Web-DENIS expands to include individual and group patient gaps in care

In addition to the launch of BCBSM Health e-Blue, web-DENIS enhancements make it easier to identify patient gaps in care for individual and group patients. Clicking on a member care alert will open a page in web-DENIS that displays a printable list of diagnosis gaps and treatment opportunities by patient.

When you click on an individual or group diagnosis gap or treatment opportunity from the list, you'll be directed to the Blue Cross Health e-Blue home page if you have access to the site. Once in Health e-Blue, you may navigate to the *Diagnosis Evaluation* panel or *Treatment Opportunities by Condition/Measure* panel to close patient gaps.

If you have questions about Health e-Blue, reference the BCBSM frequently-asked-questions document in the *Resources* section of BCBSM Health e-Blue, or contact your provider consultant.

CAREN retiring soon, to be replaced by improved IVR system called PARS

A new and enhanced interactive voice response system called the Provider Automated Response System, also known as PARS, is replacing CAREN.

The transition to PARS will be in phases:

- On Sept. 15, 2014, the vision and hearing lines of business will move to PARS.
- On Sept. 23, 2014, professional, facility, BCN and Medicare Advantage will move to PARS.
- The Federal Employee Program® will move to PARS during the first quarter of 2015. BCBSM will notify you of the date as it gets closer to the transition.

All phone numbers will remain the same and the format of the calls will be very similar, although you will hear a new "voice." And some categories will have different names; for example, OB/GYN will become "Women's Health."

PARS features many enhancements to improve your experience, including:

- Speech recognition
- Improved process for collecting and associating email addresses with your fax number. If you already set up your email address, it will carry over to PARS.
- An improved format for fax and email documents (Please note that BCN does not have the fax and email options.)
- Multiple Inquiry Routing Selection - if you request a transfer after multiple inquiries on the IVR, you can select the specific contract you want to transfer to for accurate routing.

The new PARS software is considered best in class for speech recognition but will require testing to make sure it's working at the highest level. After PARS is implemented, we will conduct two tunings. Each tuning will assess actual calls to determine if any adjustments need to be made. Based on the assessment, the speech recognition software may be adjusted.

Updated PARS "Navigating with Ease" brochures are available on web-DENIS. To access them:

- From the web-DENIS homepage, click on *BCBSM Provider Publications and Resources*.
- Click on *Newsletters & Resources*.
- Click on *Provider Training*.
- Go to the "Job Aids, FAQs, Tips, Q&A documents, brochures and flyers" section of the page.

If you have any questions or feedback about PARS, contact us at PIBS@bcbsm.com.

Use new fax number when submitting *Facility and Professional Supply Requisition* order form

BCBSM revised the [BCBSM Facility and Professional Supply Requisition form](#) to include a new fax number to use when submitting it.

Please discontinue using the old fax number to avoid a delay in processing your order. Submit supply requisition forms to the new toll-free fax number at 1-866-306-0555, or mail them to the address provided on the form.

The revised *Facility and Professional Supply Requisition* order form is available on bcbsm.com and on web-DENIS:

- From the web-DENIS homepage, click on *BCBSM Provider Publications and Resources*.
- Click on *Newsletters and Resources*.
- Go to the "Frequently Used Forms" section of the page to access the form.

Or you can access the form via your provider manual:

- From the web-DENIS homepage, click on *BCBSM Provider Publications and Resources*.
- Click on *Provider Manual*.
- Click on *Provider Type* and select yours from the "Make Selection" box.
- Click on the *Search* button and then on the *Blue Pages Directory* chapter.
- Click on *Forms and supplies* and then on *Facility and Professional Supply Requisition*.

Reminder: Keep practice address information up-to-date with BCBSM

Review your practice information

You should periodically review your address information using the Find a Doctor feature on bcbsm.com. Contact your provider consultant if you find any incorrect data. Professional groups can use the "Provider Enrollment and Change Self-Service" tool to change their information. To access this tool:

- Go to bcbsm.com/providers.
- Click on *Become a Blues Provider*.
- Click on the *self-service FAQ* link toward the top of the page

For more information, check out the *Provider Enrollment and Change Self-Service User Guide* by clicking [here](#). It's important to make sure that Blue Cross Blue Shield of Michigan has your correct practice address information in BCBSM records. If you need to update your practice's address information, here's important information to know:

- **To change or add a primary practice location:** Practitioners should submit changes to the Council for Affordable Quality Healthcare's Universal Provider Datasource®. For help with the UPD, practitioners can call the CAQH Support Desk at 1-888-599-1771 or email caqh.updhelp@acsgs.com. More information is available at upd.caqh.org**.
- **To add or remove practice locations:** Submit the information using the [Practitioner Change Form](#) (PDF) that is available at bcbsm.com/provider by clicking on *Enrollment and Changes* and following the prompts. This applies to solo practitioners who work in Michigan at multiple locations outside of an established group affiliation. Note: If you only practice through a group affiliation, you don't need to submit additional practice locations. The maintenance of group practice locations is handled by your group practice administrator.
- **For practice locations outside of Michigan:** You must maintain an active Michigan practice address on CAQH, as well as meet the licensure requirements for enrollment. You can designate the Michigan address as either your primary or an additional practice location on CAQH. If you do not have an active Michigan practice location listed in CAQH, you may be subject to full disaffiliation with BCBSM.
- **If you practice exclusively in a hospital:** You should record your primary hospital's address upon initial enrollment. When completing the CAQH application, you will indicate that you practice exclusively in a hospital. CAQH will send the Blues a notification that your practice location matches that of your primary hospital. If you do not wish for the hospital's address to be recorded as your primary practice location, please do not indicate that you practice exclusively in a hospital setting on CAQH.

If you're making an address change and you have questions regarding how it may affect your Blues affiliation, please call Provider Enrollment and Data Management at 1-800-822-2761 or call your provider consultant.

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Final reminder: Blues retiring local system

Time is running out! Claims filed on the local system must be received by Sept. 15, 2014.

Over the past several months, BCBSM has reminded you that the local system will retire on Oct. 31, 2014. Since it will no longer process claims on that system, all claims filed on the local system must be submitted and received by Sept. 15, 2014, in order to be processed.

Keep in mind that you'll only be able to view professional and facility claims on web-DENIS until Oct. 31, 2014.

As a reminder, all health care providers must follow claims filing deadlines. If you submit a claim after the filing limits, Blue Cross Blue Shield of Michigan will not offer any special handling or filing extensions, and no payment will be due from BCBSM or the subscriber.

For more information about the retirement of the local system, please refer to the [March 2014 Record](#).

ACA's wellness regulations may cause some claims to be reprocessed

Under the terms of the Affordable Care Act, individuals enrolled in wellness programs - such as Blue Cross Blue Shield of Michigan's Healthy Blue Incentives and Healthy Blue Achieve - must be able to receive the full benefit of program rewards for the entire benefit year.

That means that members who began the year at the standard benefit level but subsequently met the product requirements would be shifted to the enhanced benefit level, retroactive to the first day of the group's benefit year. For members who have the Healthy Blue Incentives product, all claims incurred during the first six months of the group's benefit year will be reprocessed at the enhanced benefit level if the member met the product requirements.

Note: A similar approach to claims processing for members with the Healthy Blue Achieve product will begin in the second quarter of 2015.

Following are examples of adjustment reason messages that may appear on your voucher if adjustments need to be made:

WE PREVIOUSLY PAID \$42.30 FOR THIS CLAIM. THE CORRECT PAYMENT SHOULD HAVE BEEN \$58.33. AN ADDITIONAL PAYMENT HAS BEEN MADE FOR THE DIFFERENCE. (Z989)

THIS CLAIM IS AN ADJUSTMENT TO A PREVIOUSLY PROCESSED CLAIM. (Z998)

If you receive such a message, you will need to refund your patient for any amount they overpaid.

If you have any questions, please contact your provider consultant.