CAREN has been replaced by improved IVR system called PARS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, has replaced CAREN. BCBSM transitioned to PARS in phases:

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

All phone numbers will remain the same and the format of the calls will be 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.

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.

What to do when a service is not covered and your patient still wants it

When a service is not covered or may not be covered by Blue Care Network HMOSM or BCN Advantage℠ but your patient is still interested in getting it, you can submit a clinical review request to us. Submit the request through the normal channels, either through the e-referral system or by calling BCN Care Management.

If the request is approved by BCN Care Management, you're all set to provide the service and bill BCN or BCN Advantage. If the request is denied, Care Management sends written notification of the denial to both you and your patient. You can also see the denial in the e-referral system.

Once you have the denial, take the following steps:

1. Let the patient know the service is denied.
2. Ask whether the patient wants to appeal the denial or is willing to pay for the service out of pocket.

Ultimately, if the patient agrees to pay and you provide the service, it's important that you keep the following denial notices in the member's file:

- The denial notice sent by BCN Care Management to you as the provider
- The copy you receive of the denial letter BCN sent to the member
These documents confirm that the request was denied before the service was rendered and that the denial was communicated to the member.

With these steps completed and assuming the member's agreement to pay, you should feel comfortable billing the patient for the service.

Previously, BCN and BCN Advantage offered the Patient Advance Notice of Noncovered Service(s) form for providers to use in these situations, to get written confirmation of the member's agreement to pay for services that were not covered by the plan. That form is no longer available because CMS guidelines restrict the use of this form by Medicare Advantage plans. Except for the Notice of Medicare Non-Coverage, other advanced beneficiary notifications involving written agreement from the member to pay for services to be performed are also not compliant.

Instead of using these forms, providers must follow the process described in this article and keep the denial letters from BCN or BCN Advantage in the member's record before performing a service not covered by the plan.

Blue Cross Complete offers incentive program for postpartum and well-child visits

In September, Blue Cross Complete of Michigan began offering a new incentive program for eligible members. Through this program, members who attend their postpartum visit between 21 and 56 days after delivery are eligible to receive a free pack of diapers. This postpartum visit is especially important to new mothers because it gives doctors the opportunity to assess the physical and emotional well being of the mother.

Additionally, parents who take their children for their six well-child visits before the age of 15 months are eligible for a free pack of diapers. Well-child visits start within days of a child’s birth. Each visit provides important screenings and helps to educate parents on the developmental needs of their children.

We hope that this new diaper incentive will promote healthy behaviors among members and lead to an increase in the postpartum care and well-child visit, two important Health Effectiveness Data and Information Set® quality of care measures.

Currently, Blue Cross Complete ranks in the 50th percentile (63.99 percent) among other HMOs nationally for postpartum care. Blue Cross Complete is currently ranked in the 75th percentile (70.9 percent) among other HMOs nationally for well-child visits before 15 months of age. These measures have been steady since 2012. The goal is to move the postpartum visits into the 75th percentile (70.2 percent) and well-child visits into the 90th percentile (77.44 percent) and eventually sustain rates above Michigan's HMO average.

Research has found that parents experiencing material hardship are subject to increased parenting stress. Families without diapers may be unable to obtain child care and have limited parental activities such as attendance at school and work. In addition to parental stress, a lack of diapers may result in parents stretching diapers when the supply is running short. This may lead to diaper dermatitis and urinary tract infections in small children. Such infections are responsible for numerous pediatric office and emergency department visits per year.

Since diapers play such an important role in the well-being of the child and the mental health of parents, BCBSM hopes that this new diaper incentive program will reduce unnecessary doctor visits ultimately improving overall health outcomes for mothers and children.

Meet the Solution to Your Reimbursement and Coding Problems: The MSMS Reimbursement Advocate

With more than 20 years of experience in physician billing issues, Stacie Saylor is the MSMS Reimbursement Advocate. She holds credentials as a Certified Professional Coder (CPC) and Certified Professional Biller (CPB). As the MSMS Reimbursement Advocate, (free member resource) she has direct contacts with every health plan in the state and can help recover difficult delayed payments. The MSMS Reimbursement Advocate has helped thousands of MSMS physicians recover as little as $30, and as much as $50,000.