



Health Care Management (HCM) Services

Blue Cross and Blue Shield of Montana (BCBSMT) implemented several operational changes that became effective January 1, 2014. The chart below defines changes to the Utilization Management (UM) processes within the Health Care Management department. These standardized processes will enable timely, accurate approvals, reduce administrative burdens and enable appropriate claims payments for services rendered. Please check the provider page at bcbsmt.com for **new pre-service request forms** and the most current provider updates. For questions about the HCM Services chart, contact Susan Lasich at 406-437-6223 or Susan_Lasich@bcbsmt.com.

SERVICE TYPE	NOTIFICATION REQUIRED	PHONE	FAX REQUESTS/ RECORDS	METHOD OF APPROVAL/DENIAL	TURN AROUND TIMES	NOTES
Benefits and Eligibility	N/A	Check the provider portal at bcbsmt.com or call 800-447-7828 for all lines of business.	N/A	N/A	N/A	For instructions on verifying eligibility benefits online, refer to provider online services on the provider portal.
Pre-Authorization for Inpatient Hospitalization (formerly called Precertification). To expedite the communication process, please refer to the alpha-prefix grid to identify type of member business.	Yes	When the member card is available, refer to phone numbers on the back of the card. Call the Enterprise Intake Unit (EIU) in OK: For group business, call 855-313-8914 . For individual and small group (YDF prefix only) business, call 855-462-1782 .	For group business, fax 866-589-8256 . For individual and small group (YDF prefix) business, fax 866-589-8253 .	If approved, a letter is mailed to the facility, practitioner and member. If denied, a phone call is made to the facility, and a letter is mailed to the facility, practitioner and member.	Standard is within 72 hours of receipt of request. Providers may call the EIU at any time to check status.	Retrospective Review: If notification to the plan occurs within three business days after discharge date, a Retrospective Review will be handled as a pre-authorization. If notification to the plan occurs more than three business days after the day of discharge, please submit the claim for review (clinical notes may be included).
Concurrent Review	Yes. Providers are required to notify BCBSMT UM by the last covered day.	When a member card is available, refer to phone numbers on the back of the card. Call the Enterprise Intake Unit (EIU) in OK: For group business, call 855-313-8914 . For individual and small group (YDF prefix only) business, call 855-462-1782 .	For group business, 866-589-8256 . For individual and small group (YDF prefix) business, 866-589-8253 .	If approved, a letter is mailed to the facility, practitioner and member. If denied, a phone call is made to the facility, and a letter is mailed to the facility, practitioner and member.	Standard is within 72 hours of receipt of request. Providers may call at any time to check status.	
Predetermination for Outpatient Services, Drugs, Devices (formerly called Prior Authorization)	No. Courtesy review is available upon request. EXCEPTION: Notification is required for all Care Core Radiation Oncology services.	Call the Provider Telecommunication Center (PTC) located in IL at 800-447-7828 .	866-900-2634	If approved, a letter is mailed to the facility, practitioner and member. If denied, a phone call is made to the requesting practitioner, and a letter is mailed to the practitioner and member.	Standard is within 15 calendar days. Providers may call the PTC at any time to check status.	Predetermination is no longer recommended for many services. Please refer to the Medical Policy. Predetermination is recommended if a provider is uncertain if the service meets medical policy criteria. Use of the former term "Prior Authorization" may be confused with a request for inpatient stays (pre-authorization). Calls may be routed incorrectly. Approval letters for individual and small group (YDF prefix) business no longer include an authorization reference number.
Behavioral Health – Inpatient, Partial Hospitalization, RTC, IOP	Yes	Call the Behavioral Health Call Center (BHC) located in TX at 855-313-8909 .	855-649-9681	If approved, verbal and written notifications are provided. If denied, verbal and written notifications are provided.	Emergent is within 24 hours of receipt of request. Standard is within three days.	Notifications can be faxed. A BH UM reviewer will call the facility to schedule intake and on-going reviews.
Behavioral Health Concurrent Review	Yes	N/A	N/A	N/A	N/A	Concurrent phone reviews are scheduled at the time of initial review.
Appeals and Peer to Peer Review	N/A	For standard appeals, call the PTC at 800-447-7828 . For expedited appeals or peer to peer requests, call EIU at 855-313-8914 .	N/A	N/A	N/A	

Alpha-prefix Reference

To accommodate for our increasing lines of business, BCBSMT is adopting several new alpha-prefixes as part of the member identification numbers.

BCBSMT is transitioning business to HCSC systems in waves from Jan.—Oct. 2014.

Converted business refers to group or individual business that has transitioned to HCSC systems.

Non-converted business refers to business that resides on bcbsmt.com systems.

New alpha-prefix codes will be generated as new business is converted.

Please check the Announcements section of the provider page on bcbsmt.com for frequent updates.

CONVERTED INDIVIDUAL AND SMALL GROUP BUSINESS (YDF PREFIX ONLY)	
YDG	BCBSMT Individual purchased on Health Care Exchange
YDF	BCBSMT Small group purchased on Health Care Exchange
YDK	BCBSMT Individual plans, not purchased on Health Care Exchange
YDI	Multi-State Plan
CONVERTED GROUP BUSINESS AS OF 1/1/2014	
YDC	BCBSMT Employee Healthlink PPO
YDD	BCBSMT Healthlink PPO
YDE	BCBSMT Traditional
SSW	Stillwater Mining Company
R	Federal (FEP)
NON-CONVERTED BUSINESS	
YDA	BCBSMT Traditional 2013
YDB	BCBSMT Medicare Supp 2013
YDH	BCBSMT Traditional 2013
YDP	BCBSMT Healthlink PPO 2013
YDY	BCBSMT Yellowstone County 2013