



# 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 portal at [bcbsmt.com](http://bcbsmt.com) for **new medical 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](mailto:Susan_Lasich@bcbsmt.com).

SERVICE TYPE	NOTIFICATION REQUIRED	PHONE	FAX REQUESTS/ RECORDS	METHOD OF APPROVAL/DENIAL	TURN AROUND TIMES	NOTES
<b>Benefits and Eligibility</b>	N/A	Check the provider portal at <a href="http://bcbsmt.com">bcbsmt.com</a> or call <b>800-447-7828</b> 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.
<b>Pre-Authorization for Inpatient Hospitalization (formerly called Precertification).</b> 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 <b>855-313-8914</b> . For individual and small group (YDF prefix only) business, call <b>855-462-1782</b> .	For group business, fax <b>866-589-8256</b> . For individual and small group (YDF prefix) business, fax <b>866-589-8253</b> .	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.	BCBSMT <b>requires</b> participating providers to notify the Plan prior to an elective or scheduled inpatient admission. Notification for unscheduled admissions should occur within 24 hours of the admission or the next business day. <b>Retrospective Review:</b> 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).
<b>Concurrent Review</b>	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 <b>855-313-8914</b> . For individual and small group (YDF prefix only) business, call <b>855-462-1782</b> .	For group business, <b>866-589-8256</b> . For individual and small group (YDF prefix) business, <b>866-589-8253</b> .	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.	Participating providers are required to notify BCBSMT UM if member is not discharged on last covered day. BCBSMT UM reviewers will no longer contact the Facility UM departments to request concurrent review.
<b>Predetermination for Outpatient Services, Drugs, Devices</b> (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 <b>800-447-7828</b> .	For group business, fax <b>866-589-8256</b> . For individual and small group (YDF prefix) business, fax <b>866-589-8253</b> .	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.	<b>Predetermination is no longer recommended for many services.</b> 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.
<b>Behavioral Health – Inpatient, Partial Hospitalization, RTC, IOP</b>	Yes	Call the Behavioral Health Call Center (BHC) located in TX at <b>855-313-8909</b> .	<b>855-649-9681</b>	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.
<b>Behavioral Health Concurrent Review</b>	Yes	N/A	N/A	N/A	N/A	Concurrent phone reviews are scheduled at the time of initial review.
<b>Appeals and Peer to Peer Review</b>	N/A	For standard appeals, call the PTC at <b>800-447-7828</b> . For expedited appeals or peer to peer requests, call EIU at <b>855-313-8914</b> .	N/A	N/A	N/A	