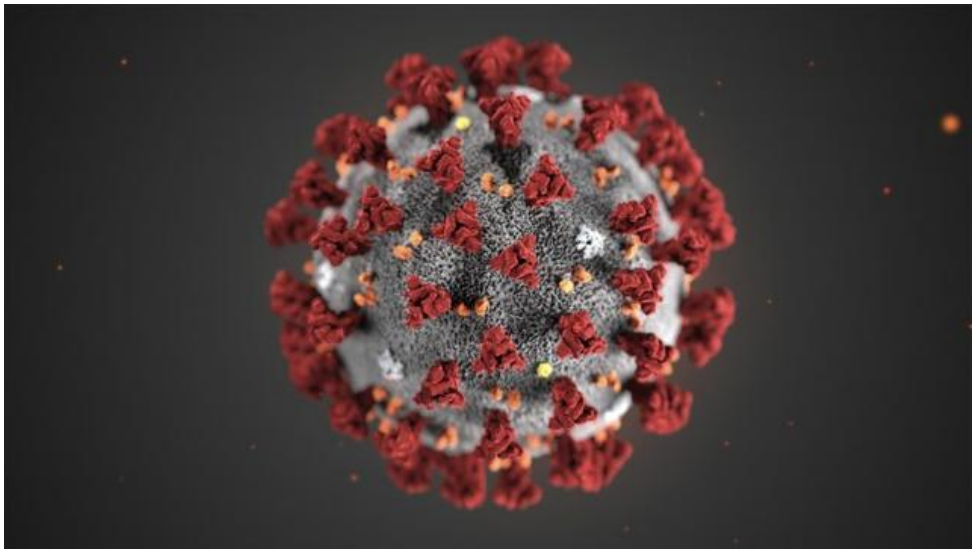
Blue Cross Blue Shield Blue Care Network of Michigan

BCBSM/BCN

COVID-19 Updates

4/27/2020

8:00 a.m.



Agenda

1) General Information

2) Temporary Changes to Prior Authorization Programs

3) Telehealth Initiative Update (through Value Partnerships)

4) Administrative Updates (provided by Value Partnerships)

5) Latest COVID-19 updates

6) Provider Communications – Reminder on where to find the latest News and Resources

General Information

- If you have technical difficulties with the visual walk-through of the presentation, please follow along with the copy attached to the meeting invite.
- There will be no Q & A as part of these weekly meetings.
- BCBSM/BCN has a centralized approach for COVID-19 questions and communications; please contact your provider consultant with outstanding questions.
- Questions specific to the PGIP program should be directed through the Issues Log on the PGIP Collaboration Site.

Temporary Changes to Prior Authorization Programs During the COVID-19 Pandemic

Executive Summary

- The COVID-19 pandemic has placed extreme hardships on our health care industry.

- In particular, our hospitals have been faced with high census levels and staffing constraints and have asked for support in relaxing some of the administrative processes that prevent them from providing direct patient care during this crisis.

- Since the beginning of March, BCBSM has identified areas within prior authorization programs to suspend clinical review that have meaningful impact on our providers with the greatest need.

Prior Authorization Impacts

- Effective March 11th, BCBSM implemented the following:
  - Waived clinical review for inpatient admits associated with COVID dx. Notification only required.
  - AIM waived clinical review for chest CT to rule out pneumonia dx associated with COVID. Notification only required.
- Effective April 2nd, we made some additional temporary changes to our prior authorization programs:
  - Suspended clinical review requirements at all acute care hospitals for medical admissions within the state of MI for all diagnoses.
  - Hospitals will still need to provide us with notification which simply consist of the member's demographic information, dx and date of admission in order for the claim to pay.

Prior Authorization Impacts (…continued)

- With the Governor's orders, many elective services, including physical, occupational and speech therapy, have been postponed. For those services that require a pre-auth or referral and have been approved, we are extending the effective date 180 days to accommodate for when the procedure can be rescheduled.
  - This change applies to authorization requests that were approved on or after the following dates:
    - Blue Cross or BCN utilization management: March 13, 2020
    - AIM Specialty Health®: April 6, 2020
    - eviCore healthcare®: March 26, 2020
  - For requests that are received between now and May 31, 2020: If approved, authorizations will be valid for 180 days.

- Applies to in-state and out-of-state providers, for all lines of business, including Blue Cross' PPO, BCN HMO, Medicare Plus Blue℠ PPO, and BCN Advantage℠.

Post Acute and Discharge Planning Support

- To help support the discharge process from the hospitals, we've also:
  - Suspended clinical review requirements for the first three days at skilled nursing facilities for members who are transferred from an acute care hospital.
  - Similar to the acute care facilities, we will still require notification of the admission for the claim to pay.
  - We will continue to manage members concurrently during their stay in the SNF to determine medical necessity of continuation of care.
- While we have not suspended clinical review for our Inpatient rehab/Long term acute care facilities, we have expedited the processes and committed to having a decision within 2 hours.
- We consistently monitor SNF, IPR and LTACH capacity and capabilities and have increased our support in locating appropriate facilities for difficult transitions.

Post Acute and Discharge Planning Support

- Hospitals must notify naviHealth **before** transferring Medicare Advantage members to SNFs

- As communicated previously, we waived the requirement to obtain clinical review for the first three days of skilled nursing facility stays for Medicare Plus Blue℠ PPO and BCN Advantage℠ members transferred from acute care hospitals. This is in effect for transfers that take place from April 3 through May 31, 2020.

- Hospitals are still obligated to notify naviHealth about transfers. However, we're finding that some hospitals are transferring our Medicare Advantage members to SNFs without notifying naviHealth.

- Notify naviHealth by submitting an authorization request but not attaching clinical documentation. You can do this through:
  - CarePort Care Management (formerly know as Allscripts®)
  - nH Access™, the naviHealth provider portal
  - Calling 1-855-851-0843
  - Faxing to 1-844-899-3730

Post Acute and Discharge Planning Support

- Submit the following information to naviHealth with your notification:
  - Name and contact information for person notifying the plan
  - Patient demographics (name, date of birth, enrollee ID, etc.)
  - Name of ordering physician
  - Patient diagnosis
  - Name of accepting SNF

  Note: If you need assistance locating a SNF, include a request for assistance when you submit notification to naviHealth. They'll have their clinicians reach out to local facilities.

- We're asking SNFs to confirm that naviHealth has received the required notification for each member before they accept the transfer. Once naviHealth receives the notification, they'll provide a three-day authorization to transfer the patient to the SNF.

- Failure to notify naviHealth means there's no authorization in our system when we receive the claim from the SNF.

Ongoing Management

- These processes are currently in place until the end of May. We will reassess as we get closer to that time to determine if extension to these changes are needed.

- We are consistently monitoring the impact that this pandemic has on our providers and members. We will continue to evaluate opportunities to update utilization management processes to support our customers.

Be advised that there are a few groups managed through FlexLink TPAs for which these temporary prior authorization changes are not applicable. This information can be found on the back of the patient's insurance card.

Change for TurningPoint

- Due to the COVID-19 pandemic, we're delaying the date on which TurningPoint Healthcare Solutions, LLC will begin managing authorizations for spine and joint replacement surgeries and other related procedures. This applies to Medicare Plus Blue℠ PPO, BCN HMO℠ (commercial) and BCN Advantage℠ members.

- TurningPoint will manage musculoskeletal procedure authorizations for dates of service on or after July 1, 2020. You'll be able to begin submitting authorization requests to TurningPoint on June 1.

- The good news is that you don't need to do anything different until June 1. For dates of service prior to July 1, 2020, Medicare Plus Blue Utilization Management and BCN Utilization Management will continue to manage these authorizations, as they do today.

- We're also delaying webinars for professional providers and facilities about TurningPoint's clinical model. For professional providers, these webinars will include a demonstration of their Provider Portal. Watch for web-DENIS messages about new webinar dates.

Telehealth Initiative Update

April 2020 PGIP Telehealth Survey

- Physician Organizations were asked to complete a practice validation survey:
  - Identify primary care, mixed, and behavioral health practices currently using an acceptable non-HIPAA or HIPAA-compliant platform to deliver telehealth services during the COVID crisis
  - Identify the telehealth or video conferencing platform used by the practice

- 40 of 40 (100%) physician organizations responded to the survey

Telehealth Survey Results

Number of Physician Organizations Responding	40
Number of Eligible Practices	2384
Number of Practices Engaged in Telehealth (Previous)	**226 (9.5%)**
Number of Practices Engaged in Telehealth (Current)	**1962 (82.3%)**
Number of Practices Not Engaged in Telehealth	220 (9.2%)
Number of Practices Identified as Unknown or Did Not Respond	117 (4.9%)
Number of Practices Providing Telephonic Services Only	76 (3.2%)
Number of Practices Confirmed Closed	9 (0.4%)

- Increase of 1736 practices engaged in telehealth
- 29% of practices providing “telephonic services only” reported they are in progress or exploring telehealth solutions
- Unknown/Did Not Respond includes practices that could not be reached. Some practices may be closed.

Telehealth Survey Results

Number of Unique Solutions in Use	**72**
Number of Practices Using a HIPAA Compliant solution • Includes traditional telehealth solution or video conferencing solution • Uses Advanced Encryption Standard 128, 192, or 256-bit • Allows providers/practices to sign a BAA with vendor	**1622 (83%)**
Number of Practices Using a non-HIPAA Compliant solution • Includes traditional telehealth solution or video conferencing solution • Uses Advanced Encryption Standard 128, 192, or 256-bit • Does not allow providers/practices to sign a BAA with vendor • Must not be a public-facing application (ex: Facebook Live, Twitch, TikTok)	**340 (17%)**

Telehealth Survey Results

Most Popular HIPAA Compliant Platforms		Most Popular Non-HIPAA Compliant Platforms	
Doxy.me	586	Zoom*	159
EPIC MyChart	314	FaceTime	71
Amwell	124	Multiple platforms	69
eClinicalWorks Healow	114	Google*	22
InTouch	87	Skype	10
Vidyo	47	WhatsApp	6
Care Convene	44	Microsoft Teams*	2
BlueJeans	43	Facebook Messenger	1
Updox	40		
Zoom for Healthcare	21		

**Zoom, Microsoft Teams, and Google solutions such as Hangouts can be considered HIPAA-compliant products with a HIPAA BAA. However, certain elements are not compliant and it is entirely up to the user to understand and disable the use of those services

HIE Initiative – Telehealth Update

- To support rapid expanded access to telehealth services during the COVID-19 public health emergency, Blue Cross Blue Shield of Michigan announced in mid-March that we would allow covered health care providers to use popular applications that allow for video chats for a limited time. The original due date was April 30th. That said, given the current state of the pandemic and the impact on the provider community, we are extending the time limit for the use of non-HIPAA compliant video chats ***until May 31, 2020***.

Preferred: Traditional telehealth platforms (i.e. Amwell, Care Convene, eVisit, MDLive, Teladoc) or other HIPAA-compliant applications such as Skype for Business (Microsoft Teams), Updox, Zoom for Healthcare, Doxy.me

Acceptable until May 31, 2020: *Apple FaceTime, Facebook Messenger video chat, Google G Suite Hangouts*, Skype, Zoom Meeting (recommend that providers do not use personal mobile devices)*

Not Acceptable at all: Facebook Live, Twitch, TikTok, other public facing communication applications

*OCR lists Google Hangouts as a HIPAA-compliant product with a HIPAA BAA. However, certain elements are not compliant and it is entirely up to the user to understand and disable the use of those services.

Administrative Updates

Temporary sequestration relief and DRG enhancement for Medicare Advantage

Temporary sequestration relief

- **Background**
  - 2% sequestration reimbursement reductions have been in place since 2013 for Medicare Advantage professional and facility providers
  - Consistent with Original Medicare, the adjustment is applied after determining applicable member deductible, co-payment or other member liability
  - DME, ESRD and lab providers not included in sequestration

- **Temporary relief**
  - Consistent with Original Medicare, we're temporarily suspending the 2% sequestration reduction (reimbursement increases by 2%)
  - Effective May 1 through Dec. 31, 2020
  - 2% sequestration expected to be reinstated Jan. 1, 2021

DRG enhancement

- **DRG enhancements for inpatient treatment for COVID-19 patients**
  - The CARES Act includes a temporary 20% increase in the weighting factor for inpatient diagnosis-related group payments for Medicare patients diagnosed with COVID-19 during the COVID-19 emergency period
  - Blue Cross and BCN are working toward implementing the increased payments in the coming weeks
  - Once implemented, the increased payments will impact discharges retroactively, dating back to discharges occurring on or after the emergency declaration on Jan. 27, 2020
  - Any impacted claims will be reprocessed with no additional action needed by facilities.

Educating Providers on CARES Act and Financial Support

As announced on Friday (4/17), Blue Cross has partnered with the Michigan State Medical Society to provide access to COVID-19 webinars for the Blue Cross network physician network

- Value Partnerships has procured access to our entire physician network for three COVID-19 related webinars from MSMS. Webinars are free to everyone – you don't need to be a member of MSMS. Each webinar is prerecorded, so your PO and physician members can view it anytime.
- Webinars include:
  - CARES Act Impact*
  - Telemedicine and Other Technology Codes in a COVID-19 Environment*
  - What Physicians Need to Know as Employers During the COVID-19 Pandemic*

Blue Cross is providing support for the webinars as part of the Value Partnerships program. Although Blue Cross Blue Shield of Michigan and the Michigan State Medical Society work collaboratively, the opinions, beliefs and viewpoints expressed in these webinars do not necessarily reflect the opinions, beliefs and viewpoints of BCBSM or any of its employees.

News and Resources

Blue Cross Blue Shield of Michigan/
Blue Care Network
Communications

Latest COVID-19 Updates

Released April 24: BCBSM temporary fee schedule changes for home health care, home infusion therapy, and some professional fees plus early effective date for anesthesia fee change due to COVID-19

- For effective dates April 1, 2020, through August 31, 2020, rates will be increased for these categories of practitioners who must deliver care in member's homes and not through telemedicine routes:
  - All modalities included in the Home Health Care Facility Rate Schedule
  - Nursing visits covered under Home Infusion Therapy
- In addition, the following professional provider fee increases will be effective May 1, 2020, instead of July 1, 2020, as previously announced.
  - Anesthesia conversion factor moves to $63.76
  - Procedure code fees through August 31, 2020: G9001, G9002, G9008, *99484, *99492, *99493, *99494
- Updated amounts for all services listed above may be found in web-DENIS under the "Fee Changes" page. Click the *BCBSM Provider Publications and Resources* and then click on *Entire Fee Schedules and Fee Changes.*
- Also, for any home health care claims for service dates on or after April 1, 2020, that were processed before these changes were implemented using the January 1, 2020 rates, please rebill to obtain payment at the new rates. For more information, call Blue Cross Provider Inquiry.

Latest COVID-19 Updates

Released April 24: Billing and cost share waivers for COVID-19 treatment

- At the beginning of April, we announced that Blue Cross Blue Shield of Michigan and Blue Care Network are waiving member cost sharing for COVID-19 treatment. We appreciate your partnership as we work to support our members during this difficult time.

- Like many others, we have had to quickly respond to this public health emergency. We are doing everything possible in a short timeframe to make changes in our system to process COVID-19 treatment claims. But we recognize this situation is unprecedented and the processes and codes are new to both you and us.

Latest COVID-19 Updates

Released April 24: Billing and cost share waivers for COVID-19 treatment

Here are our recommendations to help with the COVID-19 treatment billing process (guidelines apply to Blue Cross' PPO commercial, Medicare Plus Blue℠ PPO, BCN HMO℠ commercial and BCN Advantage℠).

- **You will not see the waived member cost share for COVID-19 in our system** – When you check member eligibility and benefits in our system, the waiving of member cost sharing will not be reflected as these are temporary changes. While the vast majority of claims for COVID-19 treatment will process with the member cost share waived, for some you will need to bill the member (slide 26 & 27 have details).

- **Hold your COVID-19 claims until May, if possible** – If you can, please hold your COVID19 claims and submit them in May. This gives us time to implement some additional system changes. If claims are processed prior to May, some may process with member cost share. We plan to reprocess these claims automatically to remove member cost share, where appropriate, once we complete the system updates. You do not need to rebill these claims as long as you submitted your claim with the appropriate diagnosis code.

Latest COVID-19 Updates

Released April 24: Billing and cost share waivers for COVID-19 treatment

Here are our recommendations to help with the COVID-19 treatment billing process (…continued):

- **Use the correct diagnosis code when submitting your claims** – Use the appropriate diagnosis code as communicated April 9. For confirmed COVID-19 with a date of service of April 1, 2020, or after, use U07.1 as the primary diagnosis code.

Know when to rebill or charge for the member's cost share – Please follow these guidelines:

- **Bill Blue Cross or BCN first** – We recommend you submit your claim to Blue Cross or BCN and then wait to receive our voucher (remittance advice) which will show whether the member has any cost share liability.

- **Rebill if the diagnosis code was not correct** – If you submitted a claim and did not use the appropriate diagnosis code, you should rebill the claim using type of bill XXX7 with the appropriate diagnosis code.

Latest COVID-19 Updates

Blue Cross Blue Shield Blue Care Network of Michigan

Released April 24: Billing and cost share waivers for COVID-19 treatment

Here are our recommendations to help with the COVID-19 treatment billing process (…continued):

Know when to rebill or charge for the member's cost share – Please follow these guidelines (…continued):

- **Claims submitted prior to May 1 will be reprocessed for cost share** – We recommend you hold claims until May 1 and then submit. If you already submitted a claim prior to May 1 and used the appropriate diagnosis code and your voucher reflects member cost share, please wait before billing the member.
  - We will reprocess the claim automatically if the member cost share should be waived.
  - If you do not receive an adjusted claim by May 31, 2020, the member cost share applies and you should bill the member.

- **Claims submitted May 1 or after** – Claims submitted May 1 or after with the appropriate COVID-19 diagnosis code should reflect the proper cost share on your voucher. You should bill the member for any cost share shown on the voucher you receive.

Reminder: COVID-19 Provider Communications

- There are two places providers can go to find information from BCBSM on COVID-19

Provider Portal (not public)

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Coronavirus (COVID-19) information updates for providers

Blue Cross Blue Shield of Michigan and Blue Care Network are taking action to ensure the health and safety of our members during the worldwide outbreak of a new coronavirus.

Information and resources

Telehealth

- Telemedicine Medical Policy (PDF) (Although the effective date shown on the policy is May 1, 2020, the removal of BCN's originating site requirement is effective March 17, 2020.)
- Telehealth for medical providers (PDF)
- Telehealth for behavioral health providers (PDF)
- Telehealth procedure codes for COVID-19 (PDF)

Patient testing

- COVID-19 patient testing recommendations (PDF)
- March 25, 2020, memo from the Michigan Department of Health and Human Services (PDF)
- Message from the Michigan Department of Health and Human Services regarding testing (PDF)*

Utilization management

- COVID-19 utilization management changes (PDF)

web-DENIS broadcast messages

April 2, 2020

- Blue Cross and BCN extend no-cost telehealth services to members through June 30 and include behavioral health (PDF)
- Clinical review requirements suspended through May 31 for all admissions to acute care hospitals and for transfers to skilled nursing facilities (PDF)

April 1, 2020

- Letters mailed to Medicare Advantage members about COVID-19 (PDF)

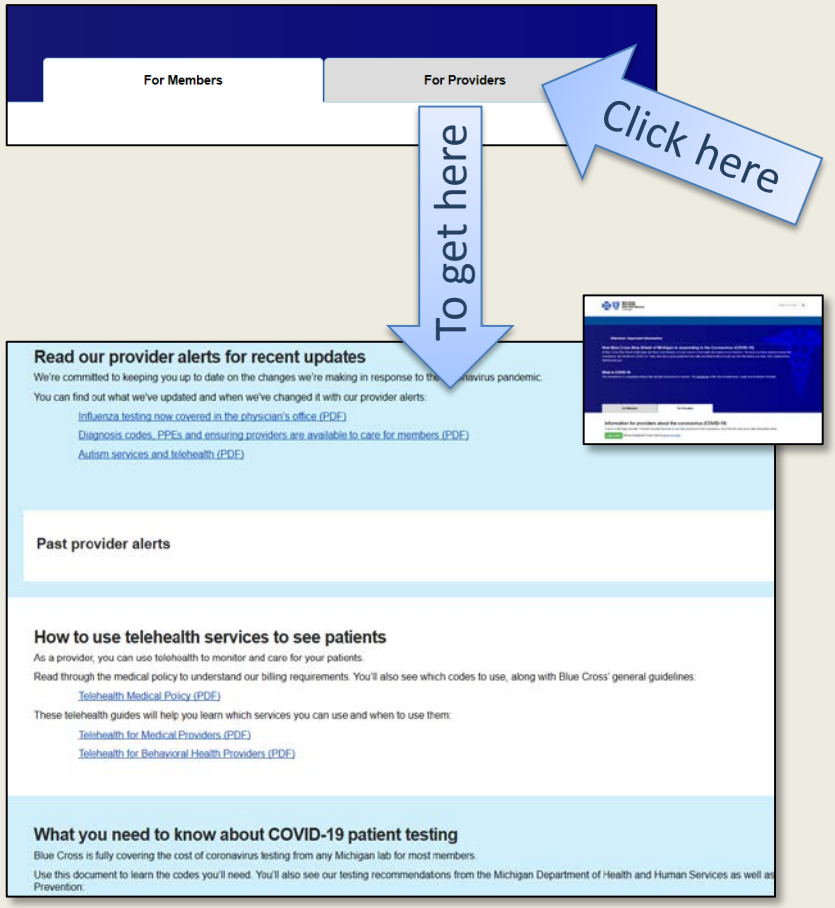
March 30, 2020

- Influenza testing now covered in the physician's office (PDF)

March 26, 2020

- COVID-19 updates: Dx codes, PPEs, and ensuring providers are available to care for our Michigan members (PDF)

bcbsm.com/coronavirus (public)



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