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# ***Provider Manual***

***for***  
***Tier 2***  
***Community Blue / Blue Preferred***  
***Participating Providers***

- ***Billing Information***
- ***Appeal Process***

**2009**

***\*Tier 2 = Community Blue / Blue Preferred PPO Provider Network  
(Physicians who are not contracted with SmartHealth through Ascension  
Health Michigan Ministries)***

### Billing and Reimbursement Instructions for Tier 2 Providers

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## How to File a Claim for Professional Services for **Tier 2 Providers**

Who:	When:	Where:	How:
<ul style="list-style-type: none"> <li>All Community Blue / Blue Preferred PPO Network or other BCBSM Providers</li> </ul>	Claim form must be received by ABS within 24 months from the date of service. Claims submitted for secondary payment must be received 6 months from the date the primary payer processed the claim.	Submit all claims to:  <b>Blue Cross / Blue Shield of Michigan</b> <b>600 E. Lafayette</b> <b>Detroit, MI 48231-2998</b>	Electronically or by mail using prefix TJP
<ul style="list-style-type: none"> <li>All Blue Cross Blue Shield Providers <b>outside of the State of Michigan</b></li> </ul>		Submit claims directly to your local Blue Cross Blue Shield Plan.	Electronically or by mail using prefix TJP

- ***Reimbursement will be determined based on the BCBS contracted rate. Explanation of payment will be issued by the local Blue Cross Blue Shield Plan.***
- ***Follow billing guidelines based on Blue Cross Blue Shield rules and regulations.***

To avoid rejected claims, please be sure to include the following data elements:

Member ID # (including TJP Prefix)  
 Patient's name  
 Patient's birth date and sex  
 Insured's Group #  
 Indication of Auto - Employment - Emergency related condition (when applicable)  
 Authorization Number - include referral or authorization when applicable  
 Name of Referring Physician. If the patient self-referred, type "self"  
 Diagnosis code  
 Date of Service  
 Procedure Code (CPT or HCPCS when applicable, with appropriate modifiers)  
 Billed Charges  
 # of units  
 Total Charges  
 Provider Tax ID #  
 Provider NPI #  
 Provider's billing address and phone number

Claims received missing any of the above referenced data elements will be returned to the provider for completion.

## Quality Management Program

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The Quality Management Program is designed to provide the framework for assessing and improving the quality of clinical care and services provided to SmartHealth members. The Program has been developed in conjunction with Ascension Health's missions, values and philosophy. The program encompasses a wide range of evaluation and monitoring activities that include the following components:

- ◆ A governing body
- ◆ An appeals process
- ◆ A provider sanction program
- ◆ Annual evaluation of the Medical Management Program
- ◆ Monitoring of the timeliness of decisions – authorization process, notification procedures
- ◆ Monitoring of utilization data to detect potential under- and over-utilization (ensuring appropriate service and coverage)
- ◆ Evaluation of the consistency with which the health care professionals involved in utilization review make decisions
- ◆ Provider/member satisfaction with the Medical Management Program and the health plan as a whole

**Pre-Service/Concurrent Care/Time-Sensitive Claim and Non-Covered Benefits**

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The provider and/or member may initiate an appeal of an adverse benefit determination. The Plan requires one level of review for pre-service Concurrent Care and Time-Sensitive Claims and for Non-Covered Benefits. Civil action may be brought in court if the claim remains denied after the required one level appeal review. A voluntary second level appeal may be submitted, but is not required.

**First Level Appeal**

*Pre-Service/Concurrent Care Claim*

The appeal request must be submitted in writing, within 180 days from the date of receipt of the initial decision. Concurrent Care appeals should be submitted in time to continue the course of treatment. An explanation of why the claim should not have been denied and any additional information, materials or documentation that supports the claim should be sent via fax or mail to:

**SmartHealth Appeals Committee**  
c/o St. John Health Managed Care, Appeals Coordinator  
28000 Dequindre Road  
Warren, MI 48092-2468  
Fax: (586) 753 – 0981

*Time-Sensitive Claim*

Submit the appeal as soon as possible. Request for an expedited review may be written or submitted orally by the Provider. All necessary information may be provided by telephone, fax or any other expeditious method that is available.

*Non-Covered Benefit*

The appeal request must be submitted in writing within 180 days after receipt of the initial decision. Include all supporting information and submit to:

**SmartHealth Post-Service Appeals Committee**  
c/o St. John Health Managed Care  
28000 Dequindre  
Warren, MI 48092-2486

**Second Level Appeal (Voluntary)**

The request for appeal must be made within 60 days of the date of receipt of the Level I Appeal denial. All appeals must be made in writing and sent with any additional related information or documentation that supports the claim to the following address:

**SmartHealth Regional Advisory Committee**  
c/o St. John Health Managed Care, Appeals Coordinator  
28000 Dequindre  
Warren, MI 48092-2468

## Appeal Process – Post Service

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A member or provider may initiate a Post-Service Appeal for any service that has already been provided and for which an adverse benefit determination has been made.

There are two required levels of review. Civil action may be brought in court if the claim remains denied after the required levels of review.

### **First Level Appeal**

The request for appeal must be submitted in ***writing*** within 180 days from the date of receipt of the initial decision. An explanation of the reasons why the claim should not have been denied and any additional supporting information, materials or documentation should be sent via mail to:

#### **SmartHealth Post-Service Appeals Committee**

c/o Automated Benefit Services  
PO Box 37705  
Oak Park, MI 48237-7705  
Fax: (586) 693-4820

### **Second Level Appeal**

The request for appeal must be initiated within 60 days after date of receipt of the Level I appeal denial. All appeals must be submitted in ***writing*** and sent with additional related information to:

#### **SmartHealth Regional Advisory Committee**

c/o St. John Health Managed Care, Appeals Coordinator  
28000 Dequindre  
Warren, MI 48092-2468