



November 2019

PHYSICIAN ENROLLMENT AND RE-ATTESTATIONS

Please make sure that you forward to us any communications you receive from insurance carriers that are requesting you to provide, update, or re-attest information. Many carriers will only communicate directly with the provider and will not send us any information. Providers who do not respond promptly can be terminated from a plan and not readmitted. Also, many carriers are behind in the new enrollment process. During the Healthcare Business and Management Conference in September, Aetna, Cigna, Humana, and UnitedHealthcare all sent representatives who confirmed that the wait times for new enrollments are much longer than their goals of 30 to 45 days.

MESSA IS REPROCESSING CERTAIN MENTAL HEALTH CLAIMS FOR 2019

MESSA has made retroactive changes to its member copayments for certain mental health services for 2019. As a result of these changes, MESSA is advising participating providers that Blue Cross Blue Shield of Michigan will be reprocessing their mental health claims for certain services for the period of Jan. 1 through Dec. 31, 2019. This affects the following MESSA Choices and Essentials by MESSA group numbers: BCBSM 71452, 71453; BCS 71538, 71539. They're reprocessing these claims because we've learned that MESSA members haven't been charged copayments for some of their mental health or substance use disorder office visits in 2019. Instead of billing members for these copayments, MESSA has decided to waive them. For members who did pay copayments for these visits, Blue Cross will pay providers the amount of the copayments and the providers will then reimburse affected patients.

All copayments will resume on Jan. 1, 2020, when the MESSA 2020 mental health benefit policy is in effect for the following MESSA Choices and Essentials by MESSA group numbers: BCBSM 71452, 71453; BCS 71538, 71539.

PHYSICIANS AND PATIENTS ASK TO ELIMINATE INSURANCE CARRIER RED TAPE

According to the MSMS (Michigan State Medical Society) health care providers and patient advocates asked the state legislature to approve a new package of bills (Senate Bill 612) to streamline the prior authorization policies that would protect Michigan patients from delays in receiving access to health care. Click here to read more:

<https://www.msms.org/About-MSMS/News-Media/health-cant-wait-patients-and-providers-ask-legislature-to-limit-health-care-delays-insurance-company-red-tape>