

**BLUE CROSS MINUTES**  
**November 4, 2013 RIC/RAC Meeting**

**BCBS REPRESENTATIVES PRESENT:**

**Ms. Jennifer Nelson**  
**Mr. Michael Lombardo**

**FACILITATORS PRESENT:**

**Mr. Ingram Haley**  
**Ms. Karen Northcutt**

MR. HALEY: We've got with us Jennifer Nelson and Michael Lombardo with Blue Cross here today. We'll lead off with questions; and then they have a brief presentation they're going to do afterwards.

1. **Follow-up to question #3 from July 15, 2013 RIC/RAC meeting.**  
*Follow up to question #8 from the March 11, 2013 RIC/RAC meeting for Blue Advantage. What is the formal process for contracted providers to resolve payment disputes?*

**At the July meeting you wanted to take it back to the CURP area and get more feedback. Did you get any feedback from CURP?**

**Response:** When the patient is not meeting the inpatient criteria, a provider can request a peer to peer review. You call 1-866-578-7395, leave a voicemail stating the patient's information, the best time, and phone number where the physician can be reached for the peer to peer. The voicemail can be left by the facility, as long as the required information can be provided. We offer the peer to peer as a courtesy to our providers and as an avenue to resolve the issue. CMS allows us 72 hours to make a decision but our internal goal is 48 hours. When you refer things to us to be reviewed, be sure to point out your key points on the face sheet. For example the patient has co-morbid conditions like diabetes or COPD which is impacting the decision to be inpatient instead of observation.

**Discussion at Meeting**

THE SPEAKER: The process that you just outlined is for our CURP patients, but the ones that fall under the Blue Advantage contract, that is not the process they allow us to follow. I mean, if it's denied, we're just told it's denied, and we have a contract.

MS. NELSON: I talked direct to the CMS area that does the Blue Advantage, and this is the process that they gave me.

THE SPEAKER: What is CMS?

MS. NELSON: It's our internal name for the area that handles the Blue Advantage. But this did come from the Blue Advantage area.

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THE SPEAKER: Well, we're not seeing that at our hospital.

MS. NELSON: I need examples to present to them to get feedback to see why that process is not happening. So if you can e-mail your rep, give them the examples and tell them to forward to me, I can have the area look at those Blue Advantage.

MR. HALEY: Anyone else?

(No response)

2. Does Blue Cross recognize the new discharge status codes?

RESPONSE: Yes, our system was updated on 10/08/13 with an effective date of 10/01/13. If a facility has any claims that rejected prior to 10/08/13, they can re-file those for processing. Below is the table showing the new codes.

69	Discharge Transferred to a designated disaster alternate care
81	Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission
82	Discharged/Transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission
83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission
84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission
85	Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission
86	Discharged/Transferred to Home Under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission
87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission
88	Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission
89	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission
90	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission

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91	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission
92	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission
93	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission
94	Discharged/Transferred To a Critical Access Hospital (CAR) with a Planned Acute Care Hospital Inpatient Readmission
95	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission

**3. Can a hospital bill for drug administration if a patient brings their own drug for outpatient infusion therapy?**

**RESPONSE:** It will depend on the patient's benefits. Most likely if the patient is providing the drug then it's a self administered drug and administration would not be covered. If the facility is ordering the drug through the specialty pharmacy benefit of the patient's contract, then the drug should be mailed to the facility and yes, the facility can bill for the administration.

**Additional Discussion at Meeting**

THE SPEAKER: On Friday, we were informed that Blue Advantage will be following CMS on the Two Midnight Rule as far as inpatient. We have not received anything in writing that I'm aware of. It may be something not online. Can you direct me where I could get that information? And what parts of the Two Midnight Rule that's going to be required because in the past, if they met InterQual criteria, whether they stayed one night or two nights, they were inpatient if he had an inpatient order. But on Friday, we were told that he had to stay two midnights as well.

MS. NELSON: In order for it to be inpatient, it had to be two midnights?

THE SPEAKER: Yes. And that's brand new for us.

MS. NELSON: I think we have an article. Let me look after the presentation. I'll look online and see if I see one. And then if I don't, I will go back and see if we're going to do one or if there's an article that I just don't know that was sent out. But I'll look for that.

MR. HALEY: Anyone else?

(No response)

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MR. HALEY: All right. Blue Cross has also asked that they have a few minutes to give us a presentation on health reform and some of the developments that they've seen. I will hand the floor over to you to do that.

(Presentation given)

MR. HALEY: Thank you for coming and for your presentation.