

PROVIDER BULLETIN

PROVIDER INFORMATION



February 3, 2020

Updated Bulletin: Commercial Inpatient Admission Notification Process Changes

This information replaces the content previously published in Provider Bulletin P54R2-19. The information in this bulletin applies to members with **commercial coverage** from Blue Cross and Blue Shield of Minnesota or Blue Plus (Blue Cross) or from any out-of-state Blue plan. This information does not apply to Medicare plans, Federal Employee Program® (FEP®), Minnesota Health Care Programs (Families and Children, MinnesotaCare, and Minnesota Senior Care Plus) or Minnesota Senior Health Options (MSHO).

Prior to this change, inpatient admission notifications (also known as preadmission notifications or PANs) were required for all planned and unplanned acute hospital admissions. Starting April 1, 2020, concurrent review will also be required for any inpatient hospital stay longer than the number of days initially allowed with the admission notification.

Admission notifications do not require clinical records at the time of submission, but these admissions must be medically necessary and are subject to retrospective review or audit. For most acute admissions, seven days are allowed with the initial admission notification. If the member is not discharged within the allowed days, a concurrent review must be requested using the Authorizations tool in the Availity portal.

Requests for concurrent review should include:

- Relevant ER, MD and nurse notes
- History & Physical
- Relevant imaging and labs
- Transition of care/discharge plan

Requests for concurrent review for hospital stays reimbursed according to a Diagnosis-Related Group (DRG) methodology will be treated as a continued stay notification. A medical necessity review for length of stay will not be completed at the time of submission, but continued stays must be medically necessary and reasonable and are subject to retrospective review or audit. Hospital stays reimbursed under any other payment methodology, including outlier methodology, are subject to medical necessity/length of stay review when the concurrent review request is submitted.

If the member has already discharged and additional days are not needed, discharge information is required. Cases can be updated using the Authorizations tool in the Availity portal to add:

- Discharge date (required)
- Discharge destination (required)
- Discharge instructions (optional text box)
- Discharge diagnosis (optional)

Discharge summaries can also be added to a case in Availity by selecting “Attachments” in the Choose Update screen (optional).

Why does Blue Cross require admission and continued stay notifications?

Blue Cross uses admission, continued stay and discharge data to identify members who may benefit from additional support or specialty services, such as case management, disease management and behavioral health support programs. The Blue Cross Case Management team also offers support to members as they transition back home or to a post-acute care facility. Case Managers review the discharge summary details and work with members to avoid preventable readmissions by ensuring they understand medication changes, signs and symptoms that would require immediate attention, attend scheduled follow up appointments and follow through with discharge instructions after they return home.

For longer stays, Blue Cross may also work with the hospital Case Manager prior to discharge to help with discharge planning and coordinating post-acute care if needed.

Frequently Asked Questions – Inpatient Admission Notifications

<p>How do I submit an inpatient admission notification for a Blue Cross and Blue Shield of Minnesota member?</p>	<p>Admission notifications should be submitted to Blue Cross using the Authorizations tool within the Availity portal. Admission notifications can be submitted 24 hours a day using the Availity portal and are accepted up to two business days after the date of admission to accommodate admissions over the weekend and on holidays.</p> <p>Admission notifications for newborns can be submitted as soon as the baby is added to the subscriber’s plan. We cannot process any requests for newborns until they are an active member. These admissions can be submitted in the Availity portal for up to one year after birth.</p> <p>Note: Observation stays do not require prior authorization or notification.</p>
<p>How do I submit an inpatient admission notification for a member from an out-of-state Blue Cross Blue Shield plan?</p>	<p>Admission notifications should be submitted to the member’s home plan. Home plan contact information can be found:</p> <ul style="list-style-type: none">• On the back of the member’s ID card• Using the Medical Policy and Prior Authorization Router at mktg.bluecrossmn.com/router/ (Enter the first three characters of the member’s ID number) <p>Admission notifications submitted via the Authorization tool in the Availity portal will also be routed using the first three characters of the member’s ID number. If applicable, the member’s home plan information will be displayed.</p>
<p>Do admissions for labor and delivery require notification?</p>	<p>Yes. Labor and delivery admissions (vaginal and c-section) require admission notification and are automatically approved. When adding the notifications in the Availity portal, use the Labor and Delivery service types. Admission and discharge data for labor and delivery admissions is used to identify members who may need support for themselves or for their newborn.</p>

<p>If a surgical procedure requires prior authorization, is an admission notification still required for the inpatient hospital admission?</p>	<p>Yes. If the surgical procedure requires prior authorization, this should be done first. The surgery itself must be medically necessary and covered by the subscriber’s plan for the admission and other related charges to be covered. Once the surgery is approved, the inpatient notification can be submitted.</p> <p>Note: While a surgical procedure may require prior authorization, observation stays associated to the surgery do not require prior authorization or notification.</p>
<p>If the date of admission changes, how can I update the inpatient admission notification?</p>	<p>If the admission date changes for a planned inpatient stay, call Blue Cross at 1-800-528-0934.</p>
<p>If the member does not actually admit or their planned stay changes to an observation stay, do I need to withdraw or cancel the notification?</p>	<p>The inpatient notification can be withdrawn if it is in one of the following statuses in the Availity portal:</p> <ul style="list-style-type: none"> • Incomplete • Pending Review • Pending Action <p>If a notification case is in “approved” status it does not need to be cancelled or withdrawn. It will not count against the subscriber’s benefits. It will simply be maintained as a record of the originally requested admission.</p>
<p>If I didn’t submit an inpatient admission notification within two business days and the member is still inpatient, should I still notify Blue Cross of the admission?</p>	<p>Yes. If an admission notification was not submitted within the allowed timeframes using the Availity portal and the member is still inpatient, please call 1-800-528-0934 to notify Blue Cross of the admission. (Phone notifications are only accepted when the notification cannot be submitted through the Availity portal.)</p>
<p>How is claim payment impacted by admission notification requirements?</p>	<p>Blue Cross will monitor adherence and provide reporting and education to providers throughout 2020 to help maximize compliance with admission, continued stay and discharge notification requirements. All admissions must be medically necessary and are subject to retrospective review or audit. Payment will not be allowed for any admissions or continued stays found to be not medically necessary.</p>

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.