PROVIDER BULLETIN PROVIDER INFORMATION



January 4, 2021

Hospital Transfer Notification Process for Load Leveling

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is requesting that hospitals submit a notification via e-mail when receiving a transferred Blue Cross member due to load leveling at another hospital. The information provided will be used to ensure the highest level of benefits are provided to members if they are transferred to a hospital outside of their network and to identify ambulance transfers related to load-leveling. Additionally, the information will be used to update pre-certifications and pre-admission notifications to reduce the administrative burden on receiving hospitals. This notification process only applies to members with Blue Cross of Minnesota commercial or Medicare Advantage coverage.

Please send the following information to <u>transfer.notification@bluecrossmn.com</u> on an excel spreadsheet:

- Patient's Blue Cross Identification Number
- Patient First Name
- Patient Last Name
- Patient Date of Birth
- Patient Address
- Sending Facility Name
- Receiving Facility Name
- Receiving Facility Address
- Receiving Facility Phone Number
- Receiving Facility Fax Number
- Procedure Code (if applicable)
- Diagnosis Code
- Patient Transfer Date

You may submit a request to the above e-mail address to request a spreadsheet with the headers pre-populated.

Ouestions?

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