

BULLETIN

Blue Cross and Blue Shield of Minnesota
and Blue Plus

October 15, 2008

Notifying Blue Cross of Interim Rate change

Blue Cross and Blue Shield of Minnesota and Blue Plus base reimbursement for Medicare patients on the interim payments calculated by your Medicare Fiscal Intermediary (FI) when services are received at Critical Access Hospitals (CAH), Rural Health Clinics, and Federally Qualified Health Centers. This also applies to related entities such as Skilled Nursing Facilities and Swing Bed/Extended Care sub-units of the CAH.

New Process

A new streamlined process for notification of a rate change was developed to allow for more efficient updates to our claims processing systems and faster implementation of your new rates.

How to submit your update

1. When you receive an increase or decrease in interim rates, complete the applicable sections of the attached form. This form can also be found electronically at **bluecrossmn.com**.
Note: Forms with missing information will be returned to providers for completion.
2. Fax the form with your Fiscal Intermediary (FI) rate letter to the fax number in the top right hand corner.
3. Effective dates of your new rates will be assigned prospectively on the 1st or 15th of the month based upon receipt of the notification at Blue Cross. We do not use the effective date listed on the FI rate letter.
4. Please allow up to 30 days for processing the update.

Questions

If you have questions about the above information, please contact provider service at **(651) 662-5200** or toll free at **1-800-262-0820**.

Enclosure: Notification of Fiscal Intermediary rate update form

Please route this bulletin to other interested staff.



Notification of Fiscal Intermediary rate update

Use this form to notify Blue Cross when your CMS Fiscal Intermediary (FI) updates reimbursement rates for your Critical Access Hospital, Swing Bed, Rural Health Clinic, Federally Qualified Health Center or SNF.

- A copy of your Fiscal Intermediary rate letter must be faxed or mailed with this notification.
- Rate updates are loaded on a prospective basis with an effective date of the 1st or the 15th of the month after receipt of request at Blue Cross.
- It may take up to 30 days to process your request. **Incomplete forms will be returned.**

Provider contact person for questions	
1. Name:	
2. Phone: ()	3. Email:

Complete only those sections below that apply to your FI Letter.

Critical Access Hospital (CAH)	
4. Hospital name	
5. Blue Cross legacy ID#	6. Medicare #
7. Hospital's New Part A rate from FI letter	
8. Hospital's New Part B rate from FI letter	
9. Check Billing Method <input type="checkbox"/> Method 1 (standard method) <input type="checkbox"/> Method 2 (optional method)	

Swing Bed / Extended Care	
10. Blue Cross legacy ID#	11. Medicare #
12. New Swing Bed rate from FI letter	

Rural Health Clinic/ Federally Qualified Health Clinic (please complete additional form for multiple clinics)	
13. Clinic name	
14. Blue Cross legacy ID#	15. Medicare #
16. New RHC/ FQHC rate from FI letter	

Other CAH related entity (ex: SNF)	
17. Name:	
18. Blue Cross legacy ID#	19. Medicare #
20. New rate from FI letter	

***Important Reminder – Fax or mail copy of Fiscal Intermediary rate letter with this form.**