

Quick Points



May 29, 2009

Frequently asked questions for residential substance abuse facility admission process change

On March 17, 2009, the provider bulletin P5-09 entitled “Residential substance abuse facility admission process change” was published. To assist providers with this process change, the attached list of frequently asked questions was developed.

Questions?

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

Enclosure: Frequently asked questions for residential substance abuse facility admission process change



Frequently asked questions for residential substance abuse facility admission process change

The FAQ document provides additional information about the process change first discussed in provider bulletin P5-09, “Residential substance abuse admission and concurrent review process change.”

- 1. What is changing?** Blue Cross and Blue Shield of Minnesota is changing the Preadmission Notification (PAN) process to ensure that Blue Cross members receive the appropriate level of quality care for substance abuse services. Beginning July 1, 2009, a PAN will be recommended for all residential substance abuse services, including services that were previously determined to be halfway house or extended care. Also, at day 21 of an inpatient/residential stay a concurrent review will be recommended with a medical necessity review. Blue Cross will conduct the medical necessity review based on an updated completion of the Department of Human Services (DHS) Dimensions Criteria and the submission of a current individualized treatment plan (ITP).
- 2. What happens if no PAN is submitted?** If no PAN is received prior to a new patient admission to a chemical dependency inpatient facility, the inpatient stay will be reviewed for medical necessity.
- 3. When does this change become effective?** This new process is effective July 1, 2009.
- 4. What lines of business are impacted by this change?** This process is for all members enrolled in a fully insured plan or a Minnesota Health Care Program.
- 5. Will member benefits be changing?** Coverage and benefits will not change as a result of this new procedure. Coverage benefits for self-insured members vary by employer group and are not affected by this change.
- 6. How does this compare to the approach of other health plans?** Our review approach will be similar to other plans that have authorization requirements for treatment. Our review standards are regulated by Minnesota state law and by the National Committee for Quality Assurance (NCQA).
- 7. Why is Blue Cross implementing this change now?** Blue Cross is continually striving to improve the quality of all medical and behavioral services delivered to our members. We believe the submission of the Dimensions criteria and ITP progress evaluation tool will help us determine the most effective treatments for our members.
- 8. What is the purpose of these individual case reviews?** Our goal is to ensure our members are receiving the most appropriate treatment in the most appropriate setting depending on their individual needs.

9. **Who will be conducting these reviews?** A Blue Cross licensed behavioral health clinician will be conducting the reviews. Additional reviews, when needed, are completed by our internal Ph.D. psychologists and M.D. psychiatrists. Only an M.D. psychiatrist can deny a request for a continued inpatient stay.
10. **How do I appeal if I don't agree with Blue Cross' interpretation of progress?** Blue Cross members and providers continue to have the same rights of appeal that exist through today's processes. Additional reviews and responses to appeals are performed by our internal Ph.D. psychologists and M.D. psychiatrists. External reviews and appeals are performed by M.D. psychiatrists. Our appeal standards are regulated by Minnesota state law and by the National Committee for Quality Assurance (NCQA).
11. **Exactly how will this impact Blue Cross members currently in an inpatient chemical dependency care setting?** This procedure only affects members entering an inpatient facility after July 1, 2009. See provider requirements question below.
12. **What will providers need to do?** Beginning July 1, 2009, if providers are seeking to admit a new patient into an inpatient chemical dependency facility, they must submit a PAN by fax or phone. The PAN form can either be faxed to **(651) 662-7006** or called into at **(651) 662-5200** or **1-800-262-0820**. By day 21 of the inpatient stay, providers will need to submit concurrent review records using the Concurrent Review of Chemical Dependency form. This form will be available at **providers.bluecrossmn.com** by July 1.
13. **Will members still be able to see the same providers?** As long as providers remain within the Blue Cross network of providers, there will be no changes in the availability of specific providers or facilities.
14. **Is Blue Cross conducting a research project related to these changes?** No, but we will continue to evaluate the effectiveness of this policy to guarantee the services provided to our members are enhancing the quality of their care and improving their health outcomes.