PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

October 24, 2017

New Remittance Code: OA-45 for Purchased/Referred Care (PRC)-Eligible Subscribers

The purpose of this Provider Bulletin is to update you regarding how Blue Cross and Blue Shield of Minnesota and its affiliates (Blue Cross) are processing certain PRC facility claims and provide additional information to a previous Provider Bulletin, (P19-17) dated May 3, 2017.

The federal legislation relating to PRC that became effective in July 2007, Section 506 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (506 Legislation), codified in the federal regulations at 42 CFR Part 136, affects reimbursement rates for certain services provided to subscribers of federally recognized American Indian Tribes under a PRC program, previously known as the Contract Health Services (CHS) program, funded by the Indian Health Service (IHS). Medicare-participating hospitals that furnish inpatient services cannot bill health programs operated by the IHS, Tribes, Tribal organizations and urban Indian organizations (collectively, I/T/U programs) more than a Medicare-like rate as payment in full for services provided to eligible PRC patients for eligible PRC services authorized by the I/T/U program.

How does the PRC program interact with a tribe's self-insured health plan?
Some tribes that have entered into an agreement with the IHS to administer the tribe's PRC program have also contracted with Blue Cross or its affiliates to administer the tribe's health plans. Tribes, like all self-insured groups, have the option of setting a benefit maximum with respect to some benefits under a self-insured plan. Several tribes have designed their health plans to instruct Blue Cross apply a benefit maximum, (e.g., a "Tribal Fee Schedule") that approximates Medicare-like rates, for Medicare participating facilities and eligible services. The Tribal Fee Schedule only applies to PRC eligible subscribers and services.

What is changing in the processing of PRC facility claims?
Current provider remittances reflect group code "PR" (Patient Responsibility) with an ANSI Reduction Reason Code 45 (CHARGES EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/ LEGISLATED FEE ARRANGEMENT). This may result in a provider automatically billing the subscriber the amount not covered by the tribal plan. While PR-45 is a proper code at the time of adjudication, in most cases, once the subscriber and tribe review the patient balance with the provider, they are able to confirm the service was authorized by the tribe's PRC program and no secondary coverage applied. The subscriber and tribe would then be relieved of any patient responsibility pursuant to the 506 Legislation and 42 CFR Part 136.

To ease the billing and final adjudication process, Blue Cross is changing the remittance code from "PR" to "OA" (Other Adjustment) on the processed PRC facility claim. The "OA" indicator will stop the automatic process providers have set up for billing the subscriber. The provider can instead assess the documentation on file, (e.g., ID card and/or PRC referral), or can confirm with the tribe's PRC program directly as indicated on the subscriber's ID card to assess whether to proceed with billing the subscriber. The goal is to reduce unnecessary administrative work for the tribe, subscriber and the provider. By applying the "OA" remittance code, providers also can verify if the subscriber has secondary coverage and bill that payer accordingly.

How will this affect you?
As stated in prior Provider Bulletins, you will be reimbursed at the Tribal Fee Schedule for claims processed pursuant to tribal health plans that adopt a benefit maximum for PRC eligible subscribers and services. These services are not subject to any contractual provider incentives.

Your remittance advice will include the language "**Tribal Fee Schedule"** for any service reimbursed pursuant to the Tribal Fee Schedule. If you receive a remittance electronically, the verbiage "Tribal Fee Schedule" is populated in loop 2100, class of

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contract reference segment of the 835. Because you were not reimbursed at your provider negotiated rate, the claim will process with "Other Adjustment."

When may providers balance bill the subscriber?
Except for emergency services, PRC eligibility requirements must be met by the tribe and subscriber prior to the subscriber receiving care. Therefore, a provider may confirm a subscriber's PRC eligibility at the time of service. If the provider does not have the information needed to confirm the PRC eligibility of the subscriber or service (e.g., ID card and/or PRC referral or by contacting the tribe directly), the provider may balance bill the subscriber.

How will you know whose care may be reimbursed pursuant to the Tribal Fee Schedule?
Subscriber ID Card Designation:
Tribal health plan subscribers who are eligible for PRC and whose care will be reimbursed pursuant to the Tribal Fee Schedule have subscriber ID cards that includes language reflecting the subscriber's PRC eligibility, such as the following:

> **A tribal fee schedule has been applied for PRC eligible services for this member. Members must call their PRC office for required referrals prior to care. Please call XXX-XXX-XXXX.**

People who are covered by a tribe's health plan but are not eligible for PRC do not have this designation on their subscriber ID cards.

In addition, providers may receive a PRC referral directly from the Tribe's PRC program office.

What do you need to do differently for claim processing?
Nothing. Please continue to submit claims as indicated on the back of the subscriber ID card. The claim will then be adjudicated based on the eligibility of the subscriber and the services rendered.

Questions?
If you have questions about the eligibility of a PRC subscriber or service, please contact the tribe's PRC office at the telephone number located on the subscriber ID card. If you have questions about payments related to the claims, please contact provider service at (**651) 662-5940** or **1-800-365-2735**.