CHANGE NOTIFICATION TO FACILITY REIMBURSEMENT POLICIES
Effective January 1, 2017

October 1, 2016

RE: New Facility Reimbursement Policy regarding Claims Requiring Additional Documentation which will become effective January 1, 2017

Dear Provider:

Enclosed are Anthem Blue Cross and Blue Shield and our subsidiary company, HMO Nevada (Anthem)’s new facility reimbursement policy regarding Claims Requiring Additional Documentation which will become effective January 1, 2017.

Claims Requiring Additional Documentation Facility Reimbursement Policy

Effective for claims with dates of service on or after January 1, 2017, Anthem will have a new facility reimbursement policy titled Claims Requiring Additional Documentation.

There may be times when Anthem conducts claim reviews or audits either on a prepayment or post payment basis. Claim reviews and audits are conducted in order to confirm that healthcare services or supplies were delivered in compliance with the patient’s plan of treatment or to confirm that charges were accurately reported in compliance with Anthem’s policies and procedures as well as general industry standard guidelines and regulations.

In order to conduct such reviews and audits, Anthem or its designee may request documentation, most commonly in the form of patient medical records. Anthem may accept additional documentation from the Facility that typically might not be included in medical records such as: other documents substantiating the treatment or health service or delivery of supplies, Facility’s established internal policies, professional licensure standards that reference standards of care, or business practices justifying the healthcare service or supply. The Facility must review, approve and document all such internal policies and procedures as required by [The Joint Commission (“TJC”) or other] applicable accreditation bodies and such policies shall be made available for review by the auditor.

This policy documents Anthem’s guidelines for claims requiring additional documentation and the Facility’s compliance for the provision of requested documentation.

[Please refer to the attached Facility Reimbursement Policy: Claims Requiring Additional Documentation for the full policy.]

Facility Reimbursement Policies are included in our Anthem Provider and Facility Manual which is available online:

These policies are not in our current version of The Anthem Provider and Facility Manual (Manual), but will be updated in our next revision due out in mid-2017. All Facility Reimbursement policies are located within the Reimbursement Policies/Professional Reimbursement section of the Manual, under the Facility Reimbursement Policies subsection. The Manual is available online. Go to anthem.com, and select the Provider link in the top center of page. Select Nevada from the drop down list, and enter. From the Provider Home page, select the Provider Manual link, then select the appropriate link with the effective date for which you are inquiring.
If you have questions or need further information, please contact your hospital contract manager. Thank you as always for everything you do for our members.

Sincerely,

Peter J. Sabal
RVP, Provider Solutions
Anthem Blue Cross and Blue Shield

Enclosure: Facility Reimbursement Policy: Claims Requiring Additional Documentation
Policy Title: Claims Requiring Additional Documentation
Policy Status: New  Effective Date: January 1, 2017
Applies to: Commercial

Coverage is subject to the terms, conditions, and limitations of an individual member’s programs or products and policy criteria listed below.

Description

There may be times when Anthem conducts claim reviews or audits either on a prepayment or post payment basis. Claim reviews and audits are conducted in order to confirm that healthcare services or supplies were delivered in compliance with the patient’s plan of treatment or to confirm that charges were accurately reported in compliance with Anthem’s policies and procedures as well as general industry standard guidelines and regulations.

In order to conduct such reviews and audits, Anthem or its designee may request documentation, most commonly in the form of patient medical records. Anthem may accept additional documentation from the Facility that typically might not be included in medical records such as other documents substantiating the treatment or health service or delivery of supplies, Facility’s established internal policies, professional licensure standards that reference standards of care, or business practices justifying the healthcare service or supply. The Facility must review, approve and document all such internal policies and procedures as required by [The Joint Commission (“TJC”) or other] applicable accreditation bodies and such policies shall be made available for review by the auditor.

This policy documents Anthem’s guidelines for claims requiring additional documentation and the Facility’s compliance for the provision of requested documentation.

Policy

Upon request from Anthem or its designee, facilities are required to submit additional documentation for claims identified for pre-payment review or post payment audit. Applicable types of claims include, but are not limited to:

1. Claims being reviewed to validate the correct diagnosis related group (DRG) assignment/payment (DRG validation audits)
2. Claims being reviewed to validate items and services billed are documented in the medical record for hospital bill audits (also known as hospital charge audits)
3. Claims with unlisted or miscellaneous codes
4. Claims for services requiring clinical review
5. Claims for services found to possibly conflict with covered benefits for covered persons after validity review of the member’s medical records
6. Claims for services found to possibly conflict with medical necessity of covered benefits for covered persons
7. Claims requesting an extension of benefits
8. Claims being reviewed for potential fraud, abuse or demonstrated patterns of billing/coding inconsistent with peer benchmarks
9. Claims for services that require an invoice
10. Claims for services that require an itemized bill
11. Claims for beneficiaries where other health insurance (OHI) is indicated with the claim submission
Facility Reimbursement Policy:

12. Claims requiring documentation of the receipt of an informed consent form
13. Claims requiring a certificate of medical necessity
14. Appealed claims where supporting documentation may be necessary for determination of payment
15. Other documentation required by other entities such as the Centers for Medicare and Medicaid Services (CMS), and state or federal regulation
16. Documentation for such services as the provision of durable medical equipment, prosthetics, orthotics, and supplies, rehabilitation services, and home health care

Anthem will use the following guidelines for records requests and the adjudication of claims identified for prepayment review or post payment audit:

1. Upon confirmation of the Facility’s address, an original letter of request for supporting documentation will be sent.
2. When a response is not received within 30 days of the date of the initial request, a second request letter will be sent.
3. When a response is not received within 15 days of date of the second request, a final request letter will be sent.
4. When a response is not received within 15 days of the date of the final request (60 days total):
   a. Anthem will initiate claim denial for claims identified as pre-payment review claims as the Facility failed to submit the required documentation. The member shall be held harmless for such payment denials.
   or
   b. Anthem will initiate claim retractions for claims identified as post payment audit claims as the Facility failed to submit the required documentation. The member shall be held harmless for such payment retractions.

Anthem will not be liable for interest or penalties when payment is denied or recouped when the Facility fails to submit required or requested documentation for claims identified for prepayment or post payment audit.

This policy will not supersede any individual Facility contract provisions or state or federal guidelines.

Scope

This policy applies to all Anthem Commercial lines of business in Nevada

Policy History

Original: 1/1/2017 Original Policy
Reviewed:
Revision:

Use of Reimbursement Policy:

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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