Payment Policy | Hospital Utilization Review



EFFECTIVE DATE:01|01|2012 **POLICY LAST UPDATED:** 03|20|2018

OVERVIEW

The following are general requirements for participating hospitals; individual contracts may differ and supersede this information. This is an administrative policy.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

BCBSRI performs utilization review of admissions to the hospitals in the state of Rhode Island under the authority granted by the state's The Utilization Review Act (RIGL 23-17.12).

The hospital, through its utilization review staff, agrees to provide concurrent medical updates to the BCBSRI designee upon request. BCBSRI may send a representative to the hospital for a review of the records and attend conferences and /or discharge planning meetings related to members.

The current guidelines utilized by BCBSRI are Interqual. BCBSRI agrees to give the hospitals sixty (60) days' notice if the guidelines will be materially changed. In addition, the hospitals also agrees to accept all BCBSRI medical and administrative policies issued and /or modified from time to time by BCBSRI for the purpose of establishing reimbursable covered health services. The hospitals will be provided no less than (60) days' notice prior to the implementation.

BCBSRI and the hospitals agree to work cooperatively towards ensuring that all services proposed for members are medically appropriate and rendered in the most cost-effective setting. BCBSRI's medical management team will make every effort to verbally notify the hospital's medical management team of potential denials. The BCBSRI onsite nurse utilizes a written daily end of day/communication sheet notifying the hospital Utilization Review case management team and payer liaison of any adverse determinations for both Commercial and Medicare Products. (See attachments A & B). The hospital medical management team may discuss the potential denial with the attending physician and will notify BCBSRI if concurrence on a less intensive level of care is reached. BCBSRI agrees to reciprocate by keeping the hospital medical management team updated on decisions reached following discussion with attending physicians.



BCBSRI will not reimburse hospital inpatient days occurring as a result of delays in treatment, including failure to perform or obtain physician consultations, laboratory, radiology, and machine tests, or providing the results of such tests in an expeditious manner.

The hospital agrees to provide daily admission and discharge lists to BCBSRI.

COVERAGE Not applicable.

BACKGROUND

Not applicable.

CODING

Not applicable.

RELATED POLICIES

None

PUBLISHED

Provider Update, May 2018 Provider Update, June 2017 Provider Update, Jan 2012

REFERENCES

None

----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

