

MEDICAID PROVIDER BULLETIN

July 2016

Diagnosis-related group (DRG) outlier claims update

Anthem Blue Cross and Blue Shield Medicaid began collaborating with Equian in May 2015 to review all facility claims that exceed the outlier threshold, ensuring consistency in hospital claims review and reimbursement practices. Together with Equian, we're making every effort to streamline this process for hospitals. Effective August 1, 2016, the base DRG rate will be paid whether or not the itemized bill is included with the claim. However, an itemized bill will need to be submitted for additional outlier payment.

Equian provides a hospital claims review service that applies condition-specific medical and financial expertise to determine clinical appropriateness, billing accuracy and variances from industry billing practices. Claims that meet the following criteria are subject to Equian's forensic review:

- DRG
- Payable amount of \$25,000 or greater
- Outlier charges of \$2,500 or greater

Equian completes the review and processes the claim when the itemized bill is present. When the itemized bill is not present, the base DRG rate is paid and the outlier charges will deny with code GMU. Once the itemized bill is submitted directly to Equian, the claim will be reviewed and adjusted as appropriate.

Provider action

Please submit claims with the itemized bill in order to be paid both the base DRG rate and outlier charges.

Questions?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or Provider Services at **1-855-661-2028**.

<https://mediproviders.anthem.com/ky>

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