

MEDICAID PROVIDER BULLETIN

March 2017

This is an update about information in the provider manual. For access to the latest manual, go online to <https://mediproviders.anthem.com/ky>.

Facility clinic charge reimbursement policy

Effective April 1, 2017, in accordance with *Federal Regulation 42 CFR § 413.65*, Anthem Blue Cross and Blue Shield Medicaid (Anthem) is implementing a reimbursement policy for clinic charge reimbursement consistent with CMS guidelines.

For purposes of this policy, a clinic is an on- or off-campus outpatient facility 1) operating under the same name, ownership, financial and administrative control of a main provider (hospital) and 2) furnishing the same types of services as the main provider.

In order for a facility to receive reimbursement for any claimed technical or overhead component of the clinic charges, the provider must meet the CMS criteria for a provider-based facility as defined in *42 CFR § 413.65* including but not limited to *UB-04* revenue codes 510 through 529 or any successor codes. The provider must submit a CMS attestation or complete the attached *Provider-Based Status Attestation Statement*.

Anthem will review the attestation and make a determination as to whether the provider meets the qualifications. If the provider does not meet the criteria, Anthem will not consider the clinic a part of the larger hospital facility and will not reimburse separately for facility overhead and technical charges. If Anthem determines the clinic meets the criteria to be considered an extension of the hospital facility, Anthem will reimburse technical and overhead charges billed as appropriate, including but not limited to *UB-04* revenue codes 510 through 529 or any successor codes.

It is the provider's responsibility to inform Anthem if the facility and clinic no longer meet criteria. Failure to report a change in clinic status rendering it no longer qualified may result in the recovery of paid facility overhead and technical charges back to the date the clinic was rendered ineligible. In addition, Anthem reserves the right to periodically audit the provider to verify it continues to meet the requirements of *42 CFR § 413.65*.

Facility types excluded from this policy include:

- Critical access hospitals.
- Federally qualified health centers (FQHCs).
- Inpatient psychiatric hospitals.
- Inpatient rehabilitation facilities.
- Long-term acute care hospitals.
- Rural health clinics (RHCs).

Providers are to take the following actions:

- Please submit a CMS attestation or complete the attached attestation by April 1, 2017.
- Fax or email the completed attestation to Anthem at kyproviderrelationsmedicaid@anthem.com or **1-855-384-4872**.

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

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- Have the representative assist with completion of the attestation and answer any questions your Provider Relations representative has if he or she contacts your facility.
- Have the attestation in place and approved prior to April 1, 2017, or Anthem will not consider the clinic part of the larger hospital facility and will not reimburse separately for facility overhead and technical charges. If an attestation is received after the April 1, 2017, implementation date, reimbursement adjustments will be applied prospectively 30 days from the receipt of the completed attestation.
- Please share this information with your office staff.

If you have questions about this communication, please contact your Provider Relations representative or the Provider Services department at **1-855-661-2028**.

Provider-Based Status Attestation Statement

Main provider's Medicare provider number: _____

Main provider's Medicaid provider number: _____

Main provider's NPI number: _____

Main provider's name: _____

Main provider's address: _____

Attestation contact name and phone number: _____

Facility/organization's Medicare provider number (if applicable): _____

Facility/organization's Medicaid provider number: _____

Facility/organization's NPI number: _____

Facility/organization's name: _____

Facility/organization's address: _____

Is the facility/organization part of a multicampus hospital? _____

Is the facility an FQHC? Yes No (This is an excluded facility type.)

Is the facility an RHC? Yes No (This is an excluded facility type.)

Is the main provider accredited? Yes No

If so, by whom? _____

The facility/organization became provider-based with the main provider on the following date:

(Please indicate if this attestation is adding, deleting or changing previous information. If so, please make certain to include the effective date.)

Indicate whether the facility/organization is on campus or off campus with the main provider per § 413.65(a)(2).

_____ The facility/organization is **on campus** of the main provider — located within 250 yards from the main provider building.

_____ The facility/organization is **off campus** of the main provider — located 250 yards or greater from the main provider building but subject to § 413.65(e)(3).

Before signing this attestation, I certify I have carefully read the attached sections of the *Federal Regulations*. The facility/organization complies with the following requirements to be provider-based to the main provider (initial **one** selection only):

_____ The facility/organization is on campus per *42 C.F.R. §413.65(a)(2)* and is in compliance with the provider-based requirements in *§413.65(d)* and *§413.65(g)*, other than those in *§413.65(g)(7)*. If the facility/organization is operated as a joint venture, I certify the requirements under *§413.65(f)* have been met. I am aware of and will comply with the requirement to maintain documentation of the basis for these attestations (for each regulatory requirement) and to make that documentation available to Anthem upon request.

_____ The facility/organization is off campus per *42 C.F.R. §413.65(a)(2)* and is in compliance with the provider-based requirements in *§413.65(d)*, *§413.65(e)* and *§413.65(g)*. If the facility/organization is operated under a management contract/agreement, I certify the requirements of *§413.65(h)* have been met. I am aware of and will comply with the requirement to maintain documentation of the basis for these attestations (for each regulatory requirement) and to make that documentation available to Anthem upon request.

I certify the responses in this attestation are accurate, complete and current as of this date. I acknowledge the regulations must be continually adhered to. Any material change in the relationship between the facility/organization and the main provider (for example, a change of ownership or entry into a new or different management contract) must be reported to Anthem. **(Note: An original ink signature must be submitted.)**

Signed: _____
(Signature of officer or administrator or authorized person)

Print name of signature: _____

Title: _____
(Title of authorized person acting on behalf of the provider)

Direct telephone number: _____

Date: _____