

Clear Coverage – Day One Notification



Introduction – Dr. Debra Esser

What is Day One Precertification?

- Effective Jan. 1, 2017, BCBSNE will require precertification for all acute inpatient (medical and surgical) and inpatient observation admissions for BCBSNE members and their dependents **on day one**. This applies to Critical Access hospitals and Acute Care Facilities.
- Utilization management programs provide effective ways to manage the volume of health care services delivered to patients.
- InterQual® criteria will be used to review the precertification requests.

Day One Precertification

Guidelines for submitting precertification:

- Planned admissions can be certified on or before admission date.
- Medical admission to stabilize a patient prior to a Behavior Health/Substance Abuse admission.
- Precertification notification for unplanned admissions should occur on the first business day following admission.

This requirement **does not** apply to:

- Members with Medicare Supplement coverage
- Members for whom BCBSNE is secondary to another payer
- Hospital stays for labor and delivery (48 or 96 hour admissions)
- Behavioral Health/Substance Abuse Admissions, Acute Rehabilitation, Long Term Acute Care (LTAC) and Skilled Nursing Facility will follow their current requirements.
- Outpatient Surgery Observation would not need notification unless the care changes to Inpatient Observation (usually this is due to a medical complication).
- Admissions for Department of Corrections, University of Nebraska Student Athletes policies are excluded from the precertification requirement.

Day One Process Awareness

- **Submission of the precertification review.** Please use Clear Coverage™, a user-friendly, web-based precertification tool, which is available 24 hours a day, 7 days a week and can provide an automatic approval if criteria are met.
- **Precertification is required for coverage.** If precertification is not completed for all acute inpatient and inpatient observation admissions, the claims for these services will be denied as facility liability without opportunity to balance bill the impacted BCBSNE member.
- **Services will not be covered if medical necessity criteria are not met.** If a precertification request is submitted and BCBSNE determines that criteria are not met, benefits will not be available. If the BCBSNE member chooses to receive the services despite this determination (and provides written notification), the claim will be denied as member liability.

Day One Process Awareness for FEP

Federal Employee Program (FEP) precertification is required and if not obtained the services will not be denied but a \$500 precertification penalty will be applied to the providers reimbursement, as long as care is determined to be medically necessary.

This requirement does not apply to:

- Members with Medicare Supplement coverage
- Members for whom FEP is secondary to another payer
- Hospital stays for labor and delivery (48 or 96 hour admissions)
- Behavioral Health/Substance Abuse Admissions, Acute Rehabilitation, Long Term Acute Care (LTAC) and Skilled Nursing Facility will follow their current requirements.
- Outpatient Surgery Observation would not need notification unless the care changes to Inpatient Observation (usually this is due to a medial complication).

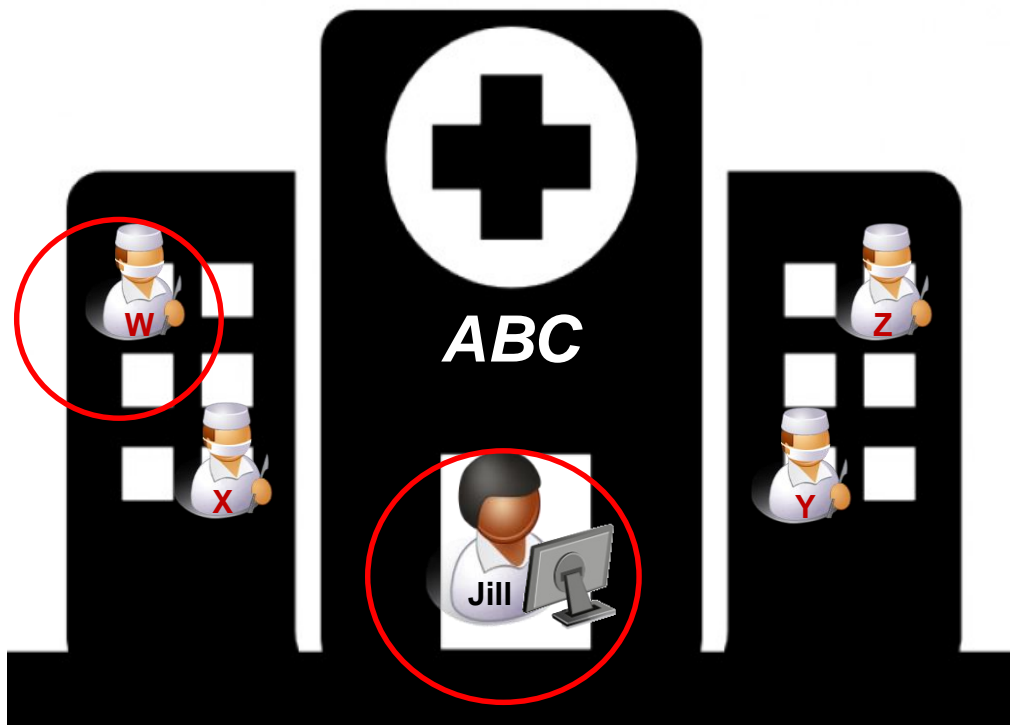
*****Please note ALL Inpatient Admissions for Gastric Restrictive Procedures require precertification's to confirm the member has met requirements for medical necessity. Again if this is not done and care is determined to be medical necessary the \$500 penalty will be applied.**

Clear Coverage Terminology

- **User** – This is the person who has logged into Clear Coverage to submit a precertification request. They are given a login and password and access to an inpatient Requesting Facility.
- **Requesting Facility** – The brick and mortar hospital location of where the user is submitting their request from and where the admission is taking place. This also controls the security of who can view each others precertification requests.
- **Admitting Provider** – This is the clinician who is responsible for admitting the patient to the hospital or other inpatient health facility.
- **Attending Provider** – This can be the hospitalist or provider who attends to the patient during the inpatient stay.
- **Note:** Admitting Provider and Attending Provider can be the same.

Clear Coverage Day One Workflow

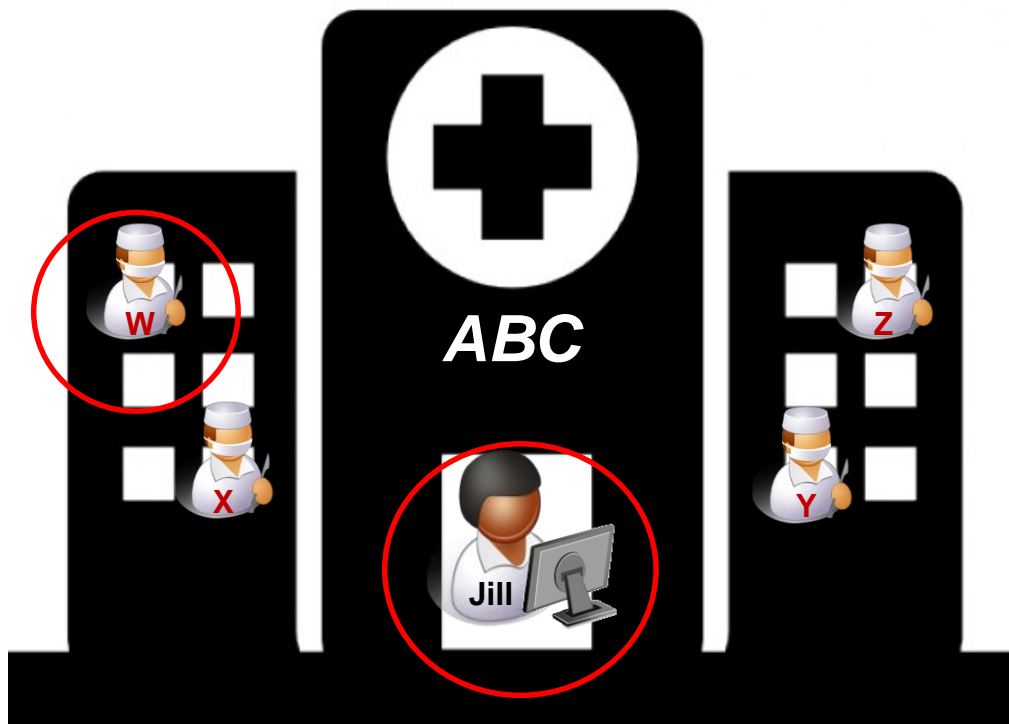
ABC Medical Center



- Nurse Jill logs into Clear Coverage and into the ABC Medical Center requesting facility.
- Selects the Member/Patient
- Selects the Admission date
- Selects the Admitting Provider
- Selects the Attending Provider
- Selects the Diagnosis
- Admit Type – Observation, Medical or Surgical
- Completes the Review
- Admit Type must match the Criteria Selected
- Nurse Jill may get an auto precertification if criteria are met with a length of stay based on clinical review
- If Observation Criteria are met, Nurse Jill may get an auto precertification for up to 48 hours.
- If Nurse Jill does not receive an auto precertification, she must provide clinical documentation in Clear Coverage.

Clear Coverage Inpatient Workflow

ABC Medical Center



- On the Next Review Date, if the patient needs to stay inpatient longer.
- Nurse Jill goes back to Clear Coverage, finds the precertification and starts a Continued Stay
- Completes the Medical Review
- Precertification approval provided if criteria are met with additional length of stay based on clinical review
- When the patient has discharged and has left the facility, Nurse Jill will enter the discharge date and disposition in Clear Coverage.
- If Nurse Jill does not receive an auto precertification, she must provide clinical documentation in Clear Coverage.



Clear Coverage Demonstration

Clear Coverage System

- System will time out after 10 minutes of non-use.
- Work that is not saved will be lost when the system times out. Please save your progress.
- Users can save a precertification once the patient has been selected in Clear Coverage. Click “Save”
- If the system times out you will be able to search for this precertification on the Authorization Requests Tab.

Important Things to Know

This requirement **does not** apply to:

- Members with Medicare Supplement coverage
 - Members for whom BCBSNE is secondary to another payer
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 - Admissions for Department of Corrections, University of Nebraska Student Athletes policies are excluded from the precertification requirement.
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- FEP precertification is required but if not obtained the services will not be denied if determined to be medically necessary, however a \$500 precertification penalty will be applied.
 - Planned admissions can be certified prior to admission date.
 - Precertification notification for unplanned admissions should occur on the first business day following admission.
 - Eligibility files for Nebraska members are updated daily. If a patient has not yet been added to membership (example newborn admitted to NICU) contact Case Management directly, following current processes.
 - Provider files are updated weekly.
 - BCBSNE Clear Coverage is a required tool for Nebraska members, continue contacting other BCBS Plans for their specific precertification requirements.
 - January 3, 2017 Clear Coverage will be online and available for use.

Resources for Clear Coverage

Clear Coverage FAQ's and User Manual – Coming soon!

- Link: <https://www.nebraskablue.com/providers/policies-and-procedures>

Please reach out to Provider Relationship Managers to set up onsite training with a case manager.

- Link: www.nebraskablue.com/providers/resource-center/contacts-for-providers

Users will access Clear Coverage through NaviNet using a single sign on beginning Jan 3rd, 2017 – create your NaviNet user ID today.

Connect to NaviNet from the BCBSNE website

- Link: www.nebraskablue.com/providers

Single Sign On Through NaviNet

The screenshot displays the BlueCross BlueShield Nebraska website. At the top left is the logo with the text "BlueCross BlueShield Nebraska". To the right are navigation links: "Contact Us", "Careers", "About Us", and social media icons for Twitter, Facebook, and LinkedIn. Below these are links for "For Brokers", "For Providers", "For Employers", and "Your Online Account". A search bar is located on the far right. A dark blue navigation bar contains "Buy a Plan", "Explore Plans", "Medicare", "Find a Doctor", and "Resources". A light blue banner below reads "Select a health plan by 12/15/16 for coverage effective 1/1/17" with a "Learn More »" link. On the left sidebar, there are sections for "Credentialing", "Forms for Providers", "NEBLUEconnect" (with links for EDI Contacts, EDI Documentation, EDI Downloads, PC ACE, and EDI Enrollment), and "Newsletters" (with links for Dental Update and Update). The main content area features a section titled "BCBSNE is available on NaviNet!" with a description of the provider portal and a photo of a woman. Below this is a larger section titled "Tools for Current Providers" with the text "Your online access to member benefits, eligibility, claim status, and remittance advice information." At the bottom of this section are three buttons: "SIGN UP OR LOG IN" (with a mouse cursor pointing to it), "NAVINET GUIDE", and "NAVINET FAQ".

Providers can link to NaviNet through our website: www.nebraskablue.com/providers

Questions on Clear Coverage Day One Precertification?



Thank you for coming today!