April 22, 2022

Subject: **Notification of July 2022 Updates to the Blue Shield *Hospital and Facility Guidelines***

Dear Provider:

We have revised our *Hospital and Facility Guidelines.* The changes listed in the following provider manual sections are effective July 1, 2022.

On that date, you can search and download the revised manual on Provider Connection at www.blueshieldca.com/provider in the *Provider Manuals* section under *Guidelines & resources*.

You may also request a PDF version of the revised *Hospital and Facility Guidelines* be emailed to you or mailed to you in CD format, once it is published, by emailing providermanuals@blueshieldca.com.

The *Hospital and Facility Guidelines* is referenced in the agreement between Blue Shield of California (Blue Shield) and the hospitals and other facilities contracted with Blue Shield. If a conflict arises between the *Hospital and Facility Guidelines* and the agreement held by the hospital or other facility and Blue Shield, the agreement prevails.

If you have any questions regarding this notice about the revisions that will be published in the July 2022 version of this manual, please contact your Blue Shield Provider Relations Coordinator.

Sincerely,

Aliza Arjoyan
Senior Vice President
Provider Partnerships & Network Management

T12566 (4/22)

UPDATES TO THE JULY 2022
HOSPITAL AND FACILITY GUIDELINES

Section 1: Introduction

MEMBER RIGHTS AND RESPONSIBILITIES

Statement of Member Responsibilities

Updated *the following member responsibility with additions in boldface type below:*

15. For all mental health and substance use disorder services, follow the treatment plans and instructions agreed to by them and Blue Shield's mental health services administrator (MHSA) **and obtain prior authorization as required by the applicable plans *Evidence of Coverage* or *Health Service Agreement*** for all non-emergency mental health and substance use disorder services. **Medical services for the treatment of gender dysphoria, eating disorder, or substance use disorder are the responsibility of Blue Shield.**

MEMBER GRIEVANCE PROCESS

Added *entire "External Exception Review" section to the Member Grievance Process, below:*

External Exception Review

If Blue Shield denies an exception request for coverage of a Non-Formulary Drug, Step Therapy or a Prescription Drug Prior Authorization, the Member, authorized representative, or the Provider may submit a grievance requesting an external exception request review. Blue Shield will ensure a decision within 72 hours in routine circumstances or 24 hours in exigent circumstances. This review process applies to plans regulated by the DMHC or CDI.

Section 2: Hospital and Facility Responsibilities

SERVICE ACCESSIBILITY STANDARDS FOR COMMERCIAL AND MEDICARE

Added *language in boldface type to the Urgent Care Appointment access standard:*

ACCESS TO CARE	STANDARD
Urgent Care Appointment Access to urgent symptomatic care appointments requiring prior authorization. **When a Practitioner refers a member (e.g., a referral to a specialist by a PCP or another specialist) for an urgent care need to a specialist and an authorization is required, the member must be seen within 96 hours or sooner as appropriate from the time the referral was first authorized.** The time standards must be met unless the referring, treating, or health professional providing triage services determines that a longer wait time will not have a detrimental impact on the enrollee.	Within 96 hours

BEHAVIORAL HEALTH APPOINTMENT ACCESS STANDARDS

Deleted and replaced *the chart as follows:*

CATEGORY	ACCESS STANDARDS
Routine and follow-up visits with non-physician practitioners	Within 10 business days
Routine and follow-up visits with behavioral health physicians	Within 15 business days
Urgent Care visits	Within 48 hours
Care for an Emergent Non-Life-Threatening Situation	Within 6 hours

PROVIDER-TO-MEMBER RATIO

Added *the following new standard for Provider-to-Member Ratio:*

CATEGORY	STANDARD	COMPLIANCE TARGET
A total of four (4) Non-Physician Medical Practitioners in any combination that does not include more than: • **Two (2) Physician Assistants per supervising physician** • **Four (4) Nurse Practitioners per supervising physician** • **Three (3) Nurse Midwives per supervising physician**	Each Non-Physician Medical Practitioner practicing under a physician increases that physician's capacity by 1,000 members to a maximum of 4,000 additional members. However, the following specification cannot be exceeded: • Physician Assistants: 1 FTE supervising Physician to Non-Physician Medical Practitioner ratio cannot exceed: Physician to Physician Assistant 1:2. • Nurse Practitioners: 1 FTE supervising Physician to Non-Physician Medical Practitioner ratio cannot exceed: Physician to Nurse Practitioner 1:4. • Nurse Midwives: 1 FTE supervising Physician to Non-Physician Medical Practitioner ratio cannot exceed: Physician to Nurse Midwife 1:3.	100%

Section 3: Medical Care Solutions

MEDICAL CARE SOLUTIONS PROGRAM OVERVIEW

Added *language to indicate hours of operation for inpatient utilization management, in boldface type below:*

The Medical Care Solutions Department within Blue Shield's Health Solutions division is established to provide oversight of the delivery of care to members. **Medical Care Solutions provides inpatient utilization management 7 days a week from 8 a.m. to 5 p.m., except for company designated holidays.**

Updated *language to clarify that Blue Shield Medical Care Solutions will follow regulatory and accreditation Timeliness Standards for all urgent and non-urgent requests for services.*

EMERGENCY SERVICES

Updated *admission notification timeframes in boldface and strikethrough type as follows:*

Prior authorization is not required for urgent and emergency services. If these services result in a hospital inpatient admission, the attending physician or the hospital must notify the designated Medical Care Solutions team within 24 hours **of that admission** ~~or by the end of the first business day following the stabilization of the member~~. **Medical Care Solutions notifies the members identified PCP of admission within 24 hours**. The member should notify his or her primary care physician (HMO) as soon as it is medically possible for the member to provide notice.

DISCHARGE DATE NOTIFICATION

Updated *the following inpatient admission information in boldface and strikethrough type as follows:*

For all inpatient stays, the hospital/facility must notify Blue Shield's Medical Care Solution department via fax at (844) 295-4639 of a patient's discharge date and disposition within 24 hours **of the member's discharge.** ~~or by the end of the first business day following the discharge. Weekend and holiday discharges require notification by the next business day.~~

ADMISSION AUTHORIZATION

OUTPATIENT AUTHORIZATIONS

Mental Health and Substance Use Disorder

Updated *Prior Authorization List for mental health and substance use disorders, with additions in boldface type below:*

TYPE OF SERVICE / PROCEDURE	PPO / DIRECT CONTRACT HMO
Mental Health and Substance Use Disorder For commercial plans managed by Blue Shield's mental health service administrator (MHSA). This includes fully-insured HMO, PPO, EPO, and self-funded plans. Prior authorization is required for: • Non-emergency mental health or substance use disorder Hospital admissions, including acute and residential care • ~~Other~~ Outpatient Mental Health and Substance Use Disorder Services~~, as~~ listed below**, as required by the applicable plans *Evidence of Coverage* or *Health Service Agreement.*** o Behavioral Health Treatment (BHT) including Applied Behavior Analysis (ABA). o Electro-convulsive Therapy (ECT) and associated anesthesia. o Intensive Outpatient Program. o Partial Hospitalization Program. o **Neuropsychological Testing should be considered for coverage through the patient's mental health benefit when:** ▪ **After completion of a comprehensive Behavioral Health evaluation and neurological evaluation, if the Behavioral Health provider or neurologist determines the neuropsychological testing is required, the provider will request authorization and coordinate the request, Blue Shield MHSA will cover Neuropsychological testing when, the purpose of testing is to clarify whether there is a psychiatric diagnosis (even when medical conditions are present).** o Transcranial Magnetic Stimulation.	Contact MHSA (800) 378-1109

ADMISSION AND CONCURRENT INPATIENT REVIEW

Deleted and replaced *the section as follows:*

Blue Shield applies industry standard evidenced-based protocols and guidelines in the admission and concurrent review process. Blue Shield Medical Care Solutions reviewers may conduct concurrent review throughout an admission to determine level of care and continued medical necessity. The reviews may be conducted telephonically, electronically (electronic medical record access), reviewing faxed clinical records and / or with onsite reviews on an as needed basis.

Note: Authorization is not needed for a maternity admission for a routine delivery. If the baby stays after the mother is discharged, then the physician must contact Blue Shield for pre-certification of additional days for the baby.

Licensed clinicians evaluate for medical necessity and appropriateness of the level of care, including sub-acute care, and may require supporting medical documentation from the hospital including remote access to the hospital's electronic medical record. Hospitals must contact Blue Shield within 24 hours of admission. Authorization for additional days beyond the authorized length of stay must be obtained from the designated Medical Care Solutions team one day prior to the end of the authorized length of stay. Failure to request additional days prior to rending services may result in non-coverage. The facility is notified within 72 hours of the request by telephone, fax, or in writing of the determination to continue the stay. If the provider is notified of the determination by phone, written notification will follow within 24 hours of the determination.

If the designated medical director or physician reviewer determines that the services are not medically necessary or at the appropriate level of care, he/she will contact the attending physician for a peer-to-peer discussion to develop a mutually agreed upon discharge plan.

A hospital employee, such as a Discharge Planner or Hospitalist, may request a referral for a member into one of Blue Shield's care management programs by contacting the Medical Care Solutions Reviewer.

To complete the authorization process and enable timely claims payment, the patient's discharge date and disposition must be communicated to Blue Shield Medical Care Solutions within 24 hours of discharge.

Section 4: Billing and Payment

PROVIDER APPEALS AND DISPUTE RESOLUTION

UNFAIR BILLING AND PAYMENT PATTERNS

Address For Submission of an Initial Appeal

Added *the email address to visit, in order to get information concerning the provider appeal process and digital submission options, below:*

For additional information regarding the appeal process, and to review digital submission options, please visit Provider Connection at blueshieldca.com/provider.

Required Information/Appeal

Added *the following "bullet point" indicating documentation that must accompany an appeal, below:*

- Proof of participation in the IPA's provider appeal process and when the original determination was made by the IPA (such as a copy of the IPA Appeal denial letter and/or denial letter EOB), when applicable

Provider Appeal Documentation

Added *guidance to help facilitate and expedite provider dispute processing, below:*

Providing all supporting documentation at the time the initial dispute is submitted will help ensure timely processing.

Section 5: Blue Shield Benefit Plans and Programs

CARE MANAGEMENT

Added *the following section describing Blue Shield's new maternity program:*

Maternity Program. Blue Shield has teamed up with Maven to offer Maven Maternity to our members. Maven Maternity is a 24/7 virtual care program designed to support Blue Shield members during and after pregnancy. Maven is also available to members who have experienced a pregnancy loss and to partners if they are on an eligible Blue Shield medical plan. Blue Shield members can use Maven to book coaching and educational video appointments with providers across more than 30 specialties, including OB-GYNs, mental health specialists, doulas, lactation consultants, and more. Providers can encourage members to enroll in the Maven Maternity Program by visiting blueshieldca.com/maternity.