



AMBULATORY INFUSION CENTER

GENERAL INFORMATION

I. BCBSM's Infusion Therapy Program

BCBSM's Infusion Therapy Program provides benefits for eligible members for the administration of a controlled amount of medication, or replacement fluid into a vein or other tissue. This therapy can be administered in the outpatient setting with the objective of improving patient satisfaction, recovery time and quality of life.

Note: Enteral services are not included in the AIC benefit design but may be covered under a member's Durable Medical Equipment coverage. Some BCBSM members are required to have enteral services provided by a separate network of DME/P&O providers (e.g., SUPPORT).

Traditional

Participation with Blue Cross Blue Shield of Michigan (BCBSM) is on a formal basis only. Services provided by a non-participating Infusion Therapy Center are not reimbursed by BCBSM to either the facility or the member.

The following information applies to facilities that want to participate in BCBSM's network for members enrolled in our Traditional product. Please note, however, that members enrolled in BCBSM's PPO and Point of Service products (e.g., Community Blue PPO, Blue Preferred PPO, Blue Preferred Plus PPO, Blue Choice POS, etc.) use the BCBSM Traditional network *unless* a separate network for Infusion Therapy services has been established for those members. Members of other Blue Cross Blue Shield (BCBS) Plans also use the Traditional network. Be sure to verify benefit and eligibility for all BCBSM or BCBS members *before* providing services.

Also note: BCBSM Medicare Supplemental members, (except Option IV Exact Fill) do *not* currently use the Infusion Therapy Program. Other exceptions may apply.

II. BCBSM's Ambulatory Infusion Center Qualification Requirements

In order to participate with BCBSM an AIC provider must, at minimum, have and maintain the following:

- A physical location on an appropriate site in Michigan where facility conducts business as a supplier of infusion therapy services
- Full accreditation, generally three years, in all components of infusion therapy by at least one national accreditation organization approved by BCBSM such as, but not limited to, the following:
 - the Joint Commission (JC) in each of the following services:
 - Ambulatory Care
 - the Accreditation Commission for Health Care (ACHC) in home infusion therapy services.
 - Pharmacy

- ❑ Ambulatory Infusion Center Services
 - ❑ Infusion Nursing Services
 - ❑ Infusion Pharmacy Services
 - ❑ the Community Health Accreditation Program, Inc. (CHAP) in all components of home infusion therapy,
 - ❑ Infusion Therapy Nursing
 - ❑ Pharmacy
 - ❑ Infusion Therapy Operations
- Current Michigan pharmacy license
- Staffing requirements: Facility must directly employ, unless otherwise indicated, all of the following:
 - ❑ a registered pharmacist, licensed in Michigan, to coordinate the patient's pharmaceutical plan
 - ❑ an employed or subcontracted Michigan licensed physician medical director who has expertise in infusion therapy services, to provide overall direction for the clinical aspect of the home infusion therapy
 - ❑ a registered nurse who will develop, coordinate, and supervise all activities of nursing services, including responsibility for assuring that only qualified individuals administer infusion drugs. The nurse will also consult with the pharmacist and the patient's physician or licensed healthcare practitioner to coordinate patient's care
 - ❑ a licensed registered nurse or certified phlebotomist to draw blood samples for testing
 - ❑ licensed registered nurses who provide patient care must have specialized education or training in infusion therapy services. Facility may subcontract *additional* nursing services on an as-needed basis if such registered nurses have specialized education or training in infusion therapy services.
- General requirements include:
 - ❑ a toll free emergency telephone number, available during business hours
 - ❑ a system that ensures prompt delivery and appropriate storage of pharmaceuticals, medical supplies, and dependable maintenance and servicing of equipment
 - ❑ a documented recall policy and procedure in the event of an FDA recall of an infusion product
 - ❑ care is provided under the general supervision of the patient's physician and follows a written and signed plan of care. The treatment plan must be signed yearly
 - ❑ absence of inappropriate utilization or practice patterns, as identified through valid subscriber complaints
 - ❑ have an absence of fraud and illegal activity
 - ❑ maintains adequate patient and financial records
 - ❑ documented program evaluation, utilization review and peer review processes to assess the appropriateness, adequacy, and effectiveness of the program's administrative and clinical components applicable to all patient services in accordance with the requirements of BCBSM and the appropriate accrediting and regulatory agencies
 - ❑ written policies and procedures that meet generally acceptable standards, as determined by BCBSM, for ambulatory infusion services to assure the quality of patient care, and demonstrate compliance with such policies and procedures

Note: It is BCBSM's policy to recredential participating providers every 3 years to verify continued compliance with all qualification requirements.

III. Ambulatory Infusion Center Reimbursement

For covered services provided in an ambulatory infusion center, BCBSM will pay the facility for two components; (i) pharmaceutical and (ii) administration of infusion therapy and select injections. Further details are found in the provider participation agreement. The rates are BCBSM's standard rates and are not negotiable. Participating providers are required to bill BCBSM for covered services and to accept BCBSM's payment as payment in full for covered services, except for any member copayments and/or deductibles.

IV. The BCBSM Participation Agreement

The BCBSM AIC Participation Agreement is available on bcbsm.com. The agreement is also available as a link in the participation chapter of the provider manual on web-DENIS for those providers that already have web-DENIS access. The participation agreement is on file with the Michigan Office of Financial and Insurance Regulation (OFIR), and its terms and provisions are not negotiable.

The applicable participation agreement signature document for each BCBSM network/program being requested on the application is available on the AIC home web page and must be completed, signed and returned with a completed facility application form.

NOTE: This is general information only and is subject to change without notice.

After we review the application and accompanying documentation, we may contact the designated representative of the facility to set up an appointment for an on-site visit. The on-site visit includes a review of a sample of medical records to evaluate the applicant's compliance with BCBSM requirements, as outlined in this application. The facility must be ready for the on-site review at the time of submitting the application. If the facility is approved for program participation, the appropriate notification will be issued. If the facility is not approved, we will send notification in writing indicating the reason(s) for the denial.

The facility may not submit claims and is not eligible for reimbursement unless and until the application for participation is approved by BCBSM and BCBSM has issued a signed letter of approval to the facility for the networks requested. The effective date for the approved networks will be indicated in the approval letter sent to the facility. Effective dates are not retroactive to the date the application was submitted or received.

A separate BCBSM PIN is assigned to each approved and contracted location. With the implementation of the National Provider Identifier (NPI), BCBSM crosswalks the claims from the facility's NPI to the BCBSM PIN (i.e., BCBSM's internal identifier) for processing. Therefore, BCBSM recommends obtaining one NPI (in accordance with federal guidelines), for each location and provider type. Federal guidelines also allow for an NPI to be obtained for unique combinations of tax ID, location and taxonomy (specialty) codes.

Upon completion of the application and contracting process, the facility will receive a welcome package with information on how to sign up for electronic billing and access to web-DENIS, BCBSM's web-based information system for providers. Through web-DENIS the facility will have access to provider manuals, newsletters (e.g., *The Record*), and patient data such as contract eligibility and benefits. It is the facility's responsibility to be familiar with and to adhere to all BCBSM billing and benefit requirements. It is also the responsibility of the facility to ensure its billing department (or billing agency) is compliant with all of BCBSM's billing requirements.

If the facility is approved and contracted, the AIC PIN is to be used for billing BCBSM for *all* AIC services (i.e., pharmacy and related administration services). AIC facilities must submit claims on the electronic equivalent of a CMS-1500 claim form. Facilities that would like more information

about internet claims submission or who wish to bill electronically should contact BCBSM's Electronic Data Input (EDI) Helpline at (800)-542-0945 for electronic billing information after their BCBSM PIN has been received.

Facilities that participate in the Infusion Therapy program must notify BCBSM *immediately* of any change in the facility's ownership, tax identification number, CMS supplier numbers, NPI, address, telephone number, etc.

Multiple Locations

If the facility is applying for participation (or an ownership change) for more than one location, each location must meet all requirements in order to be approved. A separate BCBSM provider code is issued for each approved location with a separate NPI. A separate application must be submitted for each location.