HOME INFUSION THERAPY FACILITY

GENERAL INFORMATION

I. BCBSM's Home Infusion Therapy Program

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

Note: Enteral services are not included in the HIT 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 Home Infusion Therapy facility 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 Home 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 HIT Program. Other exceptions may apply.

II. BCBSM's Home Infusion Therapy Program Qualification Requirements

In order to participate with BCBSM a HIT 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 home infusion therapy services
- Full accreditation, generally three years, by:
  - the Joint Commission On Accreditation Of Healthcare Organizations (JC) in each of the following services:
    - nursing infusion
    - durable medical equipment, and
    - pharmacy
  - the Community Health Accreditation Program, Inc. (CHAP) in all components of home infusion therapy, or
- the Accreditation Commission for Health Care (ACHC) in home infusion therapy services.

- A current Medicare Part B supplier number for:
  - durable medical equipment, and
  - pharmacy

- 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 home infusion drugs
  - 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 home infusion services. Facility may subcontract additional nursing services on an as-needed basis if such registered nurses have specialized education or training in home infusion services.

- General requirements include:
  - a toll free emergency telephone number, available on a 24 hour/seven day a week basis
  - ability to deliver covered services to the member's home within 24 hours of receipt of a physician's order
  - a system that ensures prompt delivery and appropriate storage of pharmaceuticals, medical supplies, and dependable maintenance and servicing of equipment
  - an acceptable medical waste disposal system for in-home use
  - 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 that is reviewed at least every 30 days, or as often as deemed necessary by the patient's physician
  - 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

Note: It is BCBSM’s policy to recredential participating providers every 2-3 years to verify continued compliance with all qualification requirements.

III. Home Infusion Therapy Facility Reimbursement

For home infusion therapy covered services, BCBSM will pay the facility for three components; (i) pharmaceutical, (ii) durable medical equipment, medical supplies, and solutions, and (iii) nursing visits. 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.

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IV. The BCBSM Participation Agreement

The BCBSM HIT Participation Agreement is available on the bcbsm.com HIT home web page. 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 HIT 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 BCBCM 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 HIT PIN is to be used for billing BCBSM for all HIT services (i.e., nursing care, supplies, solutions and pharmacy). HIT 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 HIT program must notify BCBSM immediately of any change in the facility’s ownership, tax identification number, CMS supplier numbers, NPI, address, telephone number, etc.

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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.