



**Blue Cross
Blue Shield**
of Michigan

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Blue Cross Blue Shield of Michigan Reimbursement Policy

These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

Enterprise:	Blue Cross Blue Shield of Michigan
Department	Medical Affairs
Effective Date:	January 1, 2017
Next Review Date	3rd Quarter 2027

Retail Health Centers

Background:

RHCs are health centers that treat uncomplicated acute minor illnesses and injuries and provide preventive health care services on a “walk-in” basis and offer convenient hours in a retail location. RHCs are not meant to substitute for the provision of ongoing and comprehensive health care services provided by a member’s primary care physician who provides as an example, overall patient health management and treatment of chronic, severe and complicated medical conditions.

- RHC services are typically available 7 days a week, including evenings and weekend hours with no appointments necessary.
- Care is usually delivered by Certified Nurse Practitioners (CNP) or Physician Assistants (PA).

Rationale

- To provide members with new and convenient access to low-level, acute care visits, with lower costs than urgent care centers and to provide a convenient alternative to the inappropriate use of the emergency room.
- To address customer and member demand for access to this location for minor health care services.
- BCBSM competitors offer reimbursement to RHCs.
 - BCBSM’s major competitors, Aetna, Cigna, Humana and Priority Health participate with RHCs.
 - Nationally, many BCBS plans participate with RHCs.
- Increase customer and member satisfaction by providing improved access to primary care, particularly after normal business hours

- Identification of RHCs will help BCBSM remain competitive in the market.

Reimbursement Policy Statement:

BCBSM will formally contract with RHCs and establish a unique RHC professional provider specialty and type. RHCs will be reimbursed for services at 85 percent of the Traditional and TRUST professional fee schedule, less any member deductibles and copayments for office visits. Ancillary services (e.g., office lab services, immunizations and injections) will be reimbursed consistent with BCBSM's ancillary payment methodology, less any member deductibles and copayments. (Refer to CNP Contract, Addendum C, Reimbursement Methodology)

Participating RHCs will receive direct reimbursement for covered professional health services within the scope of the licensure of clinicians employed by RHCs. RHCs will be allowed to receive reimbursement for:

- The same range of CPT codes available to professional providers in the physician office setting with the exception of Evaluation and Management office visit codes for moderate to severe problems. The following codes are not payable in a RHC: 99204 and 99205.
- E&M office visit codes 99214 and 99215 will be reimbursed at level 99213. This payment level is only reversible to a 99214 or 99215 payment, equal to the CNP fee, level if successfully appealed in accordance with Article 5 (Claim Disputes and Appeals).

Policy Guidelines:

- RHCs will be responsible for ensuring that their clinical practitioners only provide services within their scope of practice based on the practitioners' Michigan licensure.
- Contracting requirements will include language requiring RHCs to demonstrate a process for collaboration and communication between the RHC and a member's primary care physician with a member's permission.
- Qualified RHCs will be enrolled in the Traditional program; however, claims for PPO members will be considered in-network when members use a participating RHC.
- The non-member professional provider agreement will be used to contract with RHCs.
- RHCs will be required to report the rendering provider information on claims for processing.
- A Physician (MD/DO) must serve as the RHC's medical director and be responsible for oversight of medical management at RHC locations in accordance with BCBSM's published policies.
- The RHC's medical director must be a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) and:
 - Licensed in the state of Michigan and in good standing with applicable state and federal licensing and regulatory requirements,
 - In good standing with all BCBSM programs, and
 - Participating in BCBSM's Traditional and TRUST programs.
- All RHC's personnel who provide covered services to members must be appropriately licensed by the state of Michigan, and such requirement must be overseen and attested to by the RHC's medical director.
- RHCs must meet any appropriate licensure, regulatory and accreditation requirements published by BCBSM in the future. BCBSM will advise RHCs of the date on which they

will have to be accredited, licensed or comply regulations allowing a reasonable amount of time to do so.

- Provider must have an absence of fraudulent and illegal activities.
- Provider must have an absence of inappropriate utilization practices that may be identified through proven subscriber complaints, Medical Necessity audits, and peer review.

Exclusions:

- Evaluation and Management office visit codes for moderate to severe problems are not payable.
- The following codes are not payable in a Retail Health Center 99204 and 99205.

Note: Contract and group coverage may vary. Please check individual contract, certificate and rider for specific coverage information.

Scope: This policy applies to all underwritten book of business and self-funded contracts pending customer review.

BCBSM Policy History

Policy Effective Date	BCBSM Signature Date	Comments
01/01/2017	04/28/2016	BCBSM Reimbursement policy established
01/01/2017	09/21/2016	Updated to include ancillary services methodology and updated E&M code coverage
01/01/2017	09/27/2017	Yearly Review - No updates
01/01/2017	10/05/2018	Yearly Review – No updates
01/01/2017	09/24/2019	Yearly Review – No updates
01/01/2017	7/9/2020	Yearly Review – Updated Background information First paragraph removed.
01/01/2017	7/15/2021	Yearly Review – No updates
1/1/2017	7/9/2022	Yearly Review – No updates
1/1/2017	7/13/2023	Yearly Review – No updates
1/1/2017	7/11/2024	Yearly Review – No updates
1/1/2017	7/10/2025	Yearly Review – No updates

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1/1/2017	7/14/2026	Yearly Review – No updates
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