RURAL HEALTH CLINICS

GENERAL INFORMATION

I. BCBSM Facility Code for Medicare Supplemental Product

The following information applies to Rural Health Clinics (RHC) that bill Medicare on an institutional claim (on a UB-04 or its electronic equivalent) (whether provider-based or not) and that wish to obtain a BCBSM facility code to enable payment for Medicare Supplemental services (through cross-over or via direct submission). It is not for services where BCBS coverage is primary (see last paragraph of this section). Patients who have primary coverage through Medicare may also have Medicare Supplemental coverage through BCBSM. This is different than BCBSM’s Medicare Advantage product(s). BCBSM’s Supplemental product typically provides for payment of the patient’s Medicare deductible and copayment amounts that are *not* payable by Medicare but that are covered services under the patient’s Medicare Supplemental benefit plan.

If the RHC wishes to obtain a facility code for Medicare-Supplemental, the RHC must meet *all* of the following criteria:

- Medicare certified as an RHC
- Located in Michigan,
- Has a National Provider Identifier (NPI) that is separate from a hospital,
- Bills Medicare services to Medicare as an institutional provider (on a UB-04 or its electronic equivalent)

Please do *not* complete an application for a Medicare Supplemental facility code if the RHC bills Medicare with the same NPI as a hospital or if the RHC needs a professional PIN for billing primary services to BCBSM.

Medicare certified RHCs that meet all four of the criteria stated above are eligible to apply for a BCBSM RHC Supplemental facility code to enable the payment of covered RHC Supplemental services. If approved, the RHC’s NPI will be mapped to its BCBSM RHC Supplemental facility code on the BCBSM NPI crosswalk to our claims processing systems. Payment will be sent by check to the remittance address designated in your application. For provider-based RHCs, payment will no longer be included in the hospital’s BIP payment. If the RHC is *not* provider-based, the RHC will no longer need to bill BCBSM for Supplemental with a professional PIN/NPI or claim form and the RHC must ensure that it does not direct bill on a professional claim form for Medicare Supplemental services already paid on an institutional claim (duplicate payments).

In general, the effective date of an RHC’s eligibility for payment under the BCBSM Medicare Supplemental program coincides with the effective date of the facility’s Medicare certification as an RHC. However, due to claims filing limitations, BCBSM will generally not assign a BCBSM Supplemental facility code with a retroactive effective date that exceeds a two year period. If this application pertains to an ownership change and BCBSM approves an effective date retroactive to the date of the ownership change, this is not in any way a guarantee that old claims will process. The claims are still subject to any applicable claims filing limitations.
Services provided at an RHC in Michigan for BCBS primary members must be billed to BCBSM using an NPI that is mapped to a BCBSM professional provider identification number (PIN) and must be billed using the professional claim format, even if the RHC bills Medicare services to Medicare on an institutional claim. RHCs should contact the Provider Enrollment department at (800) 822-2761 for instructions on how to obtain an appropriate BCBSM PIN if they do not already have such PIN(s).

II. Medicare Advantage PPO Network

Facilities that are Medicare certified as Rural Health Clinic facilities are eligible to apply for affiliation in the BCBSM Medicare Advantage PPO Network which became effective January 1, 2010 to individual and group customers. To participate in the BCBSM MA PPO Network, the facility must have and maintain current Medicare certification as an RHC, be in good standing with BCBSM, and not be excluded from state or federal programs.

Note: If the MA-PPO applicant is an RHC and does not currently have a BCBSM RHC Medicare Supplemental facility code, one will be automatically assigned by BCBSM (if the RHC’s NPI is separate from its provider-based hospital’s NPI, as described in Section I). This will enable the direct payment of Medicare Supplemental facility payments that cross over from the Medicare claims payer.

Medicare Advantage PPO Reimbursement

Reimbursement for RHCs that participate in the BCBSM MA PPO network is made at the BCBSM Payment Rate(s) for the applicable service, less any applicable member copayments or deductibles. The BCBSM Payment Rate for RHCs will be 101% of the facility’s Medicare RHC per-visit rate less the applicable patient co-payment, which will be payable by the Member. Reimbursement is further described in the RHC Attachment to the MA PPO agreement. Out-of-network RHCs will be reimbursed at CMS rates, less the member’s applicable cost sharing and out-of-network copayments and/or deductibles which must be collected directly from the member.

Medicare Advantage PPO Agreement

The applicable RHC MA PPO participation agreement is available on the bcbsm.com RHC home web page. The payment rates and the terms and provisions of the MA PPO agreement are not negotiable.

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

If you have multiple RHC sites, a separate application is required for each RHC site that has its own NPI and/or Medicare certification number.

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 network will be indicated in the approval letter sent to the facility.

Once you have received your RHC facility code, the facility code and NPI must be registered with our EDI department for electronic claims submission for Medicare Supplemental. For questions about electronic claim submission or registering your NPI, visit www.bcbsm.com (and use the
Electronic Connectivity and the HIPAA/NPI links in the Provider section), or call the EDI Help Desk at 800-542-0945.

It is the facility’s responsibility to be familiar with and to adhere to all BCBCM billing 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 as published in provider manuals on web-DENIS.

NOTE: This is general information only and is subject to change without notice. It does not constitute a provider manual and members’ benefit plans will vary.