

We allow daily census reporting from facilities by fax or email rather than requiring phone calls. This creates a streamlined process and decreases administrative time spent by the facility and Blue Cross and Blue Shield of Vermont (Blue Cross VT).

Below is an overview of the requirements and process:

By 8 a.m. each day, a census report is faxed or emailed to our Utilization Management (UM) Team at (866) 387-7914 or utilizationmangement@bcbsvt.com. A contact name and phone number must be provided with the report. The report must identify Blue Cross VT* members who are:

- Newly admitted
- Continued stays
- Discharged
- Upgrade from Observation/Emergency room to admission.

*If you are not sure which prefixes are Blue Cross VT members, or New England Health Care/Access Blue New England members (must have a primary care provider in Vermont) a list is available on our provider forms and resources web page under additional resources – Prefix Listing.

If your system is capable of generating a report of all members that fall into the above categories we can use your report. The report must contain at a minimum the following fields, in any order:

- Patient name (any format)
- Patient date of birth
- Blue Cross VT identification number, including prefix if available
- Patient Gender
- Your medical record number
- Admitting provider name
- Admitting providers national provider identifier (NPI)
- Date of admission
- Date of discharge (also need to include disposition (examples: home with home health, deceased, home, skilled nursing facility, rehabilitation, etc.)
- Length of stay
- Inpatient type (medical, rehabilitation, mental health, substance abuse, maternity*, newborn, or any other condition)
***please note** you must include how delivered: by diagnosis code O80 (normal/vaginal), O82 (cesarean) or you can abbreviate NV (normal/vaginal) or CS (cesarean)
- Admitting diagnosis (ICD-10-CM code)

- please note for maternity use either O80 (normal/vaginal) or O82 (cesarean)
- Admit type (urgent, emergency room, elective or any other type)

For emergency room visits, in addition to the above, we need the patient's contact information including phone number, reason for the emergency room visit, disposition, and if they are frequent utilizers of the emergency room.

For any abbreviations made in these fields a key must be provided advising of what the abbreviations mean. For example, if you use IP a key would indicate Inpatient. We have sample templates for census reporting (one is specific to Emergency Room) that can be used if you prefer. They are located on the Prior Authorization link under Inpatient Pre-Notification.

Blue Cross VT requires submission of the daily facility census. However, facilities are still responsible for submitting notification and all pertinent clinical information on all new admissions and continued stay requests through the on-line Prior Authorization Tool, or by fax accompanied by The State of Vermont Uniform Medical Prior Authorization Form (866) 387-7914.

If there is a change in the patient's status after the census report has been released for the day, the change can be reported on the next census report but must be clearly marked, and not just a new reporting or they may be missed. Or a call can be placed to the UM team at (800) 922-8778 with the information.

During our review of the newly reported admissions, if we find we need additional information, we will outreach to the contact identified on the fax sheet or email to obtain more information. There are some specific timeframes required for a response from the facility, they are listed below:

- 48 hours to return clinical information:
 - Emergency Admissions (non-observation admission)
 - Extended stays (as determined by the RN Medical Reviewer at BCBSVT)
 - Psychiatric Admissions (non-observation admission)
- 45 days to return clinical information:
 - Items identified on the Census where the member was admitted & discharged (e.g. over a weekend/holiday) are considered Retro-Requests

In cases where Blue Cross VT does not receive all additional information within the timeframe specified, the admission will be denied as not medically necessary for lack of clinical information. If a claim is on file and pending it will be denied followed by a letter from UM.

If you have any questions regarding this process, please contact the UM team at (800) 922-8778.