Reconsideration Request for Readmission Within Five (5) Calander Days of Discharge

Providers can submit a summary justification letter with supporting medical records if they believe that the second admission was NOT preventable

- The SUMMARY JUSTIFICATION LETTER shall outline sufficient evidence demonstrating that no additional interventions could have prevented the readmission
- Only specific medical records from both admissions (i.e. initial admission and readmission record) that substantiate the contents of the summary justification letter should be attached to the letter. For a scheduled, planned admission the members medical record and discharge summary must document and support the planned readmission.
 - Our expectation is that the rendering hospital will examine the records and provide only
 what is needed for a determination. Incomplete submissions, lack of substantiating
 evidence or medical records not pertinent to the decision will result in denial with no
 further recourse for reconsideration. These denials are not appealable.

Submission Process:

- The summary justification letter and appropriate clinical support can be sent to Blue Cross and Blue Shield of Vermont for review
 - Via secure email at paymentintegrityexternal@bcbsvt.com
 - o Via fax at (866) 801-8823

Timeline:

- Providers must submit their request for reconsideration within 180 days from the date the claim was initially denied
- We have 30 days to pay or affirm the denial once the submission for reconsideration has been received
 - o If the denial is upheld a letter will be sent to the submitter
 - o If the denial is overturned, you will receive updated processing on a provider voucher