



**BlueCross BlueShield
of Vermont**

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AAHAM Conference

June 1, 2018

New Claim Processing System

Scheduled Changes:

- BlueCard Host – November 17, 2017
- FEP – March 9, 2018
- BCBSVT/BlueCard Home/New England Health Plan/Access Blue New England – tentative January 2019



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New System - Upcoming Improvements

- DRG reporting
 - When payment exceeds billed amounts, the 835/provider voucher will report as a negative
- Corrected/Adjusted claims resulting in no change in payment/liabilities
 - Will generate an 835/provider voucher



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New System - Unit Billing

- BCBSVT determines unit designation
 - Does not always align with CMS
- Denials now occur if more units are billed than allowed
- Corrected claim must be submitted and can only report the expected unit
- Concerns with unit designation
 - Submit to provider relations consultant
 - Review will occur
 - Change is future date



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New System – Medical Record Requests

Medical Record requests are still mailed out through the US Postal service – the provider voucher is only a FYI.

- Facility Claims
 - Provider Voucher reports at claim level, including all denials, even if the denial is for one line of the claim

Note: A overall change to medical record request not related to the system change is that Blue Plans can now immediately deny claims. Once medical records are received, claim reopened for review.



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New System – Inpatient Claim Pricing

- The pricing of inpatient claims is determined by date of discharge



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Denied/Returned Claim Trends

- Work with your provider relations consultants

Overall:

- Invalid/incorrect NPI or combo
- Invalid Certificate Number/Member cannot be located
- No prior approval on file
- Diagnosis code is invalid



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Invalid/Incorrect NPI or Combo

- UB provider NPI must be valid
- For professional services – must be associated
 - **Make sure new providers are enrolled timely**
 - **Verify their effective date**

Note: providers who are not approved by a credentialing entity should not be seeing or billing for BCBS members.



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Invalid Certificate Number/Prefix – Member cannot be located

- Ask members for a copy of their ID card at every visit
- Other than FEP, all Blue prefixes have at least three alpha before the ID number
- Some prefixes from Vermont that may cause issues:
 - **FAO – It is NOT a zero (0)**
 - **VEI – It is NOT a one (1)**
 - **ZII – It is NOT one (1), one (1)**



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No Prior Approval on File

- Online tools
 - **AcuExchange/Prior Approval Look Up**
 - **Prior Approval Lists**
 - **Retrospective Prior Approval**

AcuExchange

AcuExchange is a portal designed to allow providers the ability to view and submit prior approval and pre-notification requests electronically. The portal allows providers to see the status and documentation associated with the authorizations submitted. [View the AcuExchange Provider Manual.](#)

Follow this link to log into the [AcuExchange portal](#).

Alternatively, if you just need **access to view authorizations** you may view them [here](#).



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Retrospective Prior Approval

- Needs to be a qualifying event (separate handout)
- No more than 60 days from the date of service
- Submit for consideration of retrospective:
 - **State of Vermont uniform prior approval form, completed – the referring/requesting provider information is not required**
 - **Documentation that supports the qualifying event**
 - **Medical notes**
- **BCBSVT has 30 days to review and make a determination**



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Invalid Diagnosis

- Manifestation codes cannot be reported in the primary diagnosis field
 - **Medicare primary**
 - CMS is allowing – upon receipt (COBA or direct submit), BCBSVT will deny
 - Update diagnosis on claim, attach Medicare EOB and submit as a corrected claim
- Unspecified codes cannot be reported in the primary diagnosis field



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Use the Web

- www.bcbsvt.com



Stay Informed

Important information that may impact your practice, made available via three methods - online, written correspondence and a periodic newsletter.

[Read latest communications](#) ▶



Provider Manual

Detailed reference guide for doing business with BCBSVT including, plan policies, procedures and requirements.

[Provider Manual](#) ▶



Medical Policies

General guidelines for determining a member's eligibility and benefits for selected medical procedures and equipment.

[View BCBSVT medical policies](#) ▶



Contact Us

Have questions or need help? We're here for you.

[Complete listing of provider contacts](#) ▶



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Who to call when you have a claim issue

- Contact list for providers
- Always start with Customer Service

DEPARTMENT	PHONE NUMBER	E-MAIL	FAX	CONTACT FOR ISSUES RELATED TO:
CUSTOMER/PROVIDER SERVICE				
<ul style="list-style-type: none"> • BlueCard Claim Inquiries including New England Health Plan (complete listing of NEHP prefixes available on our provider website at www.bcbsvt.com under the provider manual & reference guidelines link then general documents) 	(800) 395-3389	customerservice@bcbsvt.com	(802) 225-7698	Benefits Claim status/adjustment/denial Check traces Coordination of benefits Eligibility Negative balance issues Prior Approval status Referral Authorization(NEHP only) Remittance Advice issues
<ul style="list-style-type: none"> • BlueCard Eligibility/Benefits 	(800) 676-2583	customerservice@bcbsvt.com	(802) 225-7698	
<ul style="list-style-type: none"> • Federal Employee Program (alpha prefix R) 	(800) 328-0365	fepcustomerservice@bcbsvt.com	(802) 225-7700	
<ul style="list-style-type: none"> • Blue Cross and Blue Shield of Vermont products (complete listing available on our provider website at www.bcbsvt.com under the provider manual & reference guidelines link then general documents) 	(800) 924-3494	customerservice@bcbsvt.com	(802) 371-3658	
Payer ID BCBSVT				



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Provider Relations – We are here for you!

- Training Staff
 - Customized training to help your staff
 - New Staff Orientation**
 - Prior Approval / Pre Notification Staff**
 - Web Resources**



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Questions?



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