

**2007 Fall Training Session
Burlington, Vermont
Fletcher Allen Health Care
Wednesday, October 3, 2007**

Question and Answer Period:

Q: How does RESTAT send out notification of prior approval?

A: RESTAT send out all PA responses via the US postal service.

Q: When will the co-pay appear on the BCBSVT Identification cards?

A: BCBSVT is migrating all products to a new processing system. Once this is completed, the option of printing co-payments on ID cards will be explored. Right now, that is a few years out.

Q: Why do some Out of State Identification cards have co-pay listed?

A: Each Blue Cross and Blue Shield is independently owned and operated. Some have the capability and have made a business decision to place the co-pay information on the ID cards.

Q: Where can I locate examples of identification cards?

A: This information is located in the professional provider manual, which is located on the BCBSVT provider website.

Q: Can prior approvals and referral authorizations be done by specialists for New England Health Plan (NEHP) members?

A: NEHP does not have a prior approval requirement, only a referral authorization requirement for select medical procedures, setting and durable medical equipment. Requirements were changed well over a year ago, and referral authorization for services can be done by the ordering specialist.

Q: Can the patient be billed if no referral or prior approval is on file?

A: Currently, securing prior approvals and referral authorizations are the members responsibility. Members can be billed for services where no prior approval or referral authorization was approved.

Q: Do we need to send corrected claims to the attention of adjustments?

A: No, when you clearly mark “corrected claim” at the top of the claim being submitted, it will be directed to the appropriate area for adjustment.

Q: What is the timeframe for submitting corrected claims electronically?

A: Corrected claims, regardless of paper or electronic submission must be submitted within one year of the original processing for consideration.

Q: Can we check prior approval’s on the bcbsvt website?

A: Currently, the only way to check prior approvals is by calling the appropriate customer service department.

Q: Is BCBSVT reflecting NPI numbers in provider directories?

A: Provider who has gone “live” with the use of NPI for BCBSVT will reflect an NPI in the provider directory.

Q: Is the Catamount Prior Approval process the same as BCBSVT?

A: Yes, the services requiring prior approval and submission requirements are the same as BCBSVT.

Q: Is there a pre-existing requirement for Catamount?

A: Yes

Q: Does Catamount mandate that all services be billed to BCBSVT?

A: Catamount follows the same requirement as traditional BCBSVT, which mean all services need to be billed directly to BCBSVT.

Q: What is the appeal process for Catamount?

A: Catamount appeals process is the same as traditional BCBSVT.

Q: Is the co-pay waived for all services if the patient is in the high intensity chronic care program?

A: Only services codes with the diagnosis of the chronic care condition will have co-pay, deductible and co-insurance waived.

Q: Can a member be enrolled in multiple chronic care programs?

A: Yes

