



**BlueCross BlueShield
of Vermont**

Independent Licensees of the Blue Cross and Blue Shield Association.

2009 Fall Operational Training Session
So. Burlington Afternoon Session – Windjammer Inn
September 17, 2009

Thanks to all who attended. Below are the questions and answers from the session. If you have any follow up questions or comments, please feel free to contact your Provider Relations Consultant at (888) 449-0443.

Q: Do we need additional information to access BCBSVT members on BlueConnect?

A: No

Q: When new ID cards are issued, does this mean change in benefits?

A: Yes, it usually indicates the employer group has changed benefits. Recent example for re-issue of ID cards in June due to transition to ESI.

Q: The new ID cards reflect a letter, is this important?

A: Yes, this information must be provided when referring to the group number.

Q: In situations where the member pays upfront and no prior approval was obtained must we bill BCBSVT?

A: Yes, as a participating provider you are required to bill BCBSVT. Any money collected from the member should be refunded.

Q: If COB questionnaire hasn't been completed and the member makes updates after the 6 month timely filing what happens to the claim?

A: If the claim has previously been submitted and we are notified of the update we will reprocess the claim.

Q: FEP check numbers are not reflected on the the EOB, why not?

A: This will change with the system upgrade.

Q: What adjustment requests can be made over the phone with Customer Service?

A: Our Customer Service staff can take corrections over the phone for claims processed under the wrong patient, charge amounts, procedure/ revenue code, unit, diagnosis, provider/vendor numbers and place of service changes.

Q: I submit 2 page claims and when I call Customer Service they are not able to view both pages.

A: This should not be the case as all claims are imaged upon receipt in the mailroom.

Q: Is there a waiver from on your website?

A: No, BCBSVT does not have a specific form. It is the responsibility of the provider office to create a waiver form. The only requirement BCBSVT has at this time is that the services to be provided and member liability is clearly defined.

Q: Who is responsible for knowing members coverage ie non covered services?

A: The member and provider should be aware of coverage so that the appropriate guidelines can be followed to ensure the claim is processed without denial.

Q: Does every payer have to display pricing on their website?

A: This is a State of Vermont requirement.

Q: Is the pricing based on usual and customary?

A: The pricing will reflect a median price resulting from claims data.

Q: What do we tell members who call our office with questions on the pricing displayed on your website?

A: You may refer the member to Customer Service to address their questions.

Q: Will electronic eligibility be available through EDI?

A: Yes, this will be a function that is available in the future.