

WELCOME!

BCBSVT and TVHP

Operational Workshop





Workshop Agenda

- 2007 Successes and Accomplishments
- Identifying & Verifying members and eligibility
- Prior Approval and Referral Authorizations
- Claim Submission Guidelines
- Rejected/Returned/Denied/Corrected Claims
- Status Inquiry
- NPI
- Enrollment and Notification of Changes
- Catamount Blue – At a Glance
- Questions





Successes & Accomplishments

- Coordination of Benefits Agreement (COBA)
- Paper Claims Scanning
- Council for Affordable Quality Healthcare (CAQH)
- RESTAT – Pharmacy Benefit Management
- National Provider Identifier (NPI)
- UB 04
- Message Center – Provider Website





Help Us Help You

- Facility surveys fall 2007
- Physician surveys 2008
- BlueCard has a separate survey that is done in two phases
- Health Employer Data Information Set (HEDIS)
- Blue cross and Blue Shield Association Audit

The responses you provide assist us in evaluating and improving processes





Verify Eligibility

Review ID Card

- NEW! Print Date on Back of Card

BCBSVT Web Site

Over 20,000 Claim inquiries Jan 07-Aug 07

Over 185,500 Eligibility Inquirers Jan 07-Aug 07

- BCBSVT/TVHP
- FEP
- BlueCard Members

Call Provider Service

- Dedicated Lines
 - Over 50,700 PSU calls Jan 07-Aug 07
 - Over 48,000 PSU mail inquiries Jan 07-Aug 07





Medical Prior Approval and Referral Authorization Requirements

BCBSVT & TVHP products require a PA on select procedures & DME

- BCBSVT products, Submit to BCBSVT
- TVHP – Submit to BCBSVT, CVPHO or VMC

NEHP - RA for select procedures & settings

- Submit directly to BCBSVT





Prior Approval and Referral Authorization Notification

PA Notification:

Written notification is sent to requesting provider and member

Allowed Response Time:

- Managed Care Members – 3 business days
- Non-Managed Care Members – 15 business days

Actual Response Time:

- ALL Members - .7 Days (Jan 07-June 07 data)

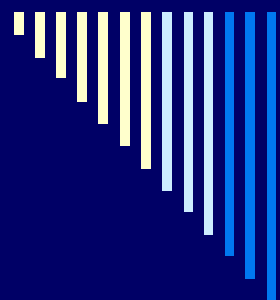
RA Notification: NEHP

Notification Sent to Member & Provider for Approved & Denied Authorizations

Actual Response Time:

- All Members - 3 days





Claim Submission Coding

INDUSTRY STANDARD

CPT and HCPC:

- Updated January
- Updated monthly thereafter

ICD-9-CM:

- Updated October

UB04:

- Updated July





Processed Claim Requiring Correction

Claims Reported to Remittance Advice

- Make change on paper claim form
- Indicate “corrected claim” on the top of the claim
- Circle area of claim where change was made
- Resubmit claim – adjustment will be processed

Examples: Incorrect number of units billed or incorrect CPT



Status Inquiry

Status Inquiry
-Website
-Customer Service

If not on file,
resubmit as a new
claim. We
recommend waiting
45 days from
original submission

The screenshot shows a Microsoft Internet Explorer browser window displaying the Blue Cross Blue Shield of Vermont website. The address bar shows the URL: <https://bcweb1.bcbsvt.com/home.nsf?OpenDatabase>. The page title is "Blue Cross Blue Shield of Vermont" with the tagline "An Independent Licensee of the Blue Cross and Blue Shield Association" and the slogan "the signs of a healthier Vermont".

The main content area is titled "Claims Status Search Screen". It includes the following instructions: "All fields that appear in bold type are required. You must enter either a certificate number or a last name. If you do not enter an 'End Date', the system will use the value of 'Start Date'."

The search form contains the following fields and options:

- Provider #:
- Start Date: (mm/dd/yyyy)
- End Date: (mm/dd/yyyy)
- Prefix:
- Certificate No.:
- Suffix:
- Member #:
- Last Name:
- Radio buttons for claim status: Open Claims, Processed Claims, Both Open and Processed Claims
- Buttons: Submit Query, Reset

The left sidebar contains a list of links: [Performance Goals](#), [Blue Exchange Test](#), [BlueExchange \(BX\)](#), [Change Password](#), [Check Claim Status](#), [Check Member Claim Status Test](#), [Claims Status Test](#), [Decision Support Tools](#), [Eligibility Inquiry](#), [Eligibility Test](#), [Find Your Provider Relations Representative](#), [Forms](#), and [HIPAA Contingency Plan](#).

The Windows taskbar at the bottom shows the Start button and several open applications: "Inbox - Microsoft...", "AS400 #1 - RUM...", "CustomerFocus", "Fall 2006 BCBSV...", "3 Internet Ex...", and "Draft 2 - Micro...". The system clock shows 4:22 PM.



Enrollment

TWO Key Components to become enrolled with BCBSVT/TVHP

- Contracting
- Credentialing

Providers MUST be credentialed prior to seeing patients

The screenshot shows a web browser window titled "Blue Cross Blue Shield Vermont: Provider Forms - Microsoft Internet Explorer". The address bar displays "http://www.bcbsvt.com/pages/forms/providerforms.htm". The page content includes a "2006 June" header, a "Provider Enrollment and Credentialing" section with a brief description and several links (NPI Submission Form, Provider Enrollment Change Form, W9, Practitioner Credentialing Rights, Statement of Verification, Uniform Application for Credentialing), a "Reference Guides" section with links for April 2006 Surgical Assistant List and Clinical Practice Guidelines, and a "Pre-Op & Post-Op Lists" section with multiple links for different pre-operative and post-operative periods. The footer contains navigation links like "Browser Settings", "Search Site", "Corporate Information", "Jobs", "Order ID", "Change Address", "Find a Doctor", "Rx Center", and "Privacy Policy". The Windows taskbar at the bottom shows the Start button and several open applications including "Inbox - Microsoft...", "Microsoft Power...", "Microsoft Word", "BCBS Intranet W...", "Blue Cross Blue...", and "Blue Cross Blue S...". The system clock shows "9:08 AM".





NATIONAL PROVIDER NUMBER (NPI)

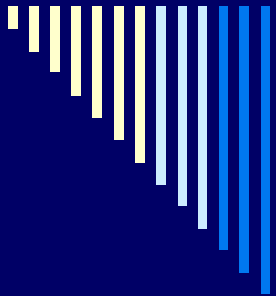
SUCCESS!

- 98% of BCBSVT Provider's have submitted NPI#!
- Processing and Reporting of claims using NPI #

HELP US HELP YOU!

- Group or Individual Practice – must obtain NPI for BOTH
- Claims must contain both Group & Individual NPI
- Changes / Updates / New NPI – we need to know





CATAMOUNT BLUE

A State of Vermont Mandated
Benefit Plan



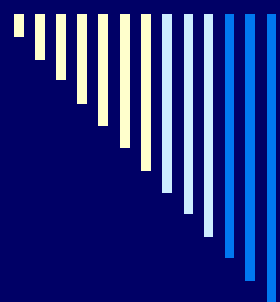


CATAMOUNT BLUE PRODUCT INFORMATION

Legislated by the **State of Vermont**

- ❑ Implementation date October 1, 2007
- ❑ Projecting 3,000 members statewide in first year
- ❑ Product modeled after Vermont Freedom Plan (PPO) with Variances.
- ❑ Member Enrollment begins October 1, 2007 - Effective date November 1st and later.
- ❑ Claims accepted for dates of service on or after November 1, 2007.







CATAMOUNT BLUE ID CARD

Includes:

- Catamount Blue name on ID
- Effective Date
- Print Date
- USID
- Prefix ZIA
- Non Group # - 930xx
- Group # - 815xx

 BlueCross BlueShield of Vermont		Catamount Blue™
Member Name	BS PLAN	915
Ima Member	BC PLAN	415
Identification Number	RESTAT	0451
ZIE123456789 00		
Group No. 00000000	Office Visit	\$10
	Preventive Care Co-pay	\$ 0

 BlueCross BlueShield of Vermont	www.bcbvvt.com customerservice@bcbvvt.com Customer Service: 1-888-445-5805 Out-of-Area Provider Locator: 1-800-810-2583
Members: See your subscriber contract for covered services. You must get Precertification for all inpatient admissions. You must get Prior Approval for behavioral health care (except emergency services). We also require Prior Approval for certain services and prescription drugs, as listed in your Certificate of Coverage.	Precertification: 1-800-922-8778 Provider Service: 1-800-924-3494 Restat: 1-800-248-1062 PS (mail order refills): 1-800-233-3872 Behavioral Health Care Prior Approval: 1-800-395-1356
Hospital or physician: file claims with your local Blue Cross and/or Blue Shield Plan.	Blue Cross and Blue Shield of Vermont P.O. Box 186 Montpelier, VT 05601-0186 An independent licensee of the Blue Cross and Blue Shield Association.





CATAMOUNT BLUE Provider Information

- ❑ Customer Service:
- ❑ Call: 1-888-445-5805
 - Enrollment
 - Eligibility / Claims
- ❑ Web: bcbsvt.com
 - Separate Provider Directory
 - Enrollment
 - Eligibility / Claim
- ❑ Remittance Advice:
 - Separate Line Of Business





CATAMOUNT BLUE BENEFIT VARIANCES

Out Of Pocket Aggregate:

- ▣ Deductible, Co-insurance and Medical & RX Co-payments are applied

Skilled Nursing Facility and Rehabilitation:

- ▣ Limited to 100 days per year (combined)

Licensed Professional Nurse Midwives:

- ▣ Allowed in Catamount Network

Licensed Physical or Occupational Therapy Assistants:

- ▣ Can bill under the supervision of a licensed Physical or Occupational Therapist





CATAMOUNT BLUE BENEFIT VARIANCES Continued

Infertility treatments Excluded:

- Testing, Drug therapy, Surgery, Artificial insemination, Oral fertility drugs, Replacement drugs due to theft

Bariatric / Obesity and Panniculectomy Surgery:

- Combined \$10,000 lifetime limit (combined)

Reversal Sterilization Excluded:

- Tubal and Vasectomy





CATAMOUNT BLUE BENEFIT VARIANCES Continued

Prescription Drugs Excluded:

- Treatment of sexual dysfunction
- Weight loss
- Brand-name prescription drugs when an exact generic is available

DME & Supplies:

- \$25,000 limit per year (combined)





Catamount Blue Chronic Conditions Benefit Variance

Five Core Chronic Care Programs

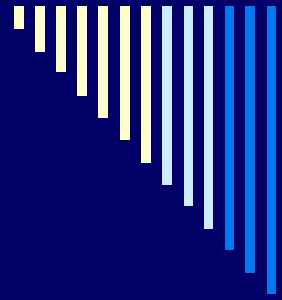
- Asthma
- Coronary Artery
- COPD
- Diabetes
- Heart Disease

High Intensity / Case Management Members:

- No RX or Medical co-payment, deductible and/or co-insurance applied

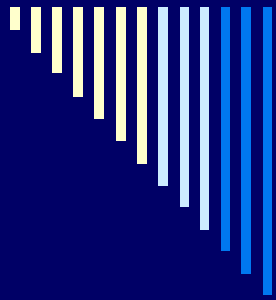
Indicator on WEB to Identify in Care Management





Questions?





Thank You for Attending!

***BCBSVT Provider Relations Team is
Dedicated to Serving You! Building and
Maintaining Relationships is Essential.***

