Provider Conference Q&A

BlueCross BlueShield Nebraska

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Does the preauthorization tool work for out-of-state policies?

No, the preauthorization tool is for Blue Cross and Blue Shield of Nebraska (BCBSNE) policies only. However, you can access other Blue Plan tools and policies by using the preauth router on Nebraskablue.com and entering the prefix of the patient's member ID. That will direct you to the correct Blue Plan site.

If a claim is denied stating that medical records or other documentation is needed, why can't I fax it along with the claim and the patient's EOB? Do I need to wait for the official letter from you asking for this information?

You MUST include the letter from us requesting the medical records/other documentation when faxing these materials to us. This ensures that the information you send is correctly linked to the patient's claim.

In most cases, the provider will receive the letter from us at least 21 days before the claim is denied. If the medical records are submitted without the original request letter, they will be sent back as "unsolicited medical records." Additional information about this was recently included in the last Provider Update newsletter.

Will the YMAN alpha prefix on Medicare Advantage ID cards change with the card update in 2018?

YMAN will remain the prefix for Medicare Advantage plans.

Do we have the ability to search by patient name and date of birth if we don't have a copy of the patient's ID card?

Yes. This can be done in NaviNet by placing the Social Security Number in the Member ID field. Please note that you will need to also input the patient's first and last name and date of birth for this to work.

What is the process for new coding changes? There seems to be a lag in updating the system.

BCBSNE's New Codes team consists of medical directors, nursing staff, certified professional coders (CPCs) and members of our reimbursement, claims and benefits staff. This team meets on a regular basis to address the quarterly HCPC code releases, the annual October release of ICD-10 codes and all January 1 CPT codes changes. The team reviews all the codes and connects them to our reimbursement and medical policies, member contracts and claim edits.

Is there a way to see the member card on NaviNet? This would be a very useful tool.

At this time, NaviNet does not display the member ID card. However, this is a proposed enhancement for 2019.

Where does NaviNet identify which Medicare supplement plan the patient has?

Navinet will not provide this information. As this is an eligibility and benefits question, you should call our Customer Service line.

For Medically Unlikely Edits (MUEs), we have been told that it is a returned (not a denied) claim and CANNOT be submitted as a reconsideration. Is this accurate?

That would be correct. If you are not adjusting the units billed for the procedure, medical records are needed to support the number of units billed. The return letter and notes would need to be documented stating "RECORDS TO SUPPORT MUE."

When an appeal is upheld, why isn't there an option for a peer-to-peer discussion?

Peer-to-peer discussion is only available when the denial is due to medical necessity. For a preauthorization denied as not medically necessary, peer-to-peer discussion is offered and is to be scheduled within 14 calendar days of the denial letter. Peer-to-peer discussion appointments may be scheduled by calling us at 800-424-7079.

Wellmark Blue Cross and Blue Shield's website for inquiries is very user friendly AND you're able to reply to the rep that answered your original question! Can you implement something similar?

We are working on an enhancement to allow the ability to reply directly back to an email so all information is kept in one place.

We have been told we can only submit one claim per inquiry, even if they are all for the same patient. Is there a way that we can submit one inquiry for the same patient for multiple accounts?

Even though there is only one claim number field, you may list additional claim numbers or dates of service information in the question field.

Regarding the Blueprint network, are there any plans to open the network to non-CHI specialty providers that offer a specialty that CHI doesn't include? For example, optometry.

There are no plans to open up the BluePrint Health network. However, if we identify a network gap, we will work with non-CHI providers to fill it.

Is a listing of codes that require preauthorization available online?

Please use MedPolicy Blue to find an updated list of policies. If you do not find a particular code in MedPolicy Blue, then we do not require a preauthorization. Please note, however that the code still may have other contractual edits. Please make sure you are checking the member's benefits to verify no other contractual exclusions apply.

We cannot submit claims with invoices electronically. We send paper copies of the claims along with the invoice, but you still ask for the invoice to be sent electronically. This results in a very long delay in claim processing.

MedPolicy Blue can accept electronic medical records submit up to 5MB. For NaviNet, it is unlikely we will be making any change until 2020 at the earliest.

I sent an inquiry on a claim and it took more than 30 days for you to respond. What can I do to get situations like this escalated?

If a response is not received, or you have attempted to resolve the issue two times, please escalate this with us. You will need to provide the inquiry number with your request for escalation. Send your request to CSCClaims@nebraskablue.com.

When we use NaviNet to obtain information on a member's benefits for mental health, it will show deductible and coinsurance. However, therapy sessions are subject to a copay that isn't shown.

This is an eligibility and benefits question, so the best way of obtaining accurate information is to call our Customer Service line.

How long will BCBSNE require medical records be submitted with all preauthorization requests?

Attaching medical records to obtain a preauthorization is a new process that will be rolled out in April 2018. This feature will require medical records be uploaded only for pended authorizations by the go-live date.

FEP claims are taking 60 days to process. When I check NaviNet, it states, "no claim on file" instead of, "in-process." This causes claim resubmission and unnecessary work. Can NaviNet show in-process claims for FEP?

To obtain FEP claim status information, please contact FEP Customer Service at 402-390-1879 or 800-223-5584.

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Can you please clarify PTF guidelines and not having patient information? If we don't have a form stating patient did

As soon as insurance is identified the claim should be filed, if the discovery is within the timely filing guidelines. If this is after the timely filing guidelines, the claim will deny. If provider chooses to appeal; BCBSNE will consider documentation indicating insurance was not provided and/or provided incorrectly at the time of service.

Each provider can establish forms and/or guidelines regarding obtaining documentation that a member indicated an absence of insurance. Incorrect insurance provided at the time of service should be indicated in the patient record. Refer to the P&P manual for additional specifics.

What is the IVR phone number?

800-635-0579

Are training videos available?

Webinars and presentations on a wide variety of different topics are available on our website https://www.nebraskablue.com/providers/webinars-and-presentations

Will your EDI be enabled to upload Gap reports for ACO reporting?

At this time, we cannot accept EHR extracts. We are in early discussions to determine the processes and resources needed to accept and send data to support the formatted EHR extracts. We are working with our NCQA HEDIS auditor and vendor on the file standards that will be required. We see this as very important next step, as the conversations continue to evolve we will keep our ACOs and PCMHs updated.

Can you discuss about new AIC code? I have them denied if BCBSNE is secondary. How should I handle this?

If the provider is talking about the category II CPT code, the denial is correct as this code is for reporting only and does not represent an actual service.

When we have to electronically send a replacement claim with a changed code or a correction in a line item it very often gets duped out. How can we get you to see what the change is to allow you to re-process it accurately?

CMS developed Medically Unlikely Edits (MUEs) to reduce the paid claims error rate for Part B claims. All HCPCS/CPT codes do not have an MUE. The spreadsheet available on the CMS website shows each MUE's Medicare Adjudication Indicator, indicating showing if it is a line edit or a date of service edit.

If it is a line edit, the MUE will be applied on a line basis. This may allow billing in excess of the MUE by using more than one line of the claim form. The date of service edits apply to all services provided on a given date.

Do you allow provisional mental health providers to join BCBSNE?

Provisional mental health providers cannot join BCBSNE. However, they can be supervised by a contracted licensed provider. Information can be found in the "For Providers" section of www.nebraskablue.com, under "Forms for Providers." The provisional license form should be completed and submitted to BCBSNE.

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Can an effective or issued date be added to the member's ID card?

No. There are no plans to add the coverage effective date to the ID card. Eligibility questions such as this may be answered by calling our Customer Service line.

How can we discontinue the printing and mailing of paper EOBs? We don't need or want them.

This is not currently an option. However, this would be an example in which the Customer Service line can and should be called.

Where can I find information about modifiers?

Contact the Electronic Data Interchange (EDI) team by calling 888-233-8351, option 3, or 402-398-3603. This information can also be found on our website in the "For Providers" section under "Policies and Procedures."

How are providers notified when BCBSNE is introducing new products or programs?

This information may be found in the monthly Provider Update newsletter.

Do you provide guidance on coding?

No, we aren't able to provide instruction on what codes to submit. However, we recommend signing up for the coding classes offered by our Conference special guest, Mary Cantwell, from Metro Community College.

What modifier do you use for ear wax removal bilateral?

This information can also be found on our website in the "For Providers" section under "Policies and Procedures." There is a section specific to ear wax removal.

Does BCBSNE cover diabetic teaching for patients diagnosed with pre-diabetes?

This would be specific to the member's plan. The Customer Service line should be used for all eligibility and benefits questions.

How does a primary care become an Accountable Care Organization (ACO)?

Before becoming an ACO, the provider group must participate in BCBSNE's Patient-Centered Medical Home (PCMH) program. This allows the provider group to develop core foundational elements of a value-based care delivery model and to meet Blue Distinction Total Care (BDTC) criteria, which must be achieved within the first year.

After successfully participating in the PCMH program for one year, the group may then ask to become an ACO if they have at least 5,000 attributed members. If the group does not have at least 5,000 attributed members, they may join an existing ACO or continue in the PCMH program.

A contract between the ACO and BCBSNE documents the agreement to develop a shared accountability arrangement. This arrangement supports access to quality, cost effective health care services to BCBSNE's members who are patients of the primary care physicians. Guiding principles of this agreement include interventions aimed at delivering consistent quality outcomes, as well as monitoring of performance and clinical initiatives. Population health management principles, including comparisons to nationally recognized benchmarks, understanding of utilization patterns and analysis of chronic conditions, will be employed.

Regarding the "Contact us" function on the website, it would be nice if we could respond to the inquiry once it is sent back to us.

We are working on an enhancement to allow the ability to reply directly back to an email so all information is kept in one place.