# 2018 MMGMA DAY WITH THE PAYERS
# BLUE CROSS BLUE SHIELD OF MN

Jay Scott, Director, Provider Relations
Kate Mikonowicz, Manager, Network Management Consultants
Karen Gardinier, Manager, Business Infrastructure and Claims

# AGENDA

- Introduction

- Changes in 2018
  - Vendor for Medicaid -  Amerigroup
  - Medical Policy Expansion and
  - Specialty Utilization Management – Evicore
  - Provider Bulletins

- Issues Grid
- Prior Authorization Submissions
- Product/Network Guides
- MMGMA Specific Questions

# OUR TOP PRIORITY

- Blue Cross and Blue Shield of Minnesota (Blue Cross) is committed to advancing Dr. Donald Berwick's "Triple Aim" model:
  - Improve the experience of care
  - Improve the health of populations
  - Reduce per capita health care costs (the payer's primary contribution)
- We are committed to achieving all three and putting the patient (our member) at the center of our efforts
- Providers/Blue Cross share a common goal: the best outcome for patients and the most efficient care
- At the same time, the world of health care is rapidly changing
- Blue Cross needs to expand the breadth and scope of guidelines and policies necessary to respond to rapidly-changing health care needs
- Together, we have a shared responsibility to manage care more efficiently, with an emphasis on reducing cost variation and overall waste which currently leaves less revenue for professional services

# CHANGES IN 2018

- As a result, throughout 2018, we are implementing a series of changes that will affect providers in our network
  - The changes will impact a few key areas including systems upgrades, payment integrity and medical policy
  - These changes will require close collaboration between Blue Cross and our provider partners in order to minimize operational and administrative challenges for providers as well as disruption of care for our members
  - Blue Cross and our provider team are committed to being fair and transparent throughout these changes and will share detailed updates with providers as often as possible
- Improved Provider Experience
  - We are modernizing our systems to be more efficient
  - We’re bringing on additional vendor partners to improve processes and increase data transparency, allowing for real-time access of prior authorizations, status of requests, etc

# MEDICAID VENDOR - AMERIGROUP

- Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has entered into an agreement with AmeriGroup, an affiliate of Anthem which is part of the Blue Cross and Blue Shield Association, to support the management of our Medicaid business.
  - This move will allow us to continue our participation in Medicaid while delivering on improved member experience, health outcomes and medical costs
  - Amerigroup has a proven Medicaid track-record in 11 other states
  - Migration and implementation is planned for the fall of 2018
  - We will continue to manage our relationships with our contracted providers
  - More information and seminar dates will be shared as it becomes available

# MEDICAL POLICY EXPANSION

- Medical policies are used to help us ensure appropriate and safe medical care for our members

- It is an expectation of the purchasers of our products that we have programs in place to manage the care and cost of their employees through medical policies and care management

- In 2018, Blue Cross will increase the number of medical policies we have today so they are more in line with industry standards
  - Some policies are new, while others will break down components of existing policies to make them easier to access and understand

- The policies are rooted in evidence-based care and approved by a committee of physicians

# SPECIALTY UTILIZATION MANAGEMENT (EVICORE)

- We're partnering with a specialty utilization management (UM) vendor (eviCore) to review prior authorization (PA) requests for select services for participating lines of business and clients/groups.

- eviCore provides Specialty Utilization Management for the following clinical programs:
  - Cardiology/radiology, radiation therapy, sleep management, genetic testing, medical oncology, musculoskeletal (spine, joint and interventional pain)

- eviCore's member-centric approach includes assuring our members' care is justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care

- eviCore will integrate with Blue Cross for utilization management, claims processing, provider services, appeals, and business analytics

- Implementation planned August 1, 2018

# PROVIDER BULLETINS / UPDATES

- As of 5/1/18, Provider Bulletins are no longer mailed.
- Published on the first business day each month.
- Both a summary bulletin and individual bulletins are published
- Bulletins are published on our website and on Availity.com
  1. Access **providers.bluecrossmn.com**
     Select 'Forms and publications' from 'What's Inside'
     Select Bulletins in the drop-down

  2. Using Availity's Provider Portal
     Access **availity.com**
     Select Payer Spaces (Blue Cross)
     Select News and Announcements

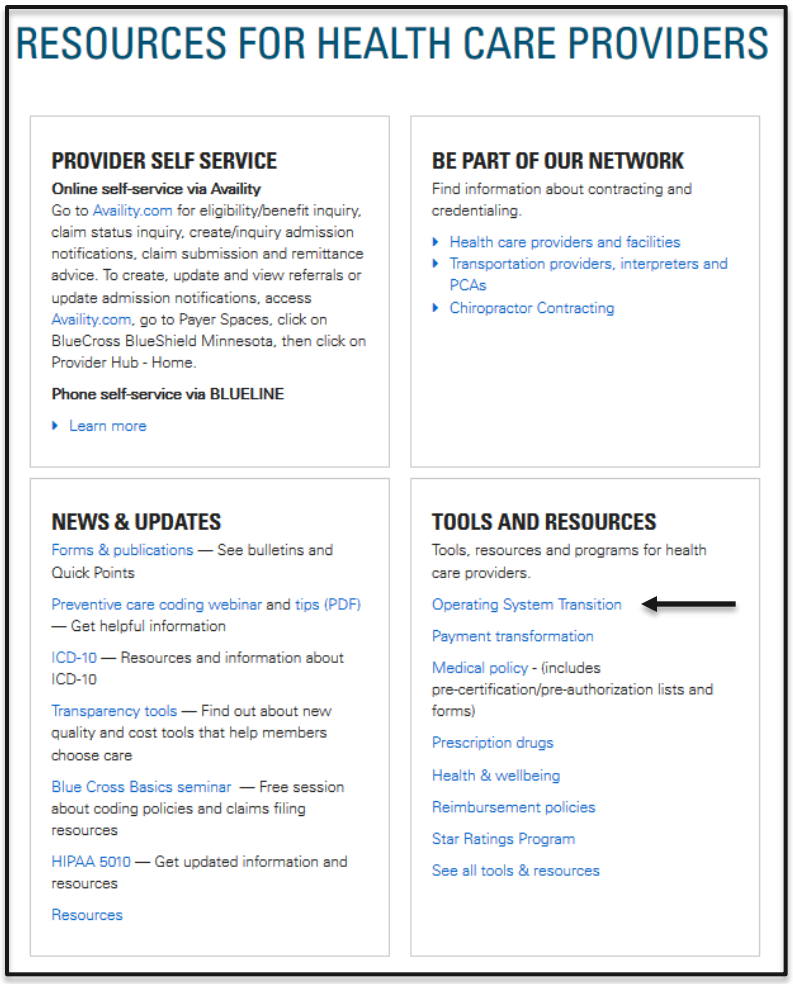
- QuickPoints (non-contractual / best practices) are published as needed and are published on the Blue Cross website.

# IDENTIFIED CLAIMS PROCESSING ISSUES GRID

- To alert providers to identified issues, and to decrease providers' administrative burden of calling Provider Services or submitting appeals for known issues, Blue Cross publishes a grid of high impact identified issues on the Blue Cross provider website at **providers.bluecrossmn.com**.
- This grid is updated around the 1st and 15th each month.
- A link to the grid is located on the Operating Model Transition page:
  - Go to **providers.bluecrossmn.com**
  - Under "Tools and Resources", click "Operating System Transition"
  - A link to the grid will be provided under the heading "Identified Claims Processing Issues"
  - A separate grid for the NCD and LCD Code Update Statuses is separately published.

# IDENTIFIED CLAIMS PROCESSING ISSUES GRID

BlueCross BlueShield Minnesota



## RESOURCES FOR HEALTH CARE PROVIDERS

### PROVIDER SELF SERVICE

**Online self-service via Availity**

Go to Availity.com for eligibility/benefit inquiry, claim status inquiry, create/inquiry admission notifications, claim submission and remittance advice. To create, update and view referrals or update admission notifications, access Availity.com, go to Payer Spaces, click on BlueCross BlueShield Minnesota, then click on Provider Hub - Home.

**Phone self-service via BLUELINE**

- Learn more

### BE PART OF OUR NETWORK

Find information about contracting and credentialing.

- Health care providers and facilities
- Transportation providers, interpreters and PCAs
- Chiropractor Contracting

### NEWS & UPDATES

Forms & publications — See bulletins and Quick Points

Preventive care coding webinar and tips (PDF) — Get helpful information

ICD-10 — Resources and information about ICD-10

Transparency tools — Find out about new quality and cost tools that help members choose care

Blue Cross Basics seminar — Free session about coding policies and claims filing resources

HIPAA 5010 — Get updated information and resources

Resources

### TOOLS AND RESOURCES

Tools, resources and programs for health care providers.

Operating System Transition

Payment transformation

Medical policy - (includes pre-certification/pre-authorization lists and forms)

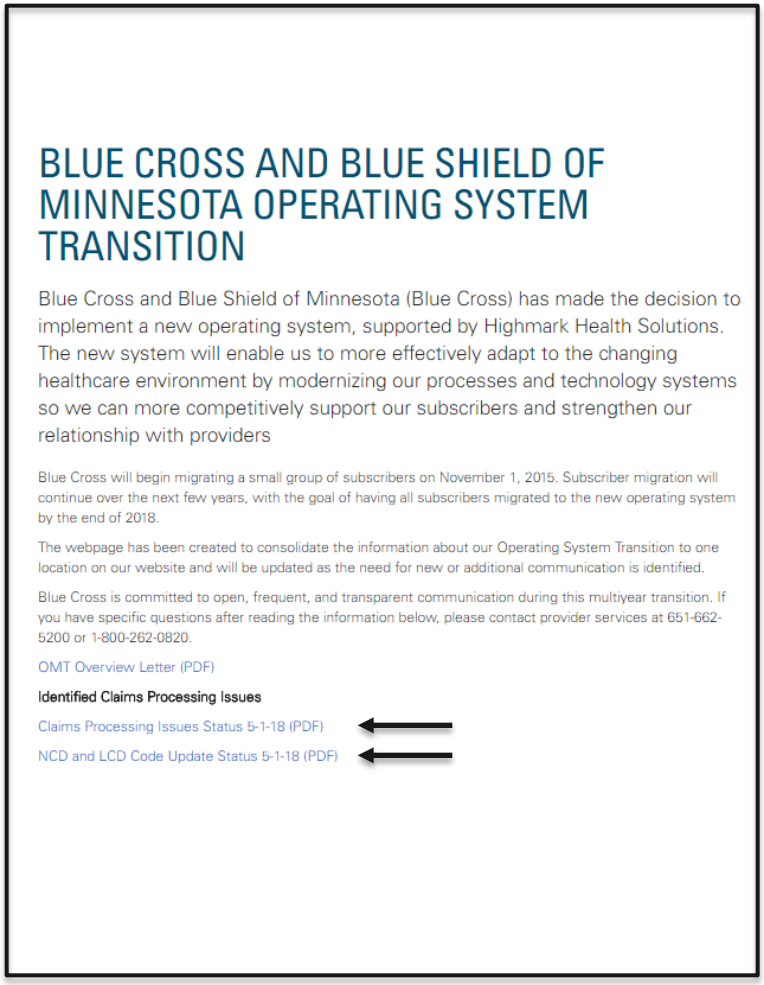
Prescription drugs

Health & wellbeing

Reimbursement policies

Star Ratings Program

See all tools & resources



## BLUE CROSS AND BLUE SHIELD OF MINNESOTA OPERATING SYSTEM TRANSITION

Blue Cross and Blue Shield of Minnesota (Blue Cross) has made the decision to implement a new operating system, supported by Highmark Health Solutions. The new system will enable us to more effectively adapt to the changing healthcare environment by modernizing our processes and technology systems so we can more competitively support our subscribers and strengthen our relationship with providers

Blue Cross will begin migrating a small group of subscribers on November 1, 2015. Subscriber migration will continue over the next few years, with the goal of having all subscribers migrated to the new operating system by the end of 2018.

The webpage has been created to consolidate the information about our Operating System Transition to one location on our website and will be updated as the need for new or additional communication is identified.

Blue Cross is committed to open, frequent, and transparent communication during this multiyear transition. If you have specific questions after reading the information below, please contact provider services at 651-662-5200 or 1-800-262-0820.

OMT Overview Letter (PDF)

**Identified Claims Processing Issues**

Claims Processing Issues Status 5-1-18 (PDF)

NCD and LCD Code Update Status 5-1-18 (PDF)

# IDENTIFIED CLAIMS PROCESSING ISSUES GRID

BlueCross BlueShield Minnesota

**Blue Cross Claim Processing Issues Status as of 5/1/2018**

**Appeals related to the issues identified in this grid will be accepted for 90 days after the published "Reprocessing Complete Date". Providers must provide the Issue ID # and Issue Description on the appeal coversheet to identify the related issue.**

| Issue ID # | Identified Claims Processing Issue Description | Status | Issue Start Date | Date Edits Corrected in System | Will Blue Cross reprocess claims? | Reprocessing Start Date | Reprocessing Complete Date |
|---|---|---|---|---|---|---|---|
| 001 | Some codes on Platinum Blue claims are denying as non-covered due to NCD or LCD guidance in error and updates to some edits are needed. | Please see the separate log of NCD and LCD updates for a full listing of codes. The log is located on the providers.bluecrossmn.com website under 'Tools and Resources' . Select 'Operating System Transition' and then click the link 'NCD and LCD Code Update Status'. | 1/1/2017 | Please see separate log for dates. | Yes | Please see separate log for dates. | Please see separate log for dates. |
| 002 | Professional and facility Platinum Blue claims are applying co-insurance incorrectly for claims with a vision diagnosis. | Fix has been implemented and claims reprocessing is complete. | 1/1/2017 | 3/2/2017 | Yes | 4/18/2017 | 10/12/2017 |
| 003 | Professional and facility Platinum Blue claims are applying co-insurance incorrectly for claim lines billed for physician administered drugs. Update: This issue only impacts Complete Plan members. The coinsurance is applied correctly for Core and Choice members. | Fix has been implemented and claims reprocessing is complete.<br><br>Additional codes have been identified that were not included in the original fix. Please see Issue 021. | 1/1/2017 | 3/28/2017 | Yes | 4/27/2017 | 12/19/2017 |

# PRIOR AUTHORIZATIONS

# PRIOR AUTHORIZATIONS (PA)

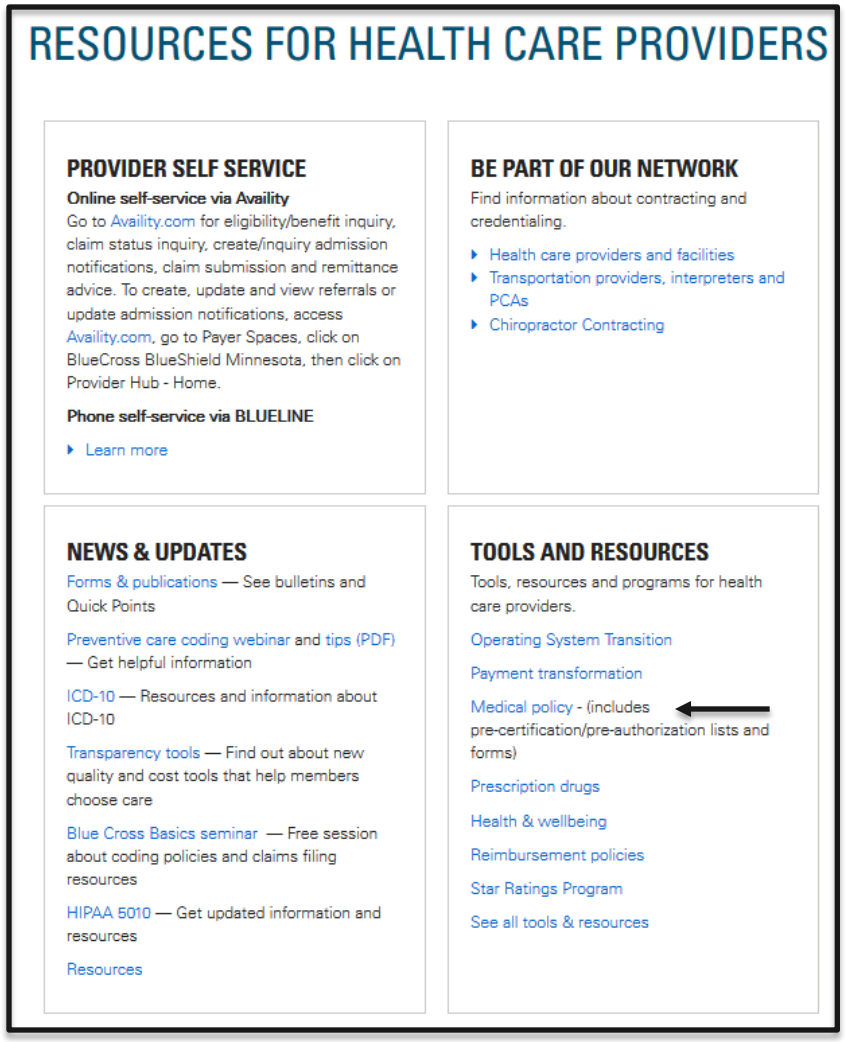
- Ability to submit prior authorizations coming to Availity.com on June 16th
  - Instant response upon submission: ‘Approved’, ‘Pended for Clinical Review’, or ‘Cancelled – No Prior Authorization Required’
  - New functionality will include the ability to attach additional medical records, as well as a dashboard of PAs previously submitted on Availity
  - Additional detailed information available in the May 1st Provider Bulletin

- eviCore prior authorizations beginning August 1st for the 5 following programs:
  - Molecular and Genetic Testing, Medical Oncology, Radiation Therapy, Radiology, Cardiology, Musculoskeletal, Sleep Management

- Training available
  - Webinar and regional training - Registration and schedule available on Availity

# PRIOR AUTHORIZATIONS (PA)

BlueCross BlueShield Minnesota



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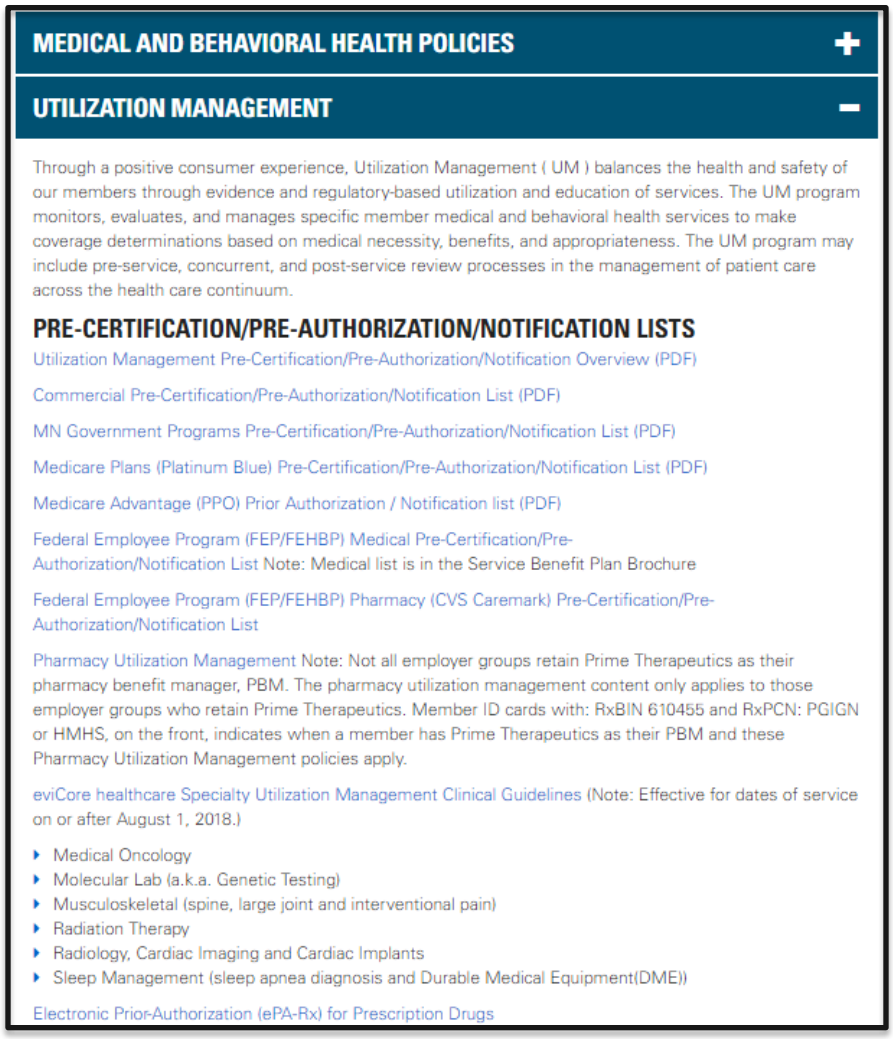


## MEDICAL AND BEHAVIORAL HEALTH POLICIES +

## UTILIZATION MANAGEMENT −

Through a positive consumer experience, Utilization Management ( UM ) balances the health and safety of our members through evidence and regulatory-based utilization and education of services. The UM program monitors, evaluates, and manages specific member medical and behavioral health services to make coverage determinations based on medical necessity, benefits, and appropriateness. The UM program may include pre-service, concurrent, and post-service review processes in the management of patient care across the health care continuum.

### PRE-CERTIFICATION/PRE-AUTHORIZATION/NOTIFICATION LISTS

Utilization Management Pre-Certification/Pre-Authorization/Notification Overview (PDF)

Commercial Pre-Certification/Pre-Authorization/Notification List (PDF)

MN Government Programs Pre-Certification/Pre-Authorization/Notification List (PDF)

Medicare Plans (Platinum Blue) Pre-Certification/Pre-Authorization/Notification List (PDF)

Medicare Advantage (PPO) Prior Authorization / Notification list (PDF)

Federal Employee Program (FEP/FEHBP) Medical Pre-Certification/Pre-Authorization/Notification List Note: Medical list is in the Service Benefit Plan Brochure

Federal Employee Program (FEP/FEHBP) Pharmacy (CVS Caremark) Pre-Certification/Pre-Authorization/Notification List

Pharmacy Utilization Management Note: Not all employer groups retain Prime Therapeutics as their pharmacy benefit manager, PBM. The pharmacy utilization management content only applies to those employer groups who retain Prime Therapeutics. Member ID cards with: RxBIN 610455 and RxPCN: PGIGN or HMHS, on the front, indicates when a member has Prime Therapeutics as their PBM and these Pharmacy Utilization Management policies apply.

eviCore healthcare Specialty Utilization Management Clinical Guidelines (Note: Effective for dates of service on or after August 1, 2018.)

- Medical Oncology
- Molecular Lab (a.k.a. Genetic Testing)
- Musculoskeletal (spine, large joint and interventional pain)
- Radiation Therapy
- Radiology, Cardiac Imaging and Cardiac Implants
- Sleep Management (sleep apnea diagnosis and Durable Medical Equipment(DME))

Electronic Prior-Authorization (ePA-Rx) for Prescription Drugs

# PRODUCTS / NETWORKS

# COMMERCIAL NETWORK GUIDE

This guide is found in the Education Center of the Blue Cross Provider Website.

COMMERCIAL NETWORK GUIDE
January 2018
This is not an all-inclusive listing of networks or group numbers

| Blue Cross Plan Name | BlueAccess | Group Value Network (GVN) | High Value Network (HVN) | Access Network | Metro MN (Group Plans)<br>Blue Plus Metro MN (Individual Plans)<br>*Formerly known as BluePrint* | Western MN (Group Plans)<br>Blue Plus Western MN (Individual Plans)<br>*Formerly known as BlueConnect* | Southeast MN (Group Plans)<br>Blue Plus Southeast MN (Individual Plans)<br>*Formerly known as Blue Plus Southeast MN* | Northeast MN (Group Plans)<br>Blue Plus Northeast MN (Individual Plans)<br>*Formerly known as Blue Plus Northeast MN* |
|---|---|---|---|---|---|---|---|---|
| **Network Name** | Aware | Group Value Network | High Value Network | Access Network | Metro MN Network (Group Plans)<br>Blue Plus Metro MN Network (Individual Plans) | Western MN Network (Group Plans)<br>Blue Plus Western MN Network (Individual Plans) | Southeast MN Network (Group Plans)<br>Blue Plus Southeast MN Network (Individual Plans) | Northeast MN Network (Group Plans)<br>Blue Plus Southeast MN Network (Individual Plans) |
| **Description** | Aware encompasses all 87 counties in Minnesota and is offered statewide. This is our broadest network and allows members access to all contracted providers in the state.<br><br>This network is available for the following segments:<br>• Small Group<br>• Large Group (51+) – both fully and self-insured<br>• National Accounts – Key Accounts | GVN is a narrow, price-sensitive state-wide network. Note: This network is a narrow network; therefore, some regions within the state may access to fewer providers than other regions of the state.<br><br>This network is available for the following segments:<br>• Small Group | HVN is a narrow, price-sensitive state-wide network. Note: This network is a narrow network; therefore, some regions within the state may access to fewer providers than other regions of the state.<br><br>This network is available for the following segments:<br>• Small Group<br>• Large Group (51+) – both fully and self-insured<br>National Accounts – Key Accounts | Access Network is a narrow, price-sensitive state-wide network. Note: This network is a narrow network; therefore, some regions within the state may access to fewer providers than other regions of the state.<br><br>This network is available for the following segments:<br>• Large Group (51+) – both fully and self-insured<br>National Accounts – Key Accounts | This is a narrow network featuring Allina Health and is offered in 15 counties in Minnesota (the 11 county Metro and Kanabec, McLeod, Nicollet an Brown).<br><br>This product and/or network is for the following segments:<br>• Individual & Family (on and off exchange)<br>• Large Group (51+) – both fully and self-insured<br>• National Accounts – Key Accounts | This is a narrow network featuring Sanford Health and is offered in 33 counties in Northwestern and Southwestern Minnesota.<br><br>This product and/or network is for the following segments:<br>• Individual & Family (on and off exchange)<br>• Large Group (51+) – both fully and self-insured<br>• National Accounts – Key Accounts | This is a narrow network featuring Mayo Health System is offered in 18 counties in Southeastern Minnesota.<br><br>This product and/or network is for the following segments:<br>• Individual & Family (on and off exchange) | This is a narrow network featuring St. Luke's Care System and is offered in 7 counties in Northeastern Minnesota.<br><br>This product and/or network is for the following segments:<br>• Individual & Family (on and off exchange)<br>• Large Group (51+) – both fully and self-insured<br>• National Accounts – Key Accounts |
| **Effective Date** | Varies | 1/1/2015 | 1/1/2018 | 1/1/2018 | 1/1/2014 (Product/Network Name Change Effective 1/1/2018) | 1/1/2014 (Product/Network Name Change Effective 1/1/2018) | 1/1/2016 (Product/Network Name Change Effective 1/1/2018) | 1/1/2016 (Product/Network Name Change Effective 1/1/2018) |
| **Group Number** | Too many to list | Too many to list | Too many to list | Too many to list | Individual Plan Group Numbers are listed below.<br><br>This document does not include Group Plan group numbers. | Individual Plan Group Numbers are listed below.<br><br>This document does not include Group Plan group numbers. | Individual Plan Group Numbers are listed below.<br><br>This document does not include Group Plan group numbers. | Individual Plan Group Numbers are listed below.<br><br>This document does not include Group Plan group numbers. |

# GOVERNMENT PRODUCTS

This Medicare product guide is found in the Education Center of the Blue Cross Provider website.

**GUIDE TO MEDICARE**

| Blue Cross Plan Name | Senior Gold, Basic Blue, Medicare Supplement Plans K and L. Medicare Supplement Plan N and High Deductible F | Extended Basic Blue | Platinum Blue | Platinum Blue with Rx | SecureBlue | Medicare Advantage (MAPD) |
|---|---|---|---|---|---|---|
| **CMS Plan Name** | Medigap, Medicare Select , or Medicare Supplement Plans | Medigap | Medicare Cost (Section 1876 plan) | Medicare Cost (Section 1876 plan) with Part D coverage | Medicare Advantage Health Maintenance Organization Special Needs Plan ( HMO-SNP) | Blue Cross Medicare Advantage (PPO) |
| **Description** | Senior Gold is a Medicare Select Supplement plan with a network.<br>Coordination of benefits with Blue Cross providing some extended coverage<br>Medicare processes 1st for all services (Part A and Part B) then services crossover to Blue Cross | Coordination of benefits with Blue Cross providing some extended coverage<br>Medicare processes 1st for all services (Part A and Part B) then services crossover to Blue Cross | Type of Medicare Advantage plan. HMO/CMP with a Cost-based reimbursement contract with CMS<br>• Medicare processes 1st for Part A claims only; then crossover to Blue Cross<br>• Blue Cross is the primary payer of claims for most professional services for Part B | Type of Medicare Advantage plan. HMO/CMP with a Cost-based reimbursement contract with CMS<br>• Medicare processes 1st for Part A claims only; then crossover to Blue Cross<br>• Blue Cross is the primary payer of claims for most professional services for Part B<br>• Part D coverage is included. | PCC designated model<br>• Blue Plus is Medicare and Medicaid for all services<br>• Care coordinator assigned to member for SecureBlue | MAPD is a Medicare Advantage Drug Plan with a network requirement. It covers all Medicare Part A, B, and D benefits. Services received outside of the network may not be covered or the member costs may be higher. The member has out pf pocket costs including copayments and coinsurance.<br>• Blue Cross is the primary payer of all claims for Part A and B Services |
| **Effective Date** | Existing product(s) Effective January 1, 2006, Medicare Supplement plans may no longer offer Drug | Existing product(s) Effective January 1, 2006, Medicare Supplement plans may no longer offer Drug | January 1, 2010<br>Note: Platinum Blue replaced VantageBlue, the BCBS Medicare Cost contract from July 1, 2005 to Dec. 30, 2009 | January 1, 2015 | SecureBlue: September 1, 2005 | January 1, 2018 |

- Blue Plus also manages a network for PMAP, MNCare, and MSC+

# QUESTIONS FROM MMGMA

# CREDENTIALING

**Can you provide an overview of your credentialing process and turn-around time? What reasons cause a provider to be denied?**

- Blue Cross works to complete all provider credentialing within 90 days.
- Providers can contact Blue Cross at Credentialing@bluecrossmn.com
- When credentialed, the provider is added to all benefit plans with an open network
- Practitioners may be denied credentialing due to things such as lack of board certification and previous license infractions.

# CREDENTIALING

**Will you adhere to a requested start date in the future if the application is received and all required material and documentation is correct? (example: application sent in on 3/1/18 with a requested start date of 4/1/18)**

- We will make every effort to make complete credentialing to make providers start date their effective date. With a clean application received 90 days in advance, this is much more likely.

**Can you address the process of Credentialing and your companies view/thoughts and understanding of the stressors that clinics/groups face during the credentialing period?**

- We are making every effort to get our TAT down to the industry standard of 45 days.

# CLAIMS

**Primary Care specific; Billing an office visit in addition to a Preventative visit with a modifier 25 – what is your policy on this?**

- Please refer to the Blue Cross Reimbursement Policy – ‘Evaluation and Management – 001’
- Blue Cross allows the billing of an office visit in addition to a preventive visit with a modifier 25.
- However, Blue Cross denies level 4 or 5 E/Ms when billed with a preventive exam as high level E/Ms involve a moderate or high complexity review and the visit may no longer be preventive in nature. This denial can be appealed with medical records.

# CLAIMS

**Do you require a modifier when billing vaccines with a preventative visit? If so, does this reduce reimbursement on the preventative visit? (What is your policy?)**

- Blue Cross does not require a modifier when billing vaccines with a preventive visit.
- Billing of vaccines has no impact on preventative visit reimbursement.
- Blue Cross has a vaccination policy
  - ‘General Coding – 037 – Immunization\Vaccines’
  - No formal policy regarding billing a modifier on a preventative visit

# CLAIMS

**How far back are you in processing claims? There are reports/feedback from membership that there are payers that are still not processing January and February dates of service (in April). If you are behind, what is the reason and when do you expect to be caught up in claims processing?**

- For the majority of our business, we are current with claims processing. For some of our market segments that recently migrated to the new Claims Platform, primarily our Taft-Hartley business from CCS Legacy, we are experiencing some backlogs due to the migration that are impacting timeliness.

- We have a dedicated team actively working to resolve these issues.

# CLAIMS - PROVIDER APPEALS

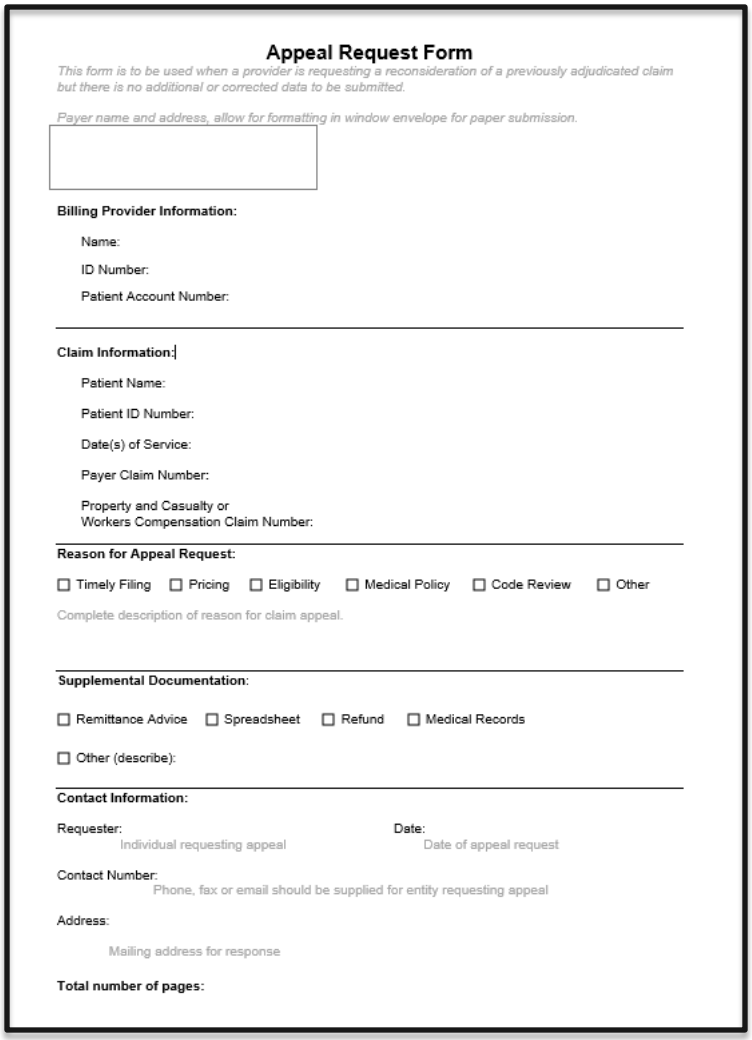
**What is your standard turnaround time on appeals processing? Where are you currently in processing appeals? What is causing backups?**

- Significant progress has been made in reducing the Provider appeals inventory, with inventories being down 50% within the past two months and 100% since last December
- Cleaning out old inventory resulted in the average cycle time for appeals closed in April to be 120 days, the goal is to be at a 60 day cycle time by the end of May
- All 2017 provider appeals outside of a few exceptions have been completed

# CLAIMS - PROVIDER APPEALS

**What can providers do to help the appeals process?**

- Use the AUC Appeals form for appeals only.
- Do not use the AUC Appeals form for adjustments or medical record requests.
- Ensure that a complete description for your appeal is written on the Appeals form and include the requestor's phone and fax number.



**Appeal Request Form**

*This form is to be used when a provider is requesting a reconsideration of a previously adjudicated claim but there is no additional or corrected data to be submitted.*

*Payer name and address, allow for formatting in window envelope for paper submission.*

**Billing Provider Information:**

Name:

ID Number:

Patient Account Number:

**Claim Information:**

Patient Name:

Patient ID Number:

Date(s) of Service:

Payer Claim Number:

Property and Casualty or
Workers Compensation Claim Number:

**Reason for Appeal Request:**

☐ Timely Filing ☐ Pricing ☐ Eligibility ☐ Medical Policy ☐ Code Review ☐ Other

Complete description of reason for claim appeal.

**Supplemental Documentation:**

☐ Remittance Advice ☐ Spreadsheet ☐ Refund ☐ Medical Records

☐ Other (describe):

**Contact Information:**

Requester:
Individual requesting appeal

Date:
Date of appeal request

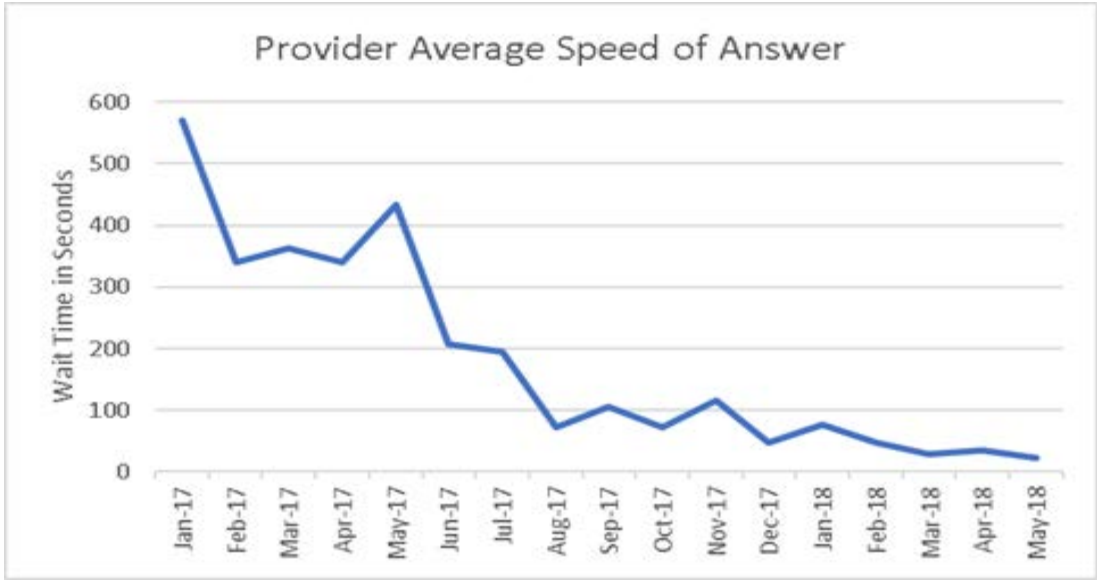
Contact Number:
Phone, fax or email should be supplied for entity requesting appeal

Address:
Mailing address for response

**Total number of pages:**

# CLAIMS

**Wait times to speak with customer service representatives continue to increase. What is your current data on how long it takes a service representative to connect with a caller?**




- YTD Provider Average Speed of Answer (wait times) is 41 seconds
- Recent provider feedback is that hold times are much improved
- We have added staff over the past year to help with wait times

# CLAIMS

BlueCross BlueShield Minnesota

## Are you doing anything currently or in the future to bring wait times down?

- New Provider Service Model
  - 3/19/2018 – Began pilot of servicing in-state provider claims calls with a specialized team
  - Intent is to create a center-of-excellence team to resolve complex claims inquiries more timely
  - Greater ability to identify trends
  - Triage root-cause by working closely with other internal departments

# REFERRALS

BlueCross BlueShield Minnesota

**What is your Referral process?  Is there a way to do this online?**

- Referring providers should submit referrals on Availity.com
  - When submitting, referring providers can print the referral submission information and a letter is also mailed
  - Referring providers can inquire on referrals previously submitted on Availity.com
  - Ability to update referrals and a dashboard coming soon
- Referred-to Providers
  - Letter mailed with referral information
  - Referred-to providers can inquire on referrals
  - Dashboard of referrals coming soon
- Members
  - Letter mailed with referral information

# ON-LINE CLAIMS ESTIMATOR

**Do you have a claims estimator on your website? If not, can it be added in the future?**

- Claims estimator is available for members via their secured Blue Cross member site. Members can always call for what their out-of-pocket to date is and what is remaining if they have a high-deductible plan.

- There is no claims estimator available to providers. Providers can request a copy of their fee schedule by sending an e-mail to '*fee.schedule.allowance.request@bluecrossmn.com'.*
  - Provide the clinic name and NPI

- Public Price Estimator on www.bluecrossmn.com – coming in late 2018/early 2019 from BCBS-MN Consumer Experience Team

# ON-LINE APPEAL STATUS

**Do you have an on-line tool to track appeal status? If not, can it be added in the future?**

- Currently, Blue Cross does not have an on-line tool to track appeal status.

- The ability to submit appeals and inquire on appeal status is being discussed as a potential future opportunity in Availity.

BlueCross BlueShield Minnesota

# THANK YOU.