

How To Avoid Duplicate Claims

Developed by the Provider Affairs Operations/Education/Communications Department

Facts About Resubmitting Claims

Before you resubmit a claim because you haven't received your payment or a response regarding your payment, think again. By sending another claim, you are actually slowing down the claims payment process and creating confusion for the member.

- If you resubmit a claim we will have to deny the claim as a duplicate
- You will also confuse the member because the member will receive another EOB and will need to call customer service
- The majority of claims submitted to BCBSIL are processed before 30 days
- In fact most electronically submitted claims are processed within 14 days
- 99.15% of electronic, non-investigated claims were processed within 14 days
- 99.56% of these claims were processed within 30 days

Medicare Supplemental Claims

Always file with Medicare first and be certain to include: the Health Insurance Claim Number (HICN), the BCBS identification number, including the three letter alpha prefix and the BCBS plan name as it appears on the patient's identification card.

Most claims are forwarded electronically through our Medicare Crossover vendor who has nation wide access to all Medicare intermediaries and carriers. However, in some cases when patients have not updated their BCBSIL membership information with their HICN number assigned by Medicare, the claims will not crossover. In those situations you may submit an electronic supplemental claim to BCBSIL.

Beginning in November 2005, Blue Cross and Blue Shield of Illinois (BCBSIL) announced in conjunction with the Centers for Medicare & Medicaid Services (CMS) a consolidated Medicare crossover claims process. Under this arrangement, the Coordination of Benefits Contractor (COBC) will crossover supplemental claims used for calculating secondary payment liability. Medicare Part A and Medicare Part B claims will crossover to BCBSIL only after the Claims have left the Medicare payment floor. Example: Electronic claims processed by Medicare on November 21, 2005, were released after a 14-day payment floor (December 5, 2005). Paper claims processed by Medicare on November 21, 2005, were released after a 28-day payment floor (December 26, 2005).

What To Do When You Don't Receive Payment

The next time you don't receive your payment or a response regarding your payment, please pursue the following steps before resubmitting a claim:

1. Access the electronic transaction report (see reverse side) if you transmit claims through rEDI-link Blue.
2. *Access our electronic database, NDAS Online. If information on your claim is not available follow the next step.
3. Call the Automated Information System at (800) 972-8088. If information is not available on the Automated Information System, you may speak with a Provider Telecommunications Center (PTC) Representative who will assist you in determining the status of your claim.*

rEDI-link Blue

- The rEDI-link Blue system is available 24 hours a day, 7 days a week for transmissions and retrievals with real time editing.
- The real time editing system is not available from 11 P.M. to 4:30 A.M. (CST).
- You may still upload a file to rEDI-link Blue and as soon as the editing system resumes processing, files in rEDI-link Blue will be edited and response files will be sent. Response files are available in a file format; a real-time report format or a daily file/claim detail report format.
- We now default to the DPR and the PCC reports.

*For information on how to get started with NDAS Online log on to www.bcbsil.com. Select "Providers". Once you reach the Provider Home page, select "Electronic Commerce" for information on electronic transactions.

Electronic Data Interchange (EDI) Transaction Reports	
rEDI-link Blue Report Numbers for Institutional and Professional Providers	Report Description
RSP#####.RSP	Provides daily confirmation of file and batch transmissions, as well as real-time claim detail reject information.
SFC#####.SFC	Provides submitters with a daily summary (Tuesday through Saturday for previous days activity) of electronic claim activity at the file level.
PCC#####.PCC	Provides submitters a detail list of claim activity (Tuesday through Saturday for previous days activity) by provider or Tax ID number.
DPR#####.DPR	Provides submitters with a daily summary of Sender/Payer responses by submitter and provider number. This report has the DCN# assigned by BCBSIL for accepted claims.
SPS#####.SPS	Provides submitters with a monthly summary of all electronic claim activity from the previous month.
UPT#####.UPT – Institutional (only) UPP#####.UPP – Institutional (only)	This is a weekly reconciliation report for institutional providers who are on the Uniform Payment Program (UPP) system and receiving EFT payments.
ASF#####.ASF – Institutional (only)	This report is created by AdminaStar Federal Inc. (ASF). It is a detailed list of claims submitted by batch and identifies the status of each claim, accepted/severe/warning.
WPS#####.WPS –Professional (only)	This report is created by Wisconsin Physicians Services (WPS) and is a batch summary control listing of WPS accepted/deleted claims.
997#####.997	This is a Functional Acknowledgment. The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of the ANSI 837 transaction set. Acceptance and rejection and the number of included transaction sets will be acknowledged by functional groups.

Note: These batch confirmation reports do **not** apply to claims that are submitted through the **Provider Terminal System (PTS)/Direct Data Entry (DDE)**. When using the PTS/DDE system your errors are highlighted and displayed at the bottom of the screen so that you may correct them online prior to processing. If no errors were detected, your cursor will move back to the first screen and a confirmation number will be assigned to your claim; this indicates that your claim has been correctly entered and passed to the appropriate claim payer processing system. To obtain more information on NDAS Online and all of our EDI transactions call (312) 653-7954.