# BlueCross BlueShield of Illinois

## Interactive Voice Response (IVR) Claim Status Change, Eff. July 13, 2015
### *Frequently Asked Questions from Providers*

1. ***Which claim status menu option on the IVR will no longer be available beginning July 13, 2015?***
When you call the Blue Cross and Blue Shield of Illinois (BCBSIL) automated phone system, the IVR system prompts you for the type of request (eligibility and benefits, claims, preauthorization or other services). As of July 13, 2015, when you select "Claims," you will hear two options: "Adjust a claim" and "Claim mailing address". The Claims menu on the IVR will no longer include "Claim status" or "Claim number." Please note that claim status information will continue to be available electronically through your preferred vendor portal -- *see questions 4 and 5 for additional information.*

2. ***Will exceptions be considered?***
Exceptions (continued access to claim status via the IVR) may be considered for providers lacking an Internet Service Provider (ISP) in their area. If this situation applies to your office, contact PECS@bcbsil.com to request an exception. Or, call Provider Services at 800-972-8088. ***Note:*** *Customer Advocates will assist in taking your exception request information and forwarding it to the appropriate area.* **If you need to submit an exception request, we encourage you to contact us as soon as possible, but no later than July 8, 2015.** The review process may require up to 5 business days before a response is returned.

3. ***Why should my office use a vendor portal for accessing claim status information instead of calling into the IVR?***
Using a vendor portal helps establish a secure electronic gateway between your office and BCBSIL for the exchange of real-time member/claim-related health care data. Among other advantages, using a vendor portal can help save your staff time by offering faster, more efficient returns on claim status and other inquiries.

4. ***How can my office obtain claim status information online?***
An electronic claim status inquiry (276 transaction) may be submitted via your preferred vendor portal.* Some vendor portals offer additional options – for example, registered Availity™ Web Portal users may access a Claim Research Tool to obtain enhanced claim status information; a remittance viewer is also available to help users view and interpret 835 Electronic Remittance Advice (835 ERA), data from BCBSIL.

   *\*Out-of-state providers who need claim status on Medicare crossover or ancillary claims filed directly to BCBSIL should submit an electronic claim status inquiry (276/277), or refer to the 835 ERA .*

5. ***What claim status information is available online?***
Online claim status options can provide you with the same real-time information previously offered through the BCBSIL IVR, and more. For example, if you are a registered Availity user, you may access the Claim Research Tool, which allows you to search by member ID, group number or DCN. With the Claim Research Tool, you can check status of multiple claims in one view, view claims for a particular date range and obtain detailed line item information, such as amount paid, ineligible reason code and description for each service line. For more information, visit the Education and Reference/Provider Tools section of our website at bcbsil.com/provider.

6. ***What if my office uses a billing agent or service for "backend" claim reconciliation?***
If your office uses a billing service to obtain claim status, please notify them so that they can incorporate electronic options into their workflow(s).

7. ***What if my office does not currently have access to an online Web vendor?***
There are several multi-payer vendor portals from which your office can choose. Refer to the Claims and Eligibility/Electronic Commerce section of our website at bcbsil.com/provider for basic information on electronic options and tips on getting started.

8. ***When should I contact Provider Services for claim-related inquiries?***
BCBSIL Customer Advocates will remain available to assist with claim adjustments and other claim-related inquiries that are not related to claim status. For these types of inquiries, you will need to provide a document control number (DCN – claim number) when calling.

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