Successful Electronic Claims Processing Helps Providers Meet HIPAA Standards

Since BMC HealthNet Plan launched electronic claims processing last September, 42% of providers who submit claims to the Plan have taken advantage of the automated system. The plan accepts and processes claims electronically from three major clearinghouses:

• Web MD/Envoy
• The SSI Group
• ProxyMed (formerly known as MedUnite)

The Plan also accepts direct submission of claims using the HIPAA compliant 837 format.

Meeting HIPAA compliance

BMC HealthNet Plan’s electronic claims submission process is fully HIPAA compliant, and electronic claims processing is a much simpler process since the implementation of the new standards – mandated by HIPAA. Standardization of claims forms and code content means that your claims for one payer should require very few changes for another payer.

Getting started

If you are a provider not yet submitting claims electronically, we hope you will consider the benefits of e-claims submission. If you currently use one of the clearinghouses listed above and want to begin submitting electronically, just ask your clearinghouse or intermediary for the BMC HealthNet Plan payer number.

Direct claims submissions available

If you would like to begin submitting claims directly, please call us at 617-414-6175. We’ll answer your questions and send you a copy of our EDI Claims Companion Guide, which contains the instructions you’ll need for direct submission of claims in 837 format. Shortly after your request is received, you will likely be able to begin testing direct electronic claims submission with us.

Providers’ benefits

Among the benefits of electronic claims submissions are:

• Faster claims turn-around
• Quicker payments
• Fewer keying errors
• Reduced administrative costs for mailings
• Quicker notification of claims status
• HIPAA compliance

Encouraging mammograms for women and physical exams for adolescents are two major initiatives underway at BMC HealthNet Plan.

Transactions and Code Sets

BMC HealthNet Plan has contacted network providers with information about the status of conversion to HIPAA-compliant Transactions and Code Set standards.

We included information on claims remittance advice, eligibility and claim status inquiries, and referrals and authorizations. The deadline for full compliance with HIPAA for Transactions and Code Sets is October 16, 2003.

Targeting Members for Special Care

Your family, friends, and health plan care about you.

If someone is out of your care, this health plan can help. Call us at 617-414-6175. We provide care for those who are uninsured or underinsured.

On your birthday, we’re here for you. On your anniversary, we’re here for you. On your last day, we’re here for you.

Your family, friends, and health plan care about you.
New Vendor Enhances Plan’s Responsiveness

BMC HealthNet Plan is working with a new pharmacy benefits manager: NMCHCrx. We chose NMHCtx based on several factors:

- Experience with other Medicaid managed care organizations (MCOs)
- Quick member eligibility downloads
- Ability to process all pre-authorizations
- Quick processing turnarounds for pharmacy claims
- Quick and accurate reporting systems
- Ability to add over-the-counter medications
- Dedicated pharmacy customer service call-center for providers and members (1-800-510-8980)
- Information systems compatibility with BMC HealthNet Plan

Step Therapy: Reduces Prior Authorizations

Part of our efforts at minimizing the need for prior authorizations involves implementing step therapies. This process looks at a member’s history and allows a prescription to be processed without prior authorization, if the requirements for that drug are present in the member’s history. In addition, BMC HealthNet Plan has rolled out a new step therapy with an initiative for over-the-counter (OTC) loratadine. All loratadine prescriptions will be processed without prior authorization. Prescriptions for Clarinex and Zyrtec will require the member to have had a 30-day course of OTC loratadine to process without prior approval.

OTC Drug Coverage Continues

BMC HealthNet Plan members continue to receive OTCs for a $0 copay with a prescription. The success of this benefit is twofold. First, since our members are financially disadvantaged, they welcome the opportunity to receive OTCs free of charge. Second, by requiring prescriptions for OTCs, providers are becoming more aware of the combinations of drugs that their patients are taking.
Both of these programs have benefited from the input of providers committed to early detection and disease prevention.

**Mammogram Effort**

The mammogram push targets our female members, ages 50-64, who were identified as not having had a mammogram since October 2001. We are conducting a direct-mail campaign, offering them assistance with scheduling appointments. In addition, we are placing follow-up phone calls to these women to reinforce the importance of mammograms.

**Adolescent physicals**

Communicating with our adolescent members is also crucial since this population historically sees a physician at a lower rate than other age groups. Our goal is to encourage them to make appointments for a physical. BMC HealthNet Plan is conducting a direct-mail campaign to adolescents, sending them an “invitation” for a physical. We are simultaneously communicating with their parents, asking them to reinforce the importance of physicals for their teens. Representatives from the Plan’s health services department will phone these members to assist them with getting an appointment and to answer any questions they may have.
Many providers are faced with communications issues when treating patients from other cultures. Not only language but also cultural habits and behaviors can complicate a treatment situation.

To help with this issue, BMC HealthNet Plan has produced a special flyer – 12 Steps to Cultural Competency. Available free of charge, it contains suggestions to help providers ensure open communication with foreign-born patients. For example, you’ll see that avoiding eye contact is actually a sign of respect in some cultures.

You don’t have to be an expert on a specific culture to communicate effectively. Putting the patient at ease by demonstrating some interest in their beliefs can go a long way in establishing a good relationship.

For a copy of 12 Steps to Cultural Competency, call your Provider Account representative, or the provider hotline at 1-888-566-0008.

Phone interpreters available

BMC HealthNet Plan coordinates foreign language interpretation – free of charge – for providers and members who phone us. Our Call Center representatives will access the AT&T Assistance Line when an interpreter is required.