

## **Blue Cross/Blue Shield Billing for the Alabama Family Planning Program**

**Satellite Conference and Live Webcast  
Thursday, April 26, 2012  
3:00 – 4:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division**

## **Faculty**

**Laurie Stout, BSN, RN  
Nurse Consultant**

**Annie Vosel, BSN, RN  
Plan First Manager  
Title X Training Coordinator**

**Bureau of Family Health Services  
Alabama Department of Public Health**

## **Thank You!**

- **Pilot counties:**
  - **Effective May 1, you no longer have to follow the manual pilot process**
  - **Information will be pulled from PHALCON**

## **Why Is Third Party Collections Important?**

- **Reductions in state and federal funding**
- **Escalating operating costs**
- **We are not a free clinic**
  - **We are a confidential, non-profit entity**

## **Why Is Third Party Collections Important?**

- **Because the Title X Fed's says so**
- **Because the Affordable Care Act says so**

## **What's In It For Me?**

- **Maintains your facility**
- **Provides services to everyone who needs them**
- **Pays staff**
- **Purchases medical supplies/contraceptives**
- **Educates others**

**The Mission  
vs.  
The Business**

**Data Accuracy**

- Accurate data entry into PHALCON of all required screens is a critical component to your billing success

**It Starts at the First Contact**

- When scheduling an appointment:
  - Tell the client that we are now billing BC/BS and if they do not need confidentiality, we plan to bill their insurance
  - Ask them to bring their insurance card

**It Starts at the First Contact**

- People are more compliant in providing information before they see the provider

**Intake**

- Perform the intake process in the usual manner
  - Demographic info
  - Income assessment
  - Insurance information

**Intake**

- **MUST** obtain permission to bill – CHR 3
  - Because private insurance billing is a new concept for many of our clients, make sure they review the “permission to bill” on the CHR 3
- Prior to entering insurance information validate their BC/BS coverage through the web portal

PHALCON LABEL

**AUTHORIZATION FOR SERVICES AND BILLING**

**FOR ALL SERVICES RENDERED**

**To Receive Services:**  
I give permission for myself or the above named child to receive health services as indicated. I understand that my or the above named child's medical records are strictly confidential. I hereby authorize use of these records in the provision of services by the Alabama Department of Public Health. I understand that these records may be used for statistical and/or research purposes without using the name of the patient. I understand that interpretation services are available to me at no cost if I need them.

**Permission to Bill:**  
I authorize the release of any medical information necessary to process a claim and request that payment of eligible medical coverage benefits be provided to the Alabama Department of Public Health. I understand that I am financially responsible to the Department for charges not covered by this agreement, and for any charges that may occur if I do not want a claim submitted to my medical coverage carrier.

**For Routine Testing:**  
I understand that routine testing, including that for HIV (the virus that causes AIDS), is needed to determine what treatment, counseling or referral may be required. I understand that testing is voluntary and I hereby give my consent for testing for myself or the above named child. I may withdraw my consent for testing at any time during this visit by notifying my nurse.

**Medicaid Services (if applicable):**  
I choose Medicaid services through the health department and was informed of other private physicians who provide Medicaid screening services. I have also advised that WIC and all other health department services are available regardless of whom I choose to provide Medicaid screening services.

**Healthcare Professionals (if applicable):**  
The Department supports training of healthcare professionals. I understand and agree to be interviewed, examined or counseled with a student present when receiving services.

**FOR FAMILY PLANNING SERVICES**  
I understand that Family Planning services are confidential and my information may not be disclosed without my consent except as required by law. I understand that the Family Planning Program offers services for me to accept on a voluntary basis and that I cannot be coerced (pressured) in any way to receive services or to use any particular method of family planning.

**Permission to Bill**

- I authorize the release of any medical information necessary to process a claim and request that payment of eligible medical coverage benefits be provided to the Alabama Department of Public Health. I understand that I am financially responsible to the Department for charges not covered by this agreement, and for any charges that may occur if I do not want a claim submitted to my medical coverage carrier.

**Confidentiality – Do Not Bill Insurance**

- We **MUST** protect those clients who have requested confidentiality
  - Don't want an Explanation of Payment (EOP) going to the home
- Charge these clients in the usual manner according to the sliding fee scale utilizing the E-Day sheet with receipt

**What Will Trigger Billing?**

- Encounter form
  - To bill the service select:
    - Bill Insurance
  - To NOT bill the service select:
    - Do not bill Insurance

**Critical Function**

- If you do not check on the Encounter form to “Bill Insurance” and if this isn't entered into PHALCON the visit **WILL NOT** be billed

**Clinical Services Encounter Form**

ALABAMA DEPARTMENT OF PUBLIC HEALTH  
CLINICAL SERVICES ENCOUNTER FORM

<p><b>LOCATION</b></p> <p><input type="checkbox"/> 1. CLINIC</p> <p><input type="checkbox"/> 2. HOME</p> <p><input type="checkbox"/> 3. OTHER</p>	<p><b>PRIVATE INSURANCE</b></p> <p><input type="checkbox"/> 1. BILL INSURANCE</p> <p><input type="checkbox"/> 2. NOT APPLICABLE</p> <p><input type="checkbox"/> 3. DO NOT BILL INSURANCE</p>
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## Blue Cross and Blue Shield of Alabama Providers

- Sign-on screen:  
<https://www.bcbsal.org/providers/index.cfm>

## Select Provider Functions

Click on Provider Functions

## Choose Location NPI

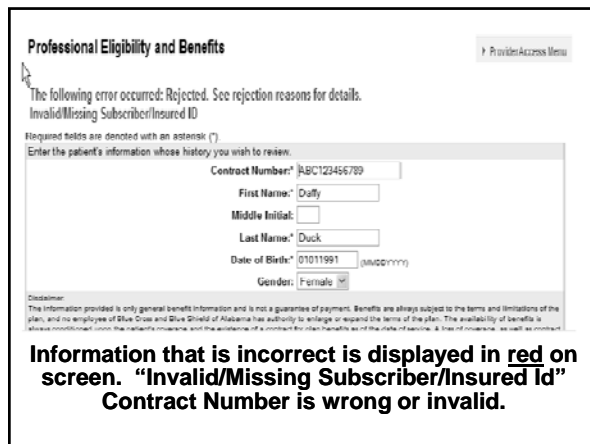
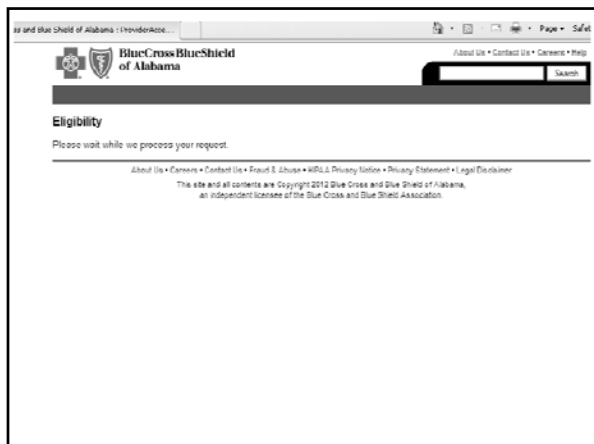
NOTE: This does not have to be a specific Provider, unless you wish to select a local Provider's NPI and location

## Eligibility and Benefits

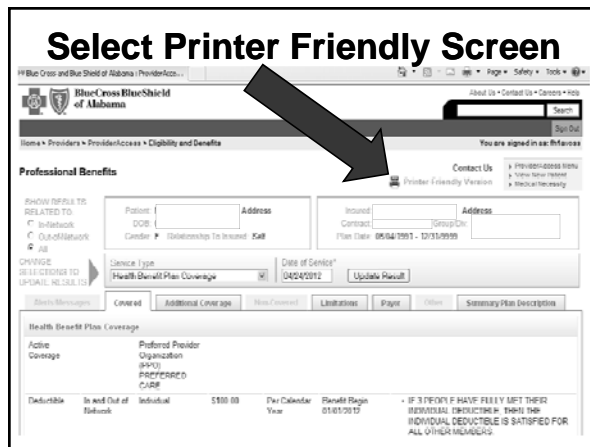
Select Eligibility and Benefits

## Professional Eligibility and Benefits

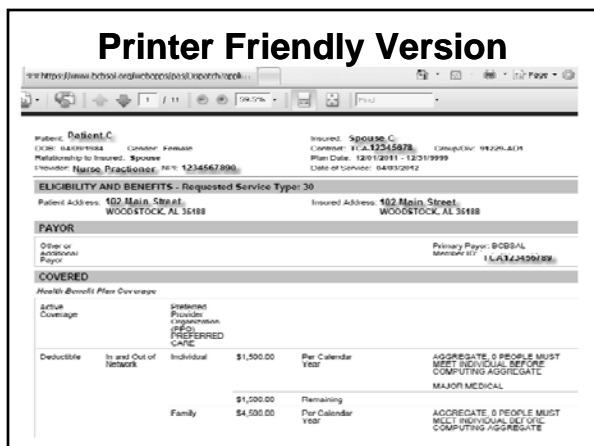
Required Fields



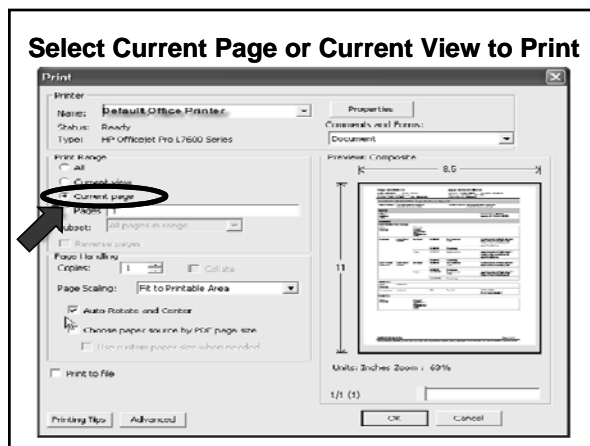
Information that is incorrect is displayed in red on screen. "Invalid/Missing Subscriber/Insured Id" Contract Number is wrong or invalid.



Select Printer Friendly Screen



Printer Friendly Version



Select Current Page or Current View to Print

### Patient Has No Active Coverage

Professional Benefits

SHOW RESULTS RELATED TO: In-Network, Out-of-Network, All

CHANGE SELECTIONS TO UPDATE RESULTS: Service Type: Health Benefit Plan Coverage, Date of Service: 04/03/2012, Update Result

Health Benefit Plan Coverage: Inactive

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

### Professional Benefits

Professional Benefits

Patient: NICHOLAS CLARK, Address: 162 Main Street, MOBILE, AL 36688

Insured: NICHOLAS CLARK, Address: 162 Main Street, MOBILE, AL 36688

DOB: 04/09/1994, Gender: F, Relationship To Insured: Child, Plan Date: 04/03/2012

Service Type: Family Planning, Date of Service: 11/05/2011, Update Result

Health Benefit Plan Coverage: Inactive

NOTE: Patient has Active Coverage on 12/01/2011 but not on Date of Service entered. See Plan Date.

### Must Use Legal Name

Patient: MARGARET VOSEL - (081294567)

Name: MARGARET, Middle: ANNE, Generation: Maiden

Legal Name: MARGARET VOSEL

### Financial Information: FP TEST (007781101)

Financial Information: FP TEST (007781101)

Company Name: BLUE CROSS BLUE SHIELD

Policy Holder: FP TEST

Relationship: SELF SELF OR SUBSCRIBER

### Encounter Form

ALABAMA DEPARTMENT OF PUBLIC HEALTH  
CLINICAL SERVICES ENCOUNTER FORM

FP FAMILY PLANNING

PROVIDER: [Red Arrow Points Here]

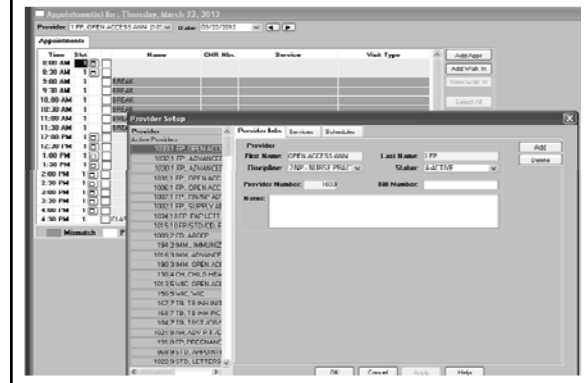
### NP Provider Number

- Prior to May 1, change the NP provider number to the last 4 digits of their social security number at all county locations where they provide services

## NP Provider Number

- Clean up the list
  - No other providers use that 4 digit number
  - Make sure NP name is what BC/BS has on file

## NP Provider Number



## Billing Depo Provera

- Typical supply visit
  - Billable under the order of the NP
  - Must use the prescribing NPs provider number on the encounter form

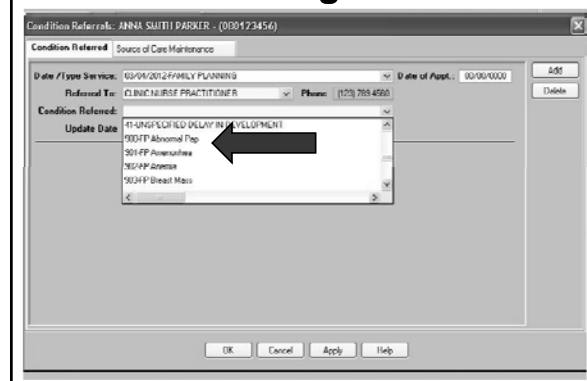
## Billing Depo Provera

- Deferred physical
  - Must use the clinic NPs provider number
  - NP must sign on the medical record
    - Can be at a later date

## Billing GYN Problem Visit

- Blessed are the diagnostic codes for they shall get us paid!
- Must be identified in the record
  - If the service (and the diagnostic code) isn't written in the record then you cannot bill for it

## Location of Diagnosis Codes



### Adding "Clinic Nurse Practitioner" to "Source of Care"

### Entering Diagnosis Codes

### Encounter Form

PROVIDER		CLASSIFICATION
<input type="checkbox"/> 01 INITIAL	717. HEP A	<input type="checkbox"/> CASE
<input type="checkbox"/> 02 REVISIT	718. HEP B	<input type="checkbox"/> SUSPECT
<input type="checkbox"/> 207. DT	227. HEP A - HEP B	<input type="checkbox"/> CONTACT
<input type="checkbox"/> 204. DTAP	340. HPV (Cervical)	<input type="checkbox"/> REACTOR
<input type="checkbox"/> 228. (1)AP-HEPB-IPV	353. HAV (Serum)	<input type="checkbox"/> CONWIKTOR
<input type="checkbox"/> 205. (1)AP-HB	238. MCVAP (Mars)	
<input type="checkbox"/> 217. (1)AP-IPV	299. MCVAD (Mars)	
<input type="checkbox"/> 238. (1)AP-IPV-HB	216. IPV23	
<input type="checkbox"/> 214. IU (ADULT)	226. ROTA (Rotarix)	
<input type="checkbox"/> 230. TDAP	292. ROTA (Rotarix)	
<input type="checkbox"/> 207. Hib	218. Influenza	
<input type="checkbox"/> 206. HEP B - Hib	234. Zoster	
<input type="checkbox"/> 209. IPV	219. Yellow Fever	
<input type="checkbox"/> 212. MMR	220. Cholera	
<input type="checkbox"/> 213. VAR	221. Typhoid	
<input type="checkbox"/> 241. PCV13	222. MPSV4	
	224. IMRabies	
	226. IG	
	225. JE	

ADPH ENC 300/Rev 02/11/12

### At the End of the Visit

- For clients who agree to let us process a BC/BS claim
  - Do not charge them a co-pay
  - Advise them that there will be no charge today
- If the claim is denied – we will send a bill for services rendered to their home

### At the End of the Visit

– Provide Family Planning Services Receipt

### Individual Policies

- EDU prefix
  - PEEHIP will not pay County Health Dept for FP services
  - Advise client, charge according to sliding fee scale, utilize the E-Day sheet with receipt



### **Review**

- Ask if they have BC/BS insurance
- Accurate/correct data entry
- Validate active coverage
- Must check on the Encounter form-  
**BILL INSURANCE**
  - If needing confidentiality check **DO NOT BILL INSURANCE**
  - Charge client per sliding fee scale

### **Review**

- Add any pertinent diagnosis codes on the Encounter form
- NP number must be on the Encounter form
- If billing denied, charge client appropriately

### **Other Helpful Hints**

- Latest information and updates will be available in the Document Library
  - FHS-BC/BS
- We do not control the time it takes for BC/BS to process claims
- Clients may receive letters from BC/BS

### **In the Future**

- Adding BC/BS to the Production Management Report in Ensemble
- Charging client for non-covered contraceptives