

Vaccine Billing for Vaccinations

**Satellite Conference and Live Webcast
Monday, September 24, 2012
3:00 - 4:00 p.m. Central Time**

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

Faculty

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Immunization Clarification Influenza and Pneumonia Shots

- Medicare and Blue Advantage
 - Use IMM-66 form for vaccines
 - Use Web Roster to record information for billing

Immunization Clarification Influenza and Pneumonia Shots

- WELLNESS – SEIB and PEEHIP
 - Use appropriate rosters provided by Wellness
- All others
 - User appropriate encounter form
 - Enter into PHALCON

It Starts at the First Contact

- When scheduling an appointment:
 - Tell client 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**
 - **Must use legal name**
 - **Income assessment**
 - **Insurance information**
 - **Including subscriber and relationship to subscriber**

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 the 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 information contained herein is 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 chose Medicaid services through the health department and was informed of other private physicians who provide Medicaid screening services. I was 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 consulted 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.

What Will Trigger BC/BS Billing?

- **Encounter form entered into PHALCON**
 - **To bill the service:**
 - **Select bill insurance**

What Will Trigger BC/BS Billing?

- **To NOT bill the service:**
 - **Select do not bill insurance**
 - **Charge these clients in the usual manner according to the County Fee Bill utilizing the E-Day sheet with receipt**

Immunization Encounter Form

PRIVATE INSURANCE

1. Bill Insurance

2. Not Applicable

3. Do Not Bill Insurance

Immunization Encounter Form

1. Bill Insurance

– Select when client has BC/BS and has given us the OK to bill

2. Do Not Bill Insurance

– Select when the client has BC/BS and does not want to have insurance billed

Immunization Encounter Form

3. Not Applicable

– Select when the client has either no private insurance, has Medicaid only, or has private insurance other than BC/BS

The screenshot shows a web form titled "Insurance History". It includes fields for "Company Name" (set to BLUE CROSS BLUE SHIELD), "Policy Number", "Group Number", "Policy Holder" (Last Name: TEST, First Name: FF, Middle Name:), and "Relationship" (set to SELF-SELF OR SUBSCRIBER). There is also a "Select Insurance" dropdown and a "Select Date" field. A table of "Insurance History" is visible with columns for "Assessment Date" and "Assessment Type".

Blue Cross and Blue Shield of Alabama Providers

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

The screenshot shows the "Provider Access" sign-in page. It has a header with the Blue Cross Blue Shield of Alabama logo and navigation links. The main content area is titled "Providers" and includes a "REGISTER NOW" button. Below that, there is a section for "Already registered?" with fields for "User ID" and "Password", and a "Sign In" button. There are also links for "Forgot your password?" and "Security at Sign In".

Select Provider Functions

The screenshot shows the "Select Provider Functions" page. It features a banner for "Effective October 1, 2012" stating that Blue Cross will implement a policy requiring providers to receive payments electronically using direct deposit. Below the banner, there is a "Click here" button. At the bottom, there is a section titled "Provider Functions" with a "Click on Provider Functions" button. The page also includes a breadcrumb trail: "Home > Provider > Provider Access > Main Menu" and a user status indicator: "You are signed in as acc adm0001".

Choose Location NPI

BlueCross BlueShield of Alabama

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User Profile Sign Out

Home > Providers > ProviderAccess > Location List

You are signed in as: adph0001

Choose Location NPI

| NPI | Provider Name | Location | Address |
|--|---------------|----------|------------------------------------|
| 1730497231 | ALFORD, LYNN | 51111596 | 6501 US HIGHWAY 231, VIETUMPKA, AL |
| Click to Choose Location NPI | | 51111595 | 3080 MOBILE HWY, MONTICOMERY, AL |

NOTE: This does not have to be a specific provider. You are just trying to gain access to patient eligibility and benefits.

Eligibility and Benefits

BlueCross BlueShield of Alabama

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User Profile Sign Out

Home > Providers > ProviderAccess > Location Menu

You are signed in as: adph0001

ProviderAccess Menu

LYNN ALFORD
 NPI: 1730497231
 Location ID: 51111596
 6501 US HIGHWAY 231
 VIETUMPKA, AL 36092
 Change Location

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

- Patient Information
 - Eligibility and Benefits
 - Rx History

[Select Eligibility and Benefits](#)

Home > Providers > ProviderAccess > Eligibility and Benefits

You are signed in as: User0001

Professional Eligibility and Benefits

Required fields are denoted with an asterisk (*)

Enter the patient's information whose history you wish to review

Contract Number: *

First Name: *

Middle Initial: *

Last Name: *

Date of Birth: * (mm/dd/yyyy)

Gender: *

Required Fields

Submit

Disclaimer: The information provided is only general benefit information and is not a guarantee of payment. Benefits are always subject to the terms and limitations of the plan, and no employee of Blue Cross and Blue Shield of Alabama has authority to change or expand the terms of the plan. The availability of benefits is always conditioned upon the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

BlueCross BlueShield of Alabama: ProviderAccess

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Eligibility

Please wait while we process your request.

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Eligibility and Benefits

- Information that is incorrect is displayed in red on the screen

Professional Eligibility and Benefits

The following error occurred: Rejected. See rejection reasons for details.

Invalid/Missing Subscriber/Insured ID

Eligibility and Benefits

- "Invalid / Missing Subscriber / Insured ID"

Required fields are denoted with an asterisk (*)

Enter the patient's information whose history you wish to review

Contract Number: * JBC123456789

First Name: * Duffy

Middle Initial: *

Last Name: * Duck

Date of Birth: * 01/01/1991 (mm/dd/yyyy)

Gender: * Female

Disclaimer: The information provided is only general benefit information and is not a guarantee of payment. Benefits are always subject to the terms and limitations of the plan, and no employee of Blue Cross and Blue Shield of Alabama has authority to change or expand the terms of the plan. The availability of benefits is always conditioned upon the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Check for Active Coverage on Date of Service

Home > Providers > ProviderAccess > Eligibility and benefits You are signed in as: alpha0004

Professional Benefits

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

CHANGE SELECTIONS TO UPDATE RESULTS

Service Type: **Immunizations** Date of Service*: **09/14/2012**

Health Benefit Plan Coverage

| Deductible | In and Out of Network | Individual | Per Calendar Year | Benefit Begin | MAJOR MEDICAL |
|------------|-----------------------|------------|-------------------|---------------|---------------|
| | | 50.00 | | 05/01/2012 | |

Patient Showing Active Coverage

Immunizations

Active Coverage In-Network Out-of-Network

Per Visit Benefit Begin: 05/01/2012

MOST IMMUNIZATIONS ARE COVERED BASED ON GUIDELINES OF THE AMERICAN ACADEMY OF PEDIATRICS (AAP) AND ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)/CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), INCLUDING JOB RELATED OR PACE TRAVEL IMMUNIZATIONS.

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.

Select Printer Friendly Screen

Home > Providers > ProviderAccess > Eligibility and benefits You are signed in as: alpha0004

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*: **04/24/2012**

Health Benefit Plan Coverage

Active Coverage: **Medicaid**

Select Current Page or Current View to Print

Printer: **Default Office Printer**

Status: **Ready**

Print Range: Current view Current page

Pages: **1**

Print to file

Select Current Page or Current View to Print

- Keep printed page showing active or inactive coverage in the record where Medicaid verification is filed

Patient Has No Active Coverage

Home > Providers > ProviderAccess > Eligibility and benefits You are signed in as: alpha0004

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*: **04/20/2012**

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.

In Review

- Ask if they have BC/BS insurance
- Enter accurate / correct data into PHALCON
- Validate active coverage

In Review

- Must check **BILL INSURANCE** on the encounter form
 - If client does not want insurance billed, check **DO NOT BILL INSURANCE**
 - Charge client per County Fee Bill
- If billing denied, charge client appropriately

Other Helpful Hints

- Latest information and updates will be available in the Document Library
 - Immunizations
- We do not control the time it takes for BC/BS to process claims

Other Helpful Hints

- Clients may receive letters from BC/BS
 - If denied, some will receive mail stating they owe ADPH
 - If paid, they may receive information on billing / payment