

# Blue Shield Report

A Newsletter for  
Professional Providers and  
their Staff Members

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OUR WEB ADDRESS:  
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Communication Coordinator  
Dorothy Bahner

#### Questions:

Contact your Professional  
Relations Representative, or  
the Professional Relations  
Hotline in Topeka at  
785-291-4135 or  
800-432-3587.



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#### Interactive Voice Response (IVR) System

In mid to late September 2005, Blue Cross and Blue Shield of Kansas (BCBSKS) plans to begin using an interactive voice response system (IVR). The IVR will use an exchange of spoken information between the person calling and the system to authenticate provider telephone calls and furnish information about claim status and eligibility. All incoming provider telephone calls for our customer service center and the pre-certification department will initially be handled by the IVR.

The first step the IVR will take is to authenticate the call. The authentication process may differ a little by department, but callers should be prepared to furnish the following information:

- Who is calling – doctor or hospital. (The system offers only these two choices. All professional providers, including non-physicians, should say, “Doctor.”)
- Provider number
- Telephone number
- Patient's identification number
- Patient's name
- Patient's date of birth
- Pre-certification number (if applicable)

If at some point the caller is transferred to a customer service center representative or pre-certification analyst, this authenticated information will transfer with the call. If the call is directed to a department other than customer service or pre-certification, the authenticated information will not transfer.

After the authentication process:

- If the pre-certification department was called, a pre-certification analyst will handle the remainder of the call.
- If the customer service center was called, the IVR will ask if this call is about claim status, eligibility or some other issue. Claim status and eligibility calls will continue to be handled by the IVR. Calls about other issues will be directed to a customer service representative.

Through a spoken exchange of information between the caller and the IVR, the following claim status and eligibility information will be available:

CLAIM STATUS

- date processed
- amount paid
- who was paid
- total patient responsibility
- provider's contractual obligation
- patient coinsurance
- patient deductible
- patient copayment

ELIGIBILITY

- level of benefit (i.e. Premier Blue, Premier Blue self referral, etc.)
- coverage level (single/family)
- effective and/or termination dates
- time period (calendar year, contract year)
- deductible amounts
- coinsurance percentages and maximums
- amounts already applied to deductible and/or coinsurance
- office visit copay
- emergency room copay
- inpatient copay

At the end of either a claim status or eligibility IVR exchange, the caller can request a recap of the information by furnishing a fax number.

Helpful hints for using the IVR:

- Callers should speak in their normal tone of voice and at their regular pace.
- The member's most current BCBSKS identification number should be used. The IVR will not recognize the old numbers that existed prior to the November 2004 ID number conversion.
- Initially, the IVR will be operational during normal working hours. Later on, the hours of operation will be expanded.
- Anyone who uses this system regularly will quickly become familiar with the flow of information. The IVR can be interrupted at any time after a prompt/question has begun.

The IVR offers providers a fast and easy method of obtaining accurate claim status and eligibility information. This new service is in addition to the claim status and eligibility information already available on our Web site.

## New Plan 65 Products

BCBSKS will soon be offering new Plan 65 products called Plan K. Under these new options, the member is responsible for the full Part B deductible (\$110) and one-half of the 20 percent that Medicare does not pay, up to an annual maximum of \$4,000. Once offered, Plan K benefit information will be added to the other Plan 65 options currently described on our Web site at:

[http://www.bcbsks.com/plan65/samplerate\\_select.html](http://www.bcbsks.com/plan65/samplerate_select.html)

## Web RAs

For a while now, providers have been able to view their remittance advices (RAs) on our Web site. Since this option became available, many providers have turned off their paper RAs. We have contacted several of those providers to gather information on how this feature has impacted their offices. Below are a few of their comments:

- They do not use the amount of paper they did previously.
- They use the Web RAs to resolve outstanding issues instead of sifting through the old paper RAs.
- It is much easier to search for a particular patient's claim on the Web.
- Information is received faster than waiting on the mail.
- Less storage space is required.
- Anyone in the office with security clearance to access Web RAs can research, so copies no longer have to be made for the various people who work the RAs.

Providers can contact their professional relations representative to help them get started utilizing Web RAs, thereby improving office efficiencies.