



Blue Claim Recovery AdvantageSM

At Blue Cross Blue Shield of Massachusetts, making quality health care affordable is our top priority. One way we are working to make care more affordable is by constantly looking for ways to reduce our claims costs—and those of our clients. As a result, we have put in place a variety of cost-containment policies and procedures to help improve claim accuracy and turnaround times and prevent duplicate payments, waste, billing abuse, and fraud.

We have instituted a combination of propriety and best-of-class resources at every step of the claims process. Here are a few examples of the teams, software, and systems we have put into place:

- ClaimCheck[®] is a McKesson software program which is used to ensure claims (professional and facility) are properly coded using industry-standard coding edits. ClaimCheck detects coding discrepancies automatically. Automated reviews improve accuracy and consistency in claims adjudication and lead to improved claim turnaround times. ClaimCheck incorporates guidelines from industry-standard and essential clinical coding sources, including Current Procedural Terminology (CPT[®]), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases Clinical Modification (ICD-CM), American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) guidelines, specialty society guidelines, medical policy, literature research and standards, and input from academic affiliations.
- Blue Cross Blue Shield of Massachusetts has a separate Fraud Investigation & Prevention (FIP) unit to respond to tips regarding potential fraud, to identify and prevent Fraud Waste and Abuse (FWA), and to pursue recoveries for any overpayments. FIP maintains a confidential fraud hotline and proactively identifies potential cases using fraud detection software. Employees, including certified fraud examiners, certified professional coders, and nurses, investigate cases. The FIP unit works closely with law enforcement and the boards of registration to prevent billing abuse and make financial recoveries where appropriate.
- Pharmacy benefit managers (PBMs) administering pharmacy benefits are required to follow their own policies and procedures to detect FWA. Blue Cross Blue Shield of Massachusetts audits PBMs on a quarterly basis, if not more frequently, to ensure compliance with this requirement.
- Using vendors and internal resources, the Claims Recovery Team identifies credit balances, duplicate claim payments, proper coordination of benefits, and claim overpayments and underpayments.
- Dedicated resources perform post-payment audits of diagnosis-related group (DRG), outpatient, and professional claims. Threshold limits are defined and, for DRG claims, a software program is used to identify claims that do not fall within the defined norm for DRG payment. The clinical staff performs the reviews and works with the service providers.
- Blue Cross Blue Shield of Massachusetts conducts provider audits of paid, professional provider claims to verify the accuracy of claims reimbursement in accordance with the plan's agreements and the National Healthcare Billing Audit guidelines. The Blue Cross Blue Shield of Massachusetts Provider Audit department has a provider audit process. A review of paid professional (CMS-1500) claims is conducted to validate the accuracy of provider billing. It includes evaluation of assigned evaluation and management (E&M) codes, Current Procedural Terminology (CPT) codes, modifiers, and reimbursement. Please note that this policy only applies to audits performed by the plan's Physician Audit team.

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- Blue Cross Blue Shield of Massachusetts uses a case-identification vendor to identify workers' compensation and third-party cases where Blue Cross Blue Shield of Massachusetts may be entitled to assert a lien or other subrogation rights to recover medical claims incurred as a result of a third party's negligent or intentional acts or omissions. Blue Cross Blue Shield of Massachusetts has dedicated resources to negotiate resolution of these cases.
- Blue Cross Blue Shield of Massachusetts coordinates benefits with other health insurers, including automobile, Medicare, and commercial insurance, to prevent duplication of payments. To identify subscribers who may have other insurance, Blue Cross Blue Shield of Massachusetts surveys subscribers on an annual basis and participates in a data exchange with the Centers for Medicare and Medicaid Services to identify members who have Medicare coverage.
- Other activities to prevent waste and abuse include, but are not limited to: a payment policy to ensure claims are paid or denied appropriately, cost-containment initiatives, and utilization review.

Blue Cross Blue Shield of Massachusetts wants to work with our clients to expedite payments while improving the claims payment accuracy rate. Here are a few things you can do to help:

- If you are a self-funded account, you may be eligible to have your coordination of benefits calculations performed through the maintenance of benefits provision. This approach may reduce your liability as a secondary payer. Please ask your account representative for more details.
- If you are a fully insured account, you can continue to benefit from our standard benefit coordination of benefit calculations.
- Take advantage of opportunities to share Medicare and workers compensation benefit data, so you can avoid any potential for duplication of benefits.
- Please keep in mind the importance of sending timely updates to employees about benefits and eligibility to ensure accurate claim processing and minimize retroactive processing of claims.

At Blue Cross Blue Shield of Massachusetts, we appreciate your business and strive for innovative ways to meet our members' needs and keep costs affordable. Please contact your account representative with any questions.

