

Important Information About Your Claims

DO YOU KNOW WHAT YOUR EXPLANATION OF BENEFITS STATEMENT IS TELLING YOU?

Blue Cross provides these statements to explain how claims were processed. We have assembled some helpful hints to make these forms easier for our clients to understand.

IT IS IMPORTANT TO SAVE ALL YOUR EXPLANATION OF BENEFITS STATEMENTS (EOBs).

Should you ever have a claim problem, these statements provide information needed to help resolve it. You should review your EOBs and compare them with corresponding billings. **DO NOT** send payment for amounts in the “You May Owe” column until the provider bills you for it. It is possible that you may have already paid it or will not even be billed for that amount.

In many cases, under the service listed will be a “note”. The “note” explains how the claim was processed. Following are several examples:

- This was applied to your deductible,
- There is a co-payment for this service,
- Not payable for this condition, or,
- This is not a benefit on your contract.

“Your Benefits Guide” will give you the basics of what is covered. Should you find that an error was made, please keep in mind the claim processor can only process the information that was submitted on the claim form. There are cases when a claim is processed and incorrectly denied. Listed below are some of the reasons this can happen:

- The subscriber’s group number and/or contract number was incorrect,
- The subscriber’s information was incorrect (spelling of name, date of birth, etc.),
- The patient’s information was incorrect (spelling of name, date of birth, etc.),
- An incorrect provider, or misspelled name of provider,
- An incorrect procedure and/or diagnosis code was submitted by the provider, or,
- An error made was by the claim processor.

Prudent use of an emergency room is suggested. Emergency room treatment is for an accidental injury or a life threatening condition. If a claim processor has a claim for emergency room treatment, and the diagnosis and procedure codes do not indicate the condition warranted emergency room treatment, the claim will be denied. Sometimes the codes alone do not indicate the severity of a condition. You can request a copy of the emergency room report from the hospital and request Blue Cross to review a denied claim for payment. You should include a brief explanation of the situation and include a copy of the EOB showing the denied claim. Send your claim material to the address on the lower right corner of your EOB.

IF AN ERROR SHOULD OCCUR, CALL BLUE CROSS CUSTOMER SERVICE AND BRING IT TO THEIR ATTENTION. ERRORS ARE GENERALLY EASY TO CORRECT BY CALLING CUSTOMER SERVICE AND/OR THE PROVIDER OF THE SERVICE.

If you have inquiries, a question about how a claim was paid or need to check the status of a claim, call the **Blue Cross Customer Service Association Hotline at 1-800-432-9881.**

Submitting Claims

Medical Claims

All participating providers will file your claims directly to Blue Cross Blue Shield of Michigan (BCBSM).

Groups with Master Medical coverage may have physicians that prefer you to give you a receipt and ask you to file a Claim for Reimbursement. You may use one claim form for several bills as long as they are all for the same patient.

BCBSM will pay Participating Providers directly. If you use a non-participating provider, BCBSM will send the payments to you.

If you seek treatment in another state, the provider's claim must first be presented to Blue Cross Blue Shield of that state. BCBSM is then billed secondary to that carrier.

Dental Claims

All participating Michigan dentists have BCBSM claim forms and will file your claims directly to BCBSM. Non-participating dentists may utilize a standard dental billing format.

**Blue Cross Blue Shield of Michigan
Customer Service – Association Hotline**

1-800-432-9881

Participating Providers

Blue Cross Blue Shield of Michigan (BCBSM) contracts with providers to accept what BCBSM pays as reasonable and customary.

This is important to you and your dependents, because if you go to a provider that does not participate with BCBSM, you may have to pay the difference between what Blue Cross pays and what the provider charges. This would be over and above your deductible and co-pay.

All hospitals in Michigan participate with Blue Cross; however, there are doctors and laboratories that may not participate. It is important for you to ask your provider if he/she participates. If he is referring you to a surgeon, anesthesiologist, or an outpatient laboratory for tests, then request that he send you to a participating provider.

PPO Providers

If you have a PPO Plan, it is important to know that not all BCBSM participating providers participate with the PPO Plan. Be sure to ask specifically if the provider participates with the Blue Cross PPO Plan.

Important Final Note

The contract agreement between Blue Cross and participating providers requires Blue Cross to send payment of claims directly to the provider. Even knowing they will get a direct payment from Blue Cross, many physicians request their patients pay office visits in full at the time of service. This can result in the physician being overpaid when the deductible has been met.

When you receive your Explanation of Benefits from Blue Cross it will show the total charge, the approved amount, the amount Blue Cross paid the physician, and the amount you may owe and the reason you may owe it.

If the patient's deductible has already been met, AND the physician was paid in full at the time of services, the physician should reimburse you the amount Blue Cross paid them and you should contact the physician's office for the reimbursement.
