

Blue Cross & Blue Shield of Rhode Island

April 2025 Provider Monthly Conference Call

**All lines will be muted
until the Q&A Session**

April 8, 2025

Presented by: Stef Vito

Director, Provider Relations

Agenda

BlueCHIP Direct Advance Plan Reminder

GAU Appeals – Reducing Paper

Simple Practice- Payer ID Change

Telemedicine Not Ending for BCBSRI Medicare Advantage Members

Claims Transaction Limit – Provider Call Center

Pre-Payment Review Process

Provider Data, Directory & Demographics

Q&A

Reminder: BlueCHiP Direct Advance Plans

This plan has a limited network. Members must see providers in the limited network in order to receive benefits for services. This network focuses on the Brown University Health (BUH) network of providers. Participating providers in this plan are either employed by or have a shared/risk savings agreement with BUH.

If a member presents to the office with this plan and wants to see a provider in your office, please advise them that your providers are not part of the limited network and direct them to our Member Services team.

If you have any other questions regarding this, please outreach the Provider Relations department,
ProviderRelations@bcbsri.org.

GAU Appeals Reducing Paper

As part of our ongoing efforts to enhance efficiency within the organization, GAU is aiming to reduce the number of appeals submitted on paper. We believe that by encouraging provider offices to submit their appeals via fax or web submission, we can significantly cut down on administrative steps.

As a reminder your groups/offices can submit claims via the online portal and via fax.

Submit Electronically:

- Claim Appeals can be submitted on the secure BCBSRI.com Provider Portal (EXCEPT FEP MEMBERS).

Submit Via Fax:

- Medicare: 401-459-5668
- Commercial: 401-459-5005

Simple Practice- Payer ID Change

It was brought to our attention that providers/groups were having issues with submitting claims through Simple Practice. After discussing the matter with our internal IT and EDI teams, we discovered that the issue stems from Simple Practice itself. It turns out that the incorrect Payer ID is listed within the claim entry tool. Currently, the Payer ID being utilized for BCBSRI is RIBLS, which is unfortunately incorrect.

According to our [HIPAA EDI](#) page, our [trading partner guide for 837 claim submission](#) instructs providers to use 00870 to submit claims to BCBSRI. Therefore, we kindly request that all providers who use Simple Practice update their Payer ID from RIBLS to 00870 for BCBSRI claims submission.

Telemedicine Not Ending for BCBSRI Medicare Advantage Members

BCBSRI is not making any changes to our Telemedicine services/benefit. If there are any changes in 2026, we will be communicating it in our monthly provider calls, and provider update.

Claims Transaction Limit- Provider Call Center

Beginning **June 1, 2025**, BCBSRI Provider Contact Center will implement a Claim Transaction Limit.

The Claims Transaction Limit applies to callers with **more than five claims**. This includes:

- ☐ **All Provider Type:** The process will be implemented across all types of providers. In-State and Out-Of-State
- ☐ **All Claim Types:** The process will apply to all types of claims, regardless of complexity or value.
- ☐ The 5-transaction limit applies to each member, regardless of the number of providers associated with that member (vice-versa).

>Paid/Denied Claims	>Claims Not On File
>Rejected/Closed Claims	>Out of Area Claims
>Claim status/adjustment	

With the implementation of bcbsri.com claims entry project introduced in February of 2024, providers are able to view claim status, send claim adjustments, and corrected claims on the portal.

Once your initial five claims have been processed, you will be transferred back to the queue and your remaining claim inquiries will be assisted by another representative which is also trained to handle complex or multiple claim situations.

Pre-payment Review Process

In July of 2024 BCBSRI began performing additional prepayment claim reviews utilizing Optum's Comprehensive Payment Integrity (CPI) tool, which ensures that claims process and pay accurately. As a result of these prepayment claim reviews, providers are asked for medical records and billing documents that support the charges billed. After medical records are reviewed, the claim is processed to pay, if the documentation supports the claim as billed.

If requested, providers will receive detailed instructions about how to submit the documentation. If it is determined that a coding and/or payment adjustment is applicable, the provider will receive the appropriate claim adjudication. Providers retain their right to appeal results of reviews.

As of 2024, you now have the ability to submit Medical Records through our online tool through bcbstri.com.

To view the Payment Policy, please [click here](#).

Provider Data, Directory & Demographics

- Attesting to your provider data on a quarterly basis is a CMS and BCBSRI regulatory requirement
 - **ATTENTION:**
 - Quarterly Data Attestation is a requirement under the Federal Consolidated Appropriations Act (CAA) legislation
 - Providers who did not attest to their information last quarter, have been excluded from the BCBSRI provider directory- Find a Doctor Tool. Any provider removed from the Provider Directory for failure to attest in Q1 of 2025 will receive a notification from BCBSRI.
 - Providers must attest by June 30th (end of Q2) to ensure they are not removed from the Provider Directory effective 7/1/2025 and to be added back into the directory, if you were omitted for failing to attest in Q1.
- Quarterly Data Attestation can be done on your existing **bcbsri.com** provider account under “**Update Practice Info**”
- Having updated provider data is extremely important for both the member and provider! The quarterly data attestation includes confirming practice location, phone number and accepting new patients' status, etc.
- We need your help!
 - We don't know what you don't tell us – if you need help setting up a bcbsri.com provider account, adding providers to an existing account, or accessing and submitting the quarterly data attestation form please contact: providerdirectory@bcbsri.org

Provider Data, Directory & Demographics

- We ask providers to remember to fill out a Practitioner Change Form (or update on the provider portal) if the following changes are being made with your office:
 - TAX ID Change
 - Mailing and/or payment address for existing office
 - Closing existing site
 - Opening new site or joining existing practice (must use PCF- not provider portal)
 - Change in office hours, covering physicians and accepting/not accepting new patients

Please note when a provider leaves a location or if a location is closed, an effective date of the change is needed on the Practitioner Change Form, or the date can be left in the “note” section of the provider portal data verification page. **Claims will continue to pay based on the date of service even if the location is terminated. As a reminder it is a requirement for provider offices to contact BCBSRI when a provider is leaving your practice. You must provide 60 days notice to BCBSRI when a provider is no longer going to be practicing for your group.**

Practitioner Change Forms are located on bcbsri.com > Providers > Forms. All Practitioner Change Forms can be faxed to 401-459-2099 or emailed to ProvDB@bcbsri.org. See slide above for Provider Portal verification information.

If you need assistance with filling out the form, please feel free to reach out to your Provider Relations Representative.

Next Monthly Call

Our next call will be on Tuesday, May 13, 2025, from 10:00am-11:00am

Invitations will be emailed but will also be posted in the Provider Update under the Provider Relations section a week prior to the call.

If you or anyone in your office has other topics that you would like to be brought up next call, or needs to be added to the invite list, please email ProviderRelations@bcbsri.org.

Q&A

- **If you are using Teams app:**
 - Please press the raise hand button and the host will call your name
 - **or**
 - Type your question in the chat
- **If you have called in by phone:**
 - Please press *6 to unmute and we will call on you by your phone number





Thank you!