

Paper Claim Reduction

Effective March 1, 2024, paper claims will no longer be accepted without an approved waiver.

In the September 2023 Providers' News, providers were notified that effective March 1, 2024, Arkansas Blue Cross and Blue Shield, Health Advantage, Arkansas Blue Medicare, BlueAdvantage Administrators of Arkansas, and the Federal Employee Program will no longer accept paper claims except for member-submitted claims and other limited situations approved by waiver.

The [electronic claims waiver](#) request must be submitted for review by any provider who has sufficient reason(s) to be exempt from this process. This form will be reviewed, along with historical claims data. You will be notified by letter of our decision. **Providers already submitting electronic claims will NOT receive a waiver.** As a reminder, paper claims are edited at the same level as electronic claims and cause a greater number of rejections.

The top reasons paper claims are rejected:

- Member ID, name or DOB does not match member information on file. Providers should verify eligibility at each visit and submit claims with the information as displayed on the electronic eligibility, not the ID card.
- Value of element N301 is incorrect. Expected value should **not** be a 'PO BOX' or 'P.O. BOX'. Segment N3 is defined in the guideline at position 0250. **Claims must be submitted with physical address only.**
- Rendering provider must be registered with Arkansas Blue Cross or its affiliate companies.
- Coverage for this patient was not in effect for this date of service.

Please contact your clearinghouse if you feel they are dropping claims to paper vs. correcting errors. Correcting the above errors will result in cleaner claim submission overall. Effective March 1, 2024, paper claims from clearinghouses or providers without a waiver will result in a letter reminding you to submit claims electronically. This likely will delay payment of the claim.

In late February / early March, Availity will be announcing live training opportunities to assist providers who are currently not using Availity Essentials or submitting claims electronically.

The sessions will include the following topics:

Session 1: Availity Essentials Introduction & Setup for Arkansas Blue Cross Providers

Topics:

- Technical requirements for using Availity Essentials, such as enabling pop-ups, browsers to use, etc.
- Roles & Permissions- reviewing the roles needed to access applications and the role of their organization's Availity Administrator.
- Adding providers to Manage My Organization.
- Completing the setup steps for using Remittance Viewer.
- Accessing/locating Availity's Help & Training Resources.

Session 2: Availity Essentials Applications Overview for Arkansas Blue Cross Providers

Topics:

- Quick overview of Eligibility & Benefits
- DDE (direct data entry) claim submission
- Quick overview of Claim Status and Remittance Viewer.
- Accessing/locating Availity's Help & Training resources.

If you have not already registered for Availity Essentials, you can go to www.availity.com/arkansasbluecross or contact Availity at 877-282-4548 for assistance.

Our goal in paper claim reduction always is to expedite and improve accurate claim processing for our members, and reimbursement to the valued providers who care for them. Please contact us at the number above if you have any questions.

