

February 12, 2009

Eligibility broadcast searches

Broadcast searches are eligibility requests that are sent to all payers that a vendor is connected to that check for potential eligibility under those payers. Such searches do not take into consideration whether or not the member has communicated to the provider their health plan coverage information. The purpose of this bulletin is to remind providers that broadcast searches are prohibited by Blue Cross and Blue Shield of Minnesota and Blue Plus.

Blue Cross prohibits broadcast searches

Blue Cross prohibits these transactions for the following reasons:

1. Since the resulting transactions contain protected health information (PHI) on the patient Blue Cross does not want to receive transactions unless there is indication that the patient may be covered by Blue Cross.
2. Receiving and processing transactions for patients that are known to be covered by other health plans (other than Blue Cross) puts significant strain on Blue Cross systems, resulting in delays to legitimate requests.
3. Broadcast searches do not contain the member identification number that is known to the provider. According to Section 1.3.8 of the Search Options in the National Health Care Eligibility Benefit Inquiry and Response Implementation Guide, the user should "enter whatever patient information they have on hand to identify them (the patient) to an information source." Purposefully leaving off the member identification number when it is known to the provider results in a less efficient transaction that is often not able to be uniquely matched to a payer eligibility system.

Unique instances

There are unique instances, generally when a patient presents at an urgent care or emergency room for emergency services, when the patient may not have their insurance information or the provider is unable to get insurance information from a patient. In those instances, it is acceptable to query Blue Cross for eligibility information unless the patient has clearly stated that they are covered by a different payer.

Providers are urged to discuss this with their eligibility vendors and system vendors to ensure compliance with this requirement.

Additional information

For more information on eligibility requirements, please refer to the Eligibility Guide and applicable best practices on the Administrative Uniformity Committee website under 'Guides' at www.health.state.mn.us/auc/index.html

Questions?

If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.