



**BlueCross BlueShield  
of Oklahoma**

### **Duplicate claims are costly**

Duplicate claims can be very costly for health care providers and health insurers, as every time a duplicate claim is filed, it must be processed. This can be counterproductive in the following ways:

- Time is taken in the claims processing system that could be used to process claims already loaded to the system.
- Valuable staff time is used to track duplicate claims and reconcile the system for BlueCross BlueShield of Oklahoma (BCBSOK).
- Provider office staff loses office time completing and submitting the second claim.
- Providers may be paying a billing service to resubmit a claim that was already in process to pay within a few days.

Provider Claim Summaries (PCS) provide details regarding how claims were adjudicated by BCBSOK. The PCS includes claim payment disposition along with any denial reasons, and also will include a ledger that gives a description of the denial reasons for each claim.

Below are some of the top reasons why duplicate claims are submitted (including some helpful tips and reminders to reduce the number of duplicate claim submissions):

#### **A claim has not been paid and a duplicate claim is submitted.**

In the case of electronic claims, the reports received by a provider's office will indicate if a claim is in process or if action is needed on the provider's part. If the claim is in process, resubmitting will not speed payment. In fact, it will delay payment as the duplicate is researched. In addition, this can be costly if the billing cycle automatically resubmits the claim within a specified time period. Effectively using the reports generated and/or the Availity website for claim status will make filing additional claims unnecessary in most cases. The Availity website can also be used for claim status regarding paper submitted claims.

#### **A claim was rejected for additional information.**

If a claim is rejected requesting additional information, another copy of the claim along with the information requested is not required. BCBSOK already has the claim copy on file. When submitting the requested information, please include a copy of the original request. (Note: If a claim is rejected needing corrected information on the claim itself, then a corrected claim copy will need to be submitted.)

#### **Payment has been received but not posted to show the claim is paid.**

- It is very important to process all reports and checks promptly once they reach the provider's office. A significant number of Customer Service calls involve

payments already made by BCBSOK. This information can also be verified on the Availity website.

At BCBSOK, we are committed to paying all claims as promptly and accurately as possible. We are asking for our providers' help in reducing duplicate claim submissions and allowing our systems to work to their full capacity, processing current claims on the first submission.