Guide to

Health Insurance (Health Service Providers and Insurers) (Claims) Regulations 2012

The Health Insurance (Health Service Providers and Insurers) (Claims) Regulations 2012 mandate that the Bermuda Health Council (BHeC) monitor and enforce compliance by healthcare providers and insurers. This Guide aims to assist the health sector with implementation by providing information on:

July 2012

Bermuda Health Council
BHeC

Definitions

ANSI	American National Standards' Institute – a private, non-profit organization that develops standards and norms for products, services, processes and personnel in the United States.
ANSI 837	The 837 standardized format provides ease for transmitting claims and remittance information in an EDI system between insurer and provider or provider and clearing house. It is a format into which a software programme can convert a claim.
Clearing House Insurance	A clearing house sorts, formats and translates claims information emailed from providers, into the insurance company's required format. It also checks the claims for errors before processing them for payment. The insurance company notifies the clearing house whether the claim was approved or rejected, and then the clearing house notifies the doctor or dentist office of the claim's status.
Data Elements to be submitted with a Claim	As per Schedule 1 of the Health Insurance (Health Service Providers and Insurers) (Claims) Regulations 2012, every claim submitted to any insurer must include: • Patient's name • Patient's date of birth • Name of the insured person • Relationship of the patient with the insured person (i.e. self, spouse, child) • Address and telephone number of insured person • Whether person is employed or self-employed • Any referring provider's name • Health policy number • Certificate number • Relevant current diagnostic and procedural code • Total fee amount charged • Whether the claim is a maternity claim, or the result of a road traffic accident, or a work-related injury • Place of service
Electronic Data Interchange	Structured transmission of data between a provider's computer system and an insurers' computer system using interface standards.
HIPAA	The Health Insurance Portability and Accountability Act (HIPAA) or the Privacy Act was introduced in the USA in 1996 to ensure patients' data is transferred in a particular and private manner.

What the Regulations Require

The Regulations state the specific requirements of Providers, Insurers and the Bermuda Health Council.

Providers must:

1. Submit claims to insurers for the insured portion of a patient's visit **(Section 3)**; this means providers cannot charge insured patients the insured portion at the time of service
2. Provide specified data elements in a claim **(Schedule 1)**
3. Submit claims (electronic or paper) to insurers within 30 days of procedure completion **(Section 4)**

Insurers must:

1. Inform healthcare providers of a patient's level of coverage at the time of service **(Section 6)**
2. Notify healthcare providers of receipt of electronic claims within one day **(Section 7)**
3. Notify providers if any information is missing within 7 days **(Section 8)**
4. Pay clean electronic claims within 30 days of receipt **(Section 9)**

BHeC must:

1. Grant approval, where appropriate, for healthcare providers to charge the insured portion at the time of service **(Section 5)**
2. Grant approval, where appropriate, for insurers to vary time payment requirements **(Section 10)**
3. Impose penalties on non-compliant healthcare providers and insurers **(Sections 12 & 13)**
4. Grant exemptions to health service providers, where appropriate **(Section 15)**

The Regulations are on www.bermudalaws.bm. Supporting information is available on the Bermuda Health Council's website: www.bhec.bm under Health Insurance and Forms

Exemptions, Applications & Penalties

Providers:

Healthcare providers may apply to BHeC for:

1

Permission to require the insured portion (Section 5)

Providers applying for permission to require payment of the insured portion must provide evidence that 5% of clean electronic claims (e-claims) submitted over three months were not paid by an insurer within 30 days.

The application requires providers to declare and supply supporting evidence, with respect to the preceding three-month period, of the total number of:

- e-claims submitted to all insurers
- e-claims submitted to the offending insurer
- Clean e-claims submitted to offending insurer
- Clean e-claims not paid within 30 days (by the offending insurer

Form of evidence:

- Computer generated report(s) indicating the details of above, and/or
- Receipt of evidence, including electronic acknowledgement letters, emails, etc…

2

Exemptions from the regulations (Section 15)

Providers requesting exemption from the regulations, will be considered under specific conditions such as:

- Unregulated professions
- Retirement within one year
- The office will no longer operate after 1st January 2013
- Practice submits claims for less than 120 hours of service per year
- Other conditions supported with documentation

How to apply:

1

Submit an application to require payment of the insured portion or for exemption using the respective form on BHeC's website www.bhec.bm.

2

Return the form and all required documentation to healthcouncil@bhec.bm

3

If the application for permission or exemption is **granted**:

- the health service provider will be notified
- the public will be notified that the provider may charge upfront

4

If the application for permission is **denied** BHeC will notify the health service provider

Insurers:

Applications to vary time to pay claims **(Section 10)** will be considered if the following conditions are met:

- Temporary technological or resource problems impeding electronic claims processing
- Submission of application form and relevant documentation to healthcouncil@bhec.bm

Application forms will be available on BHeC's website: www.bhec.bm under Forms, in July.

If the application is granted, the time period and conditions will be specified, and health service providers will be advised that persons with the relevant insurer may be charged in full at the time of service.

Notification of outcome will be provided by BHeC.

Penalties:

How BHeC will administer penalties (Sections 12 and 13)?

To begin any penalty procedures, BHeC must receive complaint details and evidence in writing from the public, healthcare provider or insurer.

If the complaint is against a provider BHeC will:

1. Contact the provider to investigate.
2. If there is evidence that the provider charged upfront, they will receive a citation letter with information on how to remit payment.

If the complaint is against an insurer BHeC will:

1. Contact the insurer to investigate.
2. If there is evidence that the insurer failed to pay claims by the time prescribed, they will receive a citation letter with instructions on how to remit payment.

Penalty payments must be made payable to the Accountant General.

Health Insurers' IT Capabilities Information

The information provided from the insurers in the chart below aims to assist healthcare providers in assessing their own IT needs. The information was provided per July 2012.

Healthcare providers should be aware that, as with any IT programme, there will be a process to ensure their IT systems can communicate effectively with the Insurers'.

The process can include, but is not limited to:

1. Contacting the insurer to specify the files they can submit (i.e. 837, Text)
2. Submit a test file to the insurer
3. Insurer will validate the test file
4. A series of testing to ensure all fields for the electronic submission match
5. Go Live

The chart summarizes the ways in which each insurer can receive claims, and provide information on patients' eligibility and level of coverage.

	Methods used to accept claims										To assess eligibility and coverage						
Insurer	Paper	Fax	XL files	Text Files	Email	PDF	ANSI 837 (Batch)	Clearing House	Web Portal	Secure FTP Site	Phone	Email	Web Portal: I[a]	Web Portal: II[b]	Web Portal: III[c]	Web Portal: IV[d]	Mailing[e]
Argus	●			●						●	●	●		●			●
BF&M	●	●					●		●	●	●			●			
Colonial	●	●	●	●	●	●	●	●	●	●	●					●	
Freisenbruch-Meyer	●	●		●	●	●				●	●	●					●
GEHI	●	●			●		●	●	●	●				●			
HID	●	●					●	●		●	●	●			●		●

Notes on Claims

BF&M: Web Portal can also be used for a single claim
Colonial: Accepts ANSI 837 files through a clearing-house uploaded through the Web and via SFTP
Freisenbruch-Meyer & Argus: Can accept text files for pharmacy claim
GEHI: Web Portal is for individual claims & clearing house must be 837 format
HID: Health Insurance Department - HIP/ Future-Care/Subsidy

Notes on Eligibility

[a] Providers will be able to find patient's name, DOB & Policy number
[b] Effective date and level of coverage/benefits
[c] Claims remittances
[d] Benefit Accumulators
[e] Hard copy summary the insurers' plans benefits

Insurer Contact Information

Argus

Karen Madeiros, RN, HCAFA, AVP Health Claims
Phone: 298-0837
Email: kmadeiros@argus.bm

Alison Bardgett, Senior Project Manager
Phone: 298-0560
Email: abardgett@argus.bm

BF&M[1]

Email: webinquiry@bfm.bm for inquiries prior to August 1, 2012.
Website: www.bfm.bm
Web portal: www.bfm.bm/providerportal/index.html

Colonial

Email: provider_admin@colonial.bm
Website: https://claimexchange.net/cmi/support/

Freisenbruch-Meyer

La-Keisha Darrell
Phone: 296-3600 etx. 225
Email: ldarrell@fmgroup.bm

GEHI[2]

Email: GEHI_EDI_QUERY@gov.bm

HID[3]

IT Queries
Collin Anderson, HID Director
Phone: 278-8200
Email: cjanderson@gov.bm

Claims Queries
Phone: 295-9210
Web portal: https://appwww.acclamation.com

[1] BF&M will ensure that Providers have the appropriate registration, training, and support materials necessary for 1st August.
[2] Moving toward real-time adjudication through web portal. Possible electronic remittance in future.
[3] New web portal guide can be emailed to providers for self-registry.

IT Vendor Information

There are a number of vendors available locally that can provide IT solutions for healthcare providers and insurers. Their details are provided below for reference only. Healthcare providers must assess their own IT needs and the feasibility of the services provided by each vendor.

Vendors' information is provided for reference purposes only. BHeC does not endorse or support any of these organizations.

Bermuda Electronic Claims	
Quinton B Butterfield Phone: 704-0829 Email: info@bermudaeclaims.com	*Provides a clearinghouse to collect claims from providers, transform it into a common computer language and relay to payers for prompt payment*
Computer Solutions	
Faith Bridges Phone: 297-3331 Email: faith@computersolutions.bm	*Medical billing service and software supply company that specializes in Medisoft and Workflow and offers tailor-made practice management solutions.*
Gateway Systems Ltd.	
Eric MacVicar Phone: 292-0341 Email: emacvicar@gateway.bm	*A systems integrator looking for pilot customers for their electronic claims and invoicing system.*
Expertise Limited	
Malika Taylor Phone: 296-0336 Email: malika@expertise.bm	*Can receive claims in all formats, convert to electronic files and submit to Insurers. Full-cycle billing management; seamless turnaround of billings to enhance cash flows.*
Physician Billing Solutions	
Charisse Belboda Phone: 239-1558 Email: Charisse.Belboda@bhb.bm	*Converts paper claims into electronic format for submission to all insurers. Provides electronic claims clearing house for complete claims/ revenue cycle management.*
Smith Technologies Ltd.	
Dion Smith Phone: 292-1818 Email: dion@stl.bm	*Provides X-ray, MRI/Ultrasound, PACS/DICOM, Patient Scheduling and accounting software such as NDC Medisoft, Lytec, POC and ABELDent.*