

What is Subrogation?

Answer-A cost containment feature in your BCBST policy that ensures medical expenses that result from an accident or work related injury or illness are paid by the appropriate party.

Why did I get a questionnaire?

Answer-When claims are processed through our system that show an accident-like diagnosis then a questionnaire is generated to help us obtain information about the reason for the claim. Keep in mind this questionnaire does not affect your benefits or your claims.

Why are you sending me a questionnaire on non-accident related treatments or tests?

Answer- BCBST uses trauma related diagnosis codes that are most commonly related to workers' compensation or third party injuries to identify claims for review. Some types of claims that would fall under this category include, but are not limited to: ER visits, ambulance services, radiological services, pain management care, chiropractic care, and physical therapy. While many times the services are for ongoing medical conditions, these could also be a result of a trauma related incident.

Have my medical bills been paid?

Answer – BCBST only sends questionnaires on bills that have been paid by your health plan. In general, the date of service on the questionnaire has been paid according to your benefits. If you are concerned with the status of a claim, or payment issue, you may contact our Customer Service Center by using the phone number for customer inquiries found on the back of your health insurance card.

What types of accidents or illnesses should I report?

Answer-Car and Motorcycle Accidents, Work Related injuries or illnesses, injuries on property other than your own, injuries or illnesses caused by the negligence of another party, injuries or illness caused by a defective product or when you feel someone else is responsible for your medical expense.

Who can sign the questionnaire?

Answer-The patient, a designated representative or the subscriber.

Do I have to respond to the questionnaire even if my treatment is not related to any accident?

Answer -Yes. Responding to the questionnaire is required by your health plan, as we have the right to investigate claims to properly determine payment. The sending of questionnaires is an automatic process, and is stopped once a response is received from you. If you have any further questions about this, you may refer to your plan documents or summary of benefits regarding “Subrogation” or “Rights of Recovery.”

What should I do if I have received a questionnaire but the treatment was not accident or work related?

Answer-Check ‘No’ to indicate the treatment was not related to an accident, sign and date the form then return to BCBST using the envelope provided or fax the completed form to 423-535-1979.

Do I have to send back the questionnaire?

Answer-Yes, your response is required to properly update our records.

I was involved in an automobile accident that was not my fault; do you need my automobile insurance information?

Answer-Yes, in order to complete our investigation we need the automobile insurance information of all parties that were involved.

How do I report an accident or illness if I have not received a questionnaire?

Answer-Contact our Customer Service Center at 1-800-439-1951. You may also fax the information to 423-535-1979.

What information do I need to provide when I report an automobile or motorcycle accident?

The date and location of the accident

Your automobile insurance information,

The automobile insurance information of the responsible party,

Your attorney's information if you have retained counsel

What information do I need to provide when I report a work related injury or illness?

The date and location of your injury or illness

Your employer's name and location

Your employer's worker's compensation insurance information

Your attorney's information, if you have retained counsel

What information do I need to provide if my injury occurred on someone else's property?

The date and location of the injury

The name of the property owner

The liability insurance information of the property owner

Your attorney's information, if you have retained counsel

What should I do if I cannot remember what happened on the date of service you provided?

Answer - If you cannot recall or have questions about the service that was provided on the date shown on the questionnaire, please contact our Customer Service Center at 1-800-439-1951 and one of our customer service associates will be happy to assist you. You will be asked for your reference or identification number shown on the questionnaire, along with your date of birth and the date of service. Please keep in mind that if the patient is over the age of 18, we cannot provide this information to anyone other than the patient due to HIPAA privacy laws.

I answered this once for you, why are you sending me another one?

Answer - If you recently returned a questionnaire, it may be that your response crossed in the mail with the subsequent questionnaire. BCBST produces 2nd and 3rd request questionnaires automatically at 30-day intervals. If you responded some time ago, but continued treatment, it is possible that a new questionnaire was produced as a result of those additional treatments. Other factors that might contribute would be a change in identification number or employer change; you would be recognized as a new member.

Who is this provider? I never saw a doctor or went to this clinic/hospital?

Answer - Often when you have a radiological service such as an MRI or an X-ray, the results may be interpreted by a doctor different than your treating physician. This is very common, and in most cases you will not be given that doctor's name. There are also times when your provider is part of a larger group or billing company and you may not recognize the name. This especially occurs with ER Physicians and various Independent Physician Associations. If you have any questions regarding the provider, you may contact our Customer Service Center at 1-800-439-1951.

How can I stop getting these questionnaires?

Answer – Once your response is received, our records are updated and you should not receive additional questionnaires on related claims. However, should your treatment continue for six months or if you sustain any new injuries another questionnaire will be sent to you to verify that the new or continuing treatment is not related to a new workers' compensation or other third party injury. You have two options when responding. You may complete the form and mail it back to us in the envelope provided, or you may fax the completed form to 423-535-1979.