

Fraud watch: New BCBSAZ policy requires providers to monitor receipt of payments

 pages.azblue.com/New-payment-monitoring-and-reporting-policy---APR-2021.html

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Blue Cross® Blue Shield® of Arizona (BCBSAZ) is implementing a policy to help protect against potential payment fraud. Effective immediately, you must monitor the receipt of BCBSAZ payments and report any missing payments within 14 days.

 [In This Issue](#)

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BCBSAZ payment cycle

Providers with electronic fund transfer (EFT) arrangements and paperless remit delivery or 835 electronic remittance advice (ERA) are currently eligible for daily processing of automatic deposits. Our twice-a-week schedule applies to mailed checks and to *all* claim payments related to Medicare Advantage and State of Arizona employer group plans. Your ERA statement identifies the date of payment and the receiving account number. For security, we do not include the receiving account number on paper remits.

In addition to keeping you informed of known remit delivery delays, we will also notify you of any planned changes in the normal payment cycle. This does not include routine adjustments of the schedule when certain holidays fall on or near payment days. If you notice any other disruption in your normal payment cycle, you must contact us promptly through your [provider liaison](#). This will allow us to begin investigation and identify the cause of the problem.

Liability for missing payments

Our intention for this payment monitoring and reporting policy is to work closely with you to prevent and mitigate losses from fraud. Staying alert to changes helps us all become aware of anything out of the ordinary that could signal fraudulent activity. If you fail to notify us of missing payments within 14 days, we will not be liable for any losses incurred or interest on late payments. This obligation is suspended during periods when BCBSAZ is experiencing known system issues causing payment or remittance advice delays.

Other ways we're increasing security against payment fraud

We're taking more steps to avoid fraud over the next few months and you will see the following changes:

- Login is now required to access our EFT enrollment/change form.
- To further regulate requests for billing address and EFT enrollment/changes, we're implementing an online tool with robust authentication controls for security and tracking. Once activated, this will replace our current EFT enrollment/change form. Change requests will only be reviewed and processed when received through this secure digital tool.
- We will soon require anyone authorized to make billing address and EFT enrollment/changes to have a specific type of portal user account that will have additional security features.

We'll be in touch again to let you know more about these changes and any action you need to take to comply with them in a way that best serves your organization.

Best practices to prevent healthcare payment fraud

In their recent [Global Economic Crime and Fraud Survey](#), PwC found that 47% of companies experienced fraud in the past 24 months. We encourage all providers to be vigilant and take appropriate steps to prevent fraud. Staff training can help create awareness and a sense of shared responsibility for precautions against and responses to potential fraud. Implementing internal accountability measures is another best practice that can serve fraud avoidance and mitigation goals.

Some recommended ideas in a [BMO Capital Markets presentation](#) include:

- Training your staff to identify phishing attempts to impersonate a vendor or health plan
- Monitoring payments regularly
- Separating roles for accounts payable and accounts receivable
- Reconciling accounts daily
- Performing random audits of payment activity

You can also implement an internal hotline for reporting suspected fraud.

If you have questions about our payment monitoring and reporting policy, please contact your [provider liaison](#) or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

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