

Administrative Simplification
Policy Statement

Simplification Area: Claims Processing

Topic: Patient Insurance Card Not Required

Objective: Streamline the adjudication of claims

Expected Impact: *Hospitals and Practitioners* – Tracking down and submitting a copy of a patient’s insurance card in support of a claim can require provider staff to spend up to 3 hours per request. Depending upon whether the patient needs to be contacted, payment turnaround typically can take 2 – 5 weeks longer than standard electronic claim submission. This administrative burden can be avoided if copies of patient cards are no longer submitted.

Background:

Some health plans have required or do require providers to submit a copy of the patient’s insurance card along with a claim. Copying and mailing insurance cards creates additional work for providers and delays the adjudication of claims.

Policy Statement:

A copy of the patient's insurance card does not need to accompany any claim when the completed claim form includes the information that is on the card. (It is important that the information on a patient’s card is recorded on the claim, including any ID number prefix/suffix, and that the digits in the ID number are not transposed.)

Health plans will ensure that the appropriate personnel within their organizations fully understand this policy and communicate it to the providers appropriately.

If any provider office staff is advised by a Health Plan representative to submit a copy of the patient’s insurance card, providers are encouraged to contact the appropriate Plan Provider Representatives so they can investigate, clarify the issues and take appropriate action.