

INSIDE **ipp**

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Find information to help you provide quality health care services to Blue Plan members.

Welcome to *Inside IPP* — a new quarterly publication for our facility and ancillary providers.

The creation of this newsletter is an IBC initiative to improve provider satisfaction with the BlueCard® Program. Our goal is to improve awareness of the BlueCard Program and to highlight improvement initiatives.

Coordination of benefits questionnaire now available online

As we continue streamlining our claims processing, we are working to reduce the number of denials related to coordination of benefits (COB). On January 1, 2008, we added a new COB questionnaire to the provider portal at www.ibx.com/providers/resources/index.html that will help you and your patients avoid potential claims issues.

When you see out-of-area Blue Cross® and/or Blue Shield® members and you are aware that they might have other health insurance coverage, give them a copy of the COB questionnaire during their visit. Ask them to complete the form and send it to

the Blue Plan through which they are covered as soon as possible after leaving your facility. Members will find the address on the back of their member identification card or by calling Customer Service at the number on their card. Collecting COB information from members before you file their claim eliminates the need to gather this information later, thereby reducing processing and payment delays.

If you have questions or need more information about the new BlueCard® COB questionnaire, please contact your Network Coordinator.

2008 BlueCard® Program satisfaction survey

As we continue to evaluate our performance and make improvements to claims processing, customer service, and electronic transactions, your feedback helps us to set priorities and streamline operations.

In 2008 we will conduct provider satisfaction surveys on an ongoing basis to receive timely feedback on your satisfaction with servicing out-of-area members. If your billing department is contacted, we encourage you to participate, as your opinions are important to us.

IBC's research vendor will ask to speak to billing staff with the most knowledge regarding BlueCard claims filing and/or billing. Please inform the

appropriate staff to anticipate being contacted by our vendor.

If you need information about the BlueCard Program or have suggestions for improvement, there are three ways to contact us:

- Talk to your Network Coordinator.
- Visit us online at www.ibx.com/providers.
- Contact HMO Provider Services at 1-800-227-3119.
- Contact PPO Provider Services at 1-800-443-1776.

As always, we appreciate your feedback.

IBC's medical records management process improvement

Thanks to your valuable feedback, IBC is improving its medical records management process to better serve you. Look for these improvements with the new process:

- **Reduced requests.** Changes to Blue Plan internal medical records procedures will eliminate multiple medical record requests and, thus, expedite claims processing for members from other Blue Plans.
- **Better tracking and improved claims turnaround time.** IBC and participating Blue Cross and Blue Shield plans have implemented a new tracking procedure to better coordinate medical records throughout the claims process.

More details will be available in the coming months. In the meantime, please continue to call your Network Coordinator for questions about medical records.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

Additional resources

For inquiries on the status of:

- HMO facility BlueCard Claims, call IBC at 1-800-227-3119.
- PPO facility BlueCard Claims, call IBC at 1-800-443-1776.

For questions about a member's BlueCard eligibility, call the BlueCard eligibility line at 1-800-676-BLUE (2583).

Inside IPP is a publication of the Provider Communications department. Suggestions are welcome.

CONTACT INFORMATION:

Rose Sutkowski
Managing Editor

Charleen Baselice
Production Coordinator

Provider Communications
Independence Blue Cross
1901 Market Street, 35th Floor
Philadelphia, PA 19103
provider_communications@ibx.com

Clarification on the BlueCard® Program for members who travel or live outside of the service area

BlueCard is a national program through the BCBSA that enables HMO and PPO members of one Blue Plan to obtain health care service benefits while traveling or living in another Blue Plan's service area. The program links participating health care providers with the various Blue Cross and Blue Shield plans across the country and in more than 200 countries and territories worldwide through a single electronic network for claims processing and reimbursement.

Recently, the BCBSA clarified its payment, medical, and benefits policies regarding the BlueCard program. The goal of these policy clarifications is to improve your satisfaction with the program and to help you provide quality health care services to Blue Plan members.

An attachment about BlueCard for facility and facility ancillary providers is included in this issue of *Inside IPP* to provide you with important information that will help you with:

- identifying members;
- verifying eligibility;
- obtaining precertifications/preauthorizations;
- filing facility BlueCard claims (including facility ancillary claims).

If you have additional questions about the BlueCard program, please contact your Network Coordinator.



The BlueCard®/Out-of-Area Program (Facility claims only)

As a participating facility or facility ancillary provider for Independence Blue Cross (IBC), you may render services to HMO and PPO patients who are members of other Blue Cross® and Blue Shield® plans who travel or live in the IBC five-county service area.

Please refer to this enclosure when providing services to out-of-area members. We have compiled the following information to assist you in providing services to these members. Topics include:

- identifying members
- verifying eligibility
- obtaining precertifications/preauthorizations
- filing BlueCard facility claims

IBC continues to experience growth in out-of-area membership because of its partnership with you. We are committed to meeting your needs and expectations and ensuring that members receive the appropriate care through the program.

Please note: This information is specific to the handling and processing of BlueCard facility claims only.

What is BlueCard?

BlueCard is a national program through the Blue Cross and Blue Shield Association (BCBSA) that enables HMO and PPO members of one Blue Plan to obtain health care service benefits while traveling or living in another Blue Plan's service area. The program links participating health care providers with the various Blue Cross and Blue Shield plans across the country and in more than 200 countries and territories worldwide through a single electronic network for claims processing and reimbursement.

Accounts excluded from the BlueCard Program

These claims are excluded from the BlueCard Program:

- stand-alone dental
- prescription drugs
- the Federal Employee Program (FEP)
- all Medicare Advantage products

How the BlueCard Program works

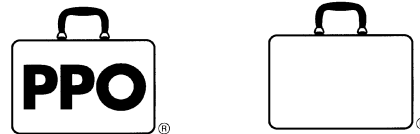
Identifying members in the United States

Member ID cards

When members of other Blue Plans arrive at your facility, be sure to ask them for their current Blue Plan ID card.

The main identifier for out-of-area members is the alpha prefix. The ID cards may also include:

- a logo with the letters "PPO" in a suitcase, for eligible PPO members;
- a logo with a blank suitcase.



Important facts concerning member ID cards:

- The three-character alpha prefix at the beginning of the member's ID number is the key element used to identify and correctly route claims. The alpha prefix identifies the Blue Plan or national account to which the member belongs. It is critical for confirming a member's membership and coverage.
- A correct member ID number includes the alpha prefix (first three positions) and all subsequent characters, up to 17 positions total. This means that you may see cards with ID numbers between 3 and 14 numbers/letters following the alpha prefix.
- Do not add/delete characters or numbers within the member ID.
- Do not change the sequence of the characters following the alpha prefix.
- The alpha prefix is critical for the electronic routing of specific HIPAA transactions to the appropriate Blue Plan.
- Members who are part of the FEP will have the

letter “R” in front of their member ID number instead of an alpha prefix. These members are excluded from the BlueCard program.

Examples of ID numbers:

Please note the following:

ABC1234567
Alpha
prefix

ABC1234H567
Alpha
prefix

ABC12345678901234
Alpha
prefix

- Ask the member for the most current ID card each time services are rendered. Since new ID cards may be issued to members throughout the year, this will ensure that you have the most up-to-date information in your patient’s file.
- Make copies of the front and the back of the member’s ID card and pass this key information on to your billing staff.
- Member ID numbers must be reported exactly as shown on the ID card and must not be changed or altered. Do not add or omit any characters from the member ID numbers. Please remove spaces if the suffix is separated from the ID by a space on the ID card.
- To ensure accurate claims processing, it is critical to capture all ID card data. If the information is not captured correctly, you may experience a delay with the claim processing.

Identifying international members

Occasionally, you may see identification cards from foreign Blue Plan members. These ID cards will also contain three-character alpha prefixes. Please treat these members just as you would domestic Blue Plan members.

Note: The Canadian Association of Blue Cross Plans and its members are separate and distinct from the Blue Cross and Blue Shield Association and its members in the U.S.

Claims for members of the Canadian Blue Cross

Plans are not processed through the BlueCard program. Please follow the instructions on the ID cards for servicing their members. The independent Blue Cross Plans in Canada are the following:

- Alberta Blue Cross
- Manitoba Blue Cross
- Atlantic Blue Cross Care
- Quebec Blue Cross
- Saskatchewan Blue Cross
- Pacific Blue Cross

Verifying eligibility

To verify eligibility and coverage information for members from other Blue Plans, please do one of the following:

- Submit a HIPAA 270 transaction (eligibility request) electronically to IBC. You can receive real-time responses to your eligibility requests for out-of-area members Monday through Saturday, from 7 a.m. until 1 a.m. the next morning EST.
- Log onto IBC’s BlueExchange® via NaviNet®.
 - Go to the BlueExchange out-of-area *Eligibility and Benefits* link and enter all required fields for the search. You can receive real-time responses to your BlueExchange eligibility requests for out-of-area members Monday through Saturday, from 5 a.m. to 10 p.m. EST, and Sunday, from 9 a.m. to 9 p.m. EST.
 - If you require assistance with IBC’s BlueExchange, please refer to the User Guides on the NaviNet Customer Care web page for more information.
- Call BlueCard eligibility at **1-800-676-BLUE (2583)**.
 - English and Spanish speaking phone operators are available to assist you.
 - Keep in mind that Blue Plans are located throughout the country and may operate on a different time schedule than IBC. You may be transferred to a voice response system linked to customer enrollment and benefits.
 - The BlueCard eligibility line is for eligibility, benefits, and precertification/referral authorization inquiries only.

Obtaining precertifications/ preauthorizations

You should remind patients that when they are out-of-area, they are responsible for obtaining precertification/preauthorization for their services from their Home Blue Plan.

You may also contact the out-of-area member's plan on the member's behalf. You can do so by:

- calling BlueCard eligibility at **1-800-676-BLUE (2583)** and ask to be transferred to the utilization review area.
- submitting a HIPAA 278 transaction (referral/authorization request) electronically to IBC.
- logging onto NaviNet and going to the BlueExchange *Out-of-Area Referral/Authorization Submission* link (HIPAA 278 transaction). If you require assistance with IBC's BlueExchange, please refer to the User Guides on the NaviNet Customer Care web page for more information.

Filing BlueCard Facility claims

When you provide services to an out-of-area Blue Plan member (non-IBC member), the claim is considered a Facility BlueCard claim. Facility BlueCard claims for out-of-area members *must* be submitted to IBC. IBC is the BlueCard processor for Facility services and will be your point of contact for claims-related questions.

To send claims electronically to IBC, use the 837i HIPAA transaction. The list of available ISA and GS codes to use can be found at www.ibx.com/pdfs/providers/self_service_tools/edi/inbound_env_ibx.pdf.

To send paper claims to IBC, please submit them to:
Independence Blue Cross
1901 Market Street
Front End Operations, 1500 SG
Philadelphia, PA 19103

Claims process flow

Below is an example of how Facility BlueCard claims for out-of-area members flow through the BlueCard program for processing:

1. A member of another Blue Plan receives services from a participating facility in IBC's five-county service area.

2. The facility submits the claim to IBC (the local Blue Plan)
3. IBC recognizes the BlueCard member and transmits the claim to the member's Home Blue Plan.
4. The member's Home Blue Plan adjudicates the claim according to the member's benefit plan.
5. The member's Home Blue Plan issues an Explanation of Benefits to the member.
6. The member's Home Blue Plan transmits the claim processing results to IBC.
7. IBC issues a Statement of Remittance and payment to the participating facility provider.

The following suggestions may improve your claims experience:

- Ask members for their current member ID card and regularly obtain new photocopies of it (front and back). Having the current card enables you to submit claims with the appropriate member information (including alpha prefix) and avoid unnecessary claims payment delays.
- Check eligibility and benefits electronically by calling **1-800-676-BLUE (2583)** or by logging onto IBC's BlueExchange via NaviNet and selecting *Eligibility and Benefits*. Be sure to provide the member's alpha prefix.
- Verify the member's cost-sharing amount. Any applicable copayment can be collected from the member at the time of service.
- Indicate on the claim any payment you collected from the member. For details on how to do this, please consult the Companion Guide.
- Submit all Facility BlueCard claims for out-of-area members to IBC. Be sure to include the member's complete identification number when you submit the claim.
- Do not send duplicate claims. Sending another claim or having your billing agency resubmit claims automatically actually slows down the claims payment process and creates confusion for the member.
- If out-of-area members contact you, advise them to contact their Home Blue Plan and refer them to their ID card for a customer service number

The member's Home Blue Plan should not contact you directly regarding claims issues, but if the member's Home Blue Plan contacts you, refer them to IBC.

Claim status inquiries

IBC is your single point of contact for all BlueCard Facility claim inquiries.

Claim status inquiries can be done by:

- **Phone.** For HMO facility claims, call IBC at 1-800-227-3119. For PPO facility claims, call IBC at 1-800-443-1776. Hours of operation are from 8 a.m. to 5 p.m., Monday through Friday.
- **Electronically.** Send a HIPAA transaction 276 claim status inquiry transaction to IBC, or log on to IBC's NaviNet[®] and submit a HIPAA 276.

Please note: These filing instructions are specific and applicable to BlueCard Host claims. Please refer to Provider Bulletins and *Partners in Health Update* via www.ibx.com/providers for information and filing instructions for submitting IBC member claims.

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