

# INSIDE **ipp**

AN INTER-PLAN PROGRAMS PUBLICATION



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## BlueExchange® enhances the BlueCard® business process

BlueExchange, developed by the Blue Cross and Blue Shield Association, an association of independent Blue Cross® and Blue Shield® Plans, enhances the efficiency of the BlueCard business process. BlueExchange is an electronic solution that provides HIPAA compliance for Inter-Plan transactions and allows for electronic communication between the provider and a member's Home Plan.

BlueExchange is accessible through the NaviNet® web portal or through trading partners that support eligibility and benefit requests. Providers can obtain member eligibility and benefits information (including remaining amounts) and claim status (including claim adjustment status). Through the NaviNet web portal, providers may also submit a referral/authorization for an out-of-area member. Responses to these inquiries will come from the members' Home Plan for the majority of the BlueCard requests.

When submitting a referral/authorization through BlueExchange, the Home Plan of the member will generally respond by contacting the originator of the request by fax, telephone, or written confirmation. Please note that the response transmitted is based on the member's coverage, eligibility, and account information on file at the Home Plan for either the date that the request is initiated or the date of service on the request.

In order for this process to work, a member's alpha prefix must be included as part of the ID number when the inquiry is submitted. The alpha prefix is a critical component, as it is used to route the inquiry to the appropriate Home Plan. Without the alpha prefix, an inquiry will *not* be generated because the process will not be able to identify the correct Home Plan to respond to the inquiry.

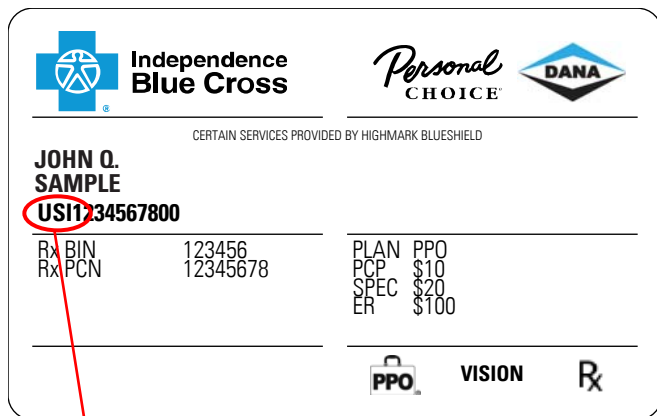
Please contact your Network Coordinator with any questions. ❖

# Blue Cross and Blue Shield Association regulations for member ID Cards

The member's ID card is the starting point of the claims process and a vital component of the BlueCard process. The Blue Cross and Blue Shield Association has established rules and regulations surrounding the format of the member's ID card that all Blue Cross and Blue Shield Plans must follow.

All member ID cards feature a 3-character alpha prefix that determines the location of the member's Home Plan. The three distinct alpha prefix characters route inquiries to the appropriate plan, allowing the Home Plan to transmit benefits, eligibility, and claim status information through BlueExchange.

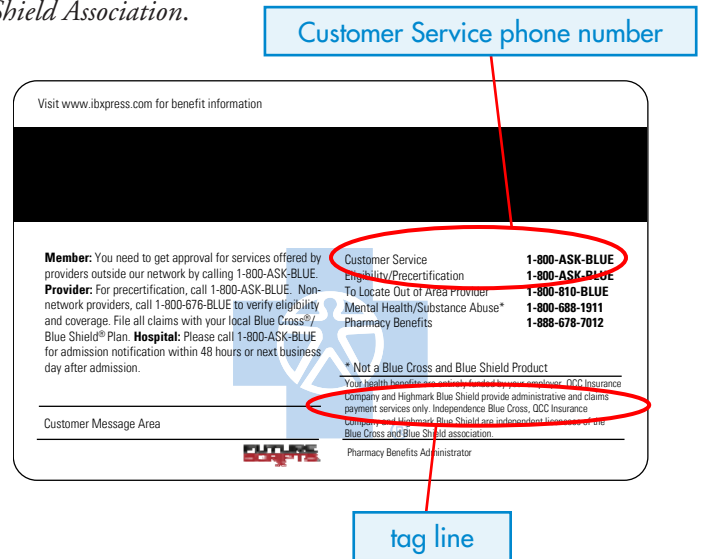
The alpha prefix is also used to route the claims through the BlueCard process to the Home Plan for adjudication. Independence Blue Cross will then issue payment to the provider based on the instructions provided by the Home Plan.



3-character alpha prefix

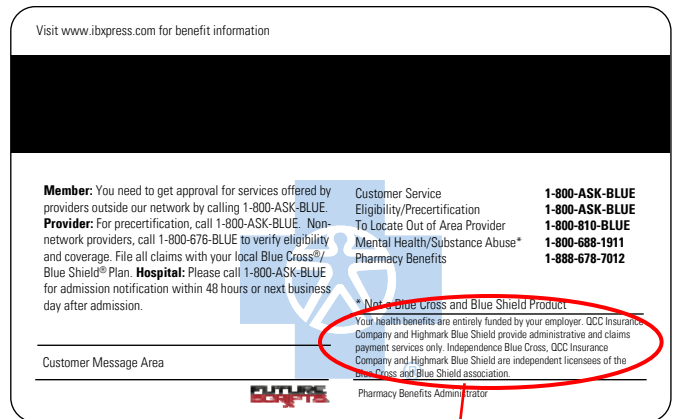
Along with the alpha prefix, the member's ID card must include a Customer Service telephone number. This number is usually located on the back of the ID card along with the geographic information that identifies the Home Plan. The company tag line is also located on the back of the ID card.

An example of a tag line is as follows: *Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.*



tag line

In addition, Home Plans must identify members who are covered under self-funded employer plans or health and welfare funds-sponsored plans. An example of self-funded language is: *Your health benefits are entirely funded by your employer.* Blue Cross Blue Shield Plans provide only administrative and claims payment services for self-funded plans.



self-funded language

Remember to always make a copy of the front and back of the member's ID card for your records. ❖

## Quick tips on claims inquiries from Provider Services

We are focusing on innovative ways to continually deliver exceptional service to our providers. Our Provider Services department understands the importance of excellent customer service and has developed quick tips on claims inquiries for your reference. By having essential information available during your call, Provider Services can provide efficient and timely service and accurately respond to your claims inquiries.

Please have the following information available when you contact [1-800-ASK-BLUE](tel:1-800-ASK-BLUE), prompt 2 for Provider Services:

- **National Provider Identifier (NPI).** This is a distinct 10-digit number assigned by the Centers for Medicare & Medicaid Services (CMS) that identifies you, the provider. The NPI is located in box number 56 of the UB-04 claim form.
- **Tax ID Number (TIN).** The TIN is a 10-digit number assigned to all practices/businesses by the IRS for tax and identification purposes. The TIN is located in box number 5 of the UB-04 claim form.
- **Patient Control Number.** This number is assigned to each patient by the facility. Each facility has its own unique formatting and character outlier. It is important to relay the Patient Control Number the same way every time you call Provider Services to ensure that the service representative will locate the patient in our system.
- **Date of service, charge amount, and admit date.** The date of service, charge amount, and admit date serve as important information to have ready when contacting us. Please keep in mind that the date of service and the admit date are not always the same date. When these dates are different, the service representative will have two search options.
- **Electronic vs. paper billing.** Knowing if the claim was submitted electronically or on paper will help the service representative locate your claim in our database.
- **Primary vs. secondary billing.** If you are calling in reference to a secondary payment, please notify the service representative at the beginning of the call. This information is important because it directs the service representative to locate claims history accurately.

*Note:* IBC handles only facility claims for BlueCard. If you are a professional provider and have questions about your claims submissions, please contact your Highmark Blue Shield provider representative at [866-975-7290](tel:866-975-7290) or [215-564-2131](tel:215-564-2131). ❖

### Complete and submit the *Inside IPP* web survey before time runs out

*Win one of four \$25 Visa® gift cards*

There are only a few days left for your chance to win one of four \$25 Visa gift cards. For your chance to win, complete our *Inside IPP* web survey, available at [www.ibx.com/ippsurvey](http://www.ibx.com/ippsurvey) until Tuesday, July 7. The purpose of the survey is to assess how we can better serve you and more effectively meet your BlueCard® Program needs. The survey will take only a few minutes to complete and is available to all facility and ancillary providers and office staff. Your opinions are important to us as we plan future editions of *Inside IPP*.

We appreciate your feedback about BlueCard and *Inside IPP*. ❖



## Reminder: Submitting the BlueCard® Coordination of Benefits Questionnaire for out-of-area members

In January 2009, we updated the BlueCard *Coordination of Benefits Questionnaire* for out-of-area members and streamlined the submission process. Out-of-area members are HMO, Traditional Hospitalization, and PPO members of other Blue Cross and Blue Shield plans who travel or live in the Independence Blue Cross (IBC) five-county service area.\* This BlueCard *Coordination of Benefits Questionnaire* should not be used for local IBC members or Federal Employees Program (FEP) members.

To avoid processing delays in claims payments, the provider or office staff must complete the first two fields on the questionnaire: the provider name and NPI. The provider or office staff should ask the out-of-area member to complete the remaining sections of the questionnaire before he or she leaves the office.

If the member chooses to complete the questionnaire outside of the office, he or she should be instructed to return the completed questionnaire to the provider's office. The provider or office staff should *immediately* forward the completed questionnaire to:

P.O. Box 69356  
Harrisburg, PA 17106-9356

Providers should not delay submission of the BlueCard *Coordination of Benefits Questionnaire* to coordinate with the claim submission. Claims should continue to be sent through your standard submission methods, which are separate from the submission of the BlueCard *Coordination of Benefits Questionnaire*.

The BlueCard *Coordination of Benefits Questionnaire* is available at [www.ibx.com/providers/blue\\_card/index.html](http://www.ibx.com/providers/blue_card/index.html), as well as in the *Reference Material and Reports* section on the NaviNet web portal.

If you have any questions about these important instructions, please contact your Network Coordinator.

*Note: Do not* use the P.O. Box/ mailing address listed on the BlueCard *Coordination of Benefits Questionnaire* for any other correspondence. Only completed questionnaires for out-of-area members should be sent to this address. ❖

\*The IBC five-county service area includes Philadelphia, Bucks, Montgomery, Chester, and Delaware counties.

This mailing address is prominently printed on the front page of the questionnaire.

**Coordination of Benefits Questionnaire: Out of Area Members**

**Provider: After the policy holder has completed and signed, please forward this form to your local Blue Cross and/or Blue Shield Plan immediately. Do not hold to submit with the claim.**

**Please mail this form to the following address:**

**PO Box 69356  
Harrisburg, PA 17106-9356**

Member: Your Blue Cross and/or Blue Shield Plan provides the Coordination of Benefits (COB) provision. Your Plan depends upon your help in order to process your claims correctly and appreciates your prompt and accurate reply. If any of the information below changes, please contact your Blue Cross and/or Blue Shield Plan immediately.

Provider Name \_\_\_\_\_ NPI (Give Tax ID if No NPI Number) \_\_\_\_\_

Policyholder Last Name \_\_\_\_\_ Policyholder First Name \_\_\_\_\_

Group Number \_\_\_\_\_ Member ID Number with Three Letter Prefix (Must Include Plan Alpha Prefix) \_\_\_\_\_

**Section A Other Insurance** *If this does not apply, check No and skip to Section B*

Are you or any other member of this Blue Cross Blue Shield policy covered by another medical or dental insurance policy, any other Blue Cross Blue Shield policy or Medicare?

No If No, please complete Section D, sign, date and return this questionnaire to us, indicating "No other insurance."

Yes If Yes, please complete all the fields below that pertain to the member(s) that has the other coverage.

Mark those that apply:  Other Health Insurance  Other Dental Insurance

What type of policy is this?  Group  Individual Policy  Student Policy  Medicare Supplemental

Other Insurance Carrier's Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Dependent(s) listed on the other insurance \_\_\_\_\_

Other Insurance Policyholder's Name \_\_\_\_\_ Policyholder's Date of Birth \_\_\_\_\_ ID Number \_\_\_\_\_

Effective Date of Other Insurance \_\_\_\_\_ If Cancelled, Cancellation Date \_\_\_\_\_

Is the policy holder:  Actively working for the group  Inactive

Retired, retirement date: \_\_\_\_\_  On COBRA, which began: \_\_\_\_\_

Policyholder's Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

**Additional resources**

- For HMO and PPO BlueCard® facility claims, call Independence Blue Cross at [1-800-ASK-BLUE](tel:1-800-ASK-BLUE).
- For questions about a member's BlueCard eligibility, call the BlueCard Eligibility® line at [1-800-676-BLUE](tel:1-800-676-BLUE).

*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**  
[InsideIPP@ibx.com](mailto:InsideIPP@ibx.com)

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.

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## State and federal mandates affect benefits

Both federal and state governments can pass laws that require the inclusion of certain benefits in employer plans or in plans sponsored by health and welfare funds or insurance policies. These laws, often called mandates, have increased over the past number of years. The majority of mandates have been enacted by state governments, although the federal government has also enacted certain mandates.

Mandates range from laws that require insurance policies to cover services by particular provider types, requirements to cover specific diagnostic or treatment services (e.g., mammography, inpatient hospital care following delivery), to laws that require employee benefits plans to extend benefits to certain populations (e.g., continuation coverage of employees or dependents).

Generally, state mandates are applicable only to insurers and their insurance policies written or issued in the state that passed the legislation. For example, a group insurance policy written or issued in Pennsylvania will include a Pennsylvania mandate. If this Pennsylvania group insurance policy covers an insured member who resides in another state, the Pennsylvania mandate will apply.

Federal laws are generally directed to employee benefits plans (i.e., to health plans sponsored by employers or health and welfare funds). As with state mandates, a federal mandate can require an employee benefits plan to provide specific benefits. Examples include the federal mandate for maternity lengths of stay.

Employers or health and welfare funds can choose to be self-funded, which means the employer or health and welfare fund assumes the underwriting risk for the employee benefits plan. In most cases, self-funded plans of employers and health and welfare funds are not required to provide coverage for state mandates to their employees/members.

Blue Cross and Blue Shield members' ID cards will include a statement on the back of the card if the member is covered through a self-funded employer or health and welfare fund. As an example, ID cards for Independence Blue Cross (IBC) members of a self-funded employer group or health and welfare fund will indicate that benefits are funded by the employer or health and welfare fund and administered by IBC.

Blue Cross and Blue Shield members' ID cards will also identify the home plan in which they are enrolled. As an example, ID cards for IBC members for both self-insured and fully insured groups will indicate that IBC and certain of its affiliates, such as QCC Insurance Company and Keystone Health Plan East, are independent licensees of the Blue Cross and Blue Shield Association.

Please contact your Network Coordinator if you need any additional information on state and federal mandates. ❖