Servicing Out-of-Area Blue Members

BlueCross BlueShield of Western New York
BlueCard 101
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Servicing Out-of-Area Members

Overview

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- Blue Products
- Member ID Cards
- Verifying Eligibility
- Utilization Management
- Submitting Claims
- Claims Status
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What is the BlueCard® Program?

- A program that enables members to obtain healthcare services while traveling or living in another Blue Plan’s service area. For example, BCBS of X member travels to the western New York area and receives care from BlueCross BlueShield of Western New York.

- A program that equips providers with one source, BlueCross BlueShield of Western New York, for claims submission, claims payment, adjustments and issue resolution for patients from other Blue Plans.
What is the Value of the BlueCard® Program to Providers?

The BlueCard Program brings significant value to providers nationwide:

• Ability to serve all Blue members nationwide.
  – Approximately 92.6 million members.

• Ability to service all of these members while contracting with only BlueCross BlueShield of Western New York.
  – A one-stop shop for all claims-related activities: submissions, inquiries, claim status, payment.
  – Easy access to member eligibility, benefits and precertification/preauthorization.
  – Reimbursement from BlueCross BlueShield of Western New York rather than the member.

Electronically through bcbswny.com
BlueCard® Eligibility Line 1-800-676-BLUE (2583)
What are the different Blue Products
Products that BlueCard Supports

*Traditional / Indemnity*

- Basic and/or supplemental hospital and medical/surgical benefits (basic, major medical and/or add-on riders).
- Typically includes cost-sharing features (e.g., deductibles, coinsurance or copayments).
- Provider is reimbursed according to BlueCross BlueShield of Western New York’s Traditional/Indemnity contract.
- If provider does not have a Traditional/Indemnity contract, provider is reimbursed according to the BlueCross BlueShield of Western New York Traditional Fee Schedule.
Products that BlueCard Supports

**PPO – Preferred Provider Organization**

- Significant financial incentive to members when obtaining services from a designated PPO provider.
- No gatekeeper (primary care physician) required.
- No referrals required to access PPO providers.
- Provider is reimbursed according to provider’s PPO contract with BlueCross BlueShield of Western New York.
- If provider has no PPO contract, provider is reimbursed at the non-PPO contract with BlueCross BlueShield of Western New York.
Products that BlueCard Supports

EPO – Exclusive Provider Organization

• Members receive no benefits for care obtained outside the network except emergency care.

• There is no primary care physician selection.

• Within the BlueCard Program, EPO benefits coverage is restricted to services provided by BlueCard PPO providers.

• EPO products may have limited out-of-area benefits. The potential for such benefit limitations is indicated on the reverse side of an EPO ID card.

• Provider is reimbursed according to BlueCross BlueShield of Western New York PPO provider contract. If provider has no PPO contract, provider is reimbursed at the non-PPO contract with BlueCross BlueShield.
Products that BlueCard Supports

**POS – Point-of-Service/Managed Care**

- Highest level of benefits received when the member obtains services from the primary care provider/group and/or complies with referral authorization requirements for care.

- Benefits still provided when the member obtains care from any eligible provider without a referral authorization, in accordance with the terms of the contract.

- Provider is reimbursed according to BlueCross BlueShield of Western New York’s POS provider contract.

- If provider has no POS contract, provider is reimbursed at the Traditional/Indemnity contract rate with BlueCross BlueShield.
Products that BlueCard Supports

BlueWorldwide Expat®

- Provides medical coverage for active workers in U.S.-based companies doing business abroad.

- Provides coverage for members enrolled in the BlueWorldwide Expat program whenever they travel home to the U.S. for visits of up to 45 days.
  - Claims incurred in the U.S. are processed like all other out-of-area member claims.

- Provider is reimbursed according to provider’s PPO contract with BlueCross BlueShield of Western New York.

- If provider has no PPO contract, provider is reimbursed at the non-PPO contract with BlueCross BlueShield of Western New York.
Products that BlueCard Supports

Medigap – Medicare Complementary/Supplemental

• Sold by private insurance companies to fill the “gaps” in original Medicare Plan coverage to help pay for uncovered health care costs.

• Regulated under federal and state laws and are “standardized.”

• Most claims are submitted electronically directly from the Medicare intermediary to the member’s Plan via the Medicare Crossover process.

Medigap does not include Medicare Advantage (MA) products as MA is a separate program under CMS. Members with MA typically do not have Medigap because under MA these policies do not pay deductibles, co-payments or other cost-sharing.

• Contracted and non-contracted providers are reimbursed the Medicare allowed amount, based on where services were rendered, for Medicare covered services.

• For services not covered by Medicare, contracted providers are reimbursed the BlueCross BlueShield of Western New York’s contracted rate and non-contracted providers at the BlueCross BlueShield’s non-contracted rate.
Identifying Blue Members: *Member ID Cards*

Most Blue ID cards have a three-character alpha prefix (the first three characters of the ID number).

- Standalone dental ID cards have no alpha prefix.
- Standalone vision and pharmacy ID cards have no alpha prefix when delivered through an intermediary.

It is important for providers to ask members at each visit for their current membership ID card, as new cards may be issued throughout the year.
Identifying Blue Members
Member ID Cards: BlueCard Program

- BlueCard members’ ID cards have a suitcase logo.
- Suitcase logo may appear as empty suitcase or with “PPO” in the logo.
- Suitcase logo identifies reimbursement level to the provider, not member benefits.
Identifying Blue Members
Member ID Cards: BlueCard Program, continued

The suitcase logo also provides information about the member.

- **PPO in suitcase:**
  - The member is enrolled in a PPO or EPO product (back of card may identify benefit limitations for EPO members).
  - The provider is reimbursed at the BlueCross BlueShield of Western New York PPO reimbursement level.

- **Empty suitcase:**
  - The member is enrolled in a Traditional/Indemnity, HMO or POS product.
  - The provider will be paid at the BlueCross BlueShield Traditional/Indemnity level (for Traditional and HMO products) or POS reimbursement level.
  - Note: If BlueCross BlueShield does not have a POS network, the member defaults to the BlueCross BlueShield Traditional/Indemnity network and its reimbursement level.
Identifying Blue Members

Member ID Cards: Government Programs

Some Blue ID cards do not include a suitcase logo.

- A suitcase does not appear on ID cards for Blue members enrolled in these products:
  - Medicare Complementary/Supplemental (also known as Medigap)
  - Medicaid
  - Child Health Plus (CHP) NYS Children’s Health Insurance Program

- Medicaid claims are priced at the member’s state Medicaid rate.

- CHP payment is limited to the member’s state reimbursement rate.
Identifying Blue Members
Member ID Cards: Medicare Advantage

• Providers can recognize Medicare Advantage members by one of these logos (see right) on the ID card.

• The text “Medicare charges might apply” will appear on either the front or back of the card.
Identifying Blue Members

Member ID Cards: BlueWorldwide Expat

• Providers may see patients enrolled in the BlueWorldwide Expat product:
  – Medical coverage for employees of U.S. companies who are based abroad.
  – Includes coverage when employees temporarily return to the U.S. for up to 45 days per visit.

• ID cards include the three-character alpha prefix.
Identifying Blue Members

Member ID Cards: International Licensees

• Occasionally providers may see ID cards from members of International Licensees.

• International Licensees include:
  – U.S. Virgin Islands
  – Uruguay
  – Panama

• ID cards from these Licensees include:
  – Three-character alpha prefix
  – Possibly a benefit product logo (e.g., suitcase)
Identifying Blue Members

Member ID Cards: Limited Benefit Products

• A limited benefit product is a health care plan that has an annual maximum benefit of $50,000 or less per covered member, not including amounts, if any, for dental or vision benefits.

• Members who have Blue limited benefit product coverage carry ID cards that may have one or more of the following indicators:
  – One of these product names:
    › InReach, MyBasic or some other non-Blue name
  – A green stripe at the bottom of the card.
  – A statement either on the front or the back of the ID card stating this is a limited benefit product.
  – A black cross and/or shield to help differentiate it from other ID cards.
Identifying Blue Members

**Member ID Cards: CDHC and Healthcare Debit Cards**

- Members with Consumer-Directed Healthcare (CDHC) plans often carry healthcare debit cards to allow them to pay for out-of-pocket costs using funds from their Health Reimbursement Arrangement (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).
- Some ID cards are standalone debit cards that cover eligible out-of-pocket costs; others also serve as the member’s ID card.
- In some cases, the card will display the Blue Cross and Blue Shield trademarks, along with the logo from a major debit card (e.g., MasterCard®, Visa®).
- The cards include a magnetic stripe allowing providers to swipe the card at the point-of-service and collect the member cost-sharing amount.

**Standalone Debit Card:**

**Combined Debit Card / Member ID Card:**
How to Verify a Blue Member’s Eligibility
Verifying Eligibility

The member’s Blue Plan maintains member eligibility information.

• Providers may verify member eligibility and coverage information by calling the BlueCard Eligibility Line or electronically through bcbswny.com.

1-800-676-BLUE (2583)
How to Obtain Information on Member’s Utilization Management Protocols i.e., Precertification / Preauthorization or Medical Policy
Utilization Management

- The member’s Plan maintains member’s utilization management information, including any applicable precertification/preauthorization requirements and medical policy.

- For out-of-area members (commonly referred to as “BlueCard members”) obtaining precertification/preauthorization is a member’s responsibility. However, providers often coordinate it on the member’s behalf.

- Providers can obtain precertification/preauthorization information when verifying eligibility - electronically or by phone.
  - Calling the BlueCard Eligibility Line – 1-800-676-BLUE(2583) or
  - Electronically by sending the Health Care Services Request for Review and Response (HIPAA 278-11 transaction) through bcbswny.com.

- Providers also have access to the member’s Plan general precertification/preauthorization requirements through the Medical Policy and Precertification/Preauthorization Router.
  - Provider enters alpha prefix at BlueCross BlueShield of Western New York website.
  - Provider is routed to member’s Plan website to view requirements.
How to Submit Claims for Blue Members
Submitting Claims

To avoid unnecessary claim delays, providers need to:

• Submit claims using appropriate coding as instructed by BlueCross BlueShield.

• Submit claims electronically through your vendor or directly to ASK EDI. If unable to submit electronically, send paper claims to: BlueCross BlueShield of Western New York, PO Box 80, Buffalo, NY 14240-0080.

• Always submit claims with only valid alpha prefixes.

• Include Other Party Liability (OPL) information on the claim if there is an indication of more than one payer.

• Send medical records timely and as instructed by BlueCross BlueShield.

• Do not send duplicate claims.
Verifying Claim Status

• Allow 30 days for claims processing before following up.

• For Medicare Crossover claims, allow 30 days from when you submitted the claim to Medicare before following up on the claim.

• Check claims status through wnyhealthenet.org or by calling the BlueCross BlueShield provider service area at 1-716-885-1785 or 1-800-444-2012.
Claim Appeals

Effective January 1, 2010 providers appealing claims that have been denied by the Use Management Department for experimental/investigational, cosmetic, or medical necessity will be required to submit a simplified claims appeal form.

The form is located on the BlueCross BlueShield provider website at bcbswny.com; click Forms > Reimbursement Forms > Post Service Claim Appeal Form.

All appeals must be faxed to the number provided on the top of the form.
Medicare Advantage: *Background*

What is it?

- **Medicare Advantage (MA)** is a government program under which Medicare beneficiaries can opt out of traditional Medicare and enroll with a private insurance carrier, such as a Blue Plan. Once a Medicare beneficiary opts out of traditional Medicare and elects a Medicare Advantage plan, the coverage is provided by the private insurance carrier.

- **MA** products must cover, at a minimum, the same services as original Medicare (Parts A and B) and often offer additional benefits like vision and dental or cover deductibles/coinsurance.
Medicare Advantage: Reimbursement

Medicare Advantage Reimbursement

• Under MA, the member is responsible for paying both the Part B premium and the premium of the private health plan, if there is one.

• The private health plan also receives reimbursement from the Centers for Medicare & Medicaid Services (CMS) to pay for the member’s medical cost.

• The CMS premium received by the private health plan is based on the member’s geographic location, among other factors.
Medicare Advantage: How are MA claims handled

How are Medicare Advantage claims handled?

- Blue Medicare Advantage (MA) claims are sent by the provider to BlueCross BlueShield of Western New York.

- Claims where a Medicare Advantage PPO member was treated by a Medicare Advantage PPO provider are considered MA PPO network claims.

- MA PPO network claims are priced according to the BlueCross BlueShield of Western New York MA PPO contract with the provider.

- Non-network MA claims are priced at the Medicare allowed amount based on where services are rendered.
Data Elements Required for Medicare Advantage Non-Network Claims Pricing

Providers need to submit the following twelve data elements in order to adjudicate MA claims accurately and timely.

- National Provider Identifier (NPI)
- Source of Referral for Admission (one alphanumeric character indicating transfer or admission)
- Core Based Statistical Area
- Treatment Authorization Code
- Admitting Diagnosis Code
- Height and Weight for End-Stage Renal Disease (ESRD) Patients
- Ambulance Pick-Up Zip Code
- HIPPS Code for Home Health, Skilled Nursing and Inpatient Rehabilitation
- Taxonomy Code if the provider represents an institution with more than one subpart to bill
- Certified Registered Nurse Anesthetists (CRNA) Specialty Code (CC)
- Service Facility ZIP Code (if different than billing ZIP Code)
- Present on Admission (POA) Indicator

Providers treating MA members must ensure that they submit clean claims (no defect, impropriety, or lack of any required substantiating documentation) according to the Medicare Managed Care Manual (Chapter 11 - §10).
Who to Contact with Inquiries
Who to Contact with Inquiries
Contact Information

Contact us at 1-716-885-1785 or 1-800-444-2012 or go to bcbswny.com.
Reminders for Providers

BlueCross BlueShield of Western New York is a “one-stop shop” for all BlueCard and other inter-Plan claim inquiries.

- Contact BlueCross BlueShield for all claim inquiries.
- Utilize electronic services at bcbswny.com.
- Take advantage of educational opportunities.
- Submit claims electronically.