

## BlueCard Update and Advisory December 2005

### BlueExchange:

BlueExchange is a web-based program that will allow providers to electronically access eligibility and claim status information for out of state members.

We are now in the testing phase of implementing this program. We will be providing detailed information at the beginning of 2006.

### Claim Submission Tips:

#### Coordination of Benefits

Claims that do not have primary EOB/EOMBs attached need to be split if they exceed more than 22 lines (institutional billing only).

Secondary claims need to be billed to BCBSVT exactly the same way they were billed to the primary carrier.

Claims involving Other Insurance (OI) at this time can not be submitted electronically. OI claims need to be submitted on paper.

#### Corrected Claims

Corrected claims can not be submitted electronically, they need to be submitted on paper with a Provider Inquiry Form (PIF)

#### Late Charges

When submitting claims with a 115, 117, 135 and 137 Type of Bill (TOB) for late or corrected charges, make sure the original claim has processed or is in process. These charges must be submitted on paper as a corrected claim.

*\* The BlueCard Program is a national program that enables members obtaining healthcare services while traveling or living in another Blue Cross Blue Shield Plan's area to receive all the same benefits of their contracting BCBS Plan and access to providers and savings. The program links participating health care providers and the independent BCBS Plans across the country and around the world through a single electronic network for claims processing and reimbursement.*

## Medicare Crossover Claims

About 28 percent of inter-Plan rejected claims are duplicate claim submissions. Many of these duplicate claims are Medicare Crossover claims. We encourage you to remember **not** to submit duplicate claims, as it may affect claim payment **timeliness**.

Here are some quick tips:

First, check a claim's status by contacting Blue Cross and Blue Shield of Vermont (BCBSVT) by phone at 1-800-395-3389, **or through an electronic HIPAA 276 transaction (claim status request)**.

When Medicare is the primary payer, submit claims to your local Medicare intermediary. After you receive the Remittance Advice (RA) from Medicare, review the indicators:

- If the indicator on the RA (claim status code 19) shows that the claim was crossed-over, Medicare has submitted the claim to the appropriate Blue Plan and the claim is in progress. You can make claim status inquiries for supplemental claims through BCBSVT.
- If the claim was not crossed over (indicator on the RA will not show claim status code 19 and may show claim status code 1), submit the claim to BCBSVT along with Medicare remittance advice. You can make claim status inquiries for supplemental claims through BCBSVT.
- If you have any questions regarding the crossover indicator, please contact the Medicare intermediary.

Do not submit Medicare-related claims to your local Blue Plan before receiving an RA from the Medicare intermediary.

If you use an Other Carrier Name and Address (OCNA) number on a Medicare claim, ensure it is the correct number for the member's Blue Plan.

Do not automatically use the OCNA number for BCBSVT or create an OCNA number of your own. In addition, do not create alpha prefixes. For an electronic HIPAA 835 (Remittance Advice) request on Medicare-related claims, contact *BCBSVT*.

## Identification Number less than 9 digits or containing an alpha

If you see a BlueCard member and their certificate number contains less than 9 digits or contains an alpha anywhere other than the prefix, to assure correct processing, you will want to submit a paper claim. Claims submitted electronically are encountering issues as the system automatically zero fills to make the number 9 digits long or not correctly reading the alphas. We are working on a systematic solution, but until that time, the best way to have these types of claim process correctly is by submitting on paper.

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## **Newly Licensed Blue Plan:**

You may begin to see members from our newest Blue Cross Blue Shield Licensee, Mondial UK from the United Kingdom. Mondial UK eligible members will carry Blue Cross and Blue Shield ID cards with the alpha prefix ZZP.

## **Plan Escalation and Dispute Resolution Process:**

Blue Cross and Blue Shield Plans across the country are now participating in The Escalation and Dispute Resolution Process. Blue Plans now have established day-to-day processes for contacting each other about issues of current concern. When these routine protocols fail to produce timely responses and needed documents, the Escalation Process ensures there is a documented way of obtaining the information. The process applies to all of its inter-Plan business.

## **How does the Escalation and Dispute Resolution Process work?**

When BCBSVT routine process for resolving issues fails to achieve results, the issue is referred to BCBSVT Escalation contact. Each Plan has designated Primary and Alternate Level I and Level II Escalation Contacts.

The Level I Escalation Contacts at both Plans cooperatively resolve the issue. The minimum response is to acknowledge receipt of a priority inquiry within 24 hours and supply a status update in 3 days. If the issue will take longer to resolve, the Level I Escalation Contacts at each Plan are to agree on next steps and follow-up schedule.

The issue will be referred to the Level II Escalation Contacts only if it could not be resolved with the Level I Contacts. Response time frames and the actions to be taken are the same as for Level I.

## **Turn Around Times, Accuracy and Adjustment Rates:**

Did you know that the average Host claim processes in 10.50 days? And Host adjustments process within 15 to 21 days, with an accuracy rate of 98%?

All other claims do process within the 45-day period as required by the Vermont State prompt pay law.

If you have any questions regarding the BlueCard program, or would like to obtain more information about it, please feel free to contact your Provider Relations Representative at (888) 449-0443.

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