

BlueCard Update and Advisory September 2005

BlueCard Survey:

The annual BlueCard Provider Satisfaction Survey will be administered from September through October by our National Blue Cross and Blue Shield Association. An independent research company will conduct telephone interviews among a random sample of providers who have serviced BlueCard members within the past year. If you receive a call, we are asking that you take the time to participate in this survey. Your input is important in identifying areas that work well, and those that need enhancements to better serve your needs.

If you are not one of the randomly selected providers and would like to share with us your thoughts on the BlueCard program, please give your Provider Relations Representative a call directly.

Blue Cross and Blue Shield of Vermont completed our own BlueCard Survey during the month of June. Thanks to all of you who responded. We are in the process of compiling the information and creating a work plan to respond to your needs.

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 anticipate having this functionality available to our provider community by late November.

Further details will be provided closer to the November date.

Claim Submission Tips:

Secondary Claims: If there is only one Explanation of Benefits from the other carrier, the claim should be submitted on the same claim form. Do not split these into two claims. Claims should be submitted to us in the same manner they were processed by the primary carrier. If there is only one Explanation of Benefits from the primary carrier, do not split the claim you are forwarding to us, regardless of the number of lines.

** 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.*

Member Identification Numbers:

Blue Cross and Blue Shield Plans across the country are in the processing of removing Social Security numbers from ID cards for BlueCard® and out-of-area members. By January 1, 2006, more than 93 million Blue members will have reissued ID cards.

Now more than ever, it's important that you use the most current Alpha Prefix and Member ID number so that claims can be properly processed.

Please see the helpful tips listed below:

First, make copies of the front and back of the member's ID card and give this key information to your billing staff. To ensure that the member gives you the most current ID card, you may want to request the card at every visit. Whether the most current ID card contains the Social Security number or an alternate unique identification number, please enter the identification number **exactly** as it appears on the member's card, including the three-character alpha prefix, and give this key information to your billing staff. **Do not make up alpha prefixes or member identification numbers.**

The member ID will always include the Alpha Prefix in the first three positions. Following the three-character Alpha Prefix, the ID card may include any combination of alpha/numeric characters (letters or numbers) for a maximum total length of 17 characters. You may see cards with ID numbers with fewer than 17 characters.

Remittance Advice Changes:

We are working to improve the reporting of BlueCard claims on your weekly Remittance Advice. One of the most recent enhancements made to the RA is for host claims that require additional information. The HIPAA adjustment codes used will assist you in determining whom the additional information is required from; the provider **or** the member.

If a HIPAA adjustment code of 17 is applied to the explanation code column of the RA this means that the subscriber needs to send information to the home plan (the home plan provides notice to the member of what information is required and how to respond).

** 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.*

If a HIPAA adjustment code of 16 is applied to the explanation code column of the RA this means that the provider needs to send information (the home plan will place the request with BCBSVT who will inform the provider). When a claim is denied for additional information you should receive notification within 2 weeks of receiving the denial advising what additional information is required. If notification is not received, call BCBSVT and inquire on the status of the request.

We will continue to work on enhancing the RA and improve the reporting to your offices. We will keep you posted in this advisory of any changes.

Turn Around Times, Accuracy and Adjustment Rates:

Did you know that the average host claim (when no additional documentation is required) 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.

** 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.*