



An Association of Independent
Blue Cross and Blue Shield Plans

Servicing Out-of-Area Blue Members

BlueCross BlueShield of Tennessee

BlueCard 101

Servicing Out-of-Area Members

Overview

- BlueCard Program
- Blue Products
- Member ID Cards
- Verifying Eligibility
- Utilization Management
- Submitting Claims
- Claims Status
- Claims Appeals Process
- Medicare Advantage
- Contact Information

What is the BlueCard[®] Program?

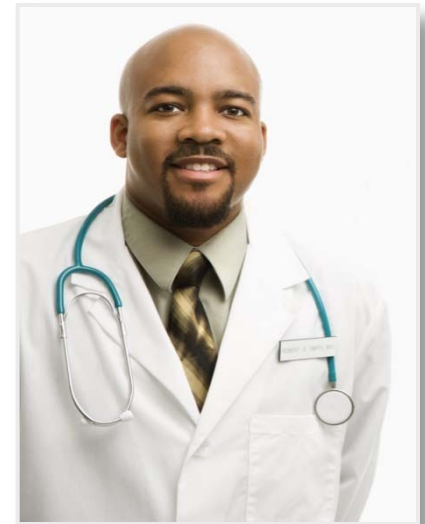
- A program that enables members to obtain healthcare services while traveling or living in another Blue Plan's service area. For example, BCBS of X member travels to BlueCross BlueShield of Tennessee and receives care from BlueCross BlueShield of Tennessee.
- A program that equips providers with one source, BlueCross BlueShield of Tennessee, 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 Tennessee.
 - A one-stop shop for all claims-related activities: submissions, inquiries, claim status, payment.
 - Easy access to member eligibility, benefits and pre-certification/pre-authorization.
 - Reimbursement from BlueCross BlueShield of Tennessee rather than the member.



Electronically through
BlueCross BlueShield of Tennessee
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 Tennessee's Traditional/Indemnity contract.
- If provider does not have a Traditional/Indemnity contract, provider is reimbursed at the non-Traditional/Indemnity contract with BlueCross BlueShield of Tennessee.

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 Tennessee.
- If provider has no PPO contract, provider is reimbursed at the non-PPO contract with BlueCross BlueShield of Tennessee.

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 Tennessee PPO provider contract. If provider has no PPO contract, provider is reimbursed at the non-PPO contract with BlueCross BlueShield of Tennessee.

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 Tennessee's POS provider contract.
- If provider has no POS contract, provider is reimbursed at the Traditional/Indemnity contract rate with BlueCross BlueShield of Tennessee.

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 Tennessee.
- If provider has no PPO contract, provider is reimbursed at the non-PPO contract with BlueCross BlueShield of Tennessee.

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 healthcare 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 service were rendered, for Medicare covered services.
- For services not covered by Medicare, contracted providers are reimbursed the BlueCross BlueShield of Tennessee’s contracted rate and non-contracted providers at the BlueCross BlueShield of Tennessee’s non-contracted rate.



What to Identify Blue Members

Identifying Blue Members: *Member ID Cards*

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

The image shows a sample Blue Cross BlueShield of Geography Member ID Card. The card features the Blue Cross and Blue Shield logos at the top left. The text on the card includes: BlueCross BlueShield of Geography, Blue Product, and ALPHA Employer Group. The Member Name field is blank. The Member ID field contains 'XYZ123456789', with 'XYZ' circled in red. The card also lists Group No. (023457), BIN (987654), Benefit Plan (HIOPT), Effective Date (00/00/00), and Plan Code (123). The Plan is PPO, and the Deductible is \$50. The card also features a PPO logo and a prescription symbol (Rx).

Member Name		Dependents	
Member Name		Dependent One	
Member ID		Dependent Two	
XYZ123456789		Dependent Three	
Group No.	023457	Plan	PPO
BIN	987654	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$15
Effective Date	00/00/00	Emergency	\$75
Plan Code	123	Deductible	\$50

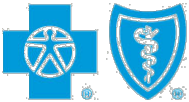


- Standalone dental ID cards have no alpha prefix.
- Standalone vision and pharmacy ID cards have no alpha prefix when delivered through an intermediary.

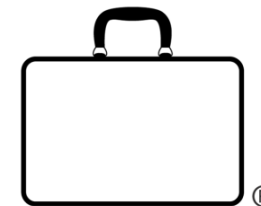
It is important for providers to ask members at each visit for their current membership ID card, as new cards may be issued throughout the year.

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.

 BlueCross BlueShield of Geography		Blue Product ALPHA Employer Group	
Member Name Member Name Member ID XYZ123456789		Dependents Dependent One Dependent Two Dependent Three	
Group No.	023457	Plan	PPO
BIN	987654	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$15
Effective Date	00/00/00	Emergency	\$75
Plan Code	123	Deductible	\$50
		 	



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 Tennessee 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 of Tennessee Traditional/Indemnity level (for Traditional and HMO products) or POS reimbursement level.
 - Note: If BlueCross BlueShield of Tennessee does not have a POS network, the member defaults to the BlueCross BlueShield of Tennessee 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
 - State Children’s Health Insurance Program (SCHIP)
- Medicaid claims are priced at the member’s state Medicaid rate.
- SCHIP payment is limited to the member’s state SCHIP 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.

MEDICARE ADVANTAGE | HMO



MEDICARE ADVANTAGE | PPO

MA | PPO
MEDICARE ADVANTAGE

MEDICARE ADVANTAGE | POS

MEDICARE ADVANTAGE | PFFS



MEDICARE ADVANTAGE | MSA

 BlueCross BlueShield of Geography		Blue Product ALPHA Employer Group	
Member Name Member Name Member ID XYZ123456789			
Group No.	023457	Plan	PPO
BIN	987654	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$15
Effective Date	00/00/00	Emergency	\$75
Plan Code	123	Deductible	\$50
			

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.

 BlueCross BlueShield		BlueWorldwide Expat
Member Name		Dependent Name
Member ID		
Group No. Effective Date		Plan
		

 BlueCross BlueShield		www.BlueExpat.com Direct: 312-935-9216* Toll Free: 866-384-2790* For pre-authorization or emergency medical assistance call: 312-935-9216* (24 Hours). For providers in the U.S. call: 1-800-810-BLUE For eligibility in the U.S. call: 1-800-676-BLUE *Claims administration, member eligibility, medical assistance and phone support is provided by AXA Assistance USA, Inc.
Members: See your benefit booklet for covered services. Pre-authorization must be obtained for elective inpatient admissions and all other services specified under the "Pre-authorization" section of your certificate.		
Underwritten by BCS Life Insurance Company, an independent Licensee of the Blue Cross Blue Shield Association.		Mail Claims to: BlueWorldwide Expat P.O. Box 2711 Chicago, IL 60690

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 healthcare 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.

Member Name Member Name Member ID XYZ123456789	Dependents Dependent One Dependent Two Dependent Three	Plan Office Visit Specialist Copay Emergency Deductible	PPO \$15 \$15 \$75 \$50
Group No. 023457 BIN 987654 Benefit Plan HIOPT Effective Date 00/00/00			
<h2>InReach</h2>		<p>A healthcare plan providing limited benefits</p>	

Member Name Member Name Member ID XYZ123456789	Dependents Dependent One Dependent Two Dependent Three	Plan Office Visit Specialist Copay Emergency Deductible	PPO \$15 \$15 \$75 \$50
Group No. 023457 BIN 987654 Benefit Plan HIOPT Effective Date 00/00/00			
<h2>MyBasic</h2>		<p>A healthcare plan providing limited benefits</p>	

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:



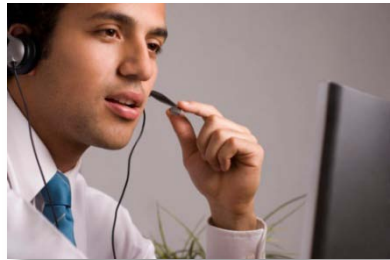


How to Verify a Blue Member's Eligibility

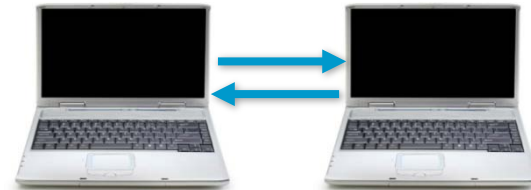
Verifying Eligibility

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 BlueCross BlueShield of Tennessee.



1-800-676-BLUE (2583)



Electronically through **[local Plan Name]**

BlueCross BlueShield of Geography		Blue Product		ALPHA Employer Group	
Member Name Member Name Member ID XYZ123456789		Dependents Dependent One Dependent Two Dependent Three			
Group No.	023457	Plan	PPO		
BIN	987654	Office Visit	\$15		
Benefit Plan	HIOPT	Specialist Copay	\$15		
Effective Date	00/00/00	Emergency	\$75		
Plan Code	123	Deductible	\$50		

BlueCross BlueShield of Geography		www.BluePlan.com	
Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.		Customer Service: 1-800-234-5678 Outside of Area: 1-800-810-2583 Eligibility: 1-800-676-2583	
Hospitals or physicians: file claims with your local BlueCross and/or BlueShield Plan.		Pharmacy benefits: 1-800-888-1234 Gamma Vision*: 1-800-987-6543 <small>* Not a BlueCross and BlueShield product</small>	
BlueCross and BlueShield of Geography P.O. Box 01234 City, State 01234-1234 An independent licensee of the BlueCross and BlueShield Association.		BETA Pharmacy Management	
		Pharmacy benefits administrator	



How to Obtain Information on Member's Utilization Management Protocols i.e., Pre-certification / Pre-Authorization or Medical Policy

Utilization Management

- The member's Plan maintains member's utilization management information, including any applicable pre-certification/pre-authorization requirements and medical policy.
- For out-of-area members (commonly referred to as "BlueCard members") obtaining pre-certification/pre-authorization is a member's responsibility. However, providers often coordinate it on the member's behalf.
- Providers can obtain pre-certification/pre-authorization 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 the BlueCross BlueShield of Tennessee.
- Providers also have access to the member's Plan general pre-certification/pre-authorization requirements through the Medical Policy and Pre-certification/Pre-authorization Router.
 - Provider enters alpha prefix at BlueCross BlueShield of Tennessee website.
http://www.bcbst.com/providers/router/bcbsa_router.html
 - 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 to BlueCross BlueShield of Tennessee and use appropriate coding as instructed by BlueCross BlueShield of Tennessee.
- Submit claims to <https://www.bcbst.com/secure/providers> and select BlueCard for out-of-state eligibility.
- 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 of Tennessee.
- Do not send duplicate claims.



How to Verify Claim Status



Verifying Claim Status

- Check claims status through BlueCross BlueShield of Tennessee website or by calling the BlueCross BlueShield of Tennessee provider service area at 1-800-705-0391.



Claim Appeals Process



Claim Appeals

- ➔ *Tennessee providers and BCBST contracted providers in contiguous counties should submit disputes for all BlueCross BlueShield members to BCBST.*
- ➔ *Out-of-State providers (not in contiguous counties) should submit disputes for all BlueCross BlueShield members to their local BCBS Plan. Failure to do so may result in a delayed response to your request.*

You can find the Provider Dispute form at

www.bcbst.com or click on link below:

http://www.bcbst.com/search/cs.asp?url=http://www.bcbst.com/providers/materials/2010/Blue_News/Provider_Dispute_Form.pdf



Medicare Advantage



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 Tennessee.
- 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 Tennessee 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 alpha-numeric 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

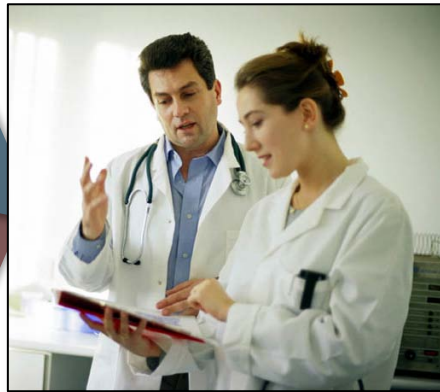
Contact Information

Inquiry	Contact	Description
Verification of Eligibility/Benefits	Home plan	1-800-676-BLUE or by accessing BlueCard within BlueAccess
Prior Authorizations	Home plan	See back of Member's ID card
Electronic claims submissions	Host plan	BCBST eBusiness Solutions 423-535-5717
General questions	Host plan	BlueCard Host Service 1-800-705-0391
Processed claims	Host plan	BlueCard Host Service 1-800-705-0391
Status requests	Host plan	BlueCard Host Service 1-800-705-0391 or by accessing BlueCard within BlueAccess
Claim rejected "Home Plan will handle direct"	Home plan	Customer service number located on back of Member's ID card
Claim rejected "Additional information needed"	Host plan	BlueCard Host service 1-800-705-0391
Overpayments	Host plan	BlueCard Host service 1-800-705-0391
Appeals	Host plan	Follow guidelines found in the Provider Administration Manual (Section XIII. Provider Dispute Resolution Procedure)

Reminders for Providers

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

Contact BlueCross
BlueShield of
Tennessee for all
claim inquiries.



Utilize electronic
services at
www.bcbst.com

Take advantage of
educational
opportunities.

Submit claims to
BlueCross
BlueShield of
Tennessee.