Webinar Etiquette for Attendees: Getting the Most Out of Your Class

- Log in to the WebEx conference at least 10 minutes prior to the start of the meeting to make sure you can sign in and troubleshoot access issues. This will ensure everything is working properly and allow the meeting to begin on time.

- Mute your phone (usually *6). If your webinar host opens the phone or computer audio lines to let audience members speak, keep your phone muted whenever you are not speaking. This helps avoid unwanted background noises that can distract other participants.

- Never push the "Hold" button on your phone as some are set to play music and will disrupt the meeting.
Webinar Reminders

- Be an active participant. Respond to requests for comments or questions. Let your presenter know what you are most interested in learning.
- Be respectful by giving helpful suggestions and being considerate of the host and other participants.
- State your name before making comments, motions or recommendations so all members know who is speaking. Speak clearly and slowly.
- Avoid side discussions with other participants to prevent distractions.

For help with access to the class after it has begun, contact Provider Education and Relations at 800-288-2227, ext. 44730 or provider.education@bcbssc.com.
Agenda

• Welcome and Introductions
• Program Overview
• BlueCard Process
• Eligibility and Benefits
• Claims and Medical Records
• Ancillary Claims
• BlueCard Education Resources
Overview

• A program that enables members to get health care services while traveling or living in another Blue Plan’s service area.
  – For example, a Blue Cross and Blue Shield of Illinois member travels to South Carolina and receives care from BlueCross BlueShield of South Carolina.

• A program that equips providers with one source, BlueCross BlueShield South Carolina, for claims submission, claims payment, adjustments and issue resolution for patients from other Blue Plans.

Blue Cross and Blue Shield of Illinois is an independent licensee of the Blue Cross and Blue Shield Association.
Advantages

• Ability to service all Blue members nationwide.
  – Approximately 92.6 million members.
• Ability to service all of these members while contracting with only BlueCross BlueShield of South Carolina.
• Easy access to member eligibility, benefits and precertification/preauthorization.
Advantages (cont’d)

• Reimbursement from BlueCross BlueShield of South Carolina.

• A one-stop shop for all claims-related activities:
  – Claim submissions
  – Claim inquiries
  – Claim status
  – Payment
BlueCard Process
BlueCard Identification (ID) Cards

Before examining the patient ... examine the card.
BlueCard ID Cards

• Alpha Prefix
  – Used to correctly route claims and confirm patients’ membership and coverage.
  – Critical for the electronic routing of specific Health Insurance Portability and Accountability Act (HIPAA) transactions to the appropriate Blue Plan.
  – Capture all ID card data at the time of service.
  – Do not make up alpha prefixes or any part of the member's ID number.
Home Plan

- The Plan that holds the patient’s membership and benefits information.

- Responsibilities:
  - Enrollment process and issuing ID cards.
  - Benefit, membership and eligibility determination.
  - All member interactions, including member service calls.
  - Member education.
  - Claim adjudication and the creation of member Explanations of Benefits (EOBs).
Host Plan

- The Plan that is local for the provider that renders services.
- Responsibilities:
  - Perform provider contracting, rate negotiation, training and education.
  - Receive claims from local providers and price claims.
  - Route claim information with pricing data to the Control/Home Plan.
  - Send remittance notice and reimbursement to the provider.
  - Handle all provider inquiries and provider service.
Life of a BlueCard Claim

South Carolina provider renders service to patient.

Provider files claim to BlueCross BlueShield of South Carolina (Host Plan) for processing.

BlueCross BlueShield of South Carolina receives claim and forwards it to the Home Plan.
Life of a BlueCard Claim

The Home Plan applies the benefits and forwards the disposition to the Host Plan.

The Host Plan applies pricing, then issues payment and/or a remit to the provider.

The Host Plan sends remittance or payment for services rendered to the provider.
Eligibility and Benefits

Methods to Verify Eligibility and Benefits

• BlueCard Eligibility Line
  – 800-676-BLUE (2583)
• My Insurance ManagerSM
• Call the Provider Services number on the back of the ID card.
• Submit a HIPAA 270 electronic inquiry.
• Electronic health ID cards
  – Read with a track-3 card reader
My Insurance Manager

- Online tool to access
  - ✓ Claims Entry
  - ✓ Eligibility and Benefits
  - ✓ Prior Authorization Request Status
  - ✓ Claims Status
  - ✓ Remittance Information
  - ✓ Your Mailbox
  - ✓ Electronic Data Interchange (EDI) Reports
Electronic Health ID Cards

• Used for members with health ID cards with a magnetic strip on the back.

• Seamless coverage and eligibility verification process.
  – Track 3 card reader. Most common card readers read track 1 and 2 only.
  – Contact your own vendor for purchase and management.
Utilization Review

• Ways to get review from other Blue Plans:
  – Call the utilization management/precertification number on the back of the card.
  – Call BlueCard Eligibility at 800-676-BLUE (2583).
  – Submit a HIPAA 278 transaction.
  – Use the Electronic Provider Access (EPA) tool in My Insurance Manager.
Eligibility and Benefits

My Insurance Manager

EPA Tool
Access via My Insurance Manager

- Check medical policies.
- Get general precertification.
- Get requirements for out-of-area Blue patients.
- Get contact information to initiate precertifications.
Utilization Review

- Precertification/Prior Authorization Tips:
  - Provide as much information as possible to minimize potential claims issues.
  - Follow up immediately with a member’s Blue Plan to communicate any changes in treatment or setting to ensure (you modify) they modify the existing authorization or get a new one.

- Failure to get approval for the additional days may result in claims processing delays and potential payment denials.
Claims and Medical Records
My Insurance Manager

• You can file BlueCard claims online.
  – **IMPORTANT:**
    Select “BlueCross BlueShield Plans” in the health plan selection box for BlueCard members.
  – Use the alpha prefix and ID number on the card.
Claim Filing Tips

• Ask members for current member ID card and regularly get new photocopies of it (front and back).

• Check eligibility and benefits
  – 800-676-BLUE (2583).
  **IMPORTANT:** Be sure to use the member’s alpha prefix.

• Verify the member’s cost-sharing amount before processing payment.
Claim Filing Tips

• Submit all Blue claims to BlueCross BlueShield of South Carolina with the complete ID number, including the alpha prefix.
  – We cannot process claims with incorrect or missing identification information.

• Submit other party liability (OPL) information with the Blue claim.
Claim Filing Tips

• Do not send duplicate claims.
  – Slows down the claim payment process
  – Creates confusion for the member

• Check claims status by contacting BlueCross:
  – My Insurance Manager
  – HIPAA 276 transaction
  – Voice response unit (VRU) at 800-868-2510 (toll free) or 803-788-8562 (local)
Coordination of Benefits (COB)

• Verify eligibility and ask the patient about other coverage.
• Submit the claim:
  – With the other carrier’s name and address.
  – After receiving payment from the primary carrier.
• HIPAA 387 must indicate “Yes” or “No” in box 11D to avoid claim denials.
Claims and Medical Records

Other Health/ Dental Coverage Questionnaire

- www.SouthCarolinaBlues.com in the Other Forms section.
- Include the policyholder’s name, alpha prefix and ID number and the member's signature.
- Submit to BlueCross BlueShield of South Carolina.
Medicare Primary/ Blue Plan Secondary
- Medicare Crossover

- Submit to your Medicare intermediary.
- Enter the correct Blue Plan name as the secondary carrier.
- Submit the complete member ID with alpha prefix.

Allow up to 30 calendar days for BlueCross to receive and process your claim after Medicare.
Medicare Primary/ Blue Plan Secondary

- Medicare Crossover

• Review the Medicare Remittance Advice (MRA).
  – If the MRA indicates:
    • Claim crossed over, Medicare has forwarded the claim to the Home Plan and the claim is in process.
    • Claim did not cross over, submit the claim to us with the MRA.

• Before resubmitting a claim after no response from Medicare, check the claim status.
  – Eliminates duplicate submissions.
My Insurance Manager

- The preferred method for checking claims status.
- You can submit claim inquiries by using the “Ask Provider Services” function.
Medical Records

• If we request records following the submission of the claim:
  – Forward all requested medical records to us within **10 calendar days**.
  – Follow the submission instructions given on the request, using the specified physical or email address, or fax number. Include your fax number, too.

  **Important:** Submission of medical records is a non-billable event.
Medical Records

• If we request records:
  - Submit the Return Coverage page with the medical records.
  - Only send the minimum necessary information requested.

• If you do not have the records, include the name of the provider that may have the records.
Other Medical Records

- Verisk Health, Inc.
  - Verisk is an independent company that coordinates medical records retrieval on behalf of BlueCross.
  - Selected by the Blue Cross and Blue Shield Association to gather medical records behalf of BlueCross Plans for non-claims-related purposes.
  - Medical Records Retrieval Coordinator (MRRC) to support risk adjustment, Healthcare Effectiveness Data and Information Set (HEDIS), and other government-required programs related to the Affordable Care Act (ACA).
Other Medical Records

• Verisk Health, Inc. functions involve:
  – Retrieving and digitizing records (e.g., PDF).
  – Associating images to patient information.
  – Delivering records through a secure online portal.
  – Storing records electronically.
Ancillary Claims
Ancillary Claims

Where to file claims...

Lab Provider

- Where the specimen was collected

Durable/Home Medical Equipment Provider

- OR
- Where the referring physician is located

- Where the equipment or supplies were delivered or purchased

Specialty Pharmacy Provider

- Where the ordering physician is located
Ancillary Filing Tips

- Always verify a member’s eligibility and benefits.
- It is important that you use in-network participating ancillary providers to reduce the possibility of additional member liability for covered benefits.
- Members are financially liable for ancillary services their benefit plan does not cover.
  - It is the provider’s responsibility to request payment directly from the member for non-covered services.
Ancillary Filing Tips (cont’d)

• Physicians should only refer patients to in-network lab processing and drawing stations.
• Precertification is not a guarantee of payment of benefits.
BlueCard Education Resources
# BlueCard Quick Tips

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<thead>
<tr>
<th>Request</th>
<th>BlueCross BlueShield of South Carolina</th>
<th>Member’s Home Plan</th>
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**BlueCross BlueShield of South Carolina**

[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

My Insurance Manager℠
800-868-2510

**Member’s Home Plan**

View ID card for prior authorization contact info

My Insurance Manager℠
800-676- BLUE (2583)
www.SouthCarolinaBlues.com

- BlueCard Program Provider Manual
- 2016 Provider Office Administrative Manual
- Bulletins
- Webinar Trainings

And Your Provider Advocate!

Direct general questions to your provider advocate at provider.education@bcbssc.com or 800-288-2227, ext. 44730.
Provider Education Advocates

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What Do You Do?

• A member of an out-of-state Blue Plan calls to make an appointment with your office.
  1. What are your first three steps?
  2. Where do you submit the claim?
  3. What is the BlueCard claims and reimbursement process?
  4. Where should you call for claims inquiries?
  5. Where do the members call for claims inquiries?
Thank You!