



**Everything BlueCard®**



## Webinar Reminders

### 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](mailto:provider.education@bcbssc.com).



# Everything BlueCard

## Agenda

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



## Everything BlueCard

### 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.



## Everything BlueCard

### 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

**BlueCross® BlueShield®**

**Blue Product ALPHA**  
Employer Group

Member Name <b>Member Name</b>	Dependents
Member ID <b>XYZ 23456789</b>	<b>Dependent One</b>
	<b>Dependent Two</b>
	<b>Dependent Three</b>
Group No. <b>023457</b>	Plan <b>PPO</b>
BIN <b>987654</b>	Office Visit <b>\$15</b>
Benefit Plan <b>HIOPT</b>	Specialist Copay <b>\$15</b>
Effective Date <b>00/00/00</b>	Emergency <b>\$75</b>
	Deductible <b>\$50</b>

**PPO**

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

**BlueCross BlueShield of Geography**

Customer Service: 1-800-234-5678 x1234  
 Behavioral Health: 1-800-987-6543 x1234  
 Outside of Area: 1-800-810-2583 x1234  
 Eligibility: 1-800-676-2583 x1234  
 Pharmacy Benefits\*: 1-800-888-1234

Hospitals or physicians: file claims with your local BlueCross and/or BlueShield Plan.

BlueCross and BlueShield of Geography provides administrative services and does not assume any financial risk for claims.

**\* BETA**  
Pharmacy Management

Pharmacy benefits administrator— not a BlueCross BlueShield product.



## 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.



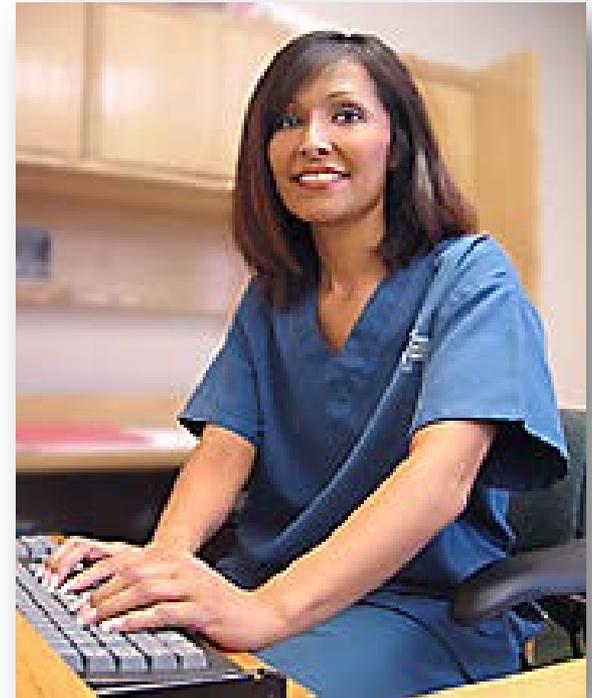
The Host Plan sends remittance or payment for services rendered to the provider.



# **Eligibility and Benefits**

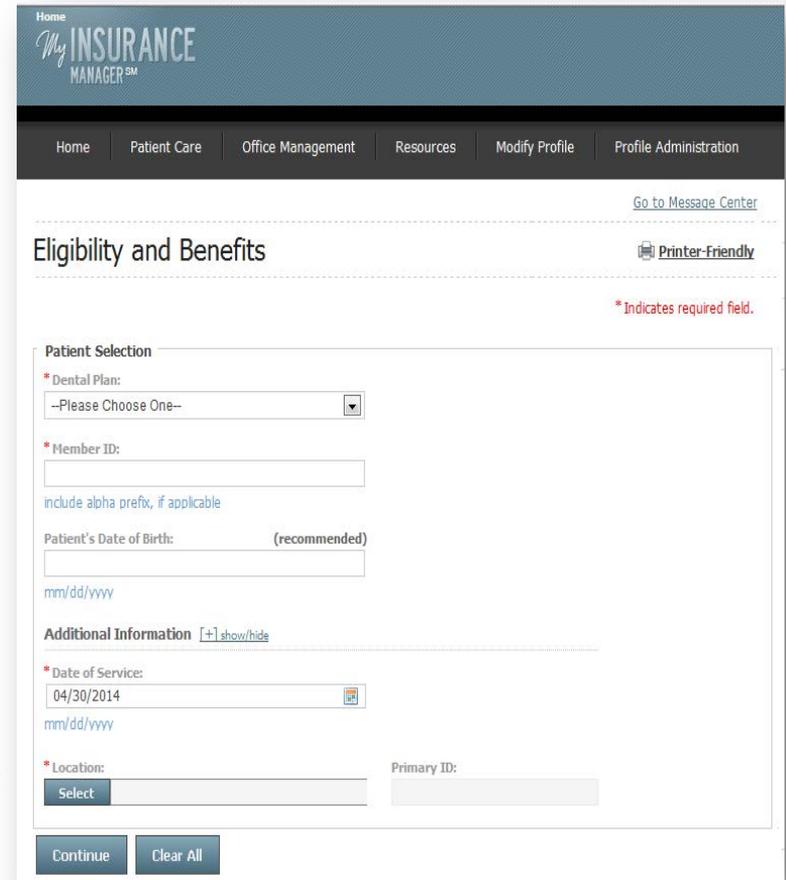
## Methods to Verify Eligibility and Benefits

- BlueCard Eligibility Line
  - 800-676-BLUE (2583)
- My Insurance Manager<sup>SM</sup>
- Call the Provider Services number 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

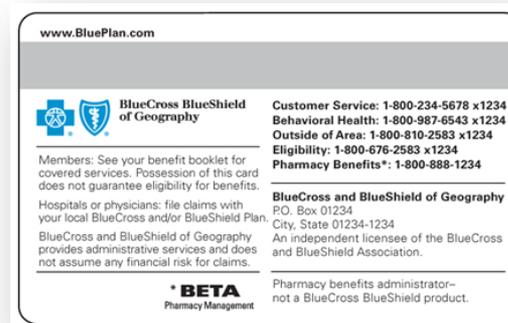
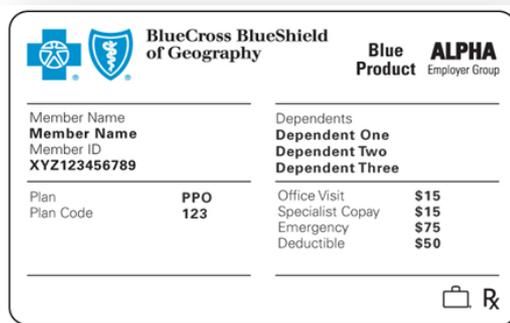
- Online tool to access
  - ✓ Claims Entry
  - ✓ Eligibility and Benefits
  - ✓ Prior Authorization Request Status
  - ✓ Claims Status
  - ✓ Remittance Information
  - ✓ Your Mailbox
  - ✓ Electronic Data Interchange (EDI) Reports



The screenshot shows the 'My Insurance Manager' web application. The header includes a 'Home' link and the application title. A navigation menu contains 'Home', 'Patient Care', 'Office Management', 'Resources', 'Modify Profile', and 'Profile Administration'. Below the menu, there are links for 'Go to Message Center' and 'Printer-Friendly'. The main content area is titled 'Eligibility and Benefits' and includes a note: '\* Indicates required field.' The form is divided into sections: 'Patient Selection' and 'Additional Information'. The 'Patient Selection' section contains fields for 'Dental Plan' (a dropdown menu with '--Please Choose One--'), 'Member ID' (a text input field), and 'Patient's Date of Birth' (a text input field with a calendar icon, recommended format 'mm/dd/yyyy'). The 'Additional Information' section contains fields for 'Date of Service' (a text input field with a calendar icon, recommended format 'mm/dd/yyyy') and 'Location' (a dropdown menu with a 'Select' button). There is also a 'Primary ID' field. At the bottom of the form are 'Continue' and 'Clear All' buttons.

## 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

The screenshot shows the 'My Insurance Manager' web application. At the top, there is a navigation menu with links for Home, Patient Care, Office Management, Resources, Modify Profile, Profile Administration, and Staff Directory. Below the menu, a welcome message is displayed: 'Welcome, Test####@ R Blue j of HCS System Support (Log Out)'. The main content area is titled 'Pre-Service Review for Out-of-Area Members' and includes a sub-heading 'Includes Notification, Pre-Certification, Pre-Authorization'. A light blue callout box contains the text: 'You can view the out-of-area Blue Plan's medical policy or request a pre-service review. Please select the type of information requested, enter the first three letters of the member's name, and click the Verify button.' Below this, there is a section titled '\*Please choose an Option:' with two radio button options: 'View Medical Policy' and 'Request Pre-Service Review'. At the bottom of the page, there is a footer with a 'Site Map' link and a disclaimer: 'Contact BlueCross BlueShield of South Carolina Technical Support. BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan are independent licensees of the Blue Cross and Blue Shield Association.'

### 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.



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**Claims and Medical  
Records**



# Claims and Medical Records

## My Insurance Manager

- You can file BlueCard claims can 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.

The screenshot displays the 'My Insurance Manager' web application interface. At the top, there is a navigation bar with links for Home, Patient Care, Office Management, Resources, Modify Profile, and Profile Administration. Below the navigation bar, a welcome message reads 'Welcome, Dr R Blue of Practice Name (Log Out)'. The main content area is titled 'Professional Claim Entry' and features a tabbed interface with 'Plan Information' selected. The 'Plan Information' section includes a 'Submitter Information' form with fields for Name (Dr R Blue), ID (570874), Phone ((803) 222-3333), and Extension (5). A red box highlights the 'Plan' dropdown menu, which is currently set to 'BlueCross BlueShield Plans'. Other options in the dropdown include 'BlueChoice HealthPlan', 'Employee Benefit Services dba Key Benefit Admin', 'FEP', 'Planned Administrators', 'State Health Plan', and 'Thomas Cooper'. A red asterisk next to the 'Plan' field indicates it is a required field.



## Claims and Medical Records

### 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.



## Claims and Medical Records

### 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.



## Claims and Medical Records

### 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.



# COB

# Claims and Medical Records


**South Carolina**  
BlueCross BlueShield of South Carolina is an Independent Licensee of the Blue Cross and Blue Shield Association

Visit our website at:  
[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)

### OTHER HEALTH/DENTAL COVERAGE QUESTIONNAIRE

Your contract contains a Coordination of Benefits (COB) provision to ensure we provide correct benefits on claims for members with more than one health/dental coverage plan. We need information about possible other health/dental coverage, including Medicare, to process your claims correctly.

ID Number: \_\_\_\_\_

Date: \_\_\_\_\_

Other health, dental or Medicare coverage?  No  Yes

**RETURN THIS FORM OR CALL US AT OUR COB HOTLINE WITH THIS INFORMATION IMMEDIATELY. IF YOU ANSWERED YES,**

Date: \_\_\_\_\_

Other policy and the type of coverage you have.

<input type="checkbox"/> Medical	<input type="checkbox"/> Hospital	<input type="checkbox"/> Drug	<input type="checkbox"/> Dental	<input type="checkbox"/> Medicare
<input type="checkbox"/> Medical	<input type="checkbox"/> Hospital	<input type="checkbox"/> Drug	<input type="checkbox"/> Dental	<input type="checkbox"/> Medicare
<input type="checkbox"/> Medical	<input type="checkbox"/> Hospital	<input type="checkbox"/> Drug	<input type="checkbox"/> Dental	<input type="checkbox"/> Medicare
<input type="checkbox"/> Medical	<input type="checkbox"/> Hospital	<input type="checkbox"/> Drug	<input type="checkbox"/> Dental	<input type="checkbox"/> Medicare

Sheet with the information.  
#7 on page 2.

Relationship to You: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

ID#: \_\_\_\_\_

is responsible for the health care expenses: \_\_\_\_\_

ard a copy to us.  
of the children? \_\_\_\_\_

Fax: 803-264-0172

Preferred Blue® and All Other BlueCross Plans  
(Include name of health plan.)

BlueCross BlueShield of South Carolina  
P.O. Box 100300  
Columbia, SC 29202  
Check your member ID card for Service Center location:  
Piedmont (Greenville) Service Center: Fax: 803-264-9128  
Columbia Service Center: Fax: 803-264-6572

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



# Claims and Medical Records

## Claim Status

Printer-Friendly

### Claims Status - Detail

**Insurance**  
Plan Name: BlueCross BlueShield Plans  
Plan ID: 38520  
Member ID: ZC2065922516805

Claim Number: 30441147W0000  
Check your remittance voucher for any notes

**Primary Status:**  
FINALIZED-THE CLAIM/ENCOUNTER HAS CO BE TAKEN.

**Patient**  
Patient's Name: MICHAEL TESTING  
Date of Birth: 10/01/1958  
Change Patient

[View Patient Liability](#) [View Detail](#)

**Detail**  
Status Effective Date: 02/15/2013  
Date: 11/...  
Primary ID: 1396778056  
Organization or Provider's Name: LMC IRMO URGENT CARE  
Total Charges: \$120.00  
Amount Paid: \$0.00  
Patient Account Number: 123456  
EFT Trace Number: 0000659605  
EFT Funds Available Date: 02/18/2013

Here is a list of the line items associated with this claim.

### My Insurance Manager

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



## Claims and Medical Records

### 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.



# Claims and Medical Records

## 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.

**RETURN COVERAGE PAGE**

Please use this cover page to fax your reply. The information on this page will route it to the original request.

FAX TO: 803-264-8732

TO:

BlueCard Host Department

FROM:

RE: SCCF #

Patient Name

Request ID:

Write your reply below and fax additional pages using this cover page as the first page of your return fax.

**DISCLAIMER:**  
The information contained in this facsimile message is intended for the sole confidential use of the designated recipients and may contain confidential information. If you have received this information in error, any review, dissemination, distribution or copying of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail or if electronic, reroute back to the sender. If you do not receive all pages, please call the sender at 803-788-0222.

Thank you.



## 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.



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# **Ancillary Claims**

## Where to file claims...

**Lab Provider**

Where the specimen was  
collected

**OR**

Where the referring physician is  
located

**Durable/Home Medical  
Equipment Provider**

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.



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**BlueCard Education  
Resources**



# BlueCard Education Resources

## BlueCard Quick Tips

Request	BlueCross BlueShield of South Carolina	Member's Home Plan
Eligibility and Benefits	✓	✓
Prior Authorization	✓	✓
Claim Submission	✓	
Claim Status	✓	
Medical Review Request	✓	

**BlueCross BlueShield of South Carolina**

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

My Insurance Manager<sup>SM</sup>

800-868-2510

**Member's Home Plan**

View ID card for prior authorization contact info

My Insurance Manager<sup>SM</sup>

800-676- BLUE (2583)



## BlueCard Education Resources

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

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

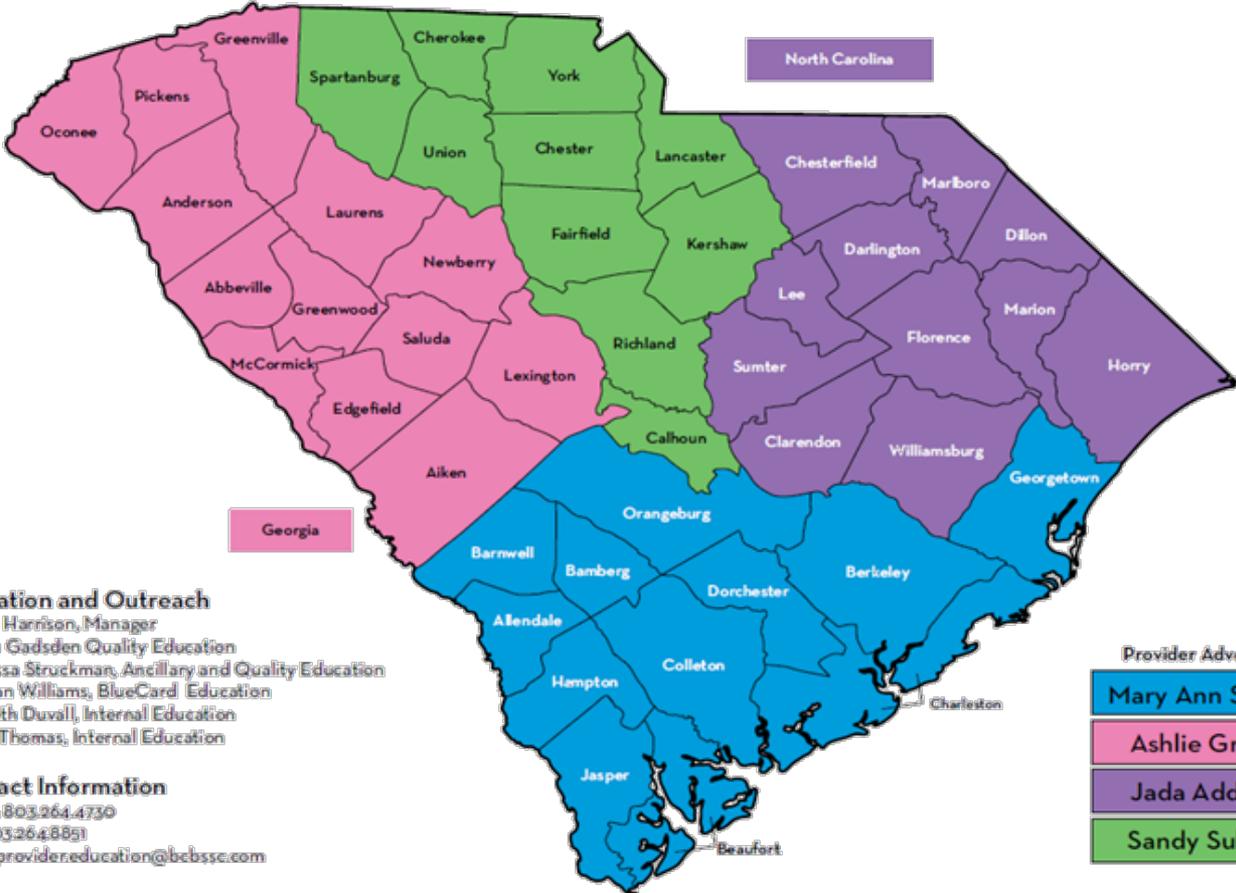
And Your Provider Advocate!

Direct general questions to your provider advocate at [provider.education@bcbssc.com](mailto:provider.education@bcbssc.com) or 800-288-2227, ext. 44730.



# BlueCard Education Resources

## Provider Education Advocates



**Education and Outreach**  
 Teosha Harrison, Manager  
 Shamia Gadsden, Quality Education  
 Contessa Struckman, Ancillary and Quality Education  
 Sharman Williams, BlueCard Education  
 Elizabeth Duvall, Internal Education  
 Bunny Thomas, Internal Education

**Contact Information**  
 Phone: 803.264.4730  
 Fax: 803.264.8851  
 Email: [providereducation@bebscc.com](mailto:providereducation@bebscc.com)

- Provider Advocates**
- Mary Ann Shipley
  - Ashlie Graves
  - Jada Addison
  - Sandy Sullivan



## BlueCard Education Resources

# Provider Education Advocates

Name	Area	Telephone	Email
Jada Addison	Provider Education	803-264-2724	<a href="mailto:Jada.Addison@bcbssc.com">Jada.Addison@bcbssc.com</a>
Shamia Gadsden	Provider Education	803-264-6966	<a href="mailto:Shamia.Gadsden@bcbssc.com">Shamia.Gadsden@bcbssc.com</a>
Ashlie Graves	Provider Education	803-264-4301	<a href="mailto:Ashlie.Graves@bcbssc.com">Ashlie.Graves@bcbssc.com</a>
Mary Ann Shipley	Provider Education	803-264-3724	<a href="mailto:Mary.Ann.Shipley@bcbssc.com">Mary.Ann.Shipley@bcbssc.com</a>
Sandy Sullivan	Provider Education	803-264-5969	<a href="mailto:Sandy.Sullivan@bcbssc.com">Sandy.Sullivan@bcbssc.com</a>
Contessa Struckman	Provider Education	803-264-3481	<a href="mailto:Contessa.Struckman@bcbssc.com">Contessa.Struckman@bcbssc.com</a>
Sharman Williams	Provider Education	803-264-8425	<a href="mailto:Sharman.Williams@bcbssc.com">Sharman.Williams@bcbssc.com</a>



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**Questions?**



## 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?



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**Thank You!**