

The BlueCard[®] Program

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BlueCard is a national program that enables members of a Blue Cross and/or Blue Shield Plan (Blue Plan) to obtain health care services while traveling or living in another Blue Plan's service area. The program links participating physicians, other health care professionals and facilities with independent Blue Plans across the country and around the world through a single electronic network for claims processing and reimbursement.

Advantages to physicians, other health care professionals and facilities

As a participating physician, other health care professional or facility of Regence BlueCross BlueShield of Oregon (Regence BCBSO), you may render services to patients who are members of other Blue Plans.

The BlueCard Program allows you to conveniently submit claims for members from other Blue Plans, including international Blue Plans, directly to Regence BCBSO. We will be your one point of contact for all of your claims-related questions.

Advantages to Blue Plan members

The program allows members to access providers and savings—and receive the same benefits as within their Blue Plan's service area—while traveling or living in our service area.

Claims and products included

BlueCard applies to all inpatient, outpatient and professional claims. This includes claims for the following products:

- Traditional
- Preferred Provider Organization (PPO)
- Point-of-Service (POS)
- Health Maintenance Organization (HMO) products

Benefits and claims exempt

The following benefits are exempt from BlueCard:

- Dental services and
- Prescription medications

In addition, claims for the Federal Employee Program (FEP) are exempt from the program. (Members who are part of the FEP will have the letter “R” in front of their member number.)

Identifying members

Member cards

When members of Blue Plans arrive at your office or facility, be sure to ask them for their current member card. To ensure accurate claims processing, it is critical to capture all member card data. If the information is not captured correctly, you may experience a delay with claims processing.

Important facts concerning member cards:

- The main identifiers of BlueCard eligible members are an alpha prefix and a suitcase logo.
- A correct member number includes the alpha prefix and all subsequent characters, up to 17 positions total. Others may be fewer than 17 positions.
- The alpha prefix on member cards is generally three characters. (See the Alpha Prefix section below for more information.)
- Some member numbers may include alpha characters in other positions following the alpha prefix.
- The alpha prefix is critical for the electronic routing of the claim to the appropriate Blue Plan.
- You may encounter some member cards with no group number. In this situation, follow the guidelines found in your Filing Claims section for claims submissions.

Do's and don't's

- Do ask for the member card and submit the complete number, including alpha prefix, exactly as it appears.
- Do make copies of the front and the back of the member card and share this information with your billing staff.
- Don't add or delete characters or numbers within the member number.
- Don't change the sequence of the characters following the alpha prefix.
- Don't assume that the member's number is their social security number (SSN). SSNs are no longer used as member numbers.

Alpha prefix

The alpha prefix on the member card is used to identify and route claims. The alpha prefix is generally three characters. (You may see cards with four-character alpha prefixes, e.g., HMSA Blue Cross Blue Shield of Hawaii uses four-character alpha prefixes.) The alpha prefix identifies the Blue Plan or national account to which the member belongs. It is critical for confirming a patient's membership and coverage.

There are two types of alpha prefixes: plan-specific and account specific.

Plan-specific alpha prefixes are assigned to every Blue Plan and start with X, Y, Z or Q. The first two positions indicate the Blue Plan to which the member belongs. The third position identifies the product in which the member is enrolled.

- First character: X, Y, Z or Q
- Second character: A - Z
- Third character: A - Z

Account-specific alpha prefixes are assigned to centrally-processed national accounts. National accounts are employer groups that have offices or branches in more than one area, but offer uniform benefit coverage to all of their employees. Typically, a national account alpha prefix will relate to the name of the group. All three positions are used to identify the national account.

First characters: letters other than X, Y, Z or Q.

Member cards with no alpha prefix

Some member cards may not have an alpha prefix. This indicates that the claims are handled outside the BlueCard Program.

Please look for instructions or a phone number on the back of the member card.

Suitcase logo

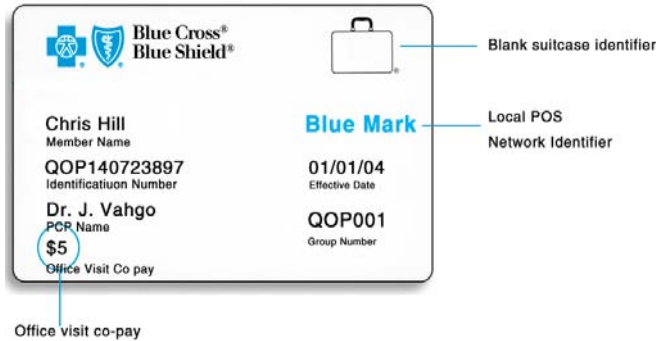
In addition to the alpha prefix, member cards may also have:

- A blank suitcase logo
- A PPO in the suitcase logo for eligible Preferred Provider Organization (PPO) members, or
- No suitcase logo.

Blank suitcase logo

A blank suitcase logo on a member card means that the patient has traditional, point of service (POS) or Health Maintenance Organization (HMO) benefits delivered through the BlueCard Program. (See the sample card below.)

- If members are enrolled in primary care physician (PCP) panels, the card will include an office visit copayment, if applicable.



PPO in a suitcase logo



You'll immediately recognize the BlueCard PPO members by the special "PPO in a suitcase" logo on their card. BlueCard PPO members are members of Blue Plans with PPO benefits, delivered through the BlueCard Program.

BlueCard PPO members traveling or living outside of their Blue Plan's service area receive the PPO level of benefits when they obtain services from designated BlueCard PPO physicians, other health care professionals or facilities. Regence BCBSO Preferred Provider Plan (PPP) providers are considered BlueCard PPO providers. To find out if you are a BlueCard PPO provider, visit www.bcbs.com.

It's important to remember that not all PPO members are BlueCard PPO members, only members whose cards carry this logo.

No suitcase logo

If the member card has an alpha prefix (but does not have a suitcase logo), send the claim to your local plan--Regence BCBSO.

Medicare Advantage Private Fee for Service (PFFS) member cards

Medicare Advantage is an alternative to standard Medicare Part A and Part B fee-for-service coverage (generally referred to as "traditional Medicare"). Medicare Advantage Private Fee for Service (PFFS) is one of the product offerings under the Medicare Advantage program and it pays physicians and

providers on a fee-for-service basis. Medicare Advantage PFFS is generally a non-network product that does not restrict enrollee choice among providers that agree to accept the plan's terms and conditions of payment and are lawfully authorized to provide services. Blue Cross and/or Blue Shield Medicare Advantage PFFS member cards are easy to recognize. They include the Medicare Advantage PFFS logo:



Medicare Advantage PFFS member cards do not include a suitcase logo.

Reimbursement will be paid at the local plan's Medicare rate. You may collect only the applicable copayment or coinsurance amounts from Medicare Advantage PFFS members.

Identifying international members

Occasionally, you may see cards from international Blue Plan members.

- These cards will also contain alpha prefixes.
- Treat claims for these members the same as claims for domestic Blue Plan members.



Front and back of a card of a Blue Plan member from Uruguay.

Note: The cards for Canadian Blue Cross members do not have an alpha prefix or a suitcase logo. As with other member cards that do not include an alpha prefix or suitcase logo, please follow the instructions on the back of the card to check eligibility and file claims.

Verifying eligibility and coverage

Once you've identified the alpha prefix, you may verify membership and coverage by phone or by submitting electronic inquires.

Phone - Call the BlueCard *Eligibility* line at 1 (800) 676-BLUE (2583). You will be prompted for the member's alpha prefix and connected to the appropriate Blue Plan.

- English and Spanish speaking representatives are available to assist you.
- Blue Plans are located throughout the country and may operate on a different time schedule than Regence BCBSO. You may be transferred to an interactive voice response system linked to customer enrollment and benefits or you may need to call back.
- The BlueCard *Eligibility* line is for eligibility, benefit and pre-certification/referral authorization inquiries only. It should not be used for claim status. (See the Filing Claims section for more information.)

Electronic inquiry – Submit an American National Standard Institute (ANSI) 270 transaction (eligibility) using Regence Online Services for Providers (see Regence Online Services for Providers section of our *Administrative Manual* for more information) to Regence BCBSO. The majority of BlueCard electronic inquiries are answered within minutes.

Pre-authorizations

You should remind patients that they are responsible for obtaining pre-certification/pre-authorization for their services from their Blue Plan.

Note: Other Blue Plans' pre-authorization requirements may differ from Regence BCBSO's.

You may also choose to contact the member's Blue Plan on behalf of the member by phone or by submitting electronic inquiries.

Phone - Call BlueCard *Eligibility* at 1 (800) 676-BLUE (2583). You will be prompted for the member's alpha prefix and connected to the appropriate Blue Plan. Ask to be transferred to the utilization review area.

Electronic inquiry - Submit an ANSI 278 transaction (referral/authorization) to Regence BCBSO. The majority of BlueCard electronic inquiries are answered within 48-72 hours (Monday through Friday during regular office hours).

Note: When the length of an inpatient hospital stay extends past the previously approved length of stay, any additional days must be approved. Failure to obtain

approval for the additional days may result in claims processing delays and potential payment denials.

Filing claims

Coding

Code claims the same way you do your other Regence BCBSO claims.

Claims submission

You should always submit claims electronically with other Regence BCBSO claims or send paper claims to:

Regence BlueCross BlueShield of Oregon
P.O. Box 30805
Salt Lake City, UT 84130-0805

Be sure to include the complete member number when you submit the claim. The complete number includes the alpha prefix. **It's important that you do not add or delete any alpha/numeric characters to or from the member number.** Claims with incorrect or missing alpha prefixes and member numbers delay claims processing.

Do not send duplicate claims.

International claims

The claim submission process for international Blue Plan claims is the same as domestic Blue Plan claims. You should submit the claim directly to Regence BCBSO.

Exceptions to BlueCard claims submissions

Submit claims directly to the member's Blue Plan instead of Regence BCBSO in the following situations:

- You contract with the member's Blue Plan.
- The member card does not include an alpha prefix.
- The benefits are excluded from the BlueCard Program, e.g., dental services and prescription medications.
- The member belongs to the Federal Employee Program (FEP) - please follow your FEP guidelines.

When in doubt, please send the claim to us electronically or send the paper claim to us at the address listed above. We will forward the claim whenever possible.

Indirect, support or remote health care professionals and facilities

If you are a health care professional or facility that offers products, materials, informational reports and remote analyses or services, and are not present in the same physical location as a patient, you are considered an indirect, support or remote provider. Examples include, but are limited to:

- Prosthesis manufacturers,
- Durable medical equipment suppliers,
- Independent or chain laboratories, or
- Telemedicine providers

If you are an indirect, support or remote provider for members from multiple Blue Plans, follow these claim-filing procedures:

- If you have a contract with the member's Blue Plan, file with that Plan.
- If you normally send claims to the direct provider of care, follow normal procedures.

If you do not normally send claims to the direct provider of care and you do not have a contract with the member's Blue Plan, file with your local Blue Plan-- Regence BCBSO.

Coordination of Benefits (COB) claims

Coordination of Benefits (COB) refers to the prevention of double payment for services when a member has coverage from two or more payers. The member's contract language explains which payer has primary responsibility for payment. Please follow the procedures below for submitting COB claims.

Member has coverage with two out-of-area Blue Plans:

- Send the claim to Regence BCBSO with the primary member number first.
- After you receive the *Explanation of Benefits* (EOB), send the information with a new bill to Regence BCBSO for secondary payment. The claim will not automatically crossover.

Another carrier is the primary payer and a Blue Plan is secondary:

- Bill the other carrier first.
- Send the EOB from the other carrier with the claim to Regence BCBSO for secondary payment. The claim will not automatically crossover.

Note: If you do not include the EOB information with the claim, the claim will need to be investigated. An investigation could delay your payment or result in a post-payment adjustment.

Medical records

There are times when the member's Blue Plan will require medical records to review the claim. When resolution of the claim requires additional information from you, Regence BCBSO may either ask you for the information or give the member's Blue Plan permission to contact you directly. Please forward all requested medical records to Regence BCBSO and we will coordinate with the member's Blue Plan.

Please do not proactively send medical records with the claim, unless requested. Unsolicited claim attachments may cause claim payment delays.

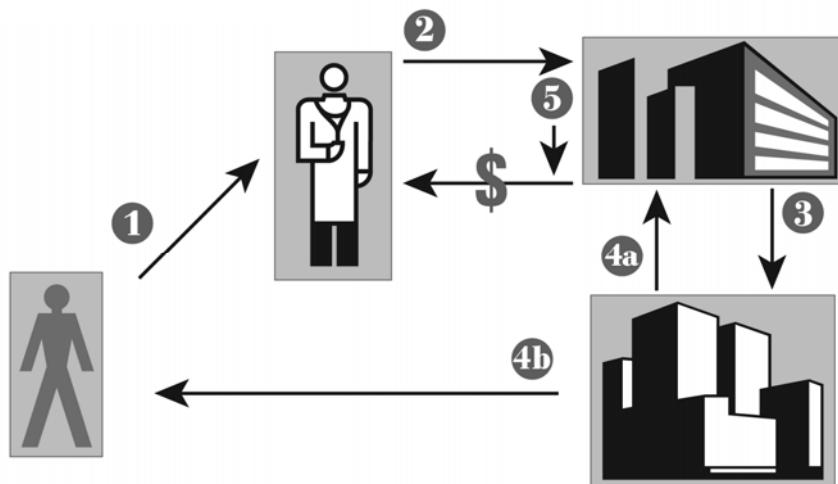
Claims status

You can check the status of a BlueCard claim by phone or by submitting an electronic inquiry.

Phone - Call Regence BCBSO's BlueCard Provider Customer Service at 1 (800) 448-0525 or in Portland at (503) 225-5393.

Electronic Inquiries - Submit an ANSI 276 transaction (claims status request) using Regence Online Services for Providers to Regence BCBSO. The majority of BlueCard electronic inquiries are answered within minutes.

Claims payment process



1. Member of another Blue Plan receives services from you.
2. You submit the claim to Regence BCBSO for determination of your network status (participating or preferred).
3. Regence BCBSO transmits the claim to the member's Blue Plan.
4. The member's Blue Plan:
 - 4a. Determines and/or applies pre-authorization requirements, medical policies and any state mandates. Adjudicates the claim according to the member's benefits and sends this information to Regence BCBSO.
 - 4b. Issues an *Explanation of Benefits* (EOB) to the member.
5. Regence BCBSO sends a payment voucher to you.

If you haven't received payment, do not resubmit the claim. If you do, the claim may be denied as a duplicate. The member will also receive a duplicate *Explanation of Benefits* (EOB), resulting in confusion. Please understand that the timing of claims processing varies at each Blue Plan. The standard time for non-investigational claims processing at Regence BCBSO is 30 business days from the time the claim is received in our office.

Rates

Member card has an Empty Suitcase Logo: The member has traditional, point-of-service (POS), or Health Maintenance Organization (HMO) benefits and you will be reimbursed at Regence BCBSO's *participating* provider rates.

Member card has a PPO in the Suitcase Logo: The member has Preferred Provider Organization (PPO) level benefits when they obtain services from a physician, health care professional or facility designated as a BlueCard PPO provider. If you are a Regence BCBSO Preferred Provider Plan (PPP) provider, you are a BlueCard PPO provider. You will be reimbursed at Regence BCBSO's *preferred* provider rates. If you are a non-PPO provider and care for a PPO member, you will be reimbursed at Regence BCBSO's *participating* provider rates.

It's important to note that not all PPO members are BlueCard PPO members, only members whose cards carry this logo.

Member card has no Suitcase Logo: If the member card shows no suitcase logo, reimbursement will be based on the contracted rate of the member's Blue Plan. Charges over the maximum allowable are the patient's responsibility.

Adjustments

Contact Regence BCBSO if a claim adjustment is required. We will work with the member's Blue Plan for adjustments.

- Call Regence BCBSO's BlueCard Customer Service at 1 (800) 448-0525 or in Portland at (503) 225-5393.
- A Customer Service specialist will check on the status of the original claim and provide you with a contact name and fax number to use when submitting the corrected claim.
- The corrected claim will be reprocessed. The Customer Service specialist will call you with an update on the progress of the claim after ten days, unless payment has already been sent.

Appeals

Appeals for all claims are handled through Regence BCBSO. We will coordinate the appeal process with the member's Blue Plan, if needed. (For more information, see the Member Grievance Policy in the Provider Agreement section of your *Administrative Manual*.)

Phone Numbers and Web sites

BlueCard Access[®]

These doctor and hospital finder resources are useful when you need to refer a patient to a physician, other health care professional or facility in another location. Call BlueCard Access at 1 (800) 810-BLUE (2583) or visit the BlueCard Doctor and Hospital Finder at www.bcbs.com.

BlueCard Eligibility[®]

Eligibility and benefit information for Blue Plan members is available at 1 (800) 676-BLUE (2583).

Regence BCBSO's BlueCard Provider Customer Service

We're here to help you with claims-related information for Blue Plan members. Contact BlueCard Provider Customer Service at 1 (800) 448-0525 or in Portland at (503) 225-5393. You may also e-mail us using our secure *BlueCard Customer Service Contact Form*, available in the BlueCard section of our *Provider Web Site*.

Regence BCBSO's Provider Web Site

You can find answers to your BlueCard questions on our *Provider Web Site*: www.or.regence.com/provider. In addition to this manual, you can find a BlueCard Online Workshop. This self-paced workshop also offers workshop notes, which may be printed and used as an additional resource. You may also submit an online request to your provider consultant to conduct a free BlueCard training at your office.

Regence Electronic Data Interchange (EDI) Support Center

Contact Regence Electronic Data Interchange (EDI) Support Center for more information on submitting the electronic transactions mentioned in this manual. Call 1 (800) 713-1693 or send an e-mail to EDIsupport@regence.com.

The Blue Cross and Blue Shield Association Web site

Visit www.bcbs.com for additional information on the BlueCard Program. Click on the BlueCard Doctor & Hospital Finder when you need to refer a patient to a physician, other health care professional or facility in another location.

Brochures

Regence BCBSO's BlueCard brochure

We created a BlueCard brochure specifically for physicians, other health care professionals and facilities in our service area.

If you would like a printed copy of this brochure, please contact your provider consultant.