

Frequently asked questions and answers

BlueCard basics

What is the BlueCard® Program?

BlueCard is a national program that enables members of one 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 the independent Blue Plans across the country and in more than 200 countries and territories worldwide through a single electronic network for claims processing and reimbursement. The program allows you to conveniently submit claims for patients from other Blue Plans, domestic and international, to your local Blue Plan--Regence BCBSO.

Regence BCBSO is your contact for claims payment, problem resolution and adjustments.

What products are included in the BlueCard Program?

The BlueCard Program applies to all inpatient, outpatient and professional claims. This includes traditional, Preferred Provider Organization (PPO), Point-of-Service (POS) and Health Maintenance Organization (HMO) products.

What benefits are excluded from the BlueCard Program?

Dental services and prescription medication benefits are excluded from the BlueCard Program. In addition, claims for Federal Employee Program (FEP) are exempt from the BlueCard Program.

What is the BlueCard Traditional Program?

A national program that offers members traveling or living outside of their Blue Plan's area traditional or indemnity level of benefits when they obtain services from a participating physician, other health care professional or facility outside of their Blue Plan's service area.

What is the BlueCard Managed Care/POS Program?

Similar to BlueCard traditional and BlueCard PPO, BlueCard Managed Care/POS (point-of-service) program is for members who reside outside their Blue Plan's service area. However, unlike other BlueCard Programs, BlueCard Managed Care/POS members are enrolled in HMO networks and primary care physician (PCP) panels. Therefore, you should treat these members as you treat any other Regence BCBSO Managed Care/POS member, applying the same referral practices and network protocols.

What is the BlueCard PPO Program?

A national program that offers members traveling or living outside of their Blue Plan's area the Preferred Provider Organization (PPO) level of benefits when they obtain services from a physician, other health care professional or facility designated as a BlueCard PPO provider. To find out if you're a BlueCard PPO provider, visit www.bcbs.com.

Identifying Members and ID Cards

How do I identify members?

When members of Blue Plans arrive in your office or facility, be sure to ask for their current member identification (ID) card. The card identifies BlueCard members with an alpha prefix.

The ID cards may also have:

- A blank suitcase logo
- A PPO in a suitcase logo
- No suitcase logo

Why is the alpha prefix so important?

The alpha prefix is the key element used to identify members and route out-of-area claims. The alpha prefix on a member's ID card is three characters. (You may see ID 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. The remaining portion of the member's ID consists of seven to 14 alpha and/or numeric characters.

We suggest you make copies of the front and back of the member's ID card and share this information with your billing staff.

It's important that you do not add or delete any alpha/numeric characters in the member's ID number.

What are the various types of alpha prefixes?

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 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 benefits coverage to all of their employees. Account-specific alpha prefixes:

- Start with letters other than X, Y, Z, or Q.
- Typically relate to the name of the group.
- Use all three positions to identify the national account.

How do I determine a member's participation status [traditional, Point-of-Service (POS), Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO)]?

To determine the member's participation status, check the suitcase logo.

- A blank suitcase logo on a member's ID card indicates that the patient has traditional, POS or HMO benefits delivered through the BlueCard program.
- A PPO in the suitcase logo indicates the patient has PPO benefits.

How do I identify BlueCard Managed Care/POS members?

A blank suitcase logo on a member's ID card means that the patient has traditional, POS or HMO benefits delivered through the BlueCard Program.

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

How do I identify BlueCard PPO members?

You'll immediately recognize the BlueCard PPO members by the special "PPO in a suitcase" logo on their ID card. BlueCard PPO members are members of Blue Plans with PPO benefits, delivered through the BlueCard Program. It's important to remember that not all PPO members are BlueCard PPO members, only those whose ID cards carry this logo.

- 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.

What if a member has an ID card without an alpha prefix?

This indicates that claims are exempt from the BlueCard Program (i.e., claims for dental services and prescription medications and FEP members). Please look for instructions or a telephone number on the back of the member's ID card.

What if a member has an ID card with an alpha prefix but no suitcase logo?

If the member's ID card has an alpha prefix (with or without a suitcase logo), send it to your local Blue Plan--Regence BCBSO. It will be paid at the member's Blue Plan's allowable. You will receive any reimbursement from your local plan.

How do I identify international members?

Occasionally, you may see ID cards from international Blue Plan members. These ID cards will also contain alpha prefixes. The claim process for international claims is the same as domestic claims. Please submit these claims to your local Blue Plan--Regence BCBSO.

Verifying eligibility and coverage

How do I verify membership and coverage?

For members of other Blue Plans, you may verify membership and coverage by phone or by submitting electronic inquiries.

Phone: Call the telephone number on the back of the member's ID card. If that information is not available, 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.

Electronic inquiry: Submit a HIPAA 270 transaction (eligibility) to Regence BCBSO. The majority of BlueCard electronic inquiries are answered within 48-72 hours (Monday through Friday during regular office hours).

What benefits and claims are exempt from the BlueCard Program?

Dental services and prescription medication benefits are exempt from the BlueCard Program. In addition, claims for the Federal Employee Program (FEP) are exempt from the program.

Pre-authorizations

How do I obtain pre-certifications and/or pre-authorization?

You should remind patients from other Blue Plans that they are responsible for obtaining pre-certification/pre-authorization for their services from their Blue Plan. Please note: Other Blue Plan's pre-authorization lists 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 the telephone number on the back of the member's ID card or 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 a HIPAA 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).

Filing claims

Where and how do I submit claims?

Submit BlueCard claims electronically with your 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 member's complete ID number when you submit the claim. The complete ID number includes the alpha prefix. Incorrect or missing alpha prefixes and ID numbers delay claims processing.

Do not send duplicate claims.

How do I submit international claims?

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

How do I submit claims if I'm an indirect, support or remote health care professional or facility?

If you are an indirect, support or remote health care professional or facility 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.

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 provider.

What are the 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's ID 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 submit the claim to us electronically or send the paper claim to us at:

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

Please note: Occasionally you may be asked to submit BlueCard claims directly to the member's Blue Plan. For instance, there may be a temporary processing issue at Regence BCBSO or the member's Blue Plan or both that prevents completion of claims through the BlueCard Program.

How do I handle Coordination of Benefit (COB) claims?

Coordination of Benefits (COB) refers to how we ensure members receive benefits while preventing 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 ID 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 cross-over.

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 cross-over.

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

How do I handle Medicare-related claims?

Blue Plan is primary

Submit claims to your local Blue Plan--Regence BCBSO. Do not bill Medicare directly for any services rendered to a Medicare Advantage member.

Medicare is primary

When Medicare is the primary payer for an out-of-area Blue Plan member (e.g., Medigap plans), follow these procedures:

- 1) Submit claims to your local Medicare contractor first. **Do not file with Medicare and the supplemental insurer simultaneously.** Be sure to include the:
 - a. complete Health Insurance Claim Number (HICN),
 - b. the patient's complete ID number, and
 - c. patient's name as it appears on the card
 - d. Other carrier's name and address (OCNA) number. If you include this information, make sure it is the correct OCNA for the member's plan.
- 2) After you receive a Remittance Advice (RA), determine if the claim was automatically crossed over to the supplemental insurer:
 - **Crossed over:** If the indicator on the RA shows that the claim was crossed-over (claim status code 19: "Medicare paid primary and the Intermediary sent the claim to another insurer"), Medicare has forwarded the claim on your behalf to the appropriate Blue Plan and the claim is in process. You do not need to file for the Medicare supplemental benefits. The Medicare supplemental insurer will automatically pay you, if you accepted Medicare assignment. Otherwise, the member will be paid and you will need to bill the member.
 - **Not crossed over:** If the indicator on the RA does not indicate the claim was crossed over (claim status code 1: "Paid as primary" may appear; claim status 19 will not appear), file the claim as you do today to Regence BCBSO along with the RA. Regence BCBSO or the member's Blue Plan will pay you the Medicare supplemental benefits. If you did not accept Medicare assignment, the member will be paid and you will need to bill the member.

How will I receive payment?

1. Once Regence BCBSO receives a claim, we will price the claim based on your contract with us (participating or preferred) and electronically route the claim to the member's Blue Plan.
2. The member's Blue Plan adjudicates the claim and approves payment based on the member's benefits:
 - *Member's ID 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 *participating* provider rates.
 - *Member's ID card has a PPO in the suitcase logo.* The member has Preferred Provider Organization (PPO) level of benefits when they obtain services from a physician or hospital designated as a BlueCard PPO provider. If you are a BlueCard PPO provider, you will be reimbursed at *preferred* provider rates. To find out if you're a BlueCard PPO provider, visit **www.bcbs.com**. *It's important to note that not all PPO members are BlueCard PPO members, only members whose ID cards carry this logo.* If you are a non-PPO provider, you will receive *participating* provider rates.
3. Regence BCBSO will reimburse you accordingly and provide information on your payment voucher.