BlueCross BlueShield of Montana

BLUECARD GUIDELINES

A Claims Guide for Specialty Pharmacy Medical Claims

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

APRIL 2023

Contents

BlueCard Overview

BlueCard allows the electronic transmission of institutional and professional claims between BCBS Plans. The primary objective of the BlueCard program is to offer BCBS Plans the capability of delivering their entire portfolio of health care products using a standardized, consistent delivery method.

The Blue Cross Blue Shield Association (BCBSA) holds the governance of the BlueCard program and serves as the cohesive force that brings all the Blues Plans together into a national system.

A Prefix is a three-character prefix to a subscriber identification number required for system wide claims routing. The Prefix is used to identify which Home Plan a member belongs to. The member's Home Plan is identified on the member's ID card.

The following products are eligible for delivery through the BlueCard Program:

- Basic Institutional
- Basic Medical Surgical
- Comprehensive Major Medical
- Wraparound Major Medical
- PPO Products
- EPO Products Note: Benefits will indicate that out of network coverage is available.
- POS Products
- Other open access benefit models that access other than the standard BlueCard networks
- International Solutions Licensee Products
- International Traveler Products
- Medicare Advantage is a separate program from BlueCard and delivered through its own centrally administered platform. However, since you might see members of other BCBS Plans who have Medicare Advantage coverage, there is a section on Medicare Advantage claims processing in the BlueCard Program Provider manual.

The BlueCard Program Provider Manual is designed to offer provider's information about the BlueCard Program. BlueCard is a program that allows members of one Blue Plan to obtain health care service benefits while traveling or living in another Blue Plan's service area. The BlueCard Program Provider Manual can be found on each of the state's websites under the provider tab, Claims and Eligibility section.

The BlueCard Program Provider Manual

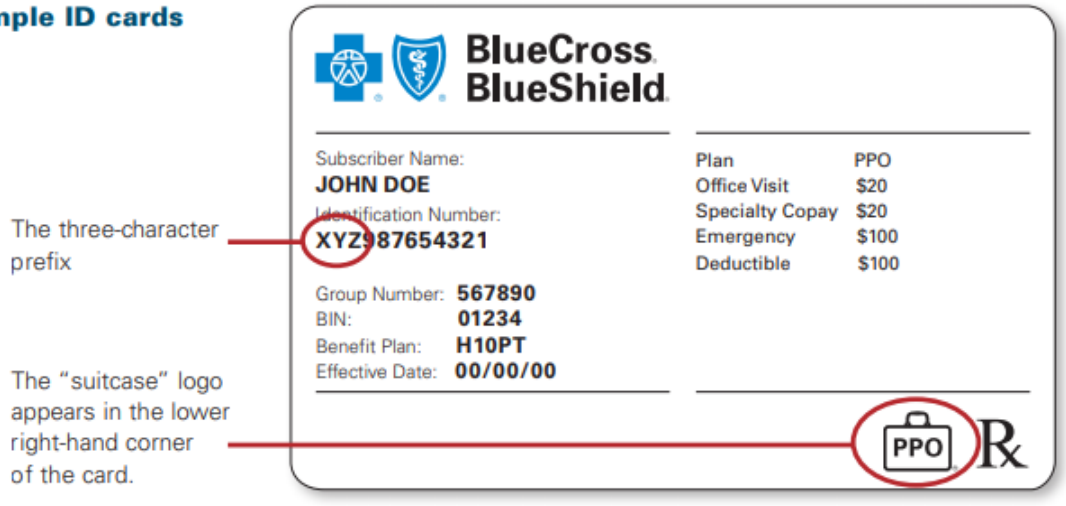
Member ID Cards

The suitcase logo provides information about the member, as well as provider reimbursement levels.

- The PPO in suitcase indicates:
  - 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 Par/Host Plan's PPO reimbursement level.

- The PPOB in a suitcase indicates:
  - The member has access to the exchange PPO network, referred to as BlueCard PPO Basic.
  - The provider is reimbursed at the Par/Host Plan's PPOB reimbursement level.

Sample ID cards



BlueCard Plans

Some Plans operate in multiple states and some states have multiple Plans in that state.

To identify which Plan the member has, you should refer to the member's ID card.

Claims Filing

Important facts about the prefix:

- The prefix on a member ID is key to facilitating prompt payment.
- It is always three characters.
- It is used to identify and correctly route claims and confirm a patient's membership and coverage.
- It is critical for the electronic routing of specific HIPAA transactions to the appropriate BCBS company.
- It and the member ID number as identified on the member ID card must be accurately submitted.

Filing claims for BlueCard members:

1. Ask for the member's current member ID card. It is important to capture all ID card data at the time of service.
2. Check benefits and eligibility either by using your local BCBS company's electronic capabilities or calling 1-800-676-BLUE (2583).
3. Submit the claim electronically to your local BCBS company for faster processing.
    a. If the claim is being submitted for specialty pharmacy services, you will follow the ancillary claims filing guidelines and submit the claim to the state the ordering physician is located.
    b. If the claim is being submitted for home infusion services, the claim will be submitted to the state the services are being provided.

    ***Note**: if you need assistance with determining which plan to submit claims to please contact Medical Drug Escalations <medicaldrugescalations@hcsc.net>*
4. To check claim status, contact your local BCBS company.

Helpful tips about member IDs:

- Member ID numbers are not Social Security Numbers.
- Be sure that all your system upgrades accommodate the prefix and all subsequent characters, up to 17 positions total.
- The member ID is a combination of alpha and numeric characters. A correct member ID number includes the prefix (first three positions) and all subsequent characters, up to 17 positions total.

- Some member ID numbers may include alpha characters in other positions following the prefix, while others may be fewer than 17 positions.
- Do not add or delete characters or numbers within the member ID.
- Do not change the sequence of characters following the prefix.
- Make copies of the front and back of the member ID card and pass this information to your billing staff.

General Responsibilities

In Inter-Plan Programs, Plan accountabilities are divided as either Par/Host or Control/Home Plan responsibilities.

Control/Home Plan

The Home Plan is the Plan in which the group or subscriber is enrolled. The role of the Home Plan is to control all aspects of a member's benefit plan delivery, which includes:

- Issuing ID cards to the member
- Customer Service
- Membership and Eligibility
- Benefits and Authorizations

Predetermination or Pre-Service Authorization approval still applies to specific medications that fall under clinical review. In accordance with their benefits, some members may be required to use a specific preferred specialty pharmacy.

Par/Host Plan

The host Plan has contracts with providers who render medical care to Home Plan members. The role of the Host Plan is responsible for:

- Managing relationships with network providers
- Provider contracting and education
- Receiving and Pricing Claims
- Routing claims and pricing data to the Home Plan
- Paying the Provider

The Host Plan is also responsible for receiving any provider appeals and reaching out to validate or verify any claim, benefit, eligibility, or authorization information post claim.