In an effort to provide some clarification to questions raised at the 2003 Physician Workshops, Blue Cross and Blue Shield of Texas staff offer the following information:

BlueCard (out-of-state Blues members)

Q. Why shouldn't I send a claim directly to the member’s home plan?
A. As a contracted physician or provider, you are expected to file with BCBSTX. This allows the member to obtain their maximum benefit while allowing you to receive your contracted rate.

Q. How long before we can expect to receive payment on a BlueCard claim?
A. Payment is generally issued within 14-21 days and will appear on your BCBSTX Provider Claim Summary.

Q. If no card is available because of an emergency, can we call BCBSTX for the alpha prefix?
A. Unfortunately, BCBSTX does not always have that information available as BCBSTX does not maintain membership for out-of-state plans. You may contact the patient or employer group for the information required.

Q. Is there a certain alpha prefix to designate a traditional BlueCard member?
A. No. The alpha prefix is assigned to multiple BCBS plans and there is not a specific prefix to designate traditional plan members at this time.

Q. Where do we send an appeal for a BlueCard claim?
A. Appeals should be filed to the same address your claim is filed with few exceptions. Generally, Texas Providers should file appeals to BCBSTX. BCBSTX will coordinate with the home plan where appropriate.

Q. Where do I send an out-of-state claim when the patient’s ID card does not have an alpha prefix?
A. If an out-of-state BCBS member’s ID card does not reflect an alpha prefix, it generally means they are not participating in the BlueCard program. BCBSTX recommends you refer to the claims filing address on the ID card or contact the Customer Service Department using the phone number found on the member’s ID card for claim filing instructions.

Q. Who is responsible for benefit determinations?
A. The member’s home (out-of-state) plan notifies BCBSTX how to apply the member’s benefits to the claim.

Q. Is BlueCard a different entity?
A. BlueCard is the method used for portability between the different Blue plans that allows the member access to each state's network of providers.

Q. Is every BCBS member a BlueCard member?
A. Although most BCBS members have access to the BlueCard program, not all do. Look for the alpha prefix or suitcase on the member’s ID card to verify their ability to access the BlueCard program.

Q. How do you know what the benefits are for each claim since they are from different states?
A. As with any member, BCBS recommends you verify benefits prior to providing services. Each employer group may select the benefit structure for their plan and they do vary somewhat. For BlueCard members you may call 1-800-676-BLUE, to be transferred to the member’s home plan, where they can advise you of the member’s benefits.

Q. When we call BCBSTX for claim status and they are unable to assist, where do we call?
A. If your claim was filed to BCBSTX, most inquiries should be handled by the Texas Provider Customer Service Department. If they are unable to assist you they should redirect you to the appropriate phone number to resolve your inquiry.

Q. Do I file all my claims to Texas first?
A. Yes, for members participating in the BlueCard program (alpha prefix or suitcase on the ID card).

Q. Why do I receive Provider Claim Summaries advising me to send my claim to the Home plan?
A. Sometimes the Home Plan is unable to process the claim through the BlueCard program, and it must be filed directly. Generally BCBSTX will manually forward your claim to the home plan in this circumstance. You may contact Texas Provider Customer Service to verify if your claim was already forwarded.

Q. Is the current remittance based on our Texas contract?
A. Yes.

Q. Is there something on the BlueCard ID to determine if the member is an HMO, PPO, or Traditional member?
A. For PPO members, the suitcase will generally have the letters “PPO” inside the suitcase. Most other products will reflect an empty suitcase on the ID card.

Q. Can we file a secondary/COB BlueCard claim directly to Texas?
A. Yes.

Q. Are BlueCard claims subject to the new Texas Prompt Pay Legislation?
A. No.
Q. For Specialty Care Providers, when the other plan is out-of-state, we cannot get anyone to assist with the claims we have filed. What should we do?
A. Contact Provider Customer Service for assistance and/or direction.

Q. Is the alpha prefix across the board?
A. It is unique. Each plan that participates in the BlueCard program is assigned prefixes by the Blue Cross Association (BCA).

Q. Is there an instance when BCBSTX does not recognize the prefix?
A. If the appropriate steps are taken it should be recognized. Check with the member to make sure all information is correct.

Q. Do all Texas members have alpha prefixes?
A. There are some instances when some might not. If you receive a card that does not have an alpha prefix, check the back of the card for filing instructions or call the Customer Service number listed on the card.

Q. Patient’s ID card has no alpha prefix. What should we do?
A. Always make sure you have the most current copy of the member's insurance card. Usually there are claim filing instructions on the back of the card in these instances. If not, contact the Customer Service found on the ID card for assistance.

Q. Which claims are mailed to the Richardson address?
A. Claims should be filed electronically where possible. All paper claims should be mailed to the Dallas address as follows: BCBSTX, P.O. BOX 660044, Dallas, TX 75266-0044

Q. How long should a BlueCard appeal take?
A. Generally you should allow 30-45 days to receive a response.

Q. Where do you call if you need inpatient authorization?
A. Contact the phone number on the back of the member’s ID card.

Q. On claims where Medicare is primary, I cannot always file directly with Texas. What should I do?
A. You should be filing to BCBSTX. This information can be located in the 2003 Fourth Quarter Blue Review.

Q. Is BlueCard claim status availability on-line?
A. No, not at the present time.

Q. Does the alpha prefix need to be in all caps when submitted on the claim?
A. It is recommended to use the ID number exactly how it appears on the member’s ID card. However, BCBSTX is accepting either caps or lower case at the present time.
Q. If BCBSTX has the capability to check different plans and identify claims, why can't BCBSTX publish a list of alphas?
A. Changes and updates are periodically made to the alpha prefixes assigned to the various BCBS plans. It is extremely important to utilize the most current information at all times. Obtaining the member’s ID card or confirming the alpha prefix with the appropriate customer service department is the best way to ensure you are utilizing the most current information.

Q. Does BCBS have 4 digit alphas?
A. Yes. One example of a four digit alpha prefix is “YUPS”.

Q. Is there a list of groups or states that requiring filing with BCBSTX and a list that requires filing directly with the other plan?
A. For patients with an alpha prefix or “suitcase” on their ID card, claims should be filed to BCBSTX. For member’s without an alpha prefix, follow the claim filing instructions on the back of the member’s ID card.

Q. Why does the home plan require providers to call BCBSTX? On some occasions we find it more efficient to call the member’s home plan.
A. Providers should always contact the BCBSTX, unless the claim is being handled direct.

Q. Are BlueCard claims forwarded to the member’s home plan electronically or via paper?
A. Claim information is transmitted to member’s home plan electronically. In addition, BCBSTX can submit inquiries on behalf of our providers electronically to the member’s home plan.

Q. We have a previous claims inquiry and have an actual Provider Claim Summary in hand, yet the automated system states there is no claim on this patient.
A. The automated (VRU) system has been recently enhanced to include more BlueCard claims. This should alleviate much of this problem. If the VRU is unable to locate the claim in the future, please opt out to speak to a Customer Service Representative who should be able to assist you.

Q. Why are checks for BlueCard adjustments never issued?
A. BlueCard adjustment payments should be generated in the same manner as an original claim or any other Texas adjusted claim payment. Please contact Provider Customer Service to resolve any specific issues.

Q. What is a storefront policy? Why are providers told to call other plans for payment/status information?
A. Storefront agreements allow employer groups or plans to utilize the BlueChoice network of providers. Although pricing is supplied to the employer group or plan, BCBSTX does not receive final claim payment information. Payment is generally issued
on the employer group or plan’s check stock and offers a direct telephone number for inquiry purposes.

Q. Can eligibility for BlueCard members be obtained on-line?
A. Information for out-of-state members is not currently available at the BCBSTX Web site.

Q. BCBSTX is moving away from using the member’s Social Security number as an identifier. Are other states doing the same?
A. Yes. Although BCBSTX has already begun to see other Blue Plans change to a unique ID number, specifically those with legislative requirements.

Q. There is a problem with out-of-state claims having different denial codes than BCBSTX supplies.
A. BCBSTX is currently addressing this issue and will provide updates in future editions of our Blue Review provider newsletter.

Q. When I call 1-800-676-BLUE, why do I always get transferred? Can I be given the phone number instead?
A. Calls are answered in a central office and transferred to the actual home plan based on the alpha prefix provided. There is no information suggesting this will change anytime soon. You may obtain the customer service telephone number by referring to the member’s ID card as well.