



**BlueCross BlueShield  
of Mississippi**

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company,  
is an independent licensee of the Blue Cross and Blue Shield Association.

# The BlueCard<sup>®</sup> Program Provider Manual

June 2006

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## Introduction

# The BlueCard<sup>®</sup> Program makes filing claims easy

As a Network Provider of Blue Cross & Blue Shield of Mississippi you may render services to patients who are national account members of other Blue Cross and/or Blue Shield Plans, and who travel or live in Mississippi.

This manual is designed to describe the advantages of the program, while providing you with information to make filing claims easy. This manual offers helpful information about:

- Identifying members
- Verifying eligibility
- Obtaining pre-certifications/pre-authorizations
- Filing claims and
- Who to contact with questions

## Section 1

# What is the BlueCard® Program?

### a. Definition

BlueCard® is a national program that enables members of one Blue Plan to obtain healthcare services while traveling or living in another Blue Plan's service area. The program links network healthcare providers with the independent Blue Cross and Blue Shield 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 submit claims for patients from other Blue Plans, domestic and international, to your local Blue Plan.

Blue Cross and Blue Shield of Mississippi is your sole contact for claims payment, problem resolution and adjustments.

### b. BlueCard Program Advantages to Providers

The BlueCard Program allows you to conveniently submit claims for members from other Blue Plans, including international Blue Plans, directly to Blue Cross & Blue Shield of Mississippi.

Blue Cross & Blue Shield of Mississippi will be your one point of contact for all of your claims-related questions.

More than 286,000 other Blue Plans' members are currently residing in Mississippi. Blue Cross & Blue Shield of Mississippi continues to experience growth in BlueCard membership. We are committed to meeting your needs and expectations. In servicing these needs, your patients will have a positive experience with each visit.

### c. Accounts Exempt from the BlueCard Program

The following claims are excluded from the BlueCard Program:

- the Federal Employee Program (FEP)
- stand-alone dental and
- prescription drugs

File FEP claims directly to Blue Cross & Blue Shield of Mississippi. Stand-alone dental and prescription drugs for out-of-area subscribers should be submitted directly to the subscriber's Home Plan.

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## Section 2

# How Does the BlueCard Program Work?

## How to Identify Members

### a. Member ID Cards

When members of Blue Plans arrive at your office or facility, be sure to ask them for their current Blue Cross and Blue Shield identification card.

The main identifier for BlueCard members is the first three characters of the ID number (alpha prefix).

Important facts concerning member IDs:

- A correct member ID number includes the alpha prefix (first three positions) and all subsequent characters. ID numbers can contain up to 17 positions total, others may be fewer than 17 positions.
- The alpha prefix on a member's ID must be three characters. The alpha prefix does not indicate that claims should be filed directly.
- Some member ID numbers may include alphabetic characters in other positions following the alpha prefix.
- When you check eligibility or claim status, use the number exactly as shown on the ID card.
- Members who are part of the Federal Employee Program (FEP) will have the letter "R" in front of their member ID number. You should recognize this in order to service FEP members correctly.

## Alpha Prefix

The three-character alpha prefix at the beginning of the member's ID number is the key element used to identify and correctly route claims. 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.

To ensure accurate claim processing, it is critical to capture all ID card data. If the information is not captured correctly, you may experience a delay with the claim processing. Please make copies of the front and back of the ID card at each visit, and pass this key information to your billing staff. Do not make up alpha prefixes.

**Do not assume that the member's ID number is their Social Security Number. Use of the Social Security Number on ID cards was phased out in 2005.**

## Sample ID Cards



The "suitcase" logo may appear anywhere on the front of the card.

The three-character alpha prefix.



## How to Identify International Members

Occasionally, you may see ID cards from international Blue members. These ID cards will also contain three-character alpha prefixes. **Please treat these members the same as domestic Blue Plan members.**

Exception: *The Canadian Association of Blue Cross Plans and its members are separate and distinct from the Blue Cross and Blue Shield Association and its members in the U.S. Because they are a completely separate entity, you should follow any instructions that may be available on the members' ID cards.*

### Sample international ID card:

 **BlueCross & BlueShield**  
**de Uruguay**   
An Independent Licensee of the Blue Cross and Blue Shield Association

**MARIA UMPIERRES**  
Número de Identificación BC Plan: 154 BS Plan: 654  
**URU 001 111 111** Cuenta Número: **URU001**  
C.A.A.U.S.A.  
Cargos del Farmacia  
socio 60%

**PLAN BLUE I** Vto. Ene. 1, 1901

A nuestros Clientes: Para ponerse en contacto con nuestra oficina, sírvase llamar en Uruguay al teléfono (598-2)707-7575. Si se encuentra en los E.E.U.U. y necesita cuidados médicos, sírvase llamar al 1-800-810-2583 para localizar a un proveedor de la red. En todos los casos de internación deberá dar aviso previo a BC&BS de Uruguay.

Proveedores en Uruguay y otros Países: Para verificar elegibilidad y beneficios, favor de llamar en Uruguay, al teléfono (598-2)707-7575. Dirija facturas por servicios médicos a : BC&BS de Uruguay, Lord Ponsonby 2446, 11600 Montevideo, Uruguay.

Providers in the United States: To verify membership eligibility and benefits, please call 1-800-676-2583. Providers should file all claims to your local Blue Cross and Blue Shield Plan.

If you are unsure about the member's participation status, call BlueCard *Eligibility*® at 1-800-676-BLUE.

## b. Consumer Directed Health Care and Health Care Debit Cards

Consumer Directed Healthcare (CDHC) is a broad umbrella term that refers to a movement in the healthcare industry to empower members, reduce employer costs, and change consumer healthcare purchasing behavior. Health plans that offer CDHC provide the member with additional information to make an informed and appropriate healthcare decision through the use of member support tools, provider and network information, and financial incentives. Members who have CDHC plans often carry healthcare debit cards that allow them to pay for out-of-pocket costs using funds from their Health Reimbursement Arrangement (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

You could see two different types of cards; either “stand-alone” debit cards to cover out-of-pocket costs, or cards that serve also as a member ID card with the member ID number. The card will have the nationally recognized Blue logos, along with the logo from a major debit card logo such as MasterCard® or Visa®.

### Sample stand-alone Health Care Debit Card



### Sample combined Health Care Debit Card and Member ID Card



The cards include a magnetic strip so providers can swipe the card at the point of service to collect the member copayment / coinsurance. With the health debit cards, members can pay for copayments / coinsurance and other out-of-pocket expenses by swiping the card through any debit card swipe terminal. You will swipe this card just as you do a normal credit/debit card. The funds will be deducted automatically from the member's appropriate HRA, HSA or FSA account.

Combining a health insurance ID card with a source of payment is an added convenience to members and providers. Follow your normal process of copying the front and back of the card at each visit. In addition, members are more likely to carry their *current* ID cards, because of the payment capabilities.

If your office currently accepts credit card payments, there is no additional cost or equipment necessary. The cost to you is the same as the current cost you pay to swipe any other signature debit card.



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### ***Helpful tips***

- Ask members for their *current* member ID card and regularly obtain new photocopies (front and back) of the member ID card. Having the current card will enable you to submit claims with the appropriate member information (including alpha prefix) and avoid unnecessary claims payment delays.
- Check eligibility and benefits electronically at [www.myAccessBlue.com](http://www.myAccessBlue.com) or by calling 1-800-676-BLUE (2583) and providing the alpha prefix.
- If the member presents a debit card (stand-alone or combined), be sure to verify the member's cost sharing amount before processing payment.
- Please do not use the card to process full payment upfront. At the time of service you should collect the member's copayment / coinsurance and deductible (if applicable). If you have any questions about the member's benefits, please contact 1-800-676-BLUE (2583), or for questions about the health care debit card processing instructions or payment issues, please contact the toll-free debit card administrator's number on the back of the card.

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### c. Coverage and Eligibility Verification

For Blue Cross & Blue Shield of Mississippi members, please log in to the Blue Cross & Blue Shield of Mississippi provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com). If you have additional questions after using myAccessBlue contact 1-800-257-5825.

For other Blue Plans' members, submit an electronic inquiry to Blue Cross & Blue Shield of Mississippi, use myAccessBlue's Check Member Eligibility/Benefits with the appropriate prefix, or call BlueCard *Eligibility*<sup>®</sup> (1-800-676-BLUE)) to verify the patient's eligibility and coverage:

Electronic—Submit a HIPAA 270 transaction (eligibility) to Blue Cross & Blue Shield of Mississippi. For more information contact EDI Services at 1-800-826-4068 or [ediservices@bcbsms.com](mailto:ediservices@bcbsms.com).

Phone—Call BlueCard *Eligibility*<sup>®</sup> 1-800-676-BLUE (2583)

1. English and Spanish speaking phone operators are available to assist you.
2. Keep in mind that Blue Plans are located throughout the country and may operate on a different time schedule than Blue Cross & Blue Shield of Mississippi. You may be transferred to a voice response system linked to customer enrollment and benefits.
3. The BlueCard<sup>®</sup> *Eligibility* line is for eligibility, benefit and pre-certification/referral authorization inquiries only. **It should not be used for claim status.** See the Claim Filing section for claim filing information.

### d. Utilization Review

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

If you think pre-certification/preauthorization might be needed, contact either the appropriate Blue Plan to validate. Performing this extra step might eliminate claim delay or denial.

For Blue Cross & Blue Shield of Mississippi members, contact 1-800-841-9659.

For other Blue Plans members:

Phone - Call BlueCard *Eligibility*<sup>®</sup> 1-800-676-BLUE (2583) — ask to be transferred to the utilization review area.

Electronic - Submit a HIPAA 278 transaction (referral/authorization) to Blue Cross & Blue Shield of Mississippi. For more information contact EDI Services at 1-800-826-4068 or [ediservices@bcbsms.com](mailto:ediservices@bcbsms.com).

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.

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## Section 3

# Claim Filing

1. You should always submit claims to Blue Cross & Blue Shield of Mississippi. Be sure to include the member's complete ID number when you submit the claim. The complete ID number includes the three-character alpha prefix—**do not make up alpha prefixes**. Claims with incorrect or missing alpha prefixes and member ID numbers cannot be filed correctly.
2. In cases where there is more than one payer and Blue Cross and/or Blue Shield is a primary payer, submit Other Party Liability (OPL) information with the Blue Cross and/or Blue Shield claim. Upon receipt, Blue Cross & Blue Shield of Mississippi will electronically route the claim to the member's Blue Plan. The member's Plan then processes the claim and approves payment; Blue Cross & Blue Shield of Mississippi will reimburse you for services.
3. Do not send duplicate claims. To check claim status, log in to the Blue Cross & Blue Shield of Mississippi provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com), submit an electronic HIPAA 276 transaction (claim status request) to Blue Cross & Blue Shield of Mississippi, or contact Blue Cross & Blue Shield of Mississippi at 1-800-257-5825.

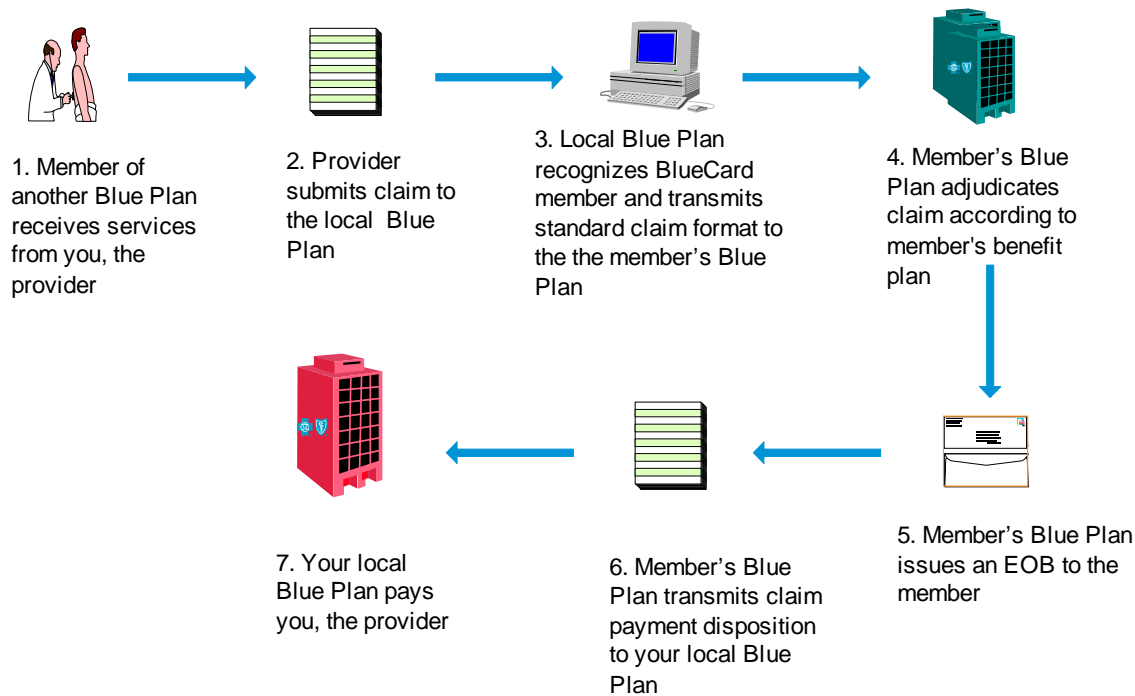
### a. Medicare-Related Claims

1. The following are guidelines for processing of Medicare-related claims:

When Medicare is the primary payor, submit claims to your local Medicare intermediary. After you receive the Remittance Advice (RA) from Medicare, review the indicators:

  - If the indicator on the RA (claim status code 19) shows that the claim was crossed-over, Medicare has submitted the claim to the appropriate Blue Plan and the claim is in process. To make claim status inquiries for supplemental claims through Blue Cross & Blue Shield of Mississippi, log in to the Blue Cross & Blue Shield of Mississippi provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com) or contact Blue Cross & Blue Shield of Mississippi at 1-800-257-5825.
  - If the claim was not crossed over (indicator on the RA will not show claim status code 19 and may show claim status code 1), submit the claim to the Blue Cross & Blue Shield of Mississippi along with the Medicare primary payment information. For questions regarding how to file this information electronically, contact EDI Services at 1-800-826-4068 or [ediservices@bcbsms.com](mailto:ediservices@bcbsms.com). You can make claim status inquiries for supplemental claims through Blue Cross & Blue Shield of Mississippi.
  - If you have any questions regarding the crossover indicator, please contact the Medicare intermediary.
2. Do not submit Medicare-related claims to your local Blue Plan until payment information is received from your Medicare intermediary.
3. If you use Other Carrier Name and Address (OCNA) number on a Medicare claim, ensure it is the correct number for the member's Blue Plan. Do not automatically use the OCNA number for Blue Cross & Blue Shield of Mississippi or create an OCNA number of your own. In addition, do not create alpha prefixes. For an electronic HIPAA 835 (Remittance Advice) request on Medicare-related claims, contact EDI Services at 1-800-826-4068 or [ediservices@bcbsms.com](mailto:ediservices@bcbsms.com).
4. Do not send duplicate claims. Log in to the Blue Cross & Blue Shield of Mississippi provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com), submit an electronic HIPAA 276 transaction (claim status request) to Blue Cross & Blue Shield of Mississippi, or contact Blue Cross & Blue Shield of Mississippi at 1-800-257-5825 to check a claim's status.

**Below is an example of how claims flow through BlueCard**



**b. International Claims**

The claim submission process for international Blue Plan members is the same as for domestic Blue members. You should submit the claim directly to Blue Cross & Blue Shield of Mississippi.

Remember that the Canadian Association of Blue Cross Plans is a separate entity, so this does not apply to Canadian claims.

**c. Coding**

Code claims as you would for Blue Cross & Blue Shield of Mississippi claims. For additional information refer to our medical and coding policies on [www.myAccessBlue.com](http://www.myAccessBlue.com).

**d. Medical Records**

There are times when the member's Blue Plan will require medical records to review the claim. These requests should come from Blue Cross & Blue Shield of Mississippi. Please forward all requested medical records to Blue Cross & Blue Shield of Mississippi and we will coordinate with the member's Blue Plan. Please direct any questions or inquiries regarding medical records to us via the Contact Blue section of myAccessBlue or call 1-800-257-5825. Please do not proactively send medical records with the claim, unless requested. Unsolicited claim attachments may cause claim payment delays.

**e. Adjustments**

Contact Blue Cross & Blue Shield of Mississippi if an adjustment is required. We will work with the member's Blue Plan for adjustments; however, your workflow should not be different.

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## f. Appeals

Appeals for all claims are handled through Blue Cross & Blue Shield of Mississippi. We will coordinate the appeal process with the member's Blue Plan, if needed.

## g. Coordination of Benefits (COB) Claims

Coordination of benefits (COB) refers to how we ensure members receive full benefits and prevent double payment for services when a member has coverage from two or more sources. The member's contract language explains the order for which entity has primary responsibility for payment and which entity has secondary responsibility for payment.

If you discover the member is covered by more than one health plan, and:

- a. Blue Cross & Blue Shield of Mississippi or any other Blue Plan is the primary payer, submit the other carrier's name and address on the claim to Blue Cross & Blue Shield of Mississippi. If you do not include the COB information on the claim, the member's Blue Plan will have to investigate the claim. This investigation could delay your payment or result in a post-payment adjustment, which will increase your volume of bookkeeping.
- b. Other non-Blue health plan is primary and Blue Cross & Blue Shield of Mississippi or any other Blue Plan is secondary, submit the claim to Blue Cross & Blue Shield of Mississippi only after receiving payment from the primary payor, including the explanation of payment from the primary carrier. If you do not include the COB information with the claim, the member's Blue Plan will have to investigate the claim. This investigation could delay your payment or result in a post-payment adjustment, which will increase your volume of bookkeeping.

## h. Claim Payment

*(Blue Cross & Blue Shield of Mississippi guidelines for claim payment)*

1. If you have not received payment for a claim, **do not resubmit** the claim because it will be denied as a duplicate. This also causes member confusion because of multiple Explanations of Benefits (EOBs). Blue Cross & Blue Shield of Mississippi standard time for BlueCard claims processing is an average of 14 business days. However, claim processing times at various Blue Plans vary.
2. If you do not receive your payment or a response regarding your payment, please log in to the Blue Cross & Blue Shield of Mississippi provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com) to check the status of your claim. If you have additional questions after using myAccessBlue call Blue Cross & Blue Shield of Mississippi at 1-800-257-5825.
3. In some cases, a member's Blue Plan may pend a claim because medical review or additional information is necessary. When resolution of a pended claim requires additional information from you, Blue Cross & Blue Shield of Mississippi may either ask you for the information or give the member's Plan permission to contact you directly.

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### **i. Claim Status Inquiry**

1. Blue Cross & Blue Shield of Mississippi is your single point of contact for all claim inquiries.
2. Claim status inquiries can be done by:

Web site – Log in to our web site at [www.myAccessBlue.com](http://www.myAccessBlue.com)

Phone – Call 1-800-257-5825 from 8:00 a.m. – 4:30 p.m. Monday through Friday.

Electronically – Send a HIPAA transaction 276 (claim status inquiry) to Blue Cross & Blue Shield of Mississippi. For more information contact EDI Services at 1-800-826-4068 or [ediservices@bcbsms.com](mailto:ediservices@bcbsms.com).

### **j. Calls from Members and Others with Claim Questions**

1. If members contact you, advise them to contact their Blue Plan and refer them to their ID card for a customer service number.
2. The member's Plan should not contact you directly regarding claims issues, but if the member's Plan contacts you and asks you to submit the claim to them, refer them to Blue Cross & Blue Shield of Mississippi

### **k. Key Contacts**

#### **Where to Find More Information**

For more information, please log in to the Blue Cross & Blue Shield of Mississippi provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com). If you have additional questions after using myAccessBlue call Blue Cross & Blue Shield of Mississippi at 1-800-257-5825.

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## Section 4

# Frequently Asked Questions

## BlueCard Basics

### 1. What Is the BlueCard® Program?

BlueCard® is a national program that enables members of one Blue Plan to obtain healthcare services while traveling or living in another Blue Plan's service area. The program links participating healthcare providers with the independent Blue Cross and Blue Shield 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.

Your local Blue Plan is your sole contact for claims payment, problem resolution and adjustments.

### 2. What products and accounts are *excluded* from the BlueCard Program?

Stand-alone dental and prescription drugs are excluded from the BlueCard Program. In addition, claims for the Federal Employee Program (FEP) are exempt from the BlueCard Program. Please file FEP claims directly to Blue Cross & Blue Shield of Mississippi.

### 3. 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 physician or hospital outside of their Blue Plan's service area.

### 4. What is the BlueCard PPO Program?

A national program that offers members traveling or living outside of their Blue Plan's area the PPO level of benefits when they obtain services from a physician or hospital designated as a BlueCard PPO provider.

### 5. Are HMO patients serviced through the BlueCard Program?

Yes, occasionally, Blue Cross and/or Blue Shield HMO members affiliated with other Blue Plans will seek care at your office or facility. You should handle claims for these members the same way as you do for Blue Cross & Blue Shield of Mississippi members and Blue Cross and/or Blue Shield traditional, PPO, and POS patients from other Blue Plans—by submitting them to the Blue Cross & Blue Shield of Mississippi.

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## Identifying Members and ID Cards

### 1. **How do I identify members?**

When members from Blue Plans arrive at your office or facility, be sure to ask them for their current Blue Plan membership ID card. The main identifier for out-of-area members is the alpha prefix.

### 2. **What is an “alpha prefix?”**

The three-character alpha prefix at the beginning of the member’s ID number is the key element used to identify and correctly route claims. 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.

### 3. **What do I do if a member has an ID card without an alpha prefix?**

Some members may carry outdated ID cards that may not have an alpha prefix. Please request a current ID card from the member.

### 4. **How do I identify international members?**

Occasionally, you may see ID cards from international Blue Plan members. These ID cards will also contain three-character alpha prefixes. Please treat these members the same as domestic Blue Plan members.

### 5. **What do I do if a member does not have an ID card?**

Please request for the member to contact their group or home plan to obtain this information.

## Verifying Eligibility and Coverage

### 1. **How do I verify membership and coverage?**

For Blue Cross & Blue Shield of Mississippi members, please log in to the Blue Cross & Blue Shield of Mississippi provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com). If you have additional questions after using myAccessBlue call Blue Cross & Blue Shield of Mississippi at 1-800-257-5825.

For other Blue Plan members, contact Blue Cross & Blue Shield of Mississippi electronically or BlueCard *Eligibility*<sup>®</sup> by phone to verify the patient’s eligibility and coverage:

Electronic - Submit a HIPAA 270 transaction (eligibility) to Blue Cross & Blue Shield of Mississippi or use myAccessBlue.

Phone - Call BlueCard *Eligibility*<sup>®</sup> 1-800-676-BLUE (2583)



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## Utilization Review

### 1. How do I obtain utilization review?

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

For Blue Cross & Blue Shield of Mississippi members, contact 1-800-841-9659.

For other Blue Plans members,

- **Phone** - Call the utilization management/pre-certification number on the back of the member's card. If the utilization management number is not listed on the back of the member's card, call **BlueCard Eligibility**® 1-800-676-BLUE (2583) and ask to be transferred to the utilization review area.
- **Electronic** - Submit a HIPAA 278 transaction (referral/authorization) to Blue Cross & Blue Shield of Mississippi or use myAccessBlue.

## Claims

### 1. Where and how do I submit claims?

You should always submit claims to Blue Cross & Blue Shield of Mississippi. Be sure to include the member's complete ID number when you submit the claim. The complete ID number includes the three-character alpha prefix—do not make up alpha prefixes. Claims with incorrect or missing alpha prefixes and member ID numbers cannot be processed.

### 2. 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 Blue Cross & Blue Shield of Mississippi.

### 3. How do I handle COB claims?

If after calling 1-800-676-BLUE or through other means you discover the member has a COB provision in their benefit plan and another carrier or Blue Cross & Blue Shield of Mississippi is the primary payer, the claim should be filed with the primary payer first. When the primary claim is finalized, then the BlueCard claim should be filed as secondary with the primary payer's payment information.

If you do not include the COB information with the claim, the member's Blue Plan will have to investigate the claim. This investigation could delay your payment or result in a post-payment adjustment, which will increase your volume of bookkeeping.

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#### 4. How do I handle Medicare-related claims?

- When Medicare is a primary payor, submit claims to your local Medicare intermediary. After receipt of the Remittance Advice (RA) from Medicare, review the indicators:
  - If the indicator on the RA shows that the claim was crossed-over, Medicare has submitted the claim to the appropriate Blue Plan and the claim is in process. To make claim status inquiries for supplemental claims through Blue Cross & Blue Shield of Mississippi, log in to the Blue Cross & Blue Shield of Mississippi provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com) or contact Blue Cross & Blue Shield of Mississippi at 1-800-257-5825.
  - If you have any questions regarding the crossover indicator, please contact the Medicare intermediary.
  
- Do not submit Medicare-related claims to your local Blue Plan before receiving an RA from the Medicare intermediary.
- If you are using an OCNA number on the Medicare claim, ensure it is the correct OCNA number for the member's Blue Plan. Do not automatically use the OCNA number for the local Host Plan or create an OCNA number of your own.
- Do not create alpha prefixes. For an electronic HIPAA 835 (Remittance Advice) request on Medicare-related claims, contact Blue Cross & Blue Shield of Mississippi.
- If you have Other Party Liability (OPL) information, submit this information with the Blue claim. Examples of OPL include Worker's Compensation and auto insurance.
- Do not send duplicate claims. First check a claim's status by contacting Blue Cross & Blue Shield of Mississippi by phone, myAccessBlue or through an electronic HIPAA 276 transaction (claim status request).

#### 5. When will I get paid for claims?

Blue Cross & Blue Shield of Mississippi sends payments out three times a month, around the 10<sup>th</sup>, 20<sup>th</sup>, and 30<sup>th</sup>.

### Contacts

#### 1. Who do I contact with claims questions?

You can access claim status information on our provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com) or by contacting our Customer Service Team at 1-800-257-5825.

#### 2. How do I handle calls from members and others with claims questions?

If members contact you, tell them to contact their Blue Plan. Refer them to the front or back of their ID card for a customer service number. A members' Plan should not contact you directly, unless you filed a paper claim directly with that Plan. If the member's Plan contacts you to send it another copy of the member's claim, refer the Plan to Blue Cross & Blue Shield of Mississippi.

#### 3. Where can I find more information?

For more information, visit the Blue Cross & Blue Shield of Mississippi web site at [www.bcbsms.com](http://www.bcbsms.com) or log in to [www.myAccessBlue.com](http://www.myAccessBlue.com). If you have additional questions after using myAccessBlue call Blue Cross & Blue Shield of Mississippi at 1-800-257-5825.

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## Section 5

# Glossary of BlueCard Program Terms

### **Alpha Prefix**

Three characters preceding the subscriber identification number on the Blue Plan ID cards. The alpha prefix identifies the member's Blue Plan or national account and is required for routing claims.

### **bcbs.com**

Blue Cross and Blue Shield Association's Web site, which contains useful information for providers.

### **BlueCard Access<sup>®</sup> 1-800-810-BLUE**

A toll-free 800 number for you and members to use to locate healthcare providers in another Blue Plan's area. This number is useful when you need to refer the patient to a physician or healthcare facility in another location.

### **BlueCard Eligibility<sup>®</sup> 1-800-676-BLUE**

A toll-free 800 number for you to verify membership and coverage information, and obtain pre-certification on patients from other Blue Plans.

### **BlueCard Doctor & Hospital Finder Web Site**

<http://www.bcbs.com/healthtravel/finder.html>

A Web site you can use to locate healthcare providers in another Blue Cross and/or Blue Shield Plan's area— <http://www.bcbs.com/healthtravel/finder.html>. This is useful when you need to refer the patient to a physician or healthcare facility in another location. If you find that any information about you, as a provider, is incorrect on the Web site, please contact Blue Cross & Blue Shield of Mississippi at 1-800-257-5825.

### **BlueCard Worldwide<sup>®</sup>**

A program that allows Blue members traveling or living abroad to receive nearly cashless access to covered inpatient hospital care, as well as access to outpatient hospital care and professional services from healthcare providers worldwide. The program also allows members of foreign Blue Cross and/or Blue Shield Plans to access domestic (U.S.) Blue provider networks.

### **Consumer Directed Healthcare/Health Plans (CDHC/CDHP)**

Consumer Directed Healthcare (CDHC) is a broad umbrella term that refers to a movement in the healthcare industry to empower members, reduce employer costs, and change consumer healthcare purchasing behavior. CDHC provides the member with additional information to make an informed and appropriate healthcare decision through the use of member support tools, provider and network information, and financial incentives.

### **Coinsurance**

A provision in a member's coverage that limits the amount of coverage by the benefit plan to a certain percentage. The member pays any additional costs out-of-pocket.

### **Coordination of Benefits (COB)**

Ensures that members receive full benefits and prevents double payment for services when a member has coverage from two or more sources. The member's contract language gives the order for which entity has primary responsibility for payment and which entity has secondary responsibility for payment.

### **Co-payment**

A specified charge that a member incurs for a specified service at the time the service is rendered.

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**Deductible**

A flat amount the member incurs before the insurer will make any benefit payments.

**FEP**

The Federal Employee Program.

**Hold Harmless**

An agreement with a healthcare provider not to bill the member for any difference between billed charges for covered services (excluding coinsurance) and the amount the healthcare provider has contractually agreed on with a Blue Plan as full payment for these services.

**Medicare Crossover**

The Crossover program was established to allow Medicare to transfer Medicare Summary Notice (MSN) information directly to a payor with Medicare's supplemental insurance company.

**Medicare Supplemental (Medigap)**

Pays for expenses not covered by Medicare.

**National Account**

An employer group that has offices or branches in more than one location but offers uniform coverage benefits to all of its employees.

**Other Party Liability (OPL)**

A cost containment program that recovers money where primary responsibility does not exist because of another group health plan or contractual exclusions. Includes coordination of benefits, workers' compensation, subrogation, and no-fault auto insurance.

**Plan**

Refers to any Blue Cross and/or Blue Shield Plan.

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## Section 6

# BlueCard Program Quick Tips

The BlueCard Program provides a valuable service that lets you file all claims for members from other Blue Cross and/or Blue Shield Plans with your local Plan.

**Here are some key points to remember:**

- Make a copy of the front and back of the member's ID card.
- Look for the three-character alpha prefix that precedes the member's ID number on the ID card.
- Call BlueCard® *Eligibility* at 1-800-676-BLUE to verify the patient's membership and coverage or submit an electronic HIPAA 270 transaction (eligibility) to the local Plan.
  - Submit the claim to Blue Cross & Blue Shield of Mississippi. Always include the patient's complete identification number, which includes the three-character alpha prefix.
- For claims inquiries, please log in to the Blue Cross & Blue Shield of Mississippi provider web site at [www.myAccessBlue.com](http://www.myAccessBlue.com). If you have additional questions after using myAccessBlue call Blue Cross & Blue Shield of Mississippi at 1-800-257-5825.