

## News You Can Use

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### Migration Updates

In order to streamline our business, CareFirst is currently in the process of migrating groups to other claim processing systems. These moves will ultimately make it easier for you to do business with us.

The entire migration effort will take two years and will result in CareFirst having three claim processing systems and you utilizing only your Regional Provider Number. We will eliminate the Maryland CARE and DC FLEXX claim processing systems along with your Maryland Provider Number.

The three systems that we will utilize will be NASCO, Facets and FEP National:

- NASCO - house benefits and process claims for the large employer groups.
- Facets - house benefits and process claims for individual members and small to medium sized groups.
- FEP National - house benefits and process claims for Federal Employee members.

We anticipate that by the end of 2010 you will be able to submit all claims with your Regional Provider Number and the patient's membership number.

For now, however, we want to assist you by providing you with instructions as to when to use your CareFirst of Maryland number vs. the Regional Number:

#### NASCO

- For any CareFirst BlueChoice, Inc. product - Regional Provider Number
- For DC BluePreferred PPO or DC Traditional - Regional Provider Number
- For Maryland POS, PPO, Comprehensive and Traditional - Maryland Provider Number

**Note: If you bill electronically you may use your legacy number along with your NPI number, although it is not required.**

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#### FACETS

Always use your Regional Provider Number for the following prefixes:

- XIJ and XWY - Indemnity Products
- XIL and XWV - BluePreferred PPO Products
- XIK and XWR - CareFirst BlueChoice Products

#### ID Cards

Members who are migrating to Facets or NASCO will receive new identification cards and member numbers. While member information will be “cross-walked” from the previous systems to the new systems, asking your patients if they have received a new card and requesting them to present it at the time of visit can help ensure claims submission accuracy.

### Identification Cards Update

The Blue Cross and Blue Shield Association (BCBSA) has mandated that all Blue Cross Blue Shield plans must have membership cards formatted to a standard format as determined by the Blue Cross Blue Shield Association. As the result of the reformatting some ID cards do not show the member's entire names due to space limitations. In such cases the member's name will be truncated.

- This will happen in very few cases, and would be the member's first name in most all cases.
- It will not affect the processing of your claim because CareFirst's enrollment records include the member's full name and date of birth.
- You will be able to determine the member's name from the truncation. For example Elizabeth would be Elizab, or as many characters as the system can fit on the card.

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### CareFirst Direct Updates

Members that have the CareFirst BlueChoice product are now showing as CareFirst BlueChoice and not POS. This was corrected on March 27, 2009.

As of May 4, 2009, you may now obtain both eligibility and benefits on CareFirst Direct for members on the Facets platform.

Reminder: if you encounter technical problems with CareFirst Direct, please call the CareFirst Help desk for assistance at 877-526-8390.

### Ambulatory Surgical Facilities for CareFirst Members

It is vital for members to use participating Ambulatory Surgical Centers. CareFirst is seeing instances where a provider is participating with a patient's plan, but the ASC where the patient is referred is a non-participating ASC. The provider must refer the patient to a participating ASC. Non-participating ASCs will increase the liability for the member, or change the benefit entirely.

### Reminder to Physicians/Hospitals Concerning CareFirst's Authorization Policy

When the admitting physician calls the hospital to schedule an inpatient procedure, they must provide the hospital with the following information:

- diagnosis code;
- valid CPT code and/or description of the procedure being performed;
- name and telephone number of the admitting physician or surgeon

The hospital must receive calls from the admitting physician at least **five** business days prior to all elective admissions. An exception to this policy is applied when it is not medically feasible to delay treatment due to the member's medical condition. The admitting physician's office may be contacted by CareFirst if additional information is needed before approving the authorization. Failure to notify the hospital within this time frame may result in a delay or denial of the authorization.

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### Voucher Deductions

The following information will be helpful to read prior to calling the appropriate customer service area.

Voucher Deductions occur when CareFirst or CareFirst BlueChoice identifies an overpayment to a provider. Overpayments occur for many reasons including:

- Claims for services or supplies that should not have been paid per the provider's contract
- Claims were processed at the wrong level of benefits (e.g. the claim was processed as Indemnity rather than HMO)

When an overpayment is retracted, providers receive a credit (CR) on their Notice of Payment (NOP). The amount credited back to CareFirst or CareFirst BlueChoice will appear in the amount paid column on the same line as the name of the patient whose claim was originally overpaid (e.g. John Doe \$70.00 credit).

If there are insufficient payments on the particular NOP for the patient identified, the deduction will carry over to the next NOP until the amount credited has been satisfied. Deductions can only offset a payment under the same type of coverage where the overpayment occurred.

In the event that the initial deduction credit did not fulfill the overpayment and an ongoing deduction is in progress, please refer to your previous NOPs to locate the member who is being credited. Subsequent credits do not indicate the name of the patient whose claims was originally overpaid.

Note: NASCO NOPs will have an accounts receivable number on the deduction/credit that will help you track the overpayment status.

Remember, if you do need more information concerning a deduction on your voucher:

- Call the appropriate Customer Service Area
- Give the Customer Service Representative the date of the voucher and your provider number.