

## News You Can Use

July 2009

Vol. 2, Issue 6

### State of Maryland Products and Cards:

Effective July 1, 2009, CareFirst offers State of Maryland employees three health plans from which to choose.

- Preferred Provider Organization (PPO)
  - The PPO has in and out of network benefits.
- Exclusive Provider Organization (EPO)
  - The EPO product has **in network benefits only**. The EPO product uses the PPO network. Members pick a provider from this network for benefits. There is no Primary Care Physician.
- Maryland Point of Service (MPOS)
  - The MPOS product has in and out of network benefits. The in network benefits are managed by a primary care physician.
  - If the member chooses a BlueChoice primary care physician, the member must follow the BlueChoice network rules. The BlueChoice logo will appear on the card.

Mental health services for EPO members will be administered through Magellan Health Services, while state PPO and MPOS members will continue to seek mental health services through APS Healthcare.




All state members (PPO, MPOS and EPO) have been issued new identification cards with the effective date of July.1.2009

**NOTE:** As noted in the May/June issue of *BlueLink*, the Maryland P.O. Boxes for state employees are no longer in use. Submit claims to: Mail Administrator P.O. Box 14115, Lexington, Ky., 40512-4115. Send correspondence to: P.O. Box 14114, Lexington, Ky. 40512-4114.




**News You Can Use**

**State of Maryland Cards effective July 1, 2009**

**PPO**




 BlueCross®BlueShield®	SAMPLE	STATE OF MARYLAND 
Member Name DOE JOHN		NATIONAL ACCOUNT
Member ID MY810 45 6789		
Group 1900853-M001	Coverage IND P15 \$25 ERFAC50 ERPHYS50 VISION	
Eff Date 07/01/09		
BC/BS Plan 190/690		
		




**EPO**

 BlueCross®BlueShield®	SAMPLE FRONT	STATE OF MARYLAND 
Member Name DOE JOHN		NATIONAL ACCOUNT
Member ID MY810 45 6789		
Group 1900855-M001	Coverage IND EPO P15 \$25 ERFAC50 ERPHYS50 VISION	
Eff Date 07/01/09		
BC/BS Plan 190/690		
		

**MPOS**

**BlueChoice** (given for MPOS when a BlueChoice PCP is chosen)

 CareFirst BlueCross BlueShield	SAMPLE	STATE OF MARYLAND 
Member Name DOE JOHN		MARYLAND POINT OF SERVICE
Member ID MDS810 45 6789		Physician Name Dr. JOHN SMITH
Group 1900111-M001	IN-OV \$15 SPEC \$25 ERFAC \$50 ERPHYS \$50/VISION OUT NET \$250 IND/\$500 FAM	
Eff Date 07/01/09		
BC/BS Plan 190/690		
		

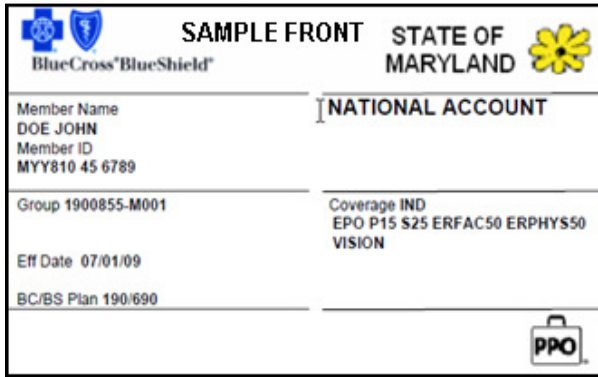
 CareFirst BlueChoice	SAMPLE	STATE OF MARYLAND 
Member Name DOE JOHN		
Member ID MDS810 45 6789		Physician Name Dr. John Smith
Group 1900111-M001	Copay Rider Information P15\$25 ERFAC50 ERPHYS50/VISION	
BC/BS Plan 080/580		
		

## News You Can Use

### State of Maryland Card Questions

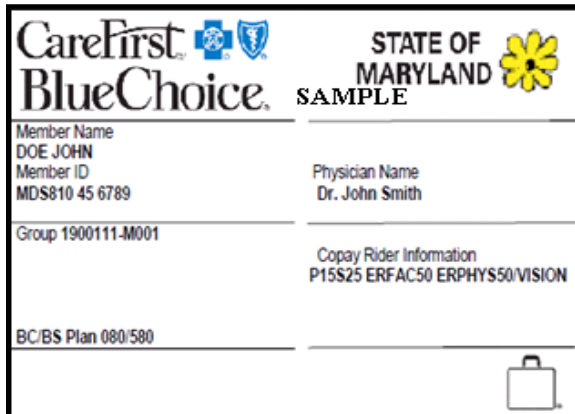
**The patient has an “EPO” plan. Why is “PPO” mentioned on the ID card?**

You will notice that “PPO” appears in the suitcase on the ID card. With an EPO plan, patients have the freedom to select their own doctor or specialist within CareFirst’s large PPO provider network. By having “PPO” listed on the card, the member has the ability to choose a doctor from a national network of providers when member requires out-of-area coverage.



**The BlueChoice product is no longer offered by State of MD. Why does the patient have a BlueChoice ID card?**

BlueChoice is a provider network that is often confused with a product/benefit plan. While the patient is currently enrolled in a Point of Service product, they received a BlueChoice member ID card because they selected a Primary Care Physician who is a BlueChoice network provider. This member must abide by the BlueChoice rules, but they have out of network benefits. This member has the BlueChoice Op Out Plus network for their out of network benefits.



## News You Can Use

### Enhancements to EDI Hotline Service

We have implemented several enhancements to our EDI Hotline service. This will allow us to respond to your queries quicker. As of June 22, 2009, the EDI Hotline is now re-directed to our centralized Help Desk operation. The new toll-free number is 1-877-526-8390\*

What does this mean for you?

- Your call will be answered by a live agent
- A ticket number will be assigned to each caller to assist in tracking resolutions/future inquiries regarding same issue
- Quicker response

To better assist you, here are some key terms to use when placing a call:

- ✓ 835 ERA's/enrollment
- ✓ NPI
- ✓ 837 claim status for NCOF (no claim on file) or front end rejections from CareFirst

The existing hotline number, 410-998-4599, will be disconnected on September 22, 2009.

Use e-mail to send supplementary information related to your Help Desk ticket. Reference the Magic Ticket number in the subject line of the e-mail.

Thank you for your cooperation as we implement this transition. Please forward this to your billing department and other appropriate staff.

\*Do not call this phone number to inquire about claim status. Continue to use BlueLine or CareFirst Direct.

## News You Can Use

### CareFirst Direct Enhancements

When you conduct a member eligibility search, all of the patient's eligibility history will be displayed. The Fee Schedule tutorial is available for your use. Please follow the link on the CareFirst Direct site.

### NASCO and BlueCard Provider Service

The phone lines for BlueCard and NASCO Provider Services will close for one hour every second Friday of the month for staff training.

- BlueCard Phone Lines - closed 1:00 p.m. - 2:00 p.m.
- NASCO Provider Services Phone Lines - closed 1:00 p.m. - 3:00 p.m.

We urge you to use CareFirst Direct or the Voice Response Units if you need to contact CareFirst during the above hours.

### Newborn Coverage

**Routine Coverage** covers the newborn as part of the maternity benefit. This includes routine nursery charges billed along with the mother's charges, and the first pediatric routine visits. Please verify the benefit.

**Gratuitous Coverage** covers the newborn as a member, for the first 31 days after birth under a member's policy whether the newborn is added to the policy or not. Typically this coverage is for a newborn that is receiving non-routine care. It should be noted that self-insured accounts may not accept the Gratuitous Coverage mandate, and may require that the newborn be added to the member's policy before any claims are paid. To determine if an account has Gratuitous Coverage, providers must verify the benefit.

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### **Timely Filing Reminders**

Effective July 1, 2006, providers have a timely filing limit of 365 days from the date of service for care rendered on or after January 1, 2006. Each provider received formal notification of this change, which applies to Group Hospitalization and Medical Services, Inc. and CareFirst of Maryland, Inc., collectively doing business as CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc.

This timely filing policy does not override any federal, state or locally mandated timely filing periods for claims from participating providers.

Please note that after the timely filing limit, or 365 days after the date of service, providers are not eligible for reimbursement by CareFirst and CareFirst BlueChoice. Also after the timely filing limit, providers may not bill members for covered services that were not submitted within the timely filing period.

### **Electronic Claims**

#### **Requirement to prove that the electronic claim was filed within the Timely Filing Guidelines**

Providers must present a copy of the claims report from the vendor or clearinghouse that substantiates that CareFirst or CareFirst BlueChoice successfully accepted the claim for processing. Because providers receive several reports from their vendors and clearinghouses, the provider must determine which report contains this information. For example, reports with errors are not considered acceptable documentation because the claims were not accepted for adjudication. The report must indicate that the claim was accepted (without errors) by CareFirst or CareFirst BlueChoice for processing.