

PatientReport

Central Region

Information about your patients who are
Pennsylvania Blue Shield customers

December 1999

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Ingersoll-Rand – new BlueCard account

Blue Cross Blue Shield of Illinois is adding a new account, Ingersoll-Rand (I-R), for active employees, effective Jan. 1, 2000.

I-R employs approximately 25,000 employees nationwide. They will enjoy portability through the BlueCard program.

I-R is offering three benefit plan designs: PPO, comprehensive major medical and comprehensive major medical risk (high deductible and out of pocket).

If you are a PremierBlue preferred provider, I-R employees may contact you to verify your participation in the PPO network.

Employees will receive new identification cards in December. Please update your records with the information from the new cards.

Look for these alpha prefixes on the members' identification cards:

Group name	Coverage type	Alpha prefix	Effective date
Ingersoll-Rand	PPO	IWW	1/1/2000
Ingersoll-Rand	CMM	IRD	1/1/2000

PPO = Preferred provider organization

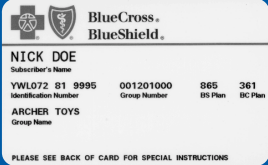
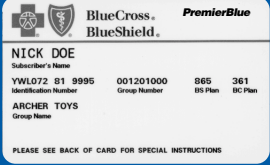
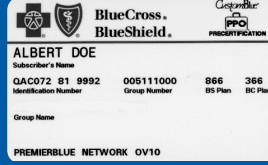

CMM = Comprehensive major medical

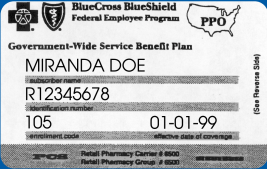

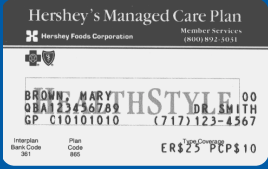
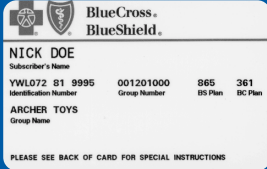
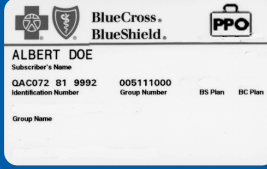
Central Pennsylvania product and network features

Pennsylvania Blue Shield has developed an informational chart to help you understand the relationship between its networks and products.

The chart provides a variety of information about such things as reimbursement methods, covered services, where to file claims and important telephone numbers.

You can remove the chart from **PRN**. Place it in a convenient location for easy reference.

	TRADITIONAL		PREFERRED PROVIDER ORGANIZATION	
Product	<i>Basic Blue Shield UCR</i>	<i>Basic Blue Shield PremierBlue</i>	<i>CustomBlue</i>	<i>Access Care II</i>
ID Card				
Network	<i>Participating</i>	<i>PremierBlue</i>	<i>PremierBlue* Listed on ID Card</i>	<i>PremierBlue w/PPO Hospital Affiliation</i>
Gatekeeper/Referral Process	No	No	No	No
Reimbursement Method	UCR	PremierBlue Fee Schedule	PremierBlue Fee Schedule*	PremierBlue Fee Schedule
Network Services Paid Higher	No	No	Yes	Yes
Out of Network Option	Yes	Yes	Yes, subject to Deductible and Coinsurance	Yes, subject to Deductible and Coinsurance
Covered Services	Medical/Surgical Services	Medical/Surgical Services	Medical/Surgical including office visits and preventive services	Medical/Surgical including office visits and preventive services
Copayment	No	No	Yes, see ID Card	Yes, see ID Card
Medical Management	Preadmission, Presurgical (optional – see ID card)	Preadmission, Presurgical (optional – see ID card)	Preadmission, Presurgical, Case Management	Preadmission, Presurgical, Case Management
Precertification/Preauthorization Number	(800) 441-2330	(800) 441-2330	(800) 441-2330	(800) 338-2211
Provider Relations	(717) 731-2045 Central (610) 362-6116 Eastern	(717) 731-2045 Central (610) 362-6116 Eastern	(717) 731-2045 Central (610) 362-6116 Eastern	(717) 731-2045 Central (610) 362-6116 Eastern
OASIS – Claim Status/Enrollment	Yes (800) 462-7474	Yes (800) 462-7474	Yes (800) 462-7474	Yes (800) 462-7474
InfoFax–Claim Status/Enrollment	Yes (800) 891-1856	Yes (800) 891-1856	Yes (800) 891-1856	Yes (800) 891-1856
65 Special Benefits				
Electronic Claims Filing Option	Yes (800) 992-0246	Yes (800) 992-0246	Yes (800) 992-0246	Yes (800) 992-0246
Claim Submission (paper)	PABlue Shield P.O. Box 890062 Camp Hill, PA 17089-0062	PABlue Shield P.O. Box 890062 Camp Hill, PA 17089-0062	PABlue Shield P.O. Box 890062 Camp Hill, PA 17089-0062	PABlue Shield P.O. Box 890062 Camp Hill, PA 17089-0062
Customer Service (Claim Inquiries)	(717) 731-8080 Central (717) 975-7290 Eastern	(717) 731-8080 Central (717) 975-7290 Eastern	(800) 222-3341	(800) 338-2211
			*Also available using Participating Network/UCR Reimbursement	

ORGANIZATION	POINT OF SERVICE		BLUECARD	
FEP	Point of Service	HealthStyle	BlueCard Indemnity	BlueCard PPO
				
PremierBlue	Point of Service	Hershey HealthStyle	Participating	PremierBlue
No	Yes, highest benefit level with PCP referral. May self refer to OB/GYN for selected services at higher level of benefit	Yes, highest benefit level with PCP referral. May self refer to OB/GYN for annual exam at higher level of benefit	No	No
PremierBlue Fee Schedule	UCR	PremierBlue Fee Schedule	UCR	PremierBlue Fee Schedule
Yes	PCP coordinated services paid at higher level	PCP coordinated services paid at higher level	No	Yes
Yes, subject to Deductible and Coinsurance	Yes, subject to Deductible and Coinsurance unless PCP coordinated	Yes, subject to Deductible and Coinsurance unless PCP coordinated	Yes	Yes, subject to Deductible and Coinsurance
Medical/Surgical including office visits and preventive services	Medical/Surgical including office visits and preventive services	Medical/Surgical including office visits and preventive services	Medical/Surgical Services	Medical/Surgical including office visits and preventive services
Yes	Yes, see ID card	Yes, see ID card	No	See ID Card
Preadmission, Presurgical, Case Management	Preauthorization, Case Management, Concurrent Review, Discharge Planning, Maternity Management	Preauthorization, Case Management, Concurrent Review, Discharge Planning, Maternity Management	Done by the Home Plan See ID card	Done by the Home Plan See ID card
Done by the local Blue Cross Plan See back of ID card	POS Medical Management (800) 572-5751 FAX (800) 669-7085 MH/SA- See back of ID card	HealthStyle Medical Management (800) 892-3033 FAX (800) 669-7085 Mainstay (800) 866-4108	Done by the Home Plan See ID card	Done by the Home Plan See ID card
(717) 731-2045 Central (610) 362-6116 Eastern	(717) 731-2045 Central (610) 362-6116 Eastern	(717) 731-2045 Central (610) 362-6116 Eastern	(717) 731-2045 Central (610) 362-6116 Eastern	(717) 731-2045 Central (610) 362-6116 Eastern
Yes (800) 462-7474	Yes (800) 462-7474	Yes (800) 462-7474	No	No
Yes (800) 891-1856	Yes (800) 891-1856	Yes (800) 891-1856	No	No
Yes (800) 992-0246	Yes (800) 992-0246	Yes (800) 992-0246	Yes (800) 992-0246	Yes (800) 992-0246
PABlue Shield P.O. Box 898854 Camp Hill, PA 17089-8854	PABlue Shield P.O. Box 890072 Camp Hill, PA 17089-0072	PABlue Shield P.O. Box 898850 Camp Hill, PA 17089-8850	PABlue Shield P.O. Box 890062 Camp Hill, PA 17089-0062	PABlue Shield P.O. Box 890062 Camp Hill, PA 17089-0062
(717) 763-3608	(800) 572-5751	(800) 892-3033	(717) 731-8080 Central (717) 975-7290 Eastern	(717) 731-8080 Central (717) 975-7290 Eastern
Payment Method				

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
National Railway Carriers and United Transportation Union group becomes national BlueCard account

Regence Life and Health Insurance Co., an affiliate of Regence Blue Cross and Blue Shield of Oregon, has been chosen as the insurance carrier for National Railway Carriers and United Transportation Union (NRC/UTU) Health and Welfare Plan.

This large national BlueCard account offers both a participating and preferred provider (PPO) option to over 30,000 employees nationwide. These member contracts will become effective Jan. 1, 2000.


You can identify the NRC/UTU members by their identification cards. The cards carry the Blue Cross and Blue Shield Association's name and service mark.

The PPO members (alpha prefix "RRP") can be identified by the "PPO in a suitcase" logo on the lower right side of the card and the "PPO Network" for medical benefits shown at the top left side of the card. Copay amounts for office and emergency room visits are printed at the bottom left side of the card.

MEDICAL		PPO Network		 Regence Life and Health Insurance Company <small>An independent licensee of the Blue Cross and Blue Shield Association</small>	
01 JOHN Q 02 JANE Q 03 JAMES Q		PUBLIC PUBLIC PUBLIC		SUBSCRIBER NAME JOHN Q PUBLIC ID NUMBER RRP222038222 GROUP NUMBER 850001000 GROUP NAME NRC/UTU PLAN BC/BS PLAN CODES 351/850	
COMMENTS EMPLOYER PAID BENEFITS \$15.00 OFFICE VISIT COPAY \$30.00 EMERGENCY ROOM COPAY MMCP		PRINT DATE 10/14/1999		The Blue Card 	

PPO card

The member that has chosen the participating option can be identified by the alpha prefix "RRT" and by the "Par Network" for medical benefits shown on the left side of the card.

MEDICAL		PAR Network		 Regence Life and Health Insurance Company <small>An independent licensee of the Blue Cross and Blue Shield Association</small>	
01 JOHN Q 02 JANE Q 03 JAMES Q		PUBLIC PUBLIC PUBLIC		SUBSCRIBER NAME JOHN Q PUBLIC ID NUMBER RRT222039222 GROUP NUMBER 850002000 GROUP NAME NRC/UTU PLAN BC/BS PLAN CODES 351/850	
COMMENTS EMPLOYER PAID BENEFITS CHCB		PRINT DATE 10/14/1999		The Blue Card	

PAR card

Submit your claims for these members electronically or on a paper 1500A or HCFA 1500 12/90 to Pennsylvania Blue Shield just as you do for members with coverage from Pennsylvania.

If you have any further questions concerning NRC/UTU claims, please contact your Provider Relations representative.

Exceptions to BlueCard claims submissions

Usually when a member from another Blue Cross Blue Shield Plan presents an identification card with an alpha prefix, you should submit the claim directly to Pennsylvania Blue Shield for processing through the BlueCard program.

There are exceptions, however, when Pennsylvania Blue Shield requires you to file the claim directly through the member's plan.

Here are the exceptions:

- If you contract with the member's home plan, submit claims to that plan.
- When the identification card does not contain an alpha prefix, submit the claim to the member's home plan. If an identification card does not have an alpha prefix, that account or product may be exempt from the BlueCard program. Or the identification card may be outdated — always ask for the patient's most current identification card.

If you have questions about the BlueCard program or where to submit these claims, please contact your Provider Relations representative.

GM members responsible for obtaining approval for certain services

In the April 1999 issue of **PRN** we announced the new features General Motors added to its Salaried Health Care Program.

At that time, General Motors contracted with Health International, a managed care vendor, to provide care management services to its salaried employees, non-Medicare retirees, surviving spouses and eligible dependents.

Although the care management feature was added April 1, 1999, penalties will not be assessed to the member until Jan. 1, 2000 for failure to call Health International.

Members must call for review, not providers

This is a member-driven program. Providers will no longer be required to call the Central Review Organization in Michigan.

The member must call Health International at (877) 299-4635 before inpatient hospital and skilled nursing facility admissions, outpatient surgery (regardless of the location) and home health care services.

An emergency room visit does not require a call unless the member is admitted to the hospital. If admitted, the member must call Health International within 48 hours.

Member sanctions for not obtaining preauthorization will be imposed — \$200 for each occurrence up to a maximum of \$600 each year.

General Motors members have been advised to call Health International if they are not sure a procedure or service requires a review. Health International is available 24 hours a day, seven days a week.

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Reminder: failure to preauthorize services may result in denials

Under the Hershey HealthStyle and Point-of-Service programs, certain services require preauthorization. (Please refer to your **Provider Guide** and **Quick Reference** for preauthorization instructions and a list of the services requiring preauthorization.) If you fail to obtain preauthorization for those services, your claims will be denied.

Utilization management requirements are outlined in your contract and in the **Provider Guides**. Reminder notices related to program requirements were sent in 1998 and 1999, however, claims continue to be submitted without the necessary authorizations, resulting in payment denials.

In 1998, the Hershey HealthStyle and Point-of-Service programs transitioned to an automated InterQual system for the determination of medical necessity and appropriateness.

Capital Blue Cross and Pennsylvania Blue Shield believe that use of the automated InterQual criteria is the best way to increase efficiency and consistency of care determinations. Peer review discussions and determinations continue to allow consideration for the individualized needs of your patients. All cases that do not meet InterQual criteria are referred to the Medical Director for evaluation and determination.

Direct all questions or requests for additional program materials to Provider Services at (800) 892-3033, Hershey HealthStyle, or (800) 572-5751, Point-of-Service.

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