Information about your patients who are Pennsylvania Blue Shield customers

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General Motors changes billing procedures

Effective for dates of service on or after Jan. 1, 1998, Pennsylvania Blue Shield will no longer provide coverage or handle claims for professional diagnostic and screening pathology services performed by a physician or an independent laboratory for non-Medicare General Motors traditional and PPO enrollees — except when these services are hospital based.

Instead, the General Motors National Laboratory Program (in conjunction with Universal Standard HealthCare and Blue Cross and Blue Shield of Michigan) will administer coverage and handle claims for professional diagnostic and screening pathology services performed by a physician or an independent laboratory for non-Medicare General Motors traditional and PPO enrollees.

The network currently consists of Universal Diagnostics (formerly Universal Standard Medical Laboratories (USML)), Laboratory Corporation of America (LabCorp) and other quality regional laboratories.

Under this new program, certain laboratory procedures can be provided by a physician in an office setting. Other procedures must be performed by a network laboratory.

Payment for covered pathology services will be made to network providers at 100 percent of the Approved Payment Level (APL). General Motors' Laboratory Program considers the APL as payment-in-full for covered laboratory and pathological examination services performed by network providers (including standard procedures performed by physicians). Physicians referring services to network laboratories will also receive a handling fee.

Covered services processed by non-network providers will be reimbursed at 50 percent of the APL. Blue Cross and Blue Shield of Michigan and Universal Standard HealthCare will ensure that members are "held harmless" from any balance billing by non-network providers. Emergency services are covered at 100 percent of the program's approved payment amount.



Direct all claims and inquiries for pathology services performed in an office or laboratory to:

Universal Standard HealthCare PO Box 5077 Southfield, Mich. 48086-5077

Pennsylvania Blue Shield will continue to process inpatient and outpatient professional pathology services.

Submit these claims either electronically or on 1513A paper claims. Send paper claims to:

Pennsylvania Blue Shield PO Box 898852 Camp Hill, Pa. 17089-8852

Direct inquiries for inpatient and outpatient pathology services to:

Pennsylvania Blue Shield PO Box 890071 Camp Hill, Pa. 17089-0071 (717) 975-8288

If you have questions regarding this information, please contact your Professional Service representative.

Changes announced for Pennsylvania Blue Shield's employee health benefits program Pennsylvania Blue Shield employees recently went through an open enrollment process, where they were given the opportunity to enroll in one of several health care coverage options. The changes take effect Jan. 1, 1998.

This group's choices include the current traditional benefit program consisting of Basic Blue Cross, Basic Blue Shield and Major Medical using the PremierBlue network.

New ID card issued for traditional program

Benefits under the traditional program remain unchanged. However, you will see a new Identification Card that identifies the network as PremierBlue and advises that precertification is required.

The ID card also includes new base group numbers 043113 and 043308 and a new alphabetical prefix, **HBC**.

Where to send traditional program claims

You may submit all medical-surgical claims electronically. Or, you may send 1500A paper medical-surgical claims to:

Pennsylvania Blue Shield PO Box 890062 Camp Hill, Pa. 17089-0062

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Please direct inquiries to:

Pennsylvania Blue Shield PO Box 898847 Camp Hill, Pa. 17089-8847 (717) 975-5054

Point-of-Service program also offered

Blue Shield employees are also able to select a Point-of-Service offering. These Point-of-Service programs are supported primarily by selectively contracted provider networks, which are supplemented with Blue Shield's traditional Participating Provider network.

In the eastern region, BlueChoice is the Point-of-Service program offered to Blue Shield employees. BlueChoice members receive the highest level of benefits when their care is coordinated through their primary care physician. However, they may also self-refer and can use Blue Shield Participating Providers. In such cases, most services remain covered, but the member may share more of the cost, typically in the form of coinsurance. If you are a Participating Provider and a Point-of-Service member receives services from you — you must accept Blue Shield's UCR allowance as payment-in-full for covered services, in accordance with the terms of your Participating Provider Agreement.

Participating Providers who are not part of the Point-of-Service network should use the same address listed above when submitting 1500A paper medical-surgical claims.

Bell Atlantic goes BlueCard

Effective Dec. 15, 1997, Bell Atlantic claims will process through a BlueCard arrangement. Pennsylvania health care professionals should submit Bell Atlantic claims to Pennsylvania Blue Shield when the services are provided in Pennsylvania.

Bell Atlantic members are enrolled through Blue Cross Blue Shield of the National Capital Area.

The unique Bell Atlantic Explanation of Benefits (EOB) will no longer be used. You will now see the claim data and payment information on our standard Blue Shield EOB.

Members with coverage through Bell Atlantic are easy to identify. Here are sample ID cards:





Please report alpha prefix **BAP** or **BAR** and the member's identification number on all claims.

Submit claims electronically or on 1500A paper claim forms. Submit paper claims to:

Pennsylvania Blue Shield PO Box 890062 Camp Hill, Pa. 17089-0062

Direct inquiries to:

Pennsylvania Blue Shield PO Box 890033 Camp Hill, Pa. 17089-0033 (717) 975-7290

For more information on Bell Atlantic claims, please contact your Professional Service representative.