



BlueCross BlueShield of Western New York (BlueCross BlueShield) Provider orientation

BlueCross BlueShield of Western New York partnered with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note this presentation is specific to the MMC and CHPlus programs only.

Welcome

We will discuss the following topics pertaining to BlueCross BlueShield:

- Provider resources
- Preservice processes
- Claims and billing
- Contact numbers and questions

BlueCross BlueShield

- BlueCross BlueShield has an alliance with Amerigroup Partnership Plan, LLC to administer services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members.
- We will offer programs and tools specific to the management of your MMC and CHPlus patients.
- The agreement is limited to the BlueCross BlueShield state-sponsored programs (MMC and CHPlus). It does not affect other lines of business.

Overview

- Provider website with a secure self-service area
- Access to claims submission guidelines on the website
- Electronic data interchange (EDI) capability
- Electronic funds transfer (EFT) and electronic remittance advice (ERA) processing
- Prior authorization (PA) information and lookup tool
- Provider manual
- Behavioral Health services
- Phone numbers, addresses and other contact information

Highlighting our alliance

- Our collaborative relationship enables us to provide dedicated service and focus to our Medicaid and CHPlus members and providers.
- There will be new ID cards, new phone and fax numbers, new addresses and websites, and new claims submission processes as a result of this dedicated service.
- There will be a dedicated, local Medicaid and CHPlus team in our Buffalo headquarters with administrative support across the country.


Member ID cards

- New members will receive:
 - BlueCross BlueShield member ID cards.
 - Welcome packages with member handbook.
- The prefix for MMC members will be **WNH**; the new CHPlus prefix will be **WNB**. These changes will make identifying MMC and CHPlus members easier.




Please ask your patients for their ID card.

Member ID card



<Member Name:>	Primary Care Provider (PCP):
ID #: <Subscriber ID>	PCP Name/Select on website
	PCP Phone #: <XXX-XXX-XXXX>

CIN: <XXXXXXXXXX>	Pharmacy Copays:
Effective Date: <XX/XX/XX>	Brand: \$3/\$1 Generic: \$1
DOB: XX/XX/XXXX	OTC: \$0.50



www.bcbswny.com/stateplans

Members: Please carry this card at all times. Show this card before you get any medical care.	Member Services: 1-866-231-0847
	TTY Hearing Impaired: 711
	Provider Services: 1-866-231-0847
	Retention: 1-844-885-1004
	24/7 NurseLine: 1-866-231-0847
	Vision: 1-866-231-0847
	Dental: 1-800-468-9868
	Pharmacy: 1-800-596-7701

Providers: Preadmission certification is required for all non-emergency hospital admissions, including outpatient surgery. For emergency admissions, notify us within 24 hours after treatment at 1-866-231-0847. Certain services require preapproval. Call 1-866-231-0847. File claims with your local Blue Cross and Blue Shield plan.

Submit Claims to:
 Member Claims
 P.O. Box 62509
 Virginia Beach, VA 23466-2509

Pharmacies: Submit claims using
 RXBIN: 003850, RXPCN: MA, RXGRP: WK2A.

A Division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association.
 WNC1

Register with Availity®

Recorded Availity webinars are available on the <https://www.Availity.com> website.

For questions about the Availity website, call Availity Client Services at **1-800-282-4548** Monday through Friday from 8 a.m. to 7 p.m. Eastern time (excluding holidays).

You can also select **Contact Support** under *Help* in the top navigation by accessing the website: [Availity.com](https://www.Availity.com).

Register with Availity (cont.)

Register for Portal Access

TECHNICAL SUPPORT AVAILITY NETWORK STATUS REGISTER

It's quick, easy, and free

The Availity Portal offers secure online access to multiple health plans and the ability to manage business transactions through a single, easy-to-use site. All you need is basic information about your business, including your federal tax ID.

FEATURES REQUIREMENTS

PORTAL REGISTRATION

Let's get started!

Registration is easy. Many resources and trainings support Availity and BlueCross BlueShield website navigation.

Benefits of Availity

- Single sign-on provides access to multiple payers.
- BlueCross BlueShield transactions are available at no charge to providers.
- Availity functions are available online 24 hours a day.
- Standard screen format makes finding necessary information easy and increases staff productivity.
- Availity is compliant with HIPAA regulations.
- No-cost, live and prerecorded webinars are available as are FAQ and comprehensive help topics.
- User reporting lets the primary access administrator track associates' work.

Provider website: secure access only

- The Availity user name and password is used for the BlueCross BlueShield and Availity secure provider self-service websites.
- The tools on the secure website, www.bcbswny.com/stateplans, let you perform key transactions.
- The website is also your source for informational notices, bulletins and updates that may affect the management of your practice and patients.

Payer provider self-service

- Claims forms
- Precertification Lookup Tool
- Provider manual
- *Clinical Practice Guidelines*
- News and announcements
- Provider directory
- Information on fraud, waste and abuse
- Formulary
- Precertification submission
- Precertification status lookup
- Pharmacy precertification
- PCP panel listings

Downloading your provider panel



Logout

From left navigation, select **Members, PCP Member Listing** to download PCP member listing.

- HOME
- CLAIMS
- PRECERTIFICATION
- MEDICAL
- ▼ MEMBERS
 - PCP Member Listing
 - Rights & Responsibilities
 - Eligibility
 - Patient360
- PHARMACY
- PROVIDER COMMUNICATIONS & UPDATES

PCP Member Listing


Panel Listing tool is available to providers to research and download a complete list of past and current PCP members assigned to a specific Provider, Group, or IPA.

Member listings are available and include data accurate as of the close of business on the previous day. Real-time member eligibility will now be available exclusively through Availity. Check Member Eligibility at Availity.

To get started:

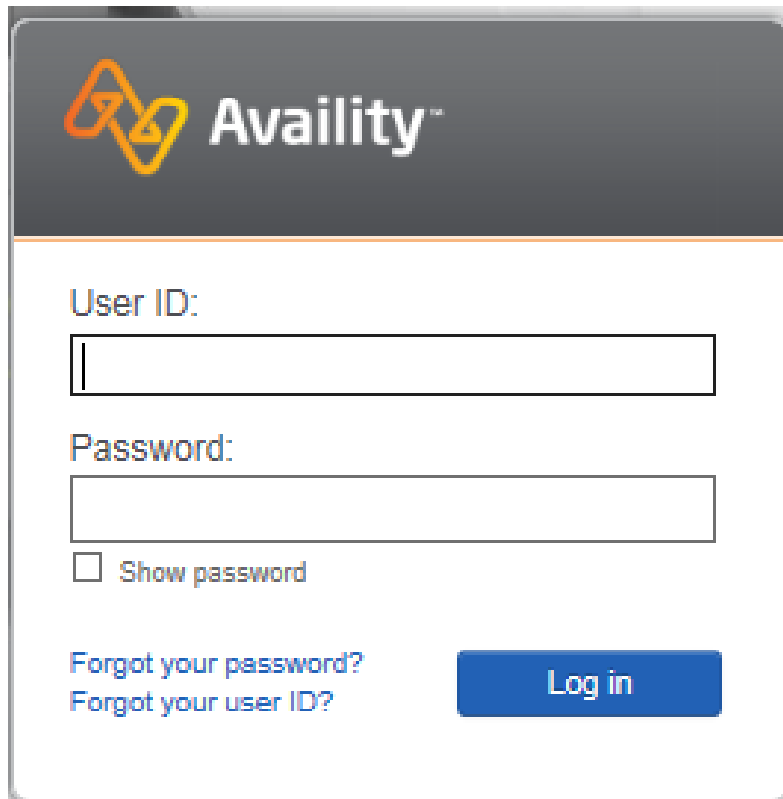
Select Panel Type


Select TIN

 Download Listing for Entire TIN

Select a Specific Individual or Group Provider ▶

Availity provider self-service



 Availity

User ID:

Password:

Show password

[Forgot your password?](#)
[Forgot your user ID?](#)

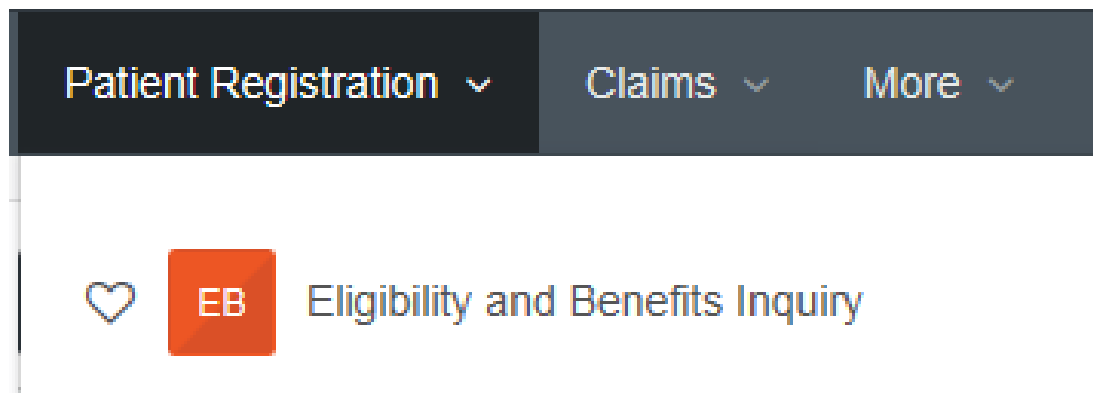
[Log in](#)

Registration and login
required for access to:

- Registration process
- Member eligibility and benefit inquiry
- Claims submission
- Claim status inquiry

Eligibility and benefit inquiry

View member eligibility and benefit information on the Availity website. Select **Patient Registration**. Next, select **Eligibility and Benefits Inquiry**. Enter the required information and submit.



New way to get paid for Medicaid claims

- All MMC and CHPlus claims with dates of service on or after November 1, 2016, should be submitted as a direct Electronic Gateway trading partner or through participating clearinghouses.
- There will be EFT/ERA enrollment: *Explanation Of Payment (EOP)* access. Availity Remittance Inquiry is available.
- Provider *Form 1099* reporting and backup withholding is enabled.
- The disbursing bank is Bank of America.

Electronic payment enrollment

- Visit www.caqh.org/eft_enrollment.php for more information and to create your secure account.
- To learn more, call **1-844-815-9763**.
- Representatives are available Monday through Thursday from 7 a.m. to 9 p.m. Eastern time and Friday from 7 a.m. to 7 p.m. Eastern time.

Electronic payment services

Providers who enroll for electronic payment services:

- Receive ERAs and import the information directly into their patient management or patient accounting system
- Route EFTs to the bank account of their choice
- Can use the electronic files to create custom reports in their office
- Can access reports 24/7

BlueCross BlueShield uses EnrollHub™, the secure Council for Affordable Quality Healthcare® solution, to enroll in EFTs and ERAs. EnrollHub is available at no cost to all health care providers.

Key contact information

- Provider Services: **1-866-231-0847**
- 24/7 NurseLine: **1-866-231-0847**
- Precertification: **1-866-231-0847**
- Fax: multiple, see FAQ
- Pharmacy PA:
 - Phone: **1-866-231-0847**
 - Retail pharmacy fax: **1-844-490-4877**
 - Medical injectable fax: **1-844-493-9206**
- Paper claims submission:

BlueCross BlueShield of Western New York
P.O. Box 62509
Virginia Beach, VA 23466-2509
- Website: www.bcbswny.com/stateplans

Electronic claims submission

For payer IDs, please contact your clearinghouse.

For information on how to submit claims electronically, please visit our website at www.bcbswny.com/stateplans > *Claims* > *Electronic Data Interchange*.

Our delegated service partners

- Pharmacy
 - PA phone: **1-866-231-0847**
 - PA fax:
 - Retail pharmacy fax: **1-844-490-4877**
 - Medical injectable fax: **1-844-493-9206**
- Medical Answering Services:
 - www.medanswering.com
 - **1-866-932-7740**

Allegany County transportation	1-866-271-0564
Cattaraugus County transportation	1-866-371-4751
Chautauqua County transportation	1-855-733-9405
Erie County transportation	1-800-651-7040
Orleans County transportation	1-866-260-2305
Wyoming County transportation	1-855-733-9403

24/7 NurseLine

- Members can speak to a registered nurse who can answer their questions and help decide how to take care of health problems.
- If medical care is needed, our nurses can help a member decide where to go.
- The phone number, **1-866-231-0847 (TTY 711)**, is on the back of our member ID cards.
- When a member calls this service, a report is faxed to the office within 24 hours.

Interpreter and translation services

Interpreter and translation services are available 24/7 and in over 170 languages. Call **1-866-231-0847**.

Provider communications and education

- Quarterly provider newsletter
- Fax blasts
 - Program/process change notices
- Educational opportunities
 - ICD codes
 - Cultural competency
 - HIPAA

Cultural competency

There are many challenges in delivering health care to a diverse patient population. BlueCross BlueShield is here to help.



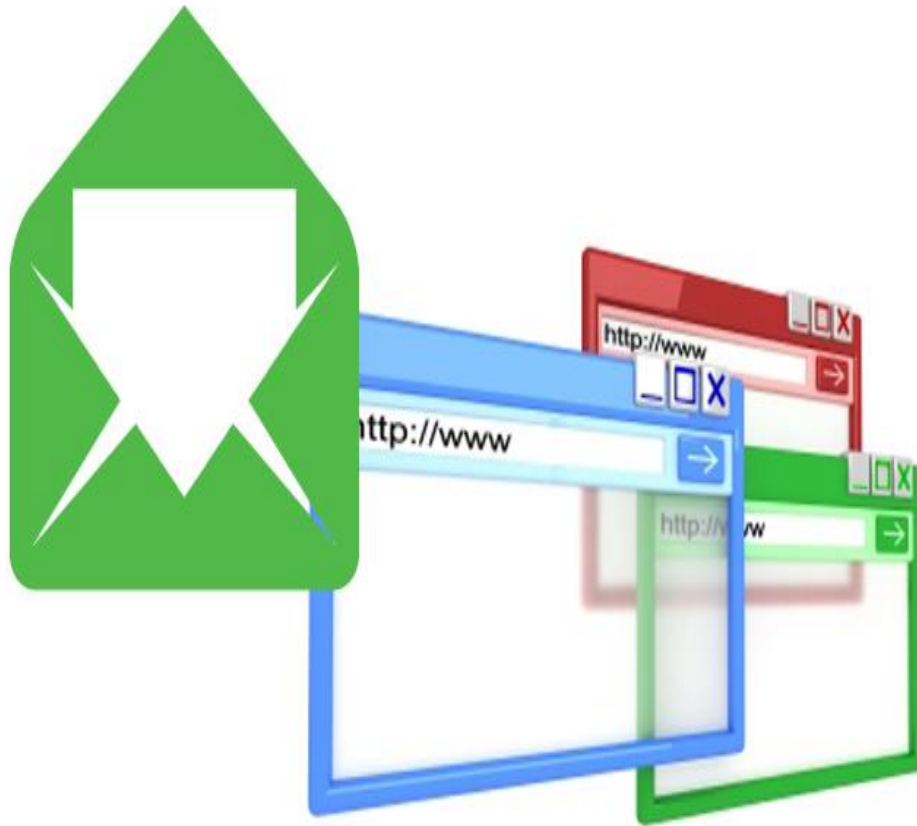
BlueCross BlueShield offers translation and interpreter services, cultural competency tips and training, and guides and resources based on the National Standards for Culturally and Linguistically Appropriate Service.

The New Baby, New LifeSM program

Under the managed care services umbrella, we will provide incentives to our Medicaid members at the following levels for these measures:

- First prenatal visit: \$25
- Ongoing prenatal visits (six) during the pregnancy: \$25
- Postpartum visit: \$25
- Well Baby (one visit in the first two weeks of life: \$25)
- Well Baby (six visits in the first 15 months of life: \$25)

Submitting claims



- On website
- Via Batch 837
(electronic claims)
- Via clearinghouse
- By mail

Clear Claim Connection™

This tool on our website can help you determine whether procedure codes and modifiers will likely pay for your patient's diagnosis.

The screenshot shows the 'Clear Claim Connection' web application. At the top, there is a blue header with the title 'Clear Claim Connection™' and a red navigation bar with links for 'McKesson Edit Development', 'Glossary', 'About', 'Help', and 'Logoff'. Below the navigation bar, the main content area is light beige. It contains a 'Gender' section with radio buttons for 'Male' and 'Female'. Below that is a 'Date of Birth' section with three input boxes and the text '(mm/dd/yyyy)'. A link 'Click Grid to enter information:' is positioned above a table. The table has six columns: 'Procedure', 'Mod 1', 'Mod 2', 'Mod 3', 'Mod 4', and 'Date of Service'. The 'Date of Service' column is divided into two sub-columns, each with a checkmark icon. Below the table is a link 'Add More Procedures>>'. At the bottom of the form are two buttons: 'Review Claim Audit Results' and 'Clear'.

Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Date of Service	
					✓	✓
					✓	✓
					✓	✓
					✓	✓
					✓	✓

Use Clear Claim Connection for guidance when you submit a claim. Submit payment disputes with a copy of the *EOP*, supporting documentation and a letter of explanation.

Rejected and denied claims

Find claims status information at <https://www.Availity.com> or by calling Provider Services at **1-866-231-0847**.

There are two types of notices you may get in response to your claim submission:

- Rejected: does not enter the adjudication system due to missing or incorrect information
- Denied: goes through the adjudication process but is denied for payment
- If you need to appeal a claim decision, please submit a copy of the *EOP*, letter of explanation and supporting documentation.

Routine claim inquiries

1500
HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 0805

1. PICA (Medicare #, Medicaid #, Tricare #, Champus #, Group Health Plan #, FECA #, Other #) **PICA**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **3. PATIENT'S BIRTH DATE** (MM, DD, YY) **SEX** (M, F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial) **5. INSURED'S ADDRESS** (No., Street) **CITY** **STATE**

6. PATIENT STATUS (Single, Married, Other) **7. INSURED'S ADDRESS** (No., Street) **CITY** **STATE**

8. PATIENT'S POLICY OR GROUP NUMBER **9. EMPLOYER'S NAME OR SCHOOL NAME** **10. INSURANCE PLAN NAME OR PROGRAM NAME**

11. INSURED'S DATE OF BIRTH (MM, DD, YY) **SEX** (M, F) **12. EMPLOYER'S NAME OR SCHOOL NAME** **13. INSURANCE PLAN NAME OR PROGRAM NAME**

14. DATE OF CURRENT ILLNESS (First symptoms or injury, diagnosis or pregnancy date) **15. IF PATIENT HAS HAD ONE OR MORE ILLNESSES** (Give first date) **16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION** (FROM, TO)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE **18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES** (FROM, TO)

19. RESERVED FOR LOCAL USE **20. OUTSIDE LAB?** (YES, NO) **21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY** (State items 1, 2, 3 or 4 from ICD by ICD) **22. MEDICARE RESUBMISSION** (ORIGINAL REF. NO.)

23. PRIOR AUTHORIZATION NUMBER

A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. ICD-9-CM CODE	D. PROCEDURES, SERVICES, OR SUPPLIES	E. DIAGNOSIS	F. CHARGES	G. ICD-9-CM CODE	H. ICD-9-CM CODE	I. RENDERING PROVIDER ID #
From MM DD To MM DD YY	PLACES ICD-9-CM	ICD-9-CM	(Explain Unusual Circumstances) ICD-9-CM	ICD-9-CM	\$ CHARGES	ICD-9-CM	ICD-9-CM	RENDERING PROVIDER ID #
1								
2								
3								
4								
5								
6								

24. FEDERAL TAX I.D. NUMBER **25. PATIENT'S ACCOUNT NO.** **26. TOTAL CHARGE** **27. AMOUNT PAID** **28. BALANCE DUE**

29. SIGNATURE OF PHYSICIAN OR SUPPLIER **30. SERVICE FACILITY LOCATION INFORMATION** **31. BILLING PROVIDER INFO & PI #**

32. SIGNATURE OF PHYSICIAN OR SUPPLIER **33. SERVICE FACILITY LOCATION INFORMATION** **34. BILLING PROVIDER INFO & PI #**

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Our Provider Experience Program ensures provider claim inquiries are handled efficiently and in a timely manner. Calls are handled by trained call agents in Provider Services. Call **1-866-231-0847**.

Grievances and medical appeals

- Separate and distinct appeal processes are in place for our members and providers, depending on the services denied or terminated.
- Please refer to the denial letter issued to determine the correct appeals process.
- Appeals of medical necessity and administrative denials must be filed **within 90 calendar days** of the postmark date of the BlueCross BlueShield denial notification.
- Mail appeals to:
**BlueCross BlueShield of Western New York
Member Complaint and Appeals Department
Medical Appeals
P.O. Box 62429
Virginia Beach, VA 23466-2429**

Precertification Lookup Tool

Submit precertification requests online or by fax or phone.

This tool:

- **Is for outpatient services** — inpatient services always require precertification
- **Does not show benefits coverage** — refer to our state-specific provider manuals for coverage/limitations

* - Required Field

Market *

Line of Business *

CPT/HCPCS Code or Code
Description *

Find a Code

Search by market, member product or CPT code.

Check the status of your request on the website or by calling Provider Services.

Precertification requirements

- Cardiac rehabilitation
- Chemotherapy
- Chiropractic services
- Diagnostic testing
- Durable medical equipment (all rentals; see provider manual for purchase requirements)
- Home health
- Hospital admission
- Physical therapy, occupational therapy and speech therapy treatment
- Sleep studies

Precertification requirements (cont.)

Behavioral health:

- Electroconvulsive therapy
- Inpatient psychiatric treatment
- Inpatient substance abuse treatment for pregnant women
- Intensive outpatient treatment
- Psychiatric residential treatment
- Partial hospital treatment
- Psychological and neuropsychological testing
- Some community mental health center services

Utilization Management: **1-866-231-0847**

Pharmacy program

The *Preferred Drug List* and formulary are on our website. PA is required for:

- Nonformulary drug requests
- Brand-name medications when generics are available
- High-cost injectables and specialty drugs
- Any other drugs identified in the formulary as needing PA

Note: This list is not all-inclusive and may change.



Laboratory services

Notification or precertification is not required if lab work is performed:

- In a physician's office.
- In a participating hospital outpatient department (if applicable).
- By one of our preferred lab vendors.

Testing sites must have a Clinical Laboratory Improvement Act/Amendments certificate or a waiver.

PCP selection and balance billing

PCP selection:

- A member must select a PCP.
- The PCP can be changed within 24 hours from the time the change request has been made.
- A member **needs** a referral to see a specialist.

Balance billing:

- No balance billing
- Notification and authorization prior to providing noncovered services

Provider Relations staff

Provider representatives are here to serve you.

- Perform provider outreach
- Perform provider education and training
- Engage providers in quality initiatives
- Give providers customer service
- Build and maintain the provider network
- Coordinate provider care and make appropriate referrals as necessary

Provider Services: **1-866-231-0847**

Next steps

- Listen to a recorded Availity Webinar
<https://www.Availity.com>
- Register for Availity so you can access the secure BlueCross BlueShield provider website.
- Register for the EDI.
- Register for EFT services.
- Read your *Provider Manual*

Resources to download

- Copy of ID card
- Orientation presentation
- *New York Out-of-Network Form*
- EDI information
- Clinical policies and information
- Availity information
- Provider newsletters and communication

Thank you

www.bcbswny.com/stateplans

Amerigroup Partnership Plan, LLC provides management services for BlueCross BlueShield of Western New York's managed Medicaid. Amerigroup Corporation, an independent company, administers utilization management services for BlueCross BlueShield of Western New York's managed Medicaid. A division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of BlueCross BlueShield of Western New York.

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