



**Attention Non-emergent Transportation Providers:
Medicaid Claim Process Changes, Effective Feb. 1, 2020**

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Blue Cross and Blue Shield of Illinois (BCBSIL) is making some claim handling changes for non-emergent transportation services provided to our Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community Medicare-Medicaid Plan (MMAI)SM members. Physician Certification Statement (PCS) form submission procedures for non-emergent transportation also are changing.

Effective **Feb. 1, 2020**, adjudication and processing of non-emergent transportation claims for ambulance (ground and air), service car, medicar, stretcher van and safety car services for BCCHP and MMAI members are no longer being administered by LogistiCare Solutions, LLC (LogistiCare). Instead, adjudication and processing of these claims now aligns with BCBSIL’s current process for emergent transportation claims submitted for services provided to BCCHP and MMAI members.

LogistiCare will continue to handle eligibility and benefits and benefit preauthorization requests, in addition to scheduling of non-emergent transportation across all service categories. LogistiCare also will continue to administer claims for non-emergent taxi, private auto, mass transit transportation and commercial airplane services for eligible members.

To assist you with this transition, here are some frequently asked questions from transportation providers, with answers from BCBSIL:

1. As of Feb. 1, 2020, who serves as claims administrator – LogistiCare or BCBSIL – for which type of transportation provider?

The table below outlines claims administrator information according to date of service. Helpful links for transportation billing and PCS form guidelines are listed at the bottom of the table for your reference purposes.

Type of Transportation Provider	Claim Administrator Dates of service through Jan. 31, 2020	Claim Administrator Dates of service on or after Feb. 1, 2020
NON-EMERGENT ▪ Ambulance (ground or air) ▪ Service car ▪ Medicar ▪ Stretcher van ▪ Safety car	LogistiCare	BCBSIL
NON-EMERGENT ▪ Taxi/livery ▪ Private auto ▪ Mass transit including bus and train ▪ Commercial airplane	LogistiCare	LogistiCare
EMERGENT ▪ Ambulance (ground or air)	BCBSIL	BCBSIL

For detailed billing guidelines, view the [Illinois Association of Medicaid Health Plans \(IAMHP\) Provider Memorandum](#)

To learn more about PCS form guidelines, refer to the [Illinois Department of Health and Family Services \(HFS\) Provider Notice](#).

(Continued on next page)

2. What is the easiest way to submit non-emergent claims to BCBSIL for ambulance (ground or air), service car, medicar, stretcher van and safety car for dates of service on or after Feb. 1, 2020?

We encourage electronic claim submission. Transportation providers may submit claims via the Availity® Provider Portal. Non-emergent transportation claims for both BCCHP and MMAI members may be sent electronically. The payer ID is MCDIL. Please note: You must be a registered user to submit claims via the Availity portal. There is no cost to register. Visit the [Availity website](#) to sign up online or call Availity Client Services at 800-AVAILITY (282-4548).

3. Can we send paper claims to BCBSIL?

If you do not have electronic access, paper claims may be mailed. Note: There is a mailing address specific to each type of member, BCCHP or MMAI.

For BCCHP claims handled by BCBSIL, mail paper claims to:	For MMAI claims handled by BCBSIL, mail paper claims to:
Blue Cross Community Health Plans c/o Provider Services P.O. Box 3418 Scranton, PA. 18505	Blue Cross Community MMAI (Medicare-Medicaid Plan) c/o Provider Services P.O. Box 4168 Scranton, PA 18505

4. What happens if claims are sent mistakenly to the wrong claim administrator?

If BCBSIL receives a claim for a non-emergent trip via ambulance, service car, medicar, stretcher van or safety car transport, for any dates of service through Jan. 31, 2020, the claim will be denied. The transportation provider will need to resubmit the claim to LogistiCare.

If LogistiCare receives a claim for non-emergent transport provided on or after Feb. 1, 2020, by an ambulance, service car, medicar, stretcher van or safety car, the claim will be denied. The transportation provider will need to resubmit the claim to BCBSIL.

5. Where and how should we send Physician Certification Statement (PCS) forms for our non-emergent trips for dates of service on or after Feb. 1, 2020?

Fax PCS forms to the administrator responsible for adjudication and payment of the claim. For non-emergent trips provided on or after Feb. 1, 2020, by ambulance (ground or air), service car, medicar, stretcher van and safety car, fax PCS forms to BCBSIL at **877-272-3629**. (PCS forms for non-emergent trips for dates of service through Jan. 31, 2020, should be sent to LogistiCare.)

6. What if PCS forms are sent incorrectly to either LogistiCare or BCBSIL?

If a PCS form is submitted incorrectly, the receiving administrator will redirect the form.

7. Will LogistiCare continue to preauthorize benefits and schedule trips for non-emergent transportation?

Yes. LogistiCare will continue to verify member benefits and eligibility and provide benefit preauthorization and scheduling of non-emergent transportation services for BCCHP and MMAI members.

8. What happens to a non-emergent claim for a trip on or after Feb. 1, 2020, that was approved for ambulance services but was later downgraded and serviced by a medicar?

Assuming the claim is completed and submitted correctly, it will be paid at the medicar rate. A claim for a service that was upgraded after benefit preauthorization will be paid at the higher rate for the vehicle used.

9. Where can we get more how-to information about the new non-emergent claims and PCS forms processes?

Transportation providers will be assigned a BCBSIL Provider Network Consultant (PNC) who will conduct an orientation to acquaint you with resources for providers, such as the [BCBSIL Provider Manual](#) and monthly [Blue Review](#) newsletter. If you need help, simply email your request to our [Government Programs PNC team](#).

10. If we encounter issues during the transition that neither LogistiCare nor BCBSIL can resolve, whom should we contact?

Follow the dispute process as documented by the IAMHP. For details, refer to the Claim Dispute section of the [IAMHP Comprehensive Billing Manual](#). This guide is available on the [IAMHP website](#).

LogistiCare is an independent company that provides transportation services to BCBSIL through a contractual agreement between BCBSIL and LogistiCare. The relationship between BCBSIL and LogistiCare is that of independent contractors. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as LogistiCare or Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

This material is for educational purposes only and is not intended to be a definitive source for coding claims. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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