



**Attention Non-emergent Transportation Providers:
Medicaid Claim Process Changes, Effective Feb. 1, 2020*
(*Updated March 27,2020)**

Posted April 10, 2020

SUMMARY OF RECENT CHANGES

As we announced previously in the News and Updates and [March 2020 Blue Review](#), Blue Cross and Blue Shield of Illinois (BCBSIL) is making some claims servicing 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. **Please note that there have been some additional changes, since the publication of the previous notice.**

As of March 27, 2020, adjudication and processing of non-emergent transportation claims for service car, medicar and stretcher van will continue with LogistiCare Solutions, LLC (LogistiCare). LogistiCare is BCBSIL's transportation services vendor for our Medicaid members. Effective immediately, all **non-ambulance providers** should submit their transportation claims to LogistiCare. LogistiCare's claims team will assist with reprocessing any February and March 2020 claims submitted to BCBSIL. Additional staff have been assigned to processing and we estimate that all claims will be processed by the end of April 2020. Payments will be made based on each provider's current preferred set up for Electronic Funds Transfer (EFT) or a mailed check.

BCBSIL apologizes for any inconvenience or delay in processing these claims payments while we work to follow state guidance and ensure that our claims payment processes and procedures align with state regulatory requirements. LogistiCare will continue to handle eligibility and benefits and benefit preauthorization requests, in addition to scheduling of non-emergent transportation across all service categories and administer claims for **non-ambulance levels** of service as outlined in the table below.

FREQUENTLY ASKED QUESTIONS

It's important for transportation providers to become acquainted with and follow the new processes and procedures to ensure that claims are submitted to the appropriate claims administrator. See below for BCBSIL's answers to questions from transportation providers to help you navigate recent changes.

1. 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 Physician Certification Statement (PCS) form guidelines are listed at the bottom of the table for your reference purposes.

Provider Types and Descriptions	Claims Administrator Dates of service through Jan. 31, 2020	Claims Administrator Dates of service on or after Feb. 1, 2020
AMBULANCE PROVIDERS Provider Types 70 and 74 <ul style="list-style-type: none"> • Ambulance (ground or air) • Safety Car • Medicar 	LogistiCare	BCBSIL
NON-AMBULANCE PROVIDERS Provider Types 71, 72 and 73 <ul style="list-style-type: none"> • Service car • Medicar • Stretcher van • Taxi/livery • Private auto • Mass transit including bus and train • Commercial airplane 	LogistiCare	LogistiCare
<ul style="list-style-type: none"> • For detailed billing guidelines for transport services, 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. 		

2. What is the easiest way to submit ambulance provider claims to BCBSIL?

We encourage electronic claim submission. Ambulance providers may submit claims via the Availity® Provider Portal. Ambulance emergent and 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 Availity 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 ambulance providers submit paper claims to BCBSIL?

Yes. Paper claims for non-emergent trips provided in 2020 may be mailed. Note: there is a mailing address specific to each type of member, BCCHP or MMAI.

Mail BCCHP member claims to:	Mail MMAI member 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 claims administrator?

Please ensure you submit claims to the correct claims administrator to help avoid the need to resubmit claims and/or delays in payment.

- If a **non-ambulance provider** submits a claim to BCBSIL it will be denied and referred to LogistiCare.
- If an **ambulance provider** submits a claim to LogistiCare it will be denied and referred to BCBSIL.

5. What is the status of the non-ambulance provider claims submitted to BCBSIL?

As a reminder, effective immediately, all **non-ambulance providers** should submit their transportation claims to LogistiCare. If you submitted claims for February and March 2020 dates of service to BCBSIL, we submitted those claims to LogistiCare to expedite processing. If you have a question or discrepancies with your claims, contact LogistiCare’s Provider Representative line at **877-564-5664**, Monday through Friday, 10 a.m. to 6 p.m.

6. What happens to a non-emergent claim for a 2020 trip that was authorized for ambulance service but was later downgraded and serviced by a medicar?

Ambulance providers, 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 authorization will be paid at the higher rate for the vehicle used.

7. Where and how should we send Physician Certification Statement (PCS) Forms for 2020 non-emergent trips?

PCS form submission procedures for all non-emergency transportation originating at a hospital or long-term care (LTC) facility, via ground ambulance, medicar/wheelchair van or service car transport changed on Nov. 7, 2019. To learn more about PCS form guidelines, refer to the [HFS Provider Notice](#). As a reminder, the new PCS form process requires submission as follows:

- **Ambulance providers** – Fax to BCBSIL at **855-297-7280**
- **Non-ambulance providers** – Fax to LogistiCare at **877-272-3629**

8. Will LogistiCare continue to schedule and authorize non-emergent transportation?

Yes. LogistiCare coordinates the member reservation, processes for member eligibility, authorization and facilitates the transportation arrangements directly with the transportation providers. The trip scheduling and authorization responsibilities are not changing.

9. If we encounter issues 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.

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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