BlueCross BlueShield of Illinois

# Government Programs Claims Handling and Post-adjudication Process Changes, Effective Jan. 1, 2017

*Posted November 18, 2016* ***(Updated January 5, 2017)***

In our November 2016 *Blue Review*, we included a preview of changes that will become **effective Jan. 1, 2017**, as part of a Blue Cross and Blue Shield of Illinois (BCBSIL) initiative to improve efficiencies in routing, handling and post-adjudication processes for Blue Cross Medicare Advantage℠, which includes Blue Cross Medicare Advantage (PPO)℠ and Blue Cross Medicare Advantage (HMO)℠ members, alpha prefixes XOD, XOJ; and Blue Cross Community Options℠, which includes Blue Cross Community MMAI (Medicare-Medicaid Plan)℠, Blue Cross Community Integrated Care Plan (ICP)℠, Blue Cross Community Family Health Plan℠ (FHP) and Managed Long Term Supports and Services℠ (MLTSS) members, alpha prefix XOG. At this time, we're following up with additional details to provide you with an overview of the upcoming changes, important reminders and related resources.

| | **BLUE CROSS MEDICARE ADVANTAGE** *(MA PPO, MA HMO members with alpha prefixes XOD, XOJ)* | **BLUE CROSS COMMUNITY OPTIONS** *(MMAI, ICP, FHP, MLTSS members with alpha prefix XOG)* |
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| **Electronic Eligibility and Benefits via Availity™** *(for services rendered on or after Jan. 1, 2017)* | New **Blue Cross Medicare Advantage** option in dropdown menu on Availity Web portal for registered users | Same **Blue Cross Community Options** payer in dropdown menu on Availity Web portal for registered users |
| **Electronic Payer ID** *(for claims received as of Jan. 1, 2017)* | **New Payer ID – 66006**<br>Effective Jan. 1, 2017, MA PPO and MA HMO claims received with the commercial Payer ID (00621) will not be accepted. If you use a practice management/hospital information system or billing service, and/or a clearinghouse other than Availity or Passport/Experian for electronic claim submission, contact your vendor to confirm they are using the new Payer ID, rather than assigning their own unique number. | There will be **no change** to the current Payer ID – MCDIL – for Availity or Passport/Experian users. However, if you use a practice management/hospital information system or billing service, and/or a clearinghouse other than Availity or Passport/Experian, contact your vendor for the correct Payer ID to use on electronic claims submitted for MMAI, ICP, FHP and MLTSS members. |
| **Paper Claim Submission – Mailing Address for Non-delegated Providers***<br><br>**Effective Feb. 1, 2017, claims received at the old mailbox will be rejected with a letter informing providers to resubmit to the correct mailbox.* | **New mailing information for MA PPO and MA HMO claims:**<br>Blue Cross Medicare Advantage<br>c/o Provider Services<br>P.O. Box 3686<br>Scranton, PA 18505 | **New mailing information for MMAI, ICP, FHP and MLTSS claims:**<br>Blue Cross Community Options<br>c/o Provider Services<br>P.O. Box 4168<br>Scranton, PA 18505 |
| **Claim Payment Cycles and New Format for Electronic Funds Transfer (EFT)** | Effective Jan. 1, 2017, Blue Cross Medicare Advantage claim payments will be made on a **weekly** basis (every Monday). On electronic payments for MA PPO and MA HMO claims, the EFT trace number will start with a source code of "M" instead of "C." | Effective Jan. 1, 2017, Blue Cross Community Options claim payments will be made on a **twice-weekly** basis (every Monday and Wednesday). On electronic payments for MMAI, ICP, FHP and MLTSS claims, the EFT trace number will start with a source code of "T" instead of "C." |

***Continued on next page***

*(Government Programs Claims Handling and Post-adjudication Process Changes, continued from page 1)*

The following changes will apply to **all** government programs claims for Blue Cross Medicare Advantage (MA PPO and MA HMO) members, alpha prefixes XOD, XOJ; **and** Blue Cross Community Options (MMAI, ICP, FHP and MLTSS) members, alpha prefix XOG:

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| **Electronic Claim Status** | Submit electronic claim status inquiries (HIPAA 276 transactions) through Availity or your preferred vendor portal. ***Effective Jan. 1, 2017, the Claim Research Tool on the Availity Web Portal will no longer be available for government programs claims.*** |
| **Electronic Remittance and Provider Claim Summary (PCS)** | • 835 Electronic Remittance Advice (ERA) files will be distributed to the address/Receiver ID associated with the billing provider's Tax ID, rather than being distributed to multiple locations/receivers.<br>• The Electronic Payment Summary (EPS) from BCBSIL will no longer be sent along with the 835 ERA for MA PPO, MA HMO, MMAI, ICP, FHP and MLTSS claims. **Effective Jan. 1, 2017, paper PCSs will be sent by mail for all government programs claims to ERA and non-ERA receivers.**<br>• The electronic Payer ID on the 835 ERA will now match the Payer ID that is submitted on the claim. **(Effective Jan. 1, 2017, the new Payer ID is 66006 for MA PPO and MA HMO claims. Availity and Passport/Experian users: Continue to use Payer ID MCDIL for MMAI, ICP, FHP and MLTSS claims.)**<br>• For current 835 ERA receivers, there is no need to re-enroll to continue receiving electronic remittance information for government programs claims. |
| **Overpayment Recovery** | **Effective Jan., 1, 2017,** a new process will be implemented for claims overpayment recovery.<br>• The Electronic Refund Management and Claim Inquiry Resolution tools on Availity will no longer be available for government programs claims.<br>• Request for refund letters will be sent by mail for all providers.<br>• Beginning Jan. 1, 2017, providers may submit requested and voluntary refunds to the following **new lockbox**:<br>Health Care Service Claims Overpayment<br>29068 Network Place<br>Chicago, IL 60673-1290 |

## FOR MORE INFORMATION

We appreciate your patience during this transition. As of Jan. 1, 2017, Provider Manuals, 835 ERA/EFT Companion Guides and other resources will be updated. Also watch the *Blue Review,* as well as the News and Updates section of our website at *bcbsil.com/provider* for details on upcoming educational webinars specific to government programs. If you have questions or need assistance, contact your BCBSIL Provider Network Consultant.

Checking eligibility and/or benefit information 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, please call the number on the member's ID card.