

Blue Medicare HMO Blue Medicare PPO

Medicare Fast Track Appeals



Visit us at bcbsnc.com



**BlueCross BlueShield
of North Carolina**



Before Getting Started

Before getting started -



- + Blue Medicare HMOSM and Blue Medicare PPOSM are Medicare Advantage products offered by BCBSNC under contracts with Medicare.
- + These products provide Medicare beneficiaries with their original Medicare benefits plus enhanced coverage and benefits.
- + A health care business or provider must be contracted with BCBSNC in order to be considered as in-network.
- + Having a BCBSNC contract for commercial lines of business only, leaves the provider as out-of-network for Blue Medicare HMO and Blue Medicare PPO.

Blue Medicare product logos – Don't be confused!



Products offered by BCBSNC that are included in the Blue Medicare HMO and Blue Medicare PPO agreement

BlueMedicare HMOSM
Offered by Blue Cross and Blue Shield of North Carolina

BlueMedicare PPOSM
Offered by Blue Cross and Blue Shield of North Carolina

BlueMedicare RxSM

BlueMedicare SupplementSM

Blue Medicare products offered by BCBSNC that are not included in the Blue Medicare HMO and Blue Medicare PPO agreement


Member ID Cards

Sample Card Image - front

BCBS Association
symbols and →
BCBSNC text

Member ID#
[YPWJ12345678]

Blue Medicare
HMO and PPO
alpha prefix:
“YPWJ” and “YPFJ”

 BlueCross BlueShield of North Carolina		Blue Medicare HMO SM Standard	
Member Name [JOHN DOE]			
Member ID# [YPWJ12345678]			
Group No:	[011500]	Office Visit	[\$15/30]
Effective Date:	[06-01-2009]	ER/Urgent Care	[\$50/30]
Rx BIN	610014	Inpat Hospital	[\$700]
Rx PCN	MEDDPRIME	MHCD Outpt	[\$30]
Rx Group	NCPARTD	Supplies/DME	[20%]
Rx Group Issuer	80840	Contract # [H3449 013]	
MedicareRx <small>Prescription Drug Coverage</small>		MEDICARE ADVANTAGE HMO	

← Blue Medicare
HMO and Blue
Medicare PPO
designation

The ID cards are readily recognizable but remember they include information specific to the Blue Medicare HMO and Blue Medicare PPO products. Therefore, it's important to review the cards carefully.

Member ID Cards



Sample card image – back

BCBSNC claims
mailing address
– if not filing
electronically →

The image shows the back of a Member ID Card for BlueCross BlueShield of North Carolina. The card is white with a blue border. At the top left is the BlueCross BlueShield logo. To its right is the text "BlueCross BlueShield of North Carolina". Below this is a horizontal line. Under the line, on the left, is the text "Medicare Charge limitations may apply." followed by a blue-bordered box containing the mailing address: "North Carolina Hospitals or physicians file claims to: PO Box 17509 Winston-Salem, NC 27116". Below this box is the text "Hospitals or physicians outside of North Carolina, file your claims to your local BlueCross and/or BlueShield Plan". At the bottom left is the text "Members: See your Evidence of Coverage (EOC) for covered services." On the right side of the card, above a horizontal line, is the website "www.bcbsnc.com/member/medicare". Below the line is a blue-bordered box containing contact information: "Customer Service: 1-888-310-4110", "TDD/TTY: 1-888-451-9957", "Provider Line: 1-888-296-9790", and "Mental Health/SA: 1-800-266-6167". Below this box is the text "Members send Correspondence to: Blue Medicare HMO PO BOX 17509 Winston-Salem, NC 27116". At the bottom right is the text "BCBSNC is an independent licensee of the Blue Cross and Blue Shield Association."

BlueCross BlueShield of North Carolina

www.bcbsnc.com/member/medicare

Medicare Charge limitations may apply.

North Carolina Hospitals or physicians file claims to:
PO Box 17509
Winston-Salem, NC 27116

Hospitals or physicians outside of North Carolina, file your claims to your local BlueCross and/or BlueShield Plan

Members: See your Evidence of Coverage (EOC) for covered services.

Customer Service: 1-888-310-4110
TDD/TTY: 1-888-451-9957
Provider Line: 1-888-296-9790
Mental Health/SA: 1-800-266-6167

Members send Correspondence to:
Blue Medicare HMO
PO BOX 17509
Winston-Salem, NC 27116

BCBSNC is an independent licensee of the Blue Cross and Blue Shield Association.


BCBSNC
provider service
line and Blue
Medicare HMO
and Blue
Medicare PPO
contact
information

Reminder: For fastest claims processing, always file electronically!



Claims Mailing Address

Important reminder



**BlueCross BlueShield
of North Carolina**

www.bcbsnc.com/member/medicare

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Don't be confused when submitting claims!

Even though the members ID includes an alpha prefix, and the cross and shield symbols are on the members ID card, claims are always to be filed to the address indicated on the member's ID card.



Claims by mail

- + **Always** send Blue Medicare HMO and Blue Medicare PPO claims to BCBSNC in Winston Salem.
- + **Never** send Blue Medicare HMO and Blue Medicare PPO claims to BCBSNC in Durham.

BCBSNC - PO Box 17509, Winston Salem, NC 27116

Timely filing of claims



- + All BCBSNC claims must be filed directly to BCBSNC and not to an intermediary carrier.
- + Claims must be submitted within one hundred and eighty (180) days of providing services.
- + Claims submitted after one hundred and eighty (180) days will be denied unless mitigating circumstances can be documented.



Prior Plan Approvals, Medical Policies, and More



Prior plan authorization (PPA)

BCBSNC Care Management & Operations-Medicare C/D (CM&O)
1-888-296-9790 or 1-336-774-5400

PPA requires that a provider must receive approval from BCBSNC before the member is eligible to receive coverage for certain healthcare services.

The most current PPA list is located on the BCBSNC website under Blue Medicare HMO and Blue Medicare PPO provider resources at:
bcbsnc.com/providers/blue-medicare-providers.

Services on the prior authorization guideline list require the PCP or authorized specialist to contact BCBSNC to obtain an authorization.

Codes requiring prior approval are located at:
http://www.bcbsnc.com/assets/services/public/pdfs/bluemedicare/prior_approval/cpt_codes.pdf.

Pre-admission certification



- + All non-emergency hospital admissions require pre-certification by calling BCBSNC CM&O department at 1-336-774-5400 or 1-888-296-9790.
- + Plan authorization is required for scheduled admissions, including acute hospital, rehabilitation facility and skilled nursing facility.
- + For urgent and emergency admissions, prior authorization is not required. However, notification to BCBSNC of urgent/emergency admissions within (48) hours or the first business day after the admission is required.

Medical Policies



- + Notifications regarding policy updates are available online.
- + Ability to search by entering:
 - Policy name
 - Policy number
 - CPT code
 - Key word

Blue Medicare HMO and Blue Medicare PPO medical policies available online at:

<http://www.bcbsnc.com/content/providers/blue-medicare-providers/medical-policies/index.htm>



Fast Track Appeals



Medicare Fast Track Appeals (FTA)

- + Members receiving care from a skilled nursing facility (SNF), home health agency (HHA), or comprehensive outpatient rehabilitation facility (CORF) have the right to a fast appeal if they think Medicare-covered services are ending too soon.
- + The review is completed by the Quality Improvement Organization (QIO).
 - For North Carolina, the QIO is *The Carolinas Center of Medical Excellence*; they can be reached at 800-682-2650 and www.ccmemedicare.org.
- + Information regarding the CMS requirement is located at: <http://www.cms.gov/MMCAG>. See section titled: *QIO Review of Part C Provider Terminations*.



Fast track appeals process

- + Providers are responsible for delivering the notice of Medicare non-coverage (NOMNC) to the member at least **two (2) days prior** to the termination of the SNF, HHA or CORF service.
- + The member or authorized representative must sign and date the NOMNC.
- + A copy of the signed NOMNC must then be faxed to the BCBSNC Case Management team at **1-336-659-2945** (*the provider is responsible if the notice is not given timely*).
- + The member or authorized representative must contact the QIO by noon of the day before coverage ends to request an expedited review, if he or she disagrees with the termination of services.

{Insert provider contact information here}

Notice of Medicare Non-Coverage

Patient name:

Patient number:

The Effective Date Coverage of Your Current **{insert effective type}**

Services Will End: **{insert end date}**

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current {insert type} services after the effective date indicated above.
- You may have to pay for any services you receive after the above date.

Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
 - Neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: **{insert QIO name and toll-free number of QIO}** to appeal, or if you have questions.

See page 2 of this notice for more information.

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Plan contact information _____

Additional Information (Optional):

Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

Signature of Patient or Representative _____

Date _____



The NOMNC must include:

- + Provider contact information
- + Member name and Blue Medicare ID# *(not SSN or HICN)*
- + Provider-specific unique member ID# *(optional)*
- + Effective date of coverage
- + Date coverage of services ends
- + Contact information for QIO – *(The Carolinas Center of Medical Excellence 866-885-4902)*
- + Plan contact information *(see next slide for details)*
- + Additional Information *(optional)*
- + Signature and date from member or authorized representative



Fast Track Appeals – NOMNC Form

The NOMNC form can be downloaded from the CMS Website at:

https://www.cms.gov/BNI/09_MAEDNotices.asp

The Plan contact information for insertion into any NOMNC issued to a Blue Medicare HMO or Blue Medicare PPO member:

Blue Medicare HMO

Blue Medicare PPO

Attn: Appeals and Grievances Unit

P.O. Box 17509

Winston Salem, NC 27116-7509

Blue Cross Blue Shield of North Carolina Blue Medicare HMO or Blue Medicare PPO Toll Free:

HMO members: 1-888-310-4110

PPO members: 1-877-494-7647

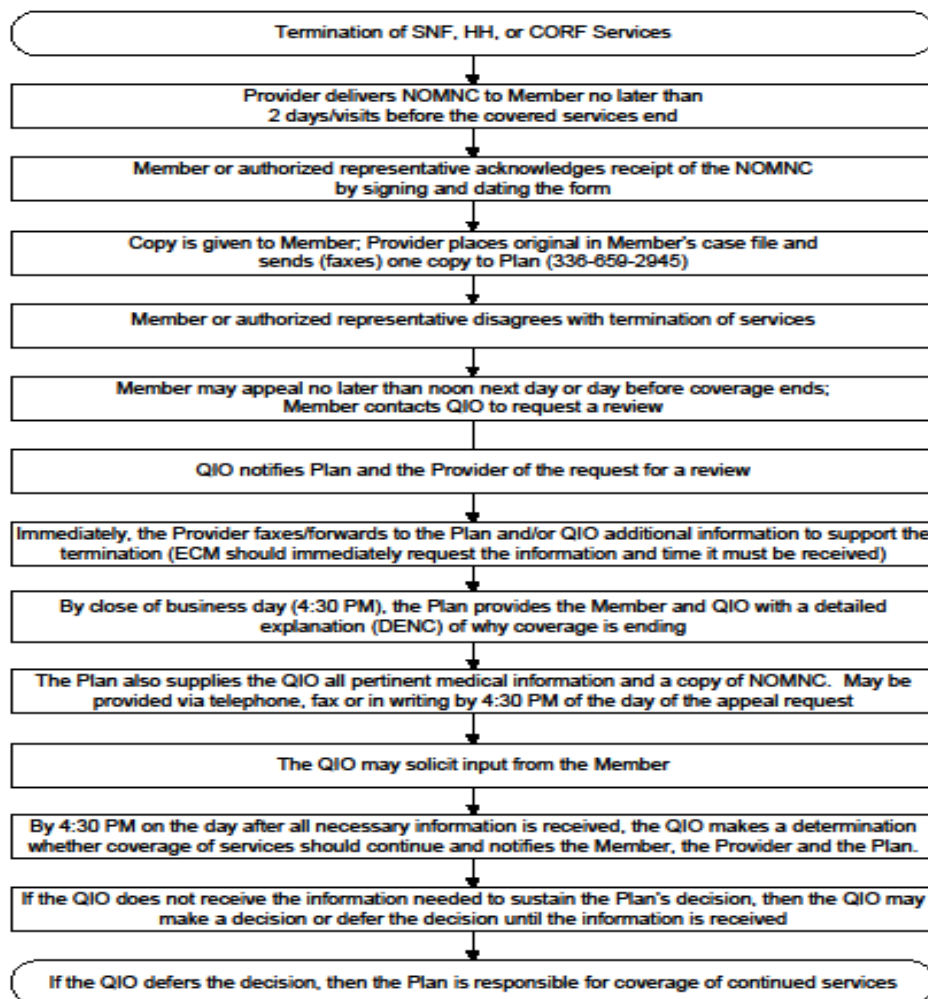
TTY/TDD: 1-888-451-9957

Fax: 1-888-375-8836

Attn: Appeals and Grievances Unit

Please ensure your healthcare facility is using the most recent notice!

Process: Fast Track Appeals



You must fax a copy of the signed & dated NOMNC to Blue Medicare at fax # 336-659-2945!

Factors Contributing to Provider Non-Compliance



- + Failure to issue notice and/or timely
- + Failure to complete all required fields in the NOMNC
 - Missing date service will be terminated (not “week of”)
 - Missing member name
 - Inserting SSN or HICN instead of Blue Medicare ID#
 - Missing QIO telephone number
 - Missing plan contact information
 - Missing member signature and/or date
- + Issuing the incorrect notice
 - Expired notice(s)
 - Notice of Medicare Provider Non-Coverage
 - HH or SNF Advanced Beneficiary Notice



Who is liable?

- + Blue Medicare is financially liable for continued services until two days after enrollee receives the NOMNC.
 - This liability is then passed on to contracted providers if the NOMNC was not delivered as required. Providers are liable if proper documentation does not exist to verify delivery.
- + The member does not incur financial liability if the QIO reverses Blue Medicare's coverage termination decision or if the member stops receiving services no later than the effective inserted on the NOMC.
- + If QIO overturns BCBSNC's decision and does not specify a discharge date, the provider must deliver a new Notice of Medicare Non-Coverage (NOMNC) to the member.



Helpful Online Resources

- + Medicare Managed Care Appeals and Grievances
 - <http://www.cms.gov/MMCAG/>
- + Beneficiary Notices Initiatives
 - <http://www.cms.hhs.gov/BNI/overview.asp#TopOfPage>
- + Blue Medicare HMO and Blue Medicare PPO Provider eManual
 - [http://www.bcbsnc.com/assets/providers/public/pdfs/Provider_Manual.p
df](http://www.bcbsnc.com/assets/providers/public/pdfs/Provider_Manual.pdf)



ICD-10 Readiness

ICD-10: Federal Mandate



- + ICD-10 codes must be used on all HIPAA transactions, including outpatient claims with dates of service, and inpatient claims with dates of discharge on and after *October 1, 2014*. Otherwise, claims and other transactions will be rejected and will need to be resubmitted.
- + It is important to start now to prepare for the changeover to ICD-10 codes. Delays may impact your reimbursements.



ICD-10-CM Structure



- + Approximately 69,000 unique codes
- + 3-7 Characters in length
 - First character must be alpha
 - Implies 26 “families”
 - Next character must be numeric
 - Implies 99 “subfamilies”
 - Rest can be either alpha or numeric
- + Designed for clinical detail
 - Explicit use of laterality (right, left, bilateral)
 - Explicit use of trimesters in pregnancy
 - Explicit use of visit information – initial, subsequent, sequela
 - Explicit use of fracture information – routine healing, delayed healing, nonunion, malunion

ICD-10-PCS Structure



- + Approximately 72,000 unique codes
- + 7 alpha-numeric characters
 - First character defines clinical section
 - Remaining characters assigned to specific characteristics within a section
- + Expanded space designed to add:
 - Explicit laterality
 - Detailed body parts descriptions
 - Methodology and approach details by procedure
 - Allow specificity as procedures change with technology

ICD-10 will change everything.

Physicians

- **Documentation:**
The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- **Code Training:**
Codes increase from 17,000 to 140,000. Physicians must be trained.

Nurses

- **Forms:**
Every order must be revised or recreated.
- **Documentation:**
Must use increased specificity.
- **Prior Authorizations:**
Policies may change, requiring training and updates.

Lab

- **Documentation:**
Must use increased specificity.
- **Reporting:**
Health plans will have new requirements for the ordering and reporting of services.

Billing

- **Policies and Procedures:**
All payer reimbursement policies may be revised.
- **Training:**
Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

Clinical Area

- **Patient Coverage:**
Health plan policies, payment limitations, and new ABN forms are likely.
- **Superbills:**
Revisions required and paper superbills may be impossible.
- **ABNs:**
Health plans will revise all policies linked to LCDs or NCDs, etc., ABN forms must be reformatted and patients will require education.

Managers

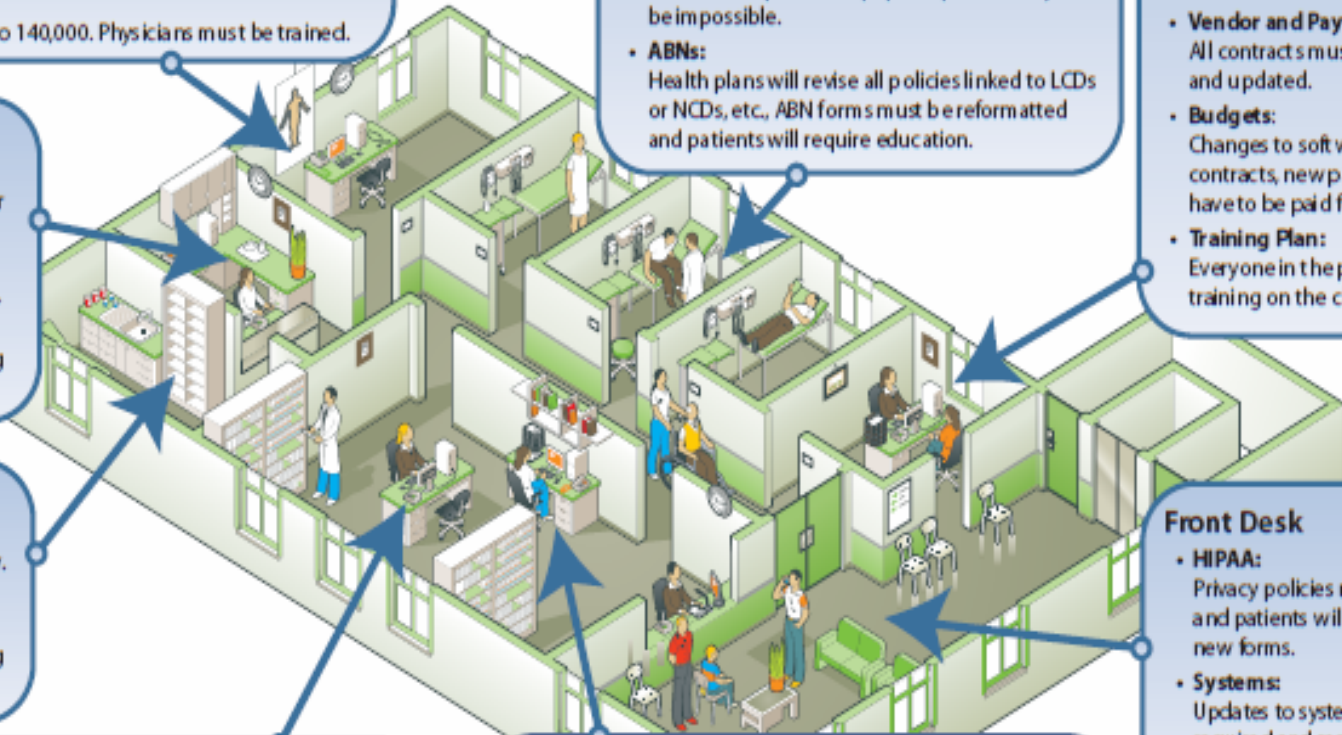
- **New Policies and Procedures:**
Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI must be revised.
- **Vendor and Payer Contracts:**
All contracts must be evaluated and updated.
- **Budgets:**
Changes to software, training, new contracts, new paperwork will have to be paid for.
- **Training Plan:**
Everyone in the practice will need training on the changes.

Front Desk

- **HIPAA:**
Privacy policies must be revised and patients will need to sign the new forms.
- **Systems:**
Updates to systems are likely required and may impact patient encounters.

Coding

- **Code Set:**
Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.
- **Clinical Knowledge:**
More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.
- **Concurrent Use:**
Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until all claims are resolved.



“Make Proper Documentation a Priority”



- + Identify most frequently used ICD-9-CM diagnosis codes.
- + Pull charts – start with most frequently used codes.
- + Determine what ICD-10 should be used.
- + Check that your documentation is specific enough to assign a code in ICD-10-CM.
- + Educate, as necessary, to bring physicians up to speed.

According to AAPC, 40-45 percent of all provider notes will need some type of supplementing to assign an ICD-10-CM code.

ICD-10: Industry resources



- + BCBSNC
 - <http://www.bcbsnc.com/content/providers/legislative/icd10.htm>
- + CMS
 - <http://www.cms.gov/ICD10/>
- + AHA
 - <http://www.ahacentraloffice.com/ahacentraloffice/shtml/ICDarticles.shtml>
- + AHIMA
 - <http://www.ahima.org/icd10/>
- + AAPC
 - <http://www.aapc.com/ICD-10/>
- + NCHICA
 - <http://www.nchica.org/HIPAAResources/icd10.htm>



Resources

Online Information -



[*www.bcbsnc.com/providers/blue-medicare*](http://www.bcbsnc.com/providers/blue-medicare)

+ Browse the provider section and discover the following information:

- ✓ Online provider manual
- ✓ Provider newsletters
- ✓ Resources for electronic batch processing
- ✓ Information about prior authorization
- ✓ Medical management programs
- ✓ Contact information
- ✓ Much more!





Customer Service Phone Numbers

- + **Provider Blue Line – 1.800.214.4844**
 - Dedicated provider line for health care providers participating in BCBSNC commercial lines of business.
- + **Blue Medicare HMO/PPO – 1.888.296.9790**
 - Dedicated provider line for health care providers participating in BCBSNC Blue Medicare HMO and Blue Medicare PPO benefit plans.
- + **Provider Service Associates – 1.800.777.1643**
- + **eSolutions Customer Service – 1.888.333.8594**
- + **IPP Blue Card (verify eligibility) – 1.800.676.BLUE (2583)**
- + **IPP Blue Card (claims assistance) – 1.800.487.5522.**
- + **State Health Plan – 1.800.422.4658**
- + **Federal Employee Program (FEP) – 1.800.222.4739**

Provider Services Associates (PSA)

- + Your PSA's are able to assist with:
 - Providing you information on how to obtain your fee schedule (if you are unable to retrieve via *Blue e*)
 - Making any necessary demographic changes – notice address, billing address and etc.
 - Add/Remove providers from your practice
 - Questions

P: (800) 777-1643 8am-4pm

F: (919) 765-4349

NMSpecialist@bcbsnc.com

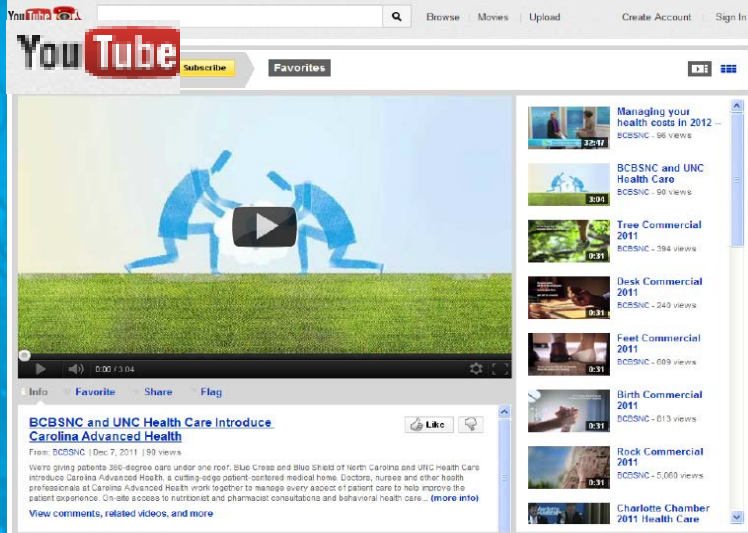


Social Media

Find Us On



twitter



facebook



Search for people, places and things



Blue Cross and Blue Shield of North Carolina

152 likes · 34 talking about this · 0 were here

BlueCross BlueShield of North Carolina

Your plan for better health™

bcbssc.com/mobile



HealthNAVSM
Your iPhone® and Android™ health connection.

Find the closest urgent care centers, lower-cost drug options and more. Anytime. Anywhere.

Download for FREE

iPhone

Android



Features

FAQs



SilverSneakers

- + The SilverSneakers[®] Fitness Program is available at no additional cost and offers Blue Medicare HMO and Blue Medicare PPO member's access to gyms and other programs to help them get healthy and stay healthy.
- + To learn more about SilverSneakers visit www.silversneakers.com.



Find a participating
Fitness Location
near you

zip code OR state



Ready to become an online
SilverSneakers Member? 

SilverSneakers Steps
members, [click here](#) to log
your steps

Welcome to SilverSneakers[®]

What is
SilverSneakers? ▶

Do I have
SilverSneakers? ▶

Which health plans offer
SilverSneakers? ▶

How do I start using
SilverSneakers? ▶



Talk to us ▶



Culturally Competent Health Services

- + BCBSNC has established TTY/TDD lines and other systems to assist Medicare beneficiaries having disabilities, language or hearing impairments or other special needs, in getting the benefits to which they are entitled.
- + Contact BCBSNC customer service staff so we can assist in connecting the member with community services if such services are not available within the Plan.
- + Interpreters can be located through the *Carolina Association of Translators and Interpreters* (CATI).
- + Contact information for translators and interpreters within North Carolina can be found at: www.catiweb.org



Questions

This presentation was last updated on December 3, 2012. BCBSNC tries to keep information up to date; however, it may not always be possible. For questions regarding any of the content contained in this learning module, please contact Network Management at 1.800.777.1643.