Overview

- Provider Web Portal
- Blue e
- HealthTrio
- Clear Claim Connection (C3)
- Electronic Funds Transfer (EFT)
- Additional Provider Resources
The “All New” Provider Portal

Have you visited us on the Web lately?

New portal highlights include:

+ **Email Registry** sign-up
+ 24/7 virtual provider **e-learning center**
+ Interactive provider **forms, documents** and **manuals**
+ Quick access to **BlueCard®, Blue Medicare®,** and **Dental Blue®** information
Important News –
Be in the know

Stay up-to-date by visiting us on the Web at:
www.bcbsnc.com/providers
Important information that can make your job easier is available at the click of a button.

- News and Information
- Forms and Documentation
- Email Registry
- Medical Policies, Prior Review and Appeals
- Blue Medicare
- Education and Learning Center
- eManuals
- ICD-10 Readiness
- And much more

Check it out and take a tour!
BCBSNC Launches Patient Care Summary for Physicians

BlueCross and Blue Shield of North Carolina (BCBSNC) recently rolled out the Patient Care Summary (PCS) to a pilot group of physicians. The PCS is a pilot program that provides a summary of health-related services care experience. This PCS provides a summary of high-risk medications care experience for each patient who is a BCBSNC member, and prescribers for each patient who is a BCBSNC member.

With the PCS, doctors can quickly:
- Identify gaps in care for individual patients compared with evidence-based and nationally recognized guidelines.
- View a comprehensive listing of the patient’s medications.
- View most recent medical care received including date of visit, doctor, facility name, specialty, diagnosis, procedure codes, and place of service.

PCS information is refreshed monthly, and it will include information about any care or medication for which a claim was filed. Information is available about the following:
- 

High Risk Medication in the Elderly

The use of HEMs in the elderly is an NCQA, NCES, and CMS quality measure. This measure is adapted from the HEDIS measure known as Drugs to Be Avoided in the Elderly (DAE). The HEM measure identifies the percentage of older adults (over age 65) who receive medications considered to put a patient at high risk for an adverse drug-related event. BCBSNC Medicare plans that include drug benefits are subject to HEMs performance measures. The impact of HEMs on CMS star ratings can be found on the Pharmacy Quality Alliance website at www.pqaalliance.org.

The HEMs list of DAE is based on the Beers criteria – first released in 1991 and named for Mark Beers, MD, who developed this guideline for using medications in the elderly. The updated 2012 Beers criteria were recently published by the American Geriatrics Society (AGS), listing medications that pose a high risk of side effects and are potentially inappropriate for seniors due to age-related changes. Please review the information in the Beers criteria and the recommendations for safer alternatives for elderly patients available on the AGS website at www.americangeriatrics.org.

The AGS Endorsement for Health in Aging has published a printable pocket version of the Beers criteria and a Ten Medications Older Adults Should Avoid or Use with Caution zip file.

If you have questions related to HEMs or the recommended safer alternatives to those medications, please refer to the website references that are linked to the Beers criteria or to the AGS website.
Get the Latest News
Join our email registry for the latest news, policy changes, online course offerings and more.

Register Now

Provider Email Registry

Complete the form below to be added to our mailing list and get the latest updates from BCBSNC.

Name: 

Company Name: 

Email: 

- HTML
- Text

- Subscribe
- Unsubscribe

Submit

Powered by ExactTarget.
Get resources and tools to help you prepare for **ICD-10**

**IPP BlueCard** - get resources for servicing out-of-area members

See information specifically for **Blue Medicare** providers

**BCBSNC Provider Portal**

Get the latest news by signing up for the **Email Registry**

**Managing Claims & Electronic Resources** – discover how **Blue e** can help your practice & access CMS-1500 & UB-04 claims specific information

Check out current Provider **News** articles

Find all of the **Forms** you need in one convenient place

Access to online reference **eManuals**

**Chart Your Path to Administrative Success on the Provider Portal**

http://www.bcbsnc.com/providers
Web Resources

- **Email Registry** - Stay informed with important announcements from BCBSNC of important policy and practice changes, regional news, online course offerings and much more.
- **News & Information** - See current news and information that affects providers, as well as our online newsletters.
- **eManuals** - Access the online reference eManuals - the guides include information on our products, services, claims billing, policies and much more.
- **Forms & Documentation** - Find all of the forms you need in one convenient place, including appeals forms, enrollment applications and credentialing forms.
- **Managing Claims & Electronic Resources** - Discover how Blue e® can help you manage claims, eligibility and remittance inquiries. Also access claims specific information for CMS-1500 and UB-04 claim filers.
- **Blue Medicare** - See information specifically for Blue Medicare HMOSM and Blue Medicare PPOSM providers.
- **IPP BlueCard®** - Get resources for providers who service out-of-state Blue Cross/Blue Shield members.
- **ICD-10** - Get resources and tools to help you prepare for ICD-10 implementation.
- **Medical Policy, Prior Review and Appeals** - Search for a medical policy, see prior review requirements and learn about the appeals process.
- **Education & Learning Center** - View videos, see webinars and listen to podcasts about the training topics important to you and your practice.
Electronic Solutions
Features of Blue e

https://providers.bcbsnc.com

Internet based application for:

- Eligibility verification
- Claim status
- UB04 & CMS-1500 claim entry including corrected claims
- Claim denial listings
- Remittance inquiry (EOP) detail for all lines of business
- Electronic Fund Transfer enrollment
- Self guided training via online computer based training modules
- Resources
Signing up for Blue e is easy!

+ In order to utilize Blue e, providers must have a registered NPI with BCBSNC.
+ Complete the Blue e [Interactive Network Agreement](#) online.
+ After your completed forms are received, eSolutions will process your setup request.
+ An eSolutions analyst will then contact you via email to provide you with your User ID and password, and instructions to utilize the system.
+ You can expect to be using Blue e within two weeks of our receipt of the completed Interactive Network Agreement.
On the Blue e Homepage, you are able to instantly access all the main features in one place – Eligibility, Billing, Health Management and much more!
Providers are able to verify eligibility for the following members on Blue e:

- Local lines of business
- State Health Plan
- Federal Employee Program
- IPP Blue Card (out-of-state)
Home » Eligibility » Health Eligibility

Please enter the member number and/or the member last name, first name, and date of birth. A member number is required to search for FEP or out-of-state members. You may enter a single date for the date of service, or if left blank, it will search on today's date.

* Required fields

**Provider Number**

**Member Number**

Ex: YPP000000000

and/or

**Member Last Name**

**Member First Name**

**Member Date of Birth**

Ex: MMDDCCYY

**Date of Service**

Ex: MMDDCCYY

Search
Claim submission via Blue e

• To Add Claim, select a provider number and enter a member number.
• To Retrieve a Claim, select a provider number and enter a claim number OR a member number.
  • Claim Status on the claim should be available within 24-36 hours of claim submission.
• To View a Claim or Error Listing, select a provider number and click the applicable button.
CMS-1500 Submission through Blue e

+ You can enter a new CMS 1500 claim using the CMS 1500 Add page.

+ All required fields must be properly completed before a claim can be submitted.
  - If any errors are made, an error message will appear at the top of the page.
The CMS 1500 Claim Listing Display page lists all CMS 1500 claims associated with the National Provider Identifier (NPI) selected on the CMS 1500 Input page.

The CMS 1500 Claim Listing Display page is accessed by clicking the View Claims Listing button on the CMS 1500 Input page.
The CMS 1500 Error Listing Display page lists all CMS 1500 claims with errors associated with the NPI selected on the CMS 1500 Input page.

The CMS 1500 Error Listing Display page is accessed by clicking the View Error Listing button on the CMS 1500 Input page.
**UB-04 Submission through Blue e**

1. You can enter a new UB-04 claim using the UB-04 Add page.

2. All required fields must be properly completed before a claim can be submitted.
   - If any errors are made, an error message will appear at the top of the page.
The UB-04 Claim Listing Display page lists all UB-04 claims associated with the National Provider Identifier (NPI) selected on the Input page.

The UB-04 Claim Listing Display page is accessed by clicking the *View Claims Listing* button on the UB-04 Input page.
The UB-04 Error Listing Display page lists all UB-04 claims with errors associated with the NPI selected on the Input page.

The UB-04 Error Listing Display page is accessed by clicking the View Error Listing button on the UB-04 Input page.
Claim Status

- Available for BCBSNC local, Federal Employees Program (FEP), Medicare Supplement, and Inter-Plan Program (BlueCard® members).
- Provides link to the Explanation of Payment (EOP).
- Has line level detail for professional claims.
The Claim Status Search Results display page provides a list of the requests to the members’ home plans (BCBS or FEP) and the status of the responses to those requests.

Statuses include: Available, Reviewed, Pending, Pending Medical Records, Pending Information from Provider, Pending Information from Member or Closed.
The Claim Status Multiple Claims Found display page provides a list of the multiple claims that match the search query (this page only appears if the search query returns multiple local claims).

- To view details about a specific claim, click the Claim Number hyperlink in the first column.
The Claim Status Line Level Detail display page includes detailed claim information, such as diagnosis code, place of service and member liability.
Remittance Inquiry -

+ You must select a provider from the Provider Number dropdown to begin a search for remittance advice data. You may also enter the check number and check date to narrow your search. If no date is entered, the system will show remittance advice data for the past seven days.

+ The Remittance Inquiry Input Page is accessed from the Remittance Inquiry hyperlink on the Blue e Home Page.
Remittance Inquiry Display

The Remittance Inquiry Display page displays remittance advice data for BCBSNC, FEP and State products.

Note: For FEP plan results, the Total Amount Paid can only be obtained by clicking the "View PDF" hyperlink to open the complete EOP.
The *What's New* feature on the Blue e home page provides informative bulletins, tips, and other new information relating to Blue e. You can access these messages by clicking on a hyperlink in the *What's New* section at the top of the Blue e home page. Clicking the "View All Articles" hyperlink takes you to the What's New Archive page where you can view past articles.

**Note:** The green "New!" text indicates that the story was added within the last 14 days.
Ancillary Claims Filing BCBSNC Requirements
06/21/2012

Effective October 14, 2012, Blue Cross and Blue Shield of North Carolina (BCBSNC) will make changes to our claims processing system, which will automate claim filing requirements for Ancillary Providers and some providers may see changes in where their claims are processed.

Please see the attachment for the ancillary claim filing guidelines.

Ancillary Claims Filing – BCBSNC Requirements

Claim status and Eligibility inquiry responses
06/13/2012

The Department of Health and Human Services (HHS) has adopted the CAQH CORE Phase I & II Operating Rules as part of the Affordable Care Act related to Operating Rules for Health Care Eligibility/Benefit Inquiry and Response (270/271), as well as Claim Status Inquiry and Response (276/277). The mandated implementation date is by January 1, 2013.
Blue e Training and Help

Related Links
- Important Provider News
- Prior Plan Approval (PPA) List
- Out of state member Medical Policy/Pre-cert/auth
ePrescribe for online prescriptions
- Medicare Advantage Private Fee for Service Plans
- Electronic Funds Transfer (EFT) Registration Form
- Dental Blue Select
- BCBSNC eSolutions Website
- BCBSNC.com Specifically for Healthcare Providers
- Provider Refund Return Form
- Coordination of Benefits Questionnaire
- Care Gap Change Request Form

Helpful Links
- Computer-Based Training (CBT’s)

How to Use...
- 837 Claim Error List
- Authorization Request
- Case Status
- Claim Status
- C3
- CMS 1500
- Diagnostic Imaging
- Entity Management
- FEP Member Search
- Health Eligibility
- Medicaid Eligibility
- Remittance Inquiry
- UB04
Spotlight: E Mail the Blue e Helpdesk!

The Blue e Help Desk is available to answer your questions about Blue e via e-mail. A Help Desk analyst will respond to your e-mail within two business days.

Click on one of the hyperlinks below to identify the area of your problem. Please include: 1.) a detailed description of your problem/question, 2.) the transaction in Blue e, 3.) your User ID, 4.) NPI, 5.) the date and time of your issue, 6.) any other information that would help us research your issue.

Click on a subject/topic below to send an email:

- Administration
- Billing
- Eligibility
- Health Management
- Other Blue e General Issues

If you have difficulty launching an email from this page, send an email to Bluee.HelpDesk@bcbsnc.com.

BCBSNC uses encryption to enhance the security and privacy of confidential email. In order to receive emails from BCBSNC that contain PHI or other confidential data, you will be required to create an account and password with Voltage.

Please refer to the SecureMail User Guide for more information

Secure Mail Recipient Guide
Health Trio
HealthTrio Overview

+ Web portal connecting providers to BCBSNC Medicare Advantage members’ eligibility and claims information
  ▪ Applicable for Medicare PPO℠ and Blue Medicare HMO℠

+ With HealthTrio, providers can:
  ▪ Verify member eligibility and benefits information
  ▪ Verify provider information
  ▪ Check claim status

+ Registering for HealthTrio
  ▪ Go to www.healthtrioconnect.com
  ▪ Select the link for Providers to register.
  ▪ Print, complete, and fax the last page of the document accessed via the Print Security Agreement hyperlink to the fax number on the form.
  ▪ Activation will not be enabled until the security agreement is received
HealthTrio Connect Registration

**connect Sign In**

- **User ID**
  - [ ]

- **Password**
  - [ ]

- **Sign In**
  - [ ]

- **Forgot your password?**

**Customer Service**

- **Email Customer Service**
- **Help**
- **1-877-814-9909**

**New User Registration**

- **Provider**
- **Employer**
- **Broker**
- **Member**

**Visitor Sign In**

Unauthorized use of this system is strictly prohibited and will be prosecuted to the fullest extent of the law.

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VPAT | Privacy Policy | System Requirements
Please choose the Health Plan you are registering a provider for.

<table>
<thead>
<tr>
<th>Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select a Health Plan</td>
</tr>
<tr>
<td>Select a Health Plan</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield of Vermont</td>
</tr>
<tr>
<td>BlueCross BlueShield of NC</td>
</tr>
<tr>
<td>Bright Health Physicians</td>
</tr>
<tr>
<td>Capital Health Plan</td>
</tr>
<tr>
<td>CareOregon Inc.</td>
</tr>
<tr>
<td>Colorado Choice Health Plans (SLVHMO)</td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care</td>
</tr>
<tr>
<td>Health Net Federal Services</td>
</tr>
<tr>
<td>Johns Hopkins HealthCare LLC</td>
</tr>
<tr>
<td>MMM Healthcare Inc.</td>
</tr>
<tr>
<td>Neighborhood Health Plan</td>
</tr>
<tr>
<td>Network Health (Massachusetts)</td>
</tr>
<tr>
<td>Network Health Plan (Wisconsin)</td>
</tr>
<tr>
<td>Peoples Health Network</td>
</tr>
<tr>
<td>Primary Provider Management Company Inc.</td>
</tr>
<tr>
<td>Rocky Mountain Health Plans</td>
</tr>
<tr>
<td>Santa Clara Family Health Plan</td>
</tr>
<tr>
<td>Sharp Health Plan</td>
</tr>
<tr>
<td>Sterling Life Insurance Co.</td>
</tr>
<tr>
<td>Texas Childrens Health Plan</td>
</tr>
<tr>
<td>WINhealth</td>
</tr>
<tr>
<td>Field</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Initial</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>E-Mail</td>
</tr>
<tr>
<td>Confirm E-Mail</td>
</tr>
<tr>
<td>Office Phone</td>
</tr>
<tr>
<td>Office Fax</td>
</tr>
<tr>
<td>Clinician</td>
</tr>
<tr>
<td>User Name</td>
</tr>
<tr>
<td>Password</td>
</tr>
<tr>
<td>Confirm Password</td>
</tr>
<tr>
<td>Password Reminder</td>
</tr>
<tr>
<td>Security Question</td>
</tr>
<tr>
<td>Security Answer</td>
</tr>
</tbody>
</table>

* Indicates a required field.

You are at the Registration User Information screen.

Complete all fields that are marked as required. These fields are indicated by a red asterisk.

The Password Reminder question may not contain any part of your password. Also, note that the password is case sensitive.

The Security Question and Security Answer will be used if you call the Help Desk to have your password reset.

When all fields are completed click Next to proceed to the Office Search screen.

* As the primary registrant, you are automatically a local admin
HealthTrio Security Agreement

Print Security Agreements

<table>
<thead>
<tr>
<th>Name</th>
<th>User ID</th>
<th>User Type</th>
<th>Security Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, John</td>
<td>JohnSmith</td>
<td>Provider Contact</td>
<td>Print Security Agreement</td>
</tr>
</tbody>
</table>

You are at the Print Security Agreements screen.

You must print a Security Agreement for each user that was registered by clicking on the link Print Security Agreement beside each user. Clicking on this link will open the security agreement in a new Adobe Acrobat or Adobe Reader window.

Note: If you have a Pop-up Blocker enabled you might need to turn it off to print the User Agreement(s). If you do not have Adobe Acrobat or Adobe Reader installed for your browser you can obtain it for free here.

Print all of the pages for each agreement. Note that the Important User Information page contains the User ID for each user as well as their temporary password. If your User Agreement indicates that it must be returned to your healthplan then your Connect account will not be activated until the signed User Agreement(s) have been received.

Once you have printed all the User Agreements click on Next.
HealthTrio Eligibility

Eligibility

- To conduct an eligibility search for patients, click **Eligibility** in Office Management in the left navigation menu.
Eligibility

- In eligibility, you have the option to search for patients via:
  - Last Name
  - Member ID
  - SSN
  - PCP
  - Additional Search Filters: As of Date, Birth Date, Gender, Age
Eligibility

- Pick the patient’s search category and click *Search* for the results page.
  - *Ex: Searching by Patient Last Name ‘Anderson’*
Eligibility

- The *Search Results* lists all of the patients with that last name, with their *Sex*, *Effective Dates*, *Birth Date*, *Member ID* and *PCP*.

![Eligibility Search Results Table]

- To view the patient’s Eligibility detail, click the *hyperlinked* Patient’s Name.
Eligibility - Detail

- **Eligibility Detail** displays **Patient Information** and **Benefit Information** pertaining to the specified patient.

- **Benefit Plan Information** can be found at the bottom of the screen.
Eligibility - Detail

- From the Eligibility Search Results, click *Select* to add that patient to the current patient list.
- Patient demographic information is also displayed.

---

**Eligibility Search Results**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE</th>
<th>EFFECTIVE DATES</th>
<th>BIRTH DATE</th>
<th>MEMBER ID</th>
<th>PRIMARY CARE PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>Anderson</td>
<td>F</td>
<td>1 Jan 2008</td>
<td>15 Oct</td>
<td></td>
</tr>
</tbody>
</table>

**Currently Selected Record: AHP – Patient Information**

**PATIENT DEMOGRAPHIC**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Sex</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson</td>
<td>545</td>
<td>Female</td>
<td>14 Jun</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>SSN</th>
<th>Email</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>(541)</td>
<td>504-</td>
<td>None</td>
<td>200</td>
</tr>
</tbody>
</table>

**CLINICIAN/CAREGIVER INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Effective Dates</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph R Jefferson</td>
<td>1 Jan 1989 - None</td>
<td>None</td>
</tr>
</tbody>
</table>

Return to Previous Page
Claims

- The Claims link in Office Management helps providers do a general Claim Status Search, Remittance Advice Search, as well as Add a Claim.
Claims

• After clicking on the claims link, the screen will default to *Claim Status Search*.

• The search options are:
  ▫ Claim Number
  ▫ Date of Service
  ▫ Patient Name, Member ID, SSN, or Account Number
  ▫ Provider
  ▫ Bill Type
  ▫ Status
Claims – Status Search

- Ex: Searching for a claim with Patient Last Name (Anderson).
- Click Search to continue.
Claims – Status Search Results

- The search results also provide Date of Service (DOS), Provider, Patient Responsibility and Payment Date.

- To view the detail of a specific claim, click on the hyperlinked Claim Number.
In Claim Status Detail, you can print the claim summary by clicking *Print*.

### Claim Status Detail for

**Claim Level Information**
- **Provider**: Joe Smith, MD (1876543210 NPI)
- **Practice**: ACME Medical Center
- **Patient**: John Doe
  - **Patient Account No.**: VAT123383
- **Diagnosis**: V70.0: Routine Gen Med Ex @ Health Care Faci.

**Service Line Information**

<table>
<thead>
<tr>
<th>Line Status</th>
<th>Check/EFT Number</th>
<th>Payment Date</th>
<th>DOS</th>
<th>Adjusted Procedure</th>
<th>Procedure</th>
<th>Modifier</th>
<th>Units</th>
<th>Billed</th>
<th>Allowed</th>
<th>Disallowed</th>
<th>Co-Payment</th>
<th>Co-Insurance</th>
<th>Deductible</th>
<th>Patient Responsibility</th>
<th>COB</th>
<th>Excluded Paid</th>
<th>Covered Amount</th>
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<tbody>
<tr>
<td>Finalized</td>
<td>001</td>
<td>15 Sep 2012</td>
<td>7 Sep 2012</td>
<td>98596</td>
<td>1.00</td>
<td>$171.00</td>
<td>$146.02</td>
<td>$0.00</td>
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<td>$131.02</td>
<td>$0.00</td>
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</tbody>
</table>

**Additional Information**

**Payor Remarks**
- **Remark 001**: 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- Indicates non-standard HIPAA data element.

---

HealthTrio® LLC

[HealthTrio logo]

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# Remittance Advice

## Remittance Advice Search Results

<table>
<thead>
<tr>
<th>Check Number</th>
<th>Check Date</th>
<th>Payment</th>
<th>Payor</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Tax ID Number</th>
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<tbody>
<tr>
<td>0002656861</td>
<td>5 Dec 2007</td>
<td>$3,123.92</td>
<td>PNHP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0002657296</td>
<td>5 Dec 2007</td>
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<tr>
<td>0002659126</td>
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<tr>
<td>0002659329</td>
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<td>$2,571.95</td>
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<tr>
<td>0002659750</td>
<td>12 Dec 2007</td>
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<td>PNHP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# HealthTrio Remittance Detail

## Remittance Advice Detail For Check Number 0002656861 | Total Claims Paid: 20

<table>
<thead>
<tr>
<th>Check Date</th>
<th>Total Paid</th>
<th>Payor</th>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Dec 2007</td>
<td>$3,123.92</td>
<td>PNHP</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Pages: (1) 2 3 4 Results: 20

## Claim Number 071116E00035

<table>
<thead>
<tr>
<th>Provider</th>
<th>Patient</th>
<th>Patient Account Number</th>
<th>Member ID Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0013597871</td>
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<table>
<thead>
<tr>
<th>DOS</th>
<th>Procedure</th>
<th>Modifier</th>
<th>POS</th>
<th>Units</th>
<th>Billed</th>
<th>Allowed</th>
<th>Withhold</th>
<th>Patient Responsibility</th>
<th>Disallowed</th>
<th>Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Nov 2007</td>
<td>43239</td>
<td>51</td>
<td>22</td>
<td>1</td>
<td>$850.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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</tbody>
</table>

Totals $3,020.00 $0.00 $0.00 $0.00

DOR: HI - PAY: CODE REVIEW ADDED SERVICE
HL - PAY: CODE REVIEW REPLACED SERVICE
Clear Claim Connection (C3)
Clear Claim Connection (C3) is a web-based application that discloses to authorized users, the claim auditing rules, code edits, clinical rationale, and source information used by BCBSNC for payment of providers’ claims.

C3 applies only to our commercial, ASO and State Health lines of businesses.

Only authorized providers will have the ability to access C3 ClaimCheck processing rules via Blue eSM.
Blue e
Welcome Heidi McBurney 6/27/2012 1:03:27 PM

What's New
- Ancillary Service Refund
- 837 Claim Error Listing
- Claim Status
- FEP Claims Processing Enhancements
- View All Articles

Eligibility
- FEP Member Name Search
- Claim Status
- Health Eligibility
- Clear Claim Connection (Eff. 01/01/2012-06/08/2012)
- Remittance Inquiry

Health Management
- Authorization Request
- Case Status
- Diagnostic Imaging Management

Administration
- BCBSNC Disclosures
- Fee Schedules

Related Links
- Find a Form
- Prior Plan Approval (PPA) List
- Out of state member
  Medical Policy/Precert/auth
- ePrescribe for online prescriptions
- Medicare Advantage
Select the C3 edition based on the date the claim was processed.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mod 1</th>
<th>Date of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>82947</td>
<td>04</td>
<td>07/2004</td>
</tr>
<tr>
<td>84132</td>
<td>04</td>
<td>07/2004</td>
</tr>
<tr>
<td>80048</td>
<td>04</td>
<td>07/2004</td>
</tr>
</tbody>
</table>

1. Select radio button for gender. Enter date of birth.
2. Enter procedure codes & modifier. Enter dates, or Tab through to default today’s date.
3. Click here if more than 5 procedures.
4. Click on Review Claim Audit Results button after all procedures have been entered. Click Clear button to reset screen.
To review Clinical Edit Clarification, click anywhere on the grid line with a Recommended action of either “Disallow” or “Review”. Then click on the Review Clinical Edit Clarification button.

<table>
<thead>
<tr>
<th>Recommend</th>
<th>Procedure</th>
<th>Date of Service</th>
<th>Description</th>
<th>Modifiers</th>
<th>RVU</th>
<th>Pay %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allow</td>
<td>99201</td>
<td>06/27/2012</td>
<td>OFFICE/OUTPATIENT VISIT NEW</td>
<td></td>
<td>1.22</td>
<td>100</td>
</tr>
<tr>
<td>Allow</td>
<td>80061</td>
<td>06/27/2012</td>
<td>LIPID PANEL</td>
<td></td>
<td>0.00</td>
<td>100</td>
</tr>
<tr>
<td><strong>Disallow</strong></td>
<td>36415</td>
<td>06/27/2012</td>
<td>ROUTINE VENIPUNCTURE</td>
<td></td>
<td>0.00</td>
<td>0</td>
</tr>
</tbody>
</table>

The results displayed do not guarantee how the claim will be processed.
Response:

Procedure 80061 is used to report a lipid panel. This panel must include serum cholesterol (82465), HDL cholesterol (83718), and triglycerides (84478).

Procedure 36415 is used to report the insertion of a needle into a vein or into the skin for the purpose of withdrawing a sample of blood for analysis or testing. This procedure is a necessary step in obtaining a sample of blood for analysis and, in most cases, is performed by a technician or a nurse.

Certain procedures are commonly performed in conjunction with other procedures as a component of the overall service provided. An incidental procedure is one that is performed at the same time as a more complex primary procedure and is clinically integral to the successful outcome of the primary procedure.

"Health Plan Policy (HPP)" edits are sourced to a specific benefit, medical or payment policy. Health Plans concur that these edits are consistent with current health plan policies.

Phlebotomy is an integral step in performing any laboratory analysis of a patient's blood or serum. The method of obtaining the sample is integral to performing the laboratory analysis when reported by the same provider. Historically, inpatient laboratory services included specimen acquisition and handling as an inherent component of the laboratory charge. More recently, some health plans now follow CPT guidance that specimen acquisition and handling are distinct service components from the analytic service performed. The CPT Assistant (December 2008) states, "The collection of the specimen by venipuncture is not considered an integral part of the laboratory procedure performed. If both the collection of the specimen(s) by venipuncture and the laboratory procedure(s) are performed, then it would be appropriate to report a code for the collection of the specimen(s) in addition to the appropriate code(s) from the 80000 series for the laboratory procedure(s) performed." Nevertheless, many health plans still set fee schedules for laboratory services that include the phlebotomy charges in the global laboratory service. In such circumstances, edits that deny the phlebotomy service apply - based on the applicable health plan payment policy or business agreements. Please note: CPT guidelines are considered during the edit development process; however, their presence does not guarantee incorporation within the code auditing logic. CPT is a reporting tool; as stated in the introduction to the CPT Manual, "Inclusion or exclusion of a procedure [in this manual] does not imply any health insurance coverage or reimbursement policy."

Printable version link eliminates header and web information.

User may return to Review Claim Audit Results page, return to Current Claim Entry page, or begin a New Claim.

Number of Edits or Clarifications

Printable version link eliminates header and web information.
What C3 Is

- C3 is a tool that indicates only: 1) how combinations of codes (including modifiers) will be bundled and/or unbundled; and 2) whether the codes are in conflict with the age and gender information that is entered.

What C3 Is Not

C3 does not take into account many of the circumstances and factors that may affect adjudication and payment of a particular claim, including, but not limited to, a member’s benefits and eligibility, the medical necessity of the services performed, the administration of BCBSNC’s utilization management program, the provisions of the Provider’s contract with BCBSNC, and the interaction in the claims adjudication process between the services billed on any particular claim with services previously billed and adjudicated.
Electronic Funds Transfer (EFT)
Electronic Funds Transfer

+ Blue Cross and Blue Shields of North Carolina (BCBSNC) Financial Services offers electronic transfer of funds (“EFT”) for claims payments from BCBSNC to a contracted healthcare provider’s bank account.

+ EFT funds are accessible by providers sooner than remittances received through a traditional process of paper checks deposited by the provider.

+ Health care providers must submit:
  - (1) a copy of a voided check or an account verification letter on bank letterhead.
  - (2) an Electronic Funds Transfer Authorization form found on [http://www.bcbsnc.com/asset/providers/public/pdfs/EFTrequest-form.pdf](http://www.bcbsnc.com/asset/providers/public/pdfs/EFTrequest-form.pdf) can be mailed or faxed to:

BCBSNC Financial Services                      Fax Number 919 765 7063
Attention: Electronic Fund Transfer
PO Box 2291
Durham, NC 27702-2291
EFT - Benefits to the Provider

+ Cost reduction/elimination associated with paper checks being sent to lockboxes
+ Increases and improves cash flow management
+ Eliminates the risk of payments being lost in the mail
+ Eliminates the process of physically going to the bank to deposit claims payments made by BCBCNC - Go Green!
Signing up for EFT is easy!

+ Access Blue e to complete the enrollment form or visit us online at: www.bcbsnc.com/providers.
  
  – The form is available for download from the “Network Participation” page, as well as the “Forms and Documentation” page.

+ There is no cost for the service.
Additional Provider Resources
Helpful 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
BCBSNC has identified and developed patient assessment and patient education materials to help jumpstart preventive health conversations.

Healthy Lifestyle Programs
- Adult Obesity Assessment and Treatment
- Childhood Obesity Assessment and Treatment
- Tobacco Cessation
- Stress Management

Preventive Screening Topics
- Breast Cancer Screening
- Chlamydia Screening
- Colorectal Cancer Screening
- Depression Screening

These complimentary tools can help you assess your patients on important preventive health issues – to request, please complete the online order form at http://www.bcbsnc.com/content/providers/toolkit/order-toolkit.htm.
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.
Questions

This presentation was last updated on 12/10/2012. 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.