ancillary claims filing requirements: specialty pharmacy

Presented by:
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Ancillary & Specialty Networks
Blue Shield of California

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agenda

objectives for this presentation:

• Inform you of current and future Blue Shield of California (Blue Shield) claims filing requirements for specialty pharmacies

• Review specialty pharmacy claims filing work-flow/process

• Review Blue Shield’s specialty pharmacy contract policy

• Answer your questions and provide Blue Shield contact information
brief overview

• Blue Shield requires specialty pharmacy providers to submit claims to Blue Plans based on the service area in which the ordering physician is located.

• Blue Shield is required to review all specialty pharmacy claims received to identify the service area in which the ordering physician is located and to ensure submission accuracy prior to processing the claim.

• We follow the guidelines developed by the Blue Cross Blue Shield Association (BCBSA) for all local Blue Plans to identify the service area in which the ordering physician is located and to ensure consistent processing of the specialty pharmacy claims for all Blue Plan members.

• Blue Shield has developed both provider and member education materials to inform providers and members prior to implementing these systematic and process changes regarding the handling of specialty pharmacy claims.
Filing requirements do not apply to FEP specialty pharmacy claims

• These claim filing instructions do not apply to Blue Cross Blue Shield Federal Employee Program (FEP) Benefits.
• Submit FEP members’ specialty pharmacy claims to Blue Shield of California either electronically or to P.O. Box 272510, Chico, CA 95927-2510.
importance of accurate and complete claims submissions

• Blue Shield should only receive claims pertaining to prescriptions that were ordered by physicians located within our service area.

• Specialty pharmacy providers must populate all required data and information fields in order for Blue Shield to view it as a “clean claim.”

• Please be certain to:
  • Complete referring provider information and all other required information
  • Submit the claim on the correct claim form

• **Beginning October 14, 2012**, if all of the above requirements are not met, Blue Shield will return the claim to the specialty pharmacy provider with a request for the missing information.
Once Blue Shield receives a “clean claim” (containing all required fields/information), we will take the next steps towards processing the claim:

1. We will validate that the ordering provider information to confirm whether he or she is located within our service area.

2. We will process the claim if the ordering provider is within our service area.

3. If the ordering provider is located outside of Blue Shield’s service area, Blue Shield will return the claim to the submitting specialty pharmacy provider with instructions to file it with the Blue Plan in whose service area the ordering physician is located.
blue shield’s specialty pharmacy provider contract policy

• A Blue Plan’s decision to contract with an out-of-service area specialty pharmacy provider is voluntary.

• BCBSA does not facilitate provider contracting among multiple plans; providers must contact Blue Plans independently if they desire to contract with them directly.

• Blue Shield’s current policy permits contracting with specialty pharmacy providers located out of our service area. All specialty pharmacy providers contracted with Blue Shield must meet the following general requirements:
  • Maintain current licensing
  • Complete Blue Shield’s provider credentialing application
  • Comply with Blue Shield’s medical policy
  • Execute Blue Shield’s Alternate Care Services Agreement
  • Agree to Blue Shield’s allowances/reimbursement terms as payment in full
contact blue shield for assistance

Electronic claims:
EDI_BSC@blueshieldca.com
EDI phone: (800) 480-1221

Ancillary network/contracting:
Valesca Weerasinghe, Network Manager, Ancillary & Specialty Networks
E-mail: valesca.weerasinghe@blueshieldca.com
Phone: (818)228-2598

Claims:
Blue Shield’s BlueCard® Claims Unit
Phone: (800) 622-0632

BlueCard Benefits Hotline:
Phone: (800) 676-2583 or
blueshieldca.com/provider (click on “Eligibility & Benefits” and select “Verify Eligibility”)

General BlueCard questions or education:
Barbara Keryluk, Senior BlueCard Consultant
E-mail: barbara.keryluk@blueshieldca.com
Phone: (714) 603-7887
frequently asked questions
Q: How does Blue Shield determine where the ordering physician on a specialty pharmacy claim is located for the purposes of disposition of the claim? Is it based on the NPI supplied?

A: The ordering physician information is supplied in Field 17 of the CMS form or Loop 2310A in the 837P. The NPI information does also indicate the correct local Blue Plan for the claim.
Q: Our claims are sent via Novologix. Are they aware of these changes and will they send to appropriate plan?

A: Novologix is aware of these ancillary claims filing requirements for specialty pharmacy claims, and they are currently enhancing their system specifically for Blue Shield providers to flag the claim from a referring physician outside of California. Such a claim will contain a reject message saying the provider should re-submit the claim to the appropriate local Blue Plan. Novologix will not send the claim to the correct local plan.
Q: What if the local Blue Plan, under these requirements, defines benefits differently from Blue Shield (i.e., if specialty medication is handled through pharmacy and not medical benefits)-how would the specialty medication claim be processed?

A: If Blue Shield receives a claim for a BlueCard member with benefits under an out-of-state Blue Plan, we will send it to that plan as a medical benefit. If the local Plan rejects it under medical benefits, you would be informed.
Q: Do you accept electronic claims from non-participating and/or out of state providers? If so, how can I get set up to submit and access my claims information electronically?

A: Yes, we will accept electronic claims from non-participating and out of state providers. Contact Provider Services at (800) 258-3091 to obtain a Provider Identification Number or you can use a clearing house that is among those already approved by Blue Shield of California.

To check the status of your electronic claim, you can register for a login to our provider portal if you have a provider ID number already in our system, or you can send a real time, non-claim transaction through one of our existing trading partners.
Q: Why can't the providers bill their local plan?

A: The ancillary claims filing rules require specialty pharmacy claims be billed to the plan or state where the ordering physician is located. The rules have been established to protect the service areas and provider networks of the participating health plans.
Q: Which Blue Plan's medical policy is used to process a specialty pharmacy claim for a Blue Plan member?

A: The medical policy of the member’s Blue Plan will be used.
Q: How do Plans handle a scenario when a local provider (AZ) goes to the Plan (AZ) to request a claim status for a claim filed to another Plan (CA)?

A: Providers should communicate with the plan to which their claim was submitted regarding claim status. However, if a provider inadvertently sends a non-claim transaction to the Blue Plan where the provider is physically located, Plans are not required to reject those non-claim transactions.
Q: If providers submit Medicare primary claims directly to Blue Shield, how does Blue Shield process the claim?

A: If the ancillary services were rendered in California, Blue Shield processes the claim as the local plan. If the ancillary services were rendered in a different plan's service area, Blue Shield will reject the claim back to the provider that submitted the claim and instruct them to submit the claim to the correct local plan.
Q: Do these rules apply when Blue Shield is not the primary plan?

A: For claims where Blue Shield is secondary or tertiary to another commercial plan, ancillary rules do apply. For claims where Blue Shield is tertiary and Medicare and another commercial plan are processing before Blue Shield, we will apply these rules.
Q: Do these requirements apply to Blue Shield 65 PlusSM HMO members (i.e. Blue Shield’s Medicare Advantage Plans)?

A: Yes, these requirements apply to Medicare Advantage plans in the same way as other plans. If Blue Shield of California is the local plan, then we would continue to process the claims. If we have determined that Blue Shield is not the local plan - the claims would be denied to the provider advising them to bill the correct plan. For HMO members, care delivery rules still apply.
Q: Do ancillary rules apply to Medicare Crossover claims (ie claims that cross over to Blue Shield through Blue Shield’s Medicare vendor)?

A: Yes, at a future date to be communicated by Blue Shield. This will not be part of the October 14 implementation.
Q: Does payment always come from the member’s plan?

A: Member benefits are held by the member’s plan; however payment is typically sent by the local plan as defined by ancillary rules.
Q: If our claim is processed out-of-state by a payer with whom we are not contracted, will we be reimbursed at the same contract rates we have with Blue Shield?

A: If you are not contracted with the out-of-state payer that processes your claim, it will be processed as an out-of-network claim by the payer.
Q: If a claim is sent back to the provider from the Blue Plan because it was sent to them in error, will that Blue Plan indicate which other Blue Plan is the correct one?

A: If a claim is rejected for that reason, it will be returned to the provider with instructions to re-file it with the correct local Blue Plan as defined by the requirements. The rejecting Blue Plan is not required to identify the correct local Blue Plan when it returns the claim.
Q: What impact will the new claims filing requirements have on current out of state ancillary contracts, if any?

A: There is no impact or change to existing out of state contracts. Providers may need to pursue new remote contracts with the other Blue plans where claims are submitted.
Q: How do providers from other states pursue a contract with Blue Shield?

A: Contact Blue Shield Provider Services at (800) 258-3091
Q: In states where there is more than one Blue Plan provider, does a specialty pharmacy have to be contracted with both Blue Plans in order for the claims to be processed as in-network?

A: You need to submit your claim to the correct local plan as defined by these guidelines. If you have a contract with the local plan, your claim will be paid as participating. If you do not have a contract with the local plan, your claim will be paid as non-par.
Q: If we are contracted with Blue Shield of California but file specialty pharmacy claims for Anthem Blue Cross of California to Blue Shield of California will you process them as participating providers even though we don't have a contract with Anthem Blue Cross?

A: We do not accept claims on behalf of Anthem Blue Cross, nor do we re-route claims to them. If you submit your claim to Blue Shield of California as a participating provider, we will process your claim and pay it as such; if you submit the claim to Anthem, they can choose to process your claim, but since you have no contract with them they would process it as a non-participating provider.
Q: Are these guidelines applicable to claims handled by third party administrators / funds

A: Yes, these rules apply to claims handled by TPAs and funds.
appendix: claim scenarios
A specialty pharmacy claim is sent to the Blue Plan in whose service area the ordering physician is located.

- Blue Shield of California reimburses participating specialty pharmacy drug therapy provider in Iowa.
- BSCA member uses blueshieldca.com Find a Provider to locate participating primary physician.
- Member receives infusion therapy drugs from specialty pharmacy.
- Member receives EOB for specialty pharmacy drug therapy.
(bluecard) participating provider specialty pharmacy claim for blue shield of california member

1. MD orders infusion drugs for BSCA member

2. Specialty Pharmacy in Iowa receives the order from Minnesota doctor and fills infusion therapy prescription.

3. Specialty Pharmacy correctly submits claim to BCBS Minnesota

4. Usual BlueCard SF/DF/RF Process Takes Place

Blue Shield of California reimburses participating specialty pharmacy drug therapy provider in Iowa

- BCBCA member uses blueshieldca.com Find a Provider to locate participating primary physician.
- Member receives infusion therapy drugs from specialty pharmacy
- Member receives EOB for specialty pharmacy drug therapy
Example of misrouted bluecard claim for Blue Shield of California member

1. MD orders infusion drugs for BSCA member

2. Specialty Pharmacy in Iowa receives the order from Minnesota doctor and fills infusion therapy prescription.

3. Specialty Pharmacy submits claim directly to Blue Shield of California

4. Blue Shield of California rejects claim and sends back to Iowa Provider with instructions to file the claim with BCBS Minnesota - where the ordering physician is located.

- After Iowa specialty pharmacy correctly re-files claim to BCBS Minnesota, BCBS Minnesota performs usual SF/DF/RF
- Blue Shield of California reimburses specialty pharmacy in Iowa.

- BCBCA member uses blueshieldca.com Find a Provider to locate participating primary physician.
- Member receives infusion therapy drugs from specialty pharmacy
- Member receives EOB for specialty pharmacy drug therapy
appendix: required claims data
Generally, specialty pharmacy providers should file claims for Blue Plan patients with the local Blue Plan, i.e., the Plan service area in which the ordering physician is located. These claim filing instructions do not apply to Blue Cross Blue Shield Federal Employee Program (FEP) Benefits. Submit FEP members’ specialty pharmacy claims to Blue Shield of California either electronically or to P.O. Box 272510, Chico, CA 95927-2510.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>How to file (required fields)</th>
<th>Where to file</th>
<th>Example</th>
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<tbody>
<tr>
<td>Specialty Pharmacy</td>
<td>Types of Service: Non-routine, biological therapeutics ordered by a healthcare professional as a covered medical benefit as defined by the member’s Plan’s Specialty Pharmacy formulary.</td>
<td>File the claim to the Plan whose state the Ordering Physician is located.</td>
<td>Patient is seen by a physician in Arizona who orders a specialty pharmacy injectable for this patient. Patient will receive the injections in California where the member lives for 6 months of the year. File to: Blue Cross Blue Shield of Arizona</td>
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<tr>
<td></td>
<td>This includes, but is not limited to: injectable, infusion therapies, etc.</td>
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