

NEtwork BLUE

FREQUENTLY ASKED QUESTIONS (FAQS)



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

***The NEtwork BLUE Policy and Procedures Manual can be found at:
<http://www.bcbsne.com/Providers/Library/PoliciesProcedures.aspx>***

GENERAL QUESTIONS

Why did you develop the new NEtwork BLUE provider network?

NEtwork BLUE is an important part of our transition to a new claims system. The new system allows us to be more efficient in claims administration, more flexible with benefit designs and better prepared to meet the needs of our employer groups, members and health care provider partners.

How will Blue Cross and Blue Shield of Nebraska implement the new network and claims system?

A four-year migration schedule will gradually transition our customers to the new network and claims platform. This began January 1, 2009 with our own Blue Cross and Blue Shield of Nebraska employee group. We will keep you updated on the migration progress.

How will Blue Cross and Blue Shield of Nebraska notify providers when groups will be transitioning to NEtwork BLUE?

Watch the UPDATE newsletter for the most up-to-date information regarding BCBSNE groups moving to NEtwork BLUE.

NETWORK QUESTIONS

If I am in NEtwork BLUE, am I still in your BluePreferred network?

Yes, until the migration of all our business to the new network/claims system is complete.

Can I participate in BluePreferred and not in NEtwork BLUE?

Yes, while the migration phase is in place and both networks are operational. However, be advised that if you decide not to participate in NEtwork BLUE, you will be noncontracting for your patients once they have migrated to the new system. Claims would be processed as out-of-network, and payment would go to the member. Once the migration process is complete, the BluePreferred and BlueClassic networks will be discontinued. This will eventually include BlueCard and FEP patients.

My clinic partner doesn't want to participate in NEtwork BLUE, but I do. Is that allowed?

NEtwork BLUE requires that ALL providers under the same Tax Identification Number (TIN) participate.

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Am I required to participate at all office locations in the same city?

Yes, NETwork BLUE requires participation at all locations in the same city.

Will the credentialing/recredentialing process change for NETwork BLUE?

There will be no change to the current process.

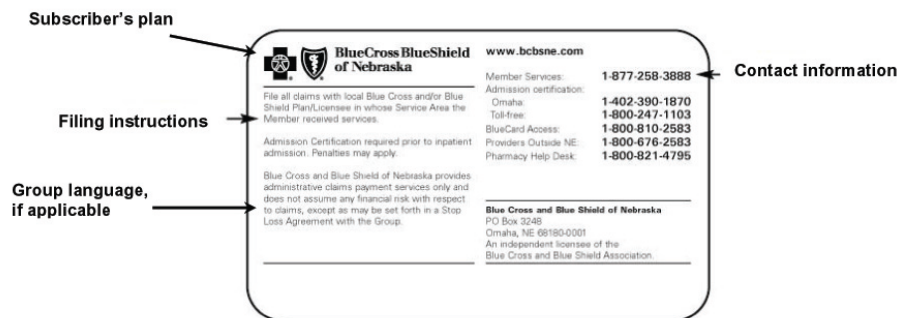
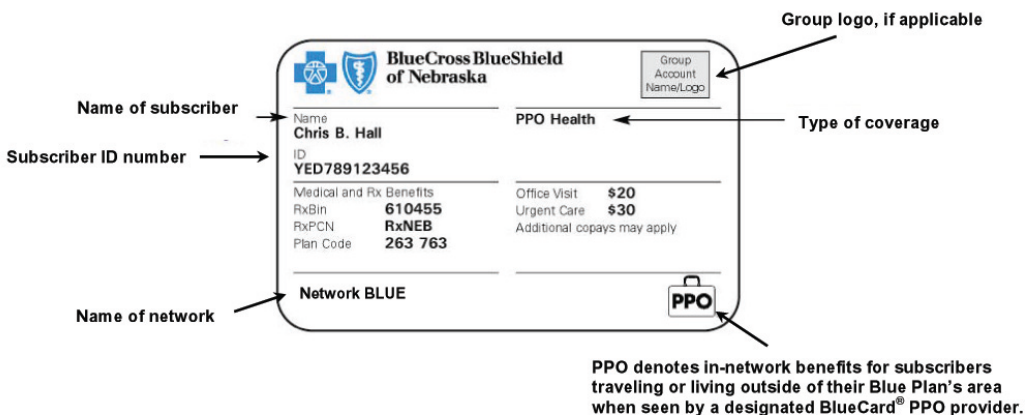
MEMBERSHIP QUESTIONS

How will I know when my patient's coverage has migrated to the new network/claims system?

As customers migrate to the new claims system, they are issued new I.D. cards with new I.D. numbers. The NETwork BLUE name will appear on the front of the card in the lower left-hand corner. Some group logos and names may also appear on the I.D. card. Always reference the NETwork BLUE name in the lower left-hand corner to confirm a migrated member.

Following is an example of the new NETwork Blue I.D. card:

NETwork BLUE Identification Card



The front and back of the patient's current I.D. card should be photocopied to assist in identifying the member's coverage.

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I.D. Number and the Alpha Prefix

NEtwork BLUE I.D. cards are issued with an alpha prefix (three characters preceding the subscriber's identification number on the card). Always include the prefix in your records and on claims.

Note: Dependents, spouses and suffixes are not listed on a NEtwork BLUE I.D. card. This allows more detailed copay information to be listed on the NEtwork BLUE I.D. card. Eligibility should be checked for all NEtwork BLUE members.

What happens if the member gives me an old card and I file the claim under the old I.D. number?

As with any member's coverage, you must file claims under the I.D. number in force for the service dates submitted. If you file a claim using an incorrect I.D. number, it will be returned to you for correction and resubmission. We have stressed to our members the importance of providing you with their most current I.D. card. However, asking your patients with Blue Cross and Blue Shield of Nebraska coverage to show their I.D. card at each visit is strongly encouraged.

SERVICE QUESTIONS

How will I obtain eligibility and claim status information under the new network/claims system?

The process for obtaining eligibility and claim status information hasn't changed. You should continue to call either GABBI at 800-635-0579 or our Provider Service Department at 800-642-8516. Refer to the "Electronic Transaction Questions" section for information on 270/271 transactions.

Are preauthorization or precertification processes and procedures changing as a result of the new network/system?

No.

CLAIM QUESTIONS

Where will I send my NEtwork BLUE claims?

There has been no change in claim submission procedures. NEtwork BLUE claims will be filed electronically with your other Blue Cross and Blue Shield of Nebraska claims.

All paper claims should continue to be mailed to:
Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180-0001

Will there be a change in my payment cycle?

Processing for NEtwork BLUE institutional and professional claims are finalized on Tuesday night. Payments and remittance advices (checks and 835's) are distributed weekly on Wednesday.

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Will I still receive a paper remit on NETwork BLUE?

Yes. The NETwork BLUE paper remit has been formatted to match the 835 and uses ANSI remark codes. Go to www.wpc-edi.com/products/codelists/alertservice to view the code descriptions and remarks.

Where can I go to find an example of a NETwork BLUE paper remit?

A copy of the paper remit can be found in the Claim Reporting Section of the NETwork BLUE Policy and Procedures Manual located on our website at <http://www.bcbsne.com/Providers/Library/PoliciesProcedures.aspx>

Will my NETwork BLUE claims appear on the same remittance advice as my BluePreferred claims?

No. NETwork BLUE claims will generate a separate remittance advice. Note: Institutional remittance advices will be at the claim level of detail. Professional remittance advices will be at the line level of detail.

What happens if my patient is in the hospital or receiving ongoing services when his or her plan migrates from the BluePreferred network to NETwork BLUE?

Processing of charges for ongoing services billed on one claim will be driven by the first date of service on the claim.

What happens if for a patient receiving ante partum care when her plan migrates from the BluePreferred network to NETwork BLUE?

Claim processing is driven by the first date of service on the claim. If total obstetrical care (Total OB) is billed, the date of service is the date of delivery, so processing will be based on the coverage in effect for that date.

What is the refund policy for NETwork BLUE?

NETwork BLUE will seek refunds on overpayments regardless of the amount (i.e. if the claim was overpaid by \$25, BCBSNE will seek a refund of \$25).

ELECTRONIC TRANSACTION QUESTIONS

Do we have the ability to do eligibility (270) and claim status (271) transactions for NETwork BLUE members?

Yes, NETwork BLUE members can be included in your current transmissions.

Will I have electronic funds transfer (EFT) capability?

Yes, we encourage you to use EFT. If you currently use EFT, you will continue to receive payments via this method.

My patient's last name is hyphenated, but no hyphen appears on the NETwork BLUE I.D. card. How should I file the claim?

The claim needs to be submitted exactly as it appears on the I.D. card. Hyphens and any other special characters (e.g. apostrophes) will not be accepted.

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QUESTIONS ABOUT NETWORK BLUE?

Your assigned Health Network consultant can assist you with any questions.

West Region, Charlie Kennedy

308-632-4403 or 1-800-821-4787 (options 1, 1)
E-mail: charlie.kennedy@bcbsne.com

East Region, Sue McHargue

402-458-4807 or 1-800-821-4787 (options 1, 4)
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Omaha, Vickie Richter

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402-398-3753 or 1-800-821-4787 (options 1, 7)
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Central Region, Loraine Miller

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