CareFirst
Family of health care plans

Membership Information

This manual provides information for your CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) patients.

Per the terms of the Participation Agreement, all providers are required to adhere to all policies and procedures contained in this manual, as applicable.

If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this section and notify you through **email** and **BlueLink**, our online provider newsletter.

Specific requirements of a member's health benefits vary and may differ from the general procedures outlined in this manual. If you have questions regarding a member's eligibility, benefits or claims status information, we encourage you to use one of our self-service channels; **CareFirst Direct** or **CareFirst on Call**. Through these channels, simple questions can be answered quickly.

Read and print the **Guidelines for Provider Self-Services**.

Membership

Members' rights and responsibilities

Members have a right to:

- Be treated with respect and recognition of their dignity and right to privacy
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities
- Participate with practitioners in making decisions regarding their health care
- Discuss appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- Make recommendations regarding the organization's members' rights and responsibilities policy
- Voice complaints or appeals about the their plan or the care provided

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them
- Understand their health problems, maximize healthy habits, and participate in developing mutually agreed upon treatment goals to the degree possible
- Follow the plans and instructions for care they have agreed on with their practitioners
- Pay member copayments or coinsurance at the time of service
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled

BlueCard

Out-of-area program—BlueCard

The BlueCard program allows members to seek care from health care providers participating in any Blues plan across the country and abroad. The program allows participating providers to submit claims for out-of-area members to their local Blues plan.

BlueCard member identification

To identify BlueCard members, look on the member's identification card for an empty suitcase, or for PPO members, a PPO in a suitcase. BlueCard members also have alpha prefixes on their membership number so that the processing plan can identify the plan to which the member belongs.

If you see a member's ID card without an alpha prefix, call the member's home plan. The phone number will be on the back of the ID card.

How the BlueCard program works

If you participate with CareFirst only and the member has a contract with another Blues plan, submit claims to CareFirst.

CareFirst will be your contact for claims submission, claims payments, adjustments, services and inquiries. Call 800-676-BLUE or log on to **CareFirst Direct** for eligibility information on out-of-area members.

Contiguous areas

In some cases, your office or facility may be located in an area where two Blue Cross and Blue Shield plans share a county. Outlined below are processes for filing claims under these circumstances:

- If you provide care to a member from a county bordering CareFirst's service area (MD, D.C., and Northern VA), you do not contract with that member's Blues plan, submit the claim to CareFirst
- If you provide care to a member of a Blues' plan in a county bordering CareFirst's service area and you contract with both CareFirst and the plan in the bordering area, submit the claim to the plan in the bordering area

Exclusions

The program excludes federal employee health benefit plan (FEHBP) member claims and routine vision exams, vision correction material and dental and prescription drug coverage.

Utilization review (UR)

Out-of-area members are not responsible for obtaining prior authorization. Hospitals must contact the member's plan on behalf of the member. Refer to the phone number on the back of the member's ID card.

BlueCard program claims submission

Submit BlueCard claims and correspondence to:

BlueCard Claims
Mail Administrator
P.O. Box 14116
Lexington, KY 40512-4115

BlueCard Correspondence
Mail Administrator
P.O. Box 14114
Lexington, KY 40512-4114

BlueCard billing and reimbursement

Hospitals billing for acute institutional inpatient BlueCard member claims billed with a total of $250,000 or more must submit an itemized bill. The itemized bill, which should include member identification number, date of service, and patient account number should be faxed to 301-470-4673. The itemization can be faxed prior to or after submitting the claim electronically. This change only impacts BlueCard member claims; you do not need to complete this step for your CareFirst members. Additionally, standard diagnosis related group (DRG) and FEHBP claims are excluded from this requirement.

This is per claim requirement not per admission. If there is one claim for $250,000 or more an itemized bill is required. If the admission covers multiple cycles but they are being billed as interim bills that are less than $250,000 an itemized bill is not required.

BlueCard reimbursement

Once CareFirst receives the claim, it electronically routes the claim to the member's Blue Cross and Blue Shield home plan. After the member's home plan processes the claim and approves the payment, you will receive payment from CareFirst.

Payment may not be requested from the member for any balances remaining after CareFirst's payment, unless it is to satisfy the member's deductible, copayment or coinsurance, or for services not covered under the member's plan.

In some cases, a member's plan suspends a claim because medical review or additional information is necessary. When resolution of claim suspension requires additional information from you, CareFirst may ask you for information or give the member's plan permission to contact you directly.

BlueCard and health care exchanges

CareFirst members enrolled through the Exchanges will still have access to the BlueCard program.

The PPO basic network is a combination of BlueCard PPO networks and new Exchange networks created by certain plans. The PPO basic network does not affect local providers since the PPO basic network includes all doctors and facilities that are included in the entire regional provider network.

ID cards for public Exchange members with access to the PPO Basic network will include the new PPO B suitcase logo, below.

The standard BlueCard PPO network is used in all but the following states where the Exchange network (PPO Basic) will be used for 2016: Arizona, Florida, Kansas, Kentucky, Missouri, Washington and Wyoming.

The National Account Service Company (NASCO)

The National Account Service Company (NASCO) is exclusively available through Blue Cross Blue Shield (BCBS) plans nationwide. NASCO offers solutions for administering traditional, point-of-service, preferred provider, HMO, dental, vision, prescription drug and other health services to national, regional and local employers. It allows national account customers to meet their market requirements for processing and administering health care benefits consistently for employees at numerous locations.

NASCO member identification

- Member identification cards issued by CareFirst have the CareFirst logo and national accounts on the card
- The membership number has a unique three character alpha/numeric prefix

NASCO claim submission

- Submit claims following the instructions on the reverse side of the member's identification card
- Submit the alpha/numeric prefix and the CareFirst provider number on all claims to help expedite processing
- Medical policy and claims processing guidelines may differ from CareFirst local business
- Many accounts follow Blue Cross Blue Shield (BCBSA) national medical policy, which may influence claims processing edits
- If no BCBSA medical policy exists, it may default to local policy
- Claims processing edits and rules are approved by all plans in the NASCO network

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