
11 BlueCard[®] & NASCO

Description This chapter provides information about BlueCard and NASCO out-of-area claims.

Contents

- Section 1: BlueCard[®] Program
- Section 2: Where to Submit Claims -Examples
- Section 3: National Accounts Service Company (NASCO)



Section 1: Administration of BlueCard® Program

How BlueCard Works

Please refer to Premera’s most recent version of the Blue Cross Blue Shield Association Provider Manual located at premera.com/wa/provider – click on the *Reference Manuals* link under the *Quick Links* section located on the right-hand side of the page. It contains comprehensive and in-depth information and instructions for providers regarding the BlueCard program.

Providers in Idaho and Oregon

There can be an exception to the claims submission process for providers who practice in a county contiguous to another Blues plan, or in a county with overlapping Blues plans.

The back of the member’s ID card states to submit claims to your “local” Blues plan. In some instances, this also means “contracted” if you are contracted with the member’s plan. Submitting claims to your “local” Blues plan is correct for most states, except in your situation because Premera’s service area overlaps with another Blues plan.

For Idaho and Oregon providers in a county contiguous to Washington, who are contracted with Premera Blue Cross, here’s what to do:

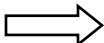


- When you see a Premera patient, submit the claim directly to Premera.
- Do not submit the claim through BlueCard.

Important: All BlueCard® claims processed by Premera will be paid according to the terms of your contract with Premera Blue Cross.

Program Exclusion

Claims for the Federal Employee Program (FEP) are exempt from the BlueCard Program. Please follow your FEP billing guidelines.

 **Section 2: Where to Submit Claims – Examples**

- Key**
-  The provider of service has a contract with this plan
 -  The provider of service files claim with this plan
 -  Plan service area

Home Plan: The member’s Blue plan that issued the ID card

Host Plan: Typically Premera, this is the local Blue plan (s) that is licensed to serve in the provider’s location.

Claim Filing Process: Non-BlueCard Examples

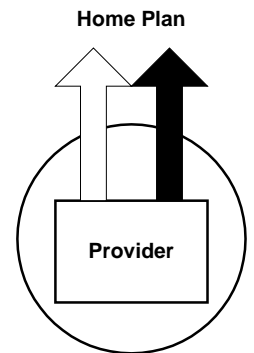
Local Business — Inpatient, Outpatient & Professional

Situation 1:

- Care is rendered in Home (Premera) plan’s area.
- Physician/provider contracts with member’s Home plan (Premera).

Result:

- Claim is **not** BlueCard.
- Physician/provider files with member’s Home plan (Premera).



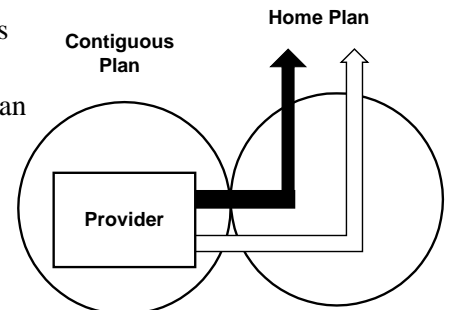
Local Business — Contract with Contiguous County Service

Situation 2:

- Care is rendered in an area contiguous to Home plan’s (Premera) area.
- Physician/provider contracts with member’s Home plan (Premera).

Result:

- Claim is **not** BlueCard.
- Physician/provider files with member’s Home plan (Premera).



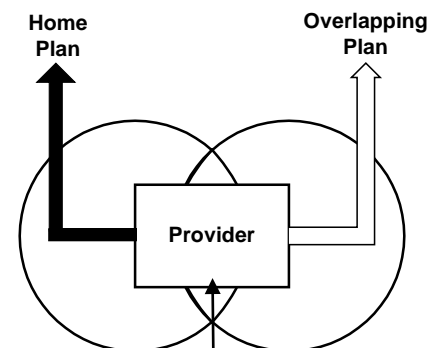
Local Business with Service Area Overlap

Situation 3:

- Care is rendered in Home plan’s area (not applicable that other plans also serve the area).
- Physician/provider contracts with other plan(s) serving same area, but not with member’s Home plan (Premera).

Result:

- Claim is **not** BlueCard.
- Physician/provider files with member’s Home plan.



Note: entire service area can overlap

**BlueCard®
 Examples**

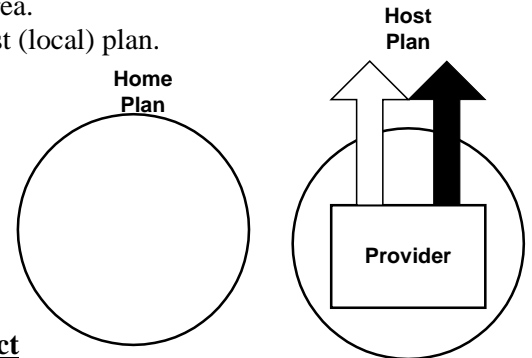
Regular BlueCard

Situation 4:

- Care is rendered in the Host plan’s area (no other plan serves the area).
- Area is not contiguous with the Home plan’s area.
- Physician/provider contracts with only one Host (local) plan.

Result:

- Claim is BlueCard.
- Physician/provider files with Host (local) plan.



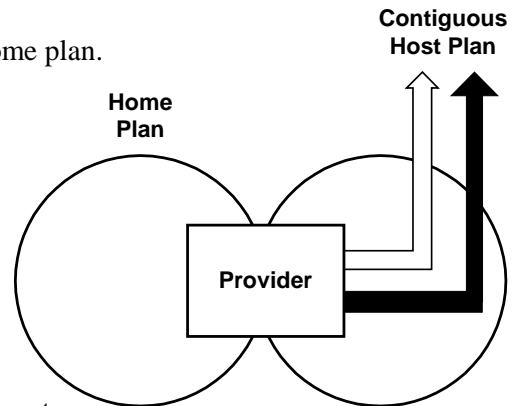
BlueCard with Contiguous County/Host Contract

Situation 5:

- Care is rendered in the Host plan’s area that is contiguous to the Home plan’s area.
- Physician/provider contracts with only one plan serving an area contiguous to the Home plan’s area.
- Physician/provider does not contract with the Home plan.

Result:

- Claim is BlueCard.
- Physician/provider files with Host (local) plan.



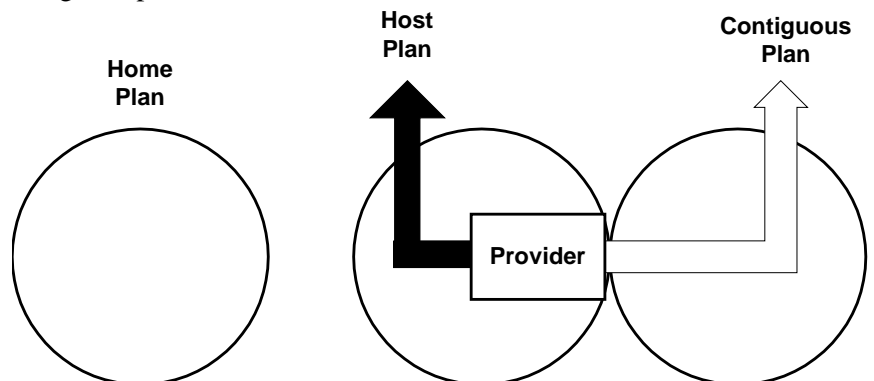
BlueCard with Host but Contiguous County Contract

Situation 6:

- Care is rendered in the Host (local) plan’s area.
- Physician/provider contracts with at least one plan serving the area(s) contiguous to local plan’s area.

Result:

- Claim is BlueCard.
- Physician/provider files claim with the Host (local) plan.
- Do not file with a contiguous plan.



**BlueCard®
Examples,
continued**

PPO BlueCard with Overlapping Service Areas and Single Contract

Situation 7:

- Care is rendered to a BlueCard PPO member in an area served by multiple BlueCard plans.
- PPO physician/provider has a PPO contract with only one of multiple Host plans serving the same area.

Result:

- Claim is BlueCard.
- PPO provider files with Host plan with which he/she has a PPO contract.

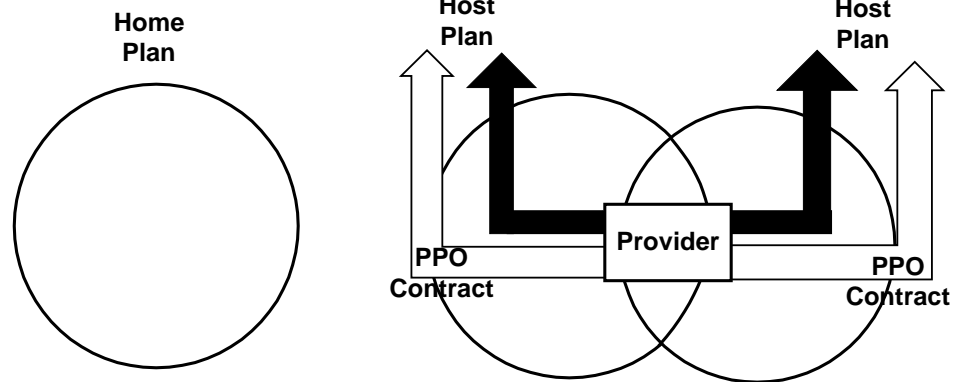
PPO BlueCard with Overlapping Service Areas and Multiple Contracts

Situation 8:

- Care is rendered to a BlueCard PPO member in an area served by multiple plans.
- PPO physician/provider has a PPO contract with more than one Host plan serving the same area.

Result:

- Claim is BlueCard.
- PPO physician/provider may file with any plan in which he/she has a PPO contract.





Section 3: National Account Service Company (NASCO)

About NASCO

National Account Service Company (NASCO) is one option for Premera to sell healthcare coverage to employees of national companies in our area. NASCO also allows Premera to serve accounts for other Blue Cross and/or Blue Shield (BCBS) plans whose members work away from their company headquarters.

Note: Not all Blue Cross and/or Blue Shield national accounts are administered on the NASCO system.

Billing

Participating physicians and other providers should submit claims to Premera for services provided to NASCO members. NASCO ID cards have Blue Cross and/or Blue Shield plan instructions for mailing claims.

Alpha Prefixes

Three alpha characters precede the subscriber ID number. It's important that all claims contain the complete subscriber ID number in Box 1A of the CMS-1500 form. The back of the member's ID card provides information for claims submission. We encourage you to ask for a copy of each patient's ID card at every visit to ensure that you have the most current information for billing and inquiry purposes.

Vouchers and Remittance Advice

Premera will process and pay the claims, and create the voucher and remittance advice notices. The Premera Blue Cross name and address will appear in the heading of these notices. The differences between charges submitted and allowed charges are considered contractual adjustments. Physicians and other providers may bill members only for the difference between allowed charges and the amount paid, which is the patient liability, co-insurance or deductible.

Electronic Claims

Physicians and other providers submitting claims electronically should include NASCO member claims with their Premera claims. The 12-character subscriber ID number tells the system to recognize the claim as NASCO.

Customer service is available for NASCO accounts. If you have questions, contact our NASCO department at 800-713-5373.

Overpayment Auto Recoupment Process

To expedite overpayment adjustments, the Premera National Accounts department has a process that automatically recoups identified overpayments. This allows physician and other provider offices to settle account receivables sooner. The process is as follows:

- *Day 1:* NASCO identifies an overpayment and mails a refund request letter to the physician or provider's office.
- *Day 30:* If no refund received, NASCO mails a reminder repayment request letter.
- *Day 60:* The system will automatically deduct up to the amount of the outstanding overpayment from the current voucher.

If the amount is:

- Equal to or less than the amount of the voucher's total claims payment, then this amount will be subtracted from the total (e.g., voucher total claims payment of \$500 minus \$100 overpayment equals \$400 payment).
- Greater than the amount of the voucher's total claims payment, then the payment will be shown as zero (e.g., voucher total claims payment of \$500 minus \$600 overpayment equals \$0 payment; -\$100 will be carried forward to the next voucher).

**Overpayment
Auto-
recoupment
Process,
*continued***

Exceptions: The NASCO system also houses many self-funded groups. These groups pay claims out of their own bank accounts — meaning, there are different financial “accounts” within the NASCO system. Due to these special banking arrangements, you could see an exception to voucher deductions. Though there may be an outstanding overpayment, you could receive a full voucher payment because a voucher deduction will not cross financial accounts. The outstanding overpayment will carry forward and be deducted from a subsequent payment on the same financial account — **this will be noted on the voucher.**

NASCO payments are created every Friday night. All payments, regardless of financial arrangement, are made on the same voucher.