

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

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The *Blue Shield Report* is published by the professional relations department of Blue Cross and Blue Shield of Kansas.

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Enhanced Eligibility Inquiry Process

In partnership with the Blue Cross and Blue Shield Association (BCBSA) and all Blue Plans nationwide, Blue Cross and Blue Shield of Kansas (BCBSKS) is pleased to introduce you to the enhanced eligibility inquiry process that will become available March 31, 2007.

Those of you currently using the eligibility inquiry process (also known as 270/271 transaction) already know that it provides general eligibility information. With this enhanced version, you will be able to choose the service type for which you want eligibility information and the response you receive will be specific for that service.

This enhancement

- is sponsored by BCBSA.
- will be implemented by BCBSKS March 31, 2007. All other Blue Plans must also implement this process by March 31, 2007.
- applies to Web and batch transactions.
- applies to local and out-of-area members.

This Project is a Work in Progress

BCBSA and Blue Plans recognize that providers need more than just general eligibility information. This enhancement is the first step in a series of updates and will allow you to obtain information about specific service types.

Future enhancements, which will fine-tune and improve the process even further, are already being planned and scheduled.

What Is a Service Type?

A service type is what we call the specific category of service (i.e. medical care, surgical, etc). BCBSA established the definition for each service type and Blue Plans must be able to provide eligibility information based on that definition.

For example, the definition of service type "surgical" is: surgical and anesthesia services provided by a physician or other health care provider.

Therefore, if you were to choose the surgical service type, the response you would get back would include information about both surgery and anesthesia. It's really not necessary for you to know the definition of each service type. The purpose for pointing this out is so you'll understand why sometimes you might get more information than you expected.

Number of Service Types

This project identifies 143 service types on which providers typically inquire. Of these 143, Blue Plans are required to provide information about 55 of the service types and can opt to provide information about the other 88. (Future upgrades to this project will increase the number of required service types.)

For local members, BCBSKS will furnish specific eligibility information on the required 55 service types plus 13 of the optional service types.

It is our understanding that for out-of-area members, some plans will provide information on all 143 service types, some on just the 55 that are required, and others will offer the required 55 plus some of the optional ones.

New Service Type Drop-Down Box

Most of you are using the BCBSKS Web site to obtain patient eligibility information for both local and out-of-area members. When this project is implemented, a new service type drop-down box will be added to the eligibility information Web screens. You'll use this drop-down box to identify the service type for which you want eligibility information.

Below are some important points to remember about the drop-down box:

- The service types are listed in alphabetical order.
- Only one service type can be selected per inquiry. If you need information about multiple service types, you'll need to do multiple inquiries.
- Always choose the service type that best describes the eligibility information that you need. The more specific your inquiry, the more specific the response will be.
- The service type titled "Health Benefit Plan Coverage" furnishes eligibility information for the complete membership.

Note: This service type gives details about every deductible, coinsurance, copay, etc. applicable to the contract and can be very lengthy.

- For **local members**, the drop-down box will list the 68 service types for which BCBSKS will be furnishing specific eligibility information.
- For **out-of-area** members, the drop-down box will include a complete listing of the 143 available service types. Remember, some plans are offering information about all the service types, other plans only some of them. If you select a service type for which the other plan does not offer specific benefits, general eligibility information will be displayed.

Below are examples of the local and out-of-area patient eligibility information Web screens that show the placement of the drop-down box.

BCBSKS MEMBER



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Secured Services

Patient Eligibility Inquiry

Select the appropriate Patient and enter the information for which you are inquiring. Click on the Submit button when you are finished.

Member	Date of Birth	Relationship
Member Name	mm/dd/year	self
Find another Patient ID Number		
Service Type:	Choose Service Type	
Date of Service:	Month (mm) <input type="text"/> Day (dd) <input type="text"/> Year (yyyy) <input type="text"/>	
<input type="button" value="Submit"/> <input type="button" value="Clear"/>		

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Secured Services

Patient Eligibility Inquiry

Select the appropriate Patient and enter the information for which you are inquiring. Click on the Submit button when you are finished.

Member	Date of Birth	Relationship
Member Name	mm/dd/year	Self
Find another Patient ID Number		
Service Type:	Choose Service Type Choose Service Type Abortion Ambulatory Service Center Facility Anesthesia Blood Charges Cardiac Rehabilitation Chemotherapy Chiropractic Chiropractic Office Visits Consultation Dental Accident	
Date of Service:		
<input type="button" value="Submit"/>		

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OUT-OF-AREA MEMBER



Patient Eligibility Inquiry

Please complete all of the required information to find eligibility information. Click on the Submit button when you are finished.

Member Identification Number:

Member First Name: *

Member Last Name: *

Member Date of Birth: / / *

Member Gender: *

Patient Relationship: *

Service Type:

Date of Service: / / *

* - required field

Please note: The response time for inquiries on BCBS members outside of Kansas may take up to 50 seconds. In addition, you may not receive any response if inquiring between midnight and 6 a.m., Monday through Saturday or anytime on Sunday, as information from other Blue Cross and Blue Shield Plans may not be available during these times.

Submit Clear

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OUT-OF-AREA MEMBER



Patient Eligibility Inquiry

Please complete all of the required information to find eligibility information. Click on the Submit button when you are finished.

Member Identification Number:

Member First Name: *

Member Last Name: *

Member Date of Birth: / / *

Member Gender: *

Patient Relationship: *

Service Type:

- Choose Service Type
- Abortion
- Acupuncture
- Adjunctive Dental Services
- AIDS
- Air Transportation
- Alcoholism
- Allergy Testing
- Alternate Method Dialysis
- Ambulatory Service Center Facility
- Anesthesia

Please note: to 50 seconds, Monday and Blue Shield

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Patient Eligibility Information Response Web Screen

After you submit the inquiry, the system will access and display the eligibility information in the same basic format that you see today.

The information will be sequenced as follows:

- Patient Information (name, date of birth, ID number)
- Health Benefit Plan Coverage
 - General contract information including coverage level, insurance type, effective dates, etc.
 - Deductible/Coinsurance (contract deductible/coinsurance, individual/family). (Do not use these amounts if deductible and coinsurance information is also showing at the service type level. Read on for more information.)
- Service Type data (includes details about the selected service type including deductible, coinsurance, copayment, limitations, quantity used, additional information, etc.)
 - For local members, if deductible and coinsurance amounts are reported at the service type level, always use those amounts. The “additional information” field will include a message that states, “This deductible (or coinsurance) should be used instead of the amount shown under Health Benefit Plan Coverage.”
 - Due to confidentiality reasons, quantity used information for mental health or substance abuse services will not be displayed.
 - Coverage information does not guarantee benefits for all provider specialties.

Note: Because out-of-area inquiries (including FEP) are accessing information from other plans, response time may take up to 50 seconds.

“Additional Information” Field Added to Patient Eligibility Information Response Web Screen

A new field titled “Additional Information” has been added to the patient eligibility information response screen and can be used to provide additional details about the service type.

For local inquiries, this field will be used by BCBSKS to provide comments about the benefit or limitation.

For out-of-area inquiries, the additional field will display the information that’s given to us by the other plan.

An example of a Patient Eligibility Information response is included at the end of this newsletter.

Alphabetic Listing of Service Type Codes

Included next in this newsletter is a complete listing of the service types. The ones that are highlighted will be displayed in the drop-down box for local members. The entire list will display for out-of-area members.

Alphabetic Listing of Service Type Codes

- This entire list will display for out-of-area members.
- The highlighted entries will display for local BCBSKS members.

Abortion	Generic Prescription Drug	Pneumonia Vaccine
Acupuncture	Health Benefit Plan Coverage	Podiatry
Adjunctive Dental Services	Home Health Care	Podiatry-Nursing Home Visits
AIDS	Home Health Prescriptions	Podiatry-Office Visits
Air Transportation	Home Health Visits	Pre-Admission Testing
Alcoholism	Hospice	Private Duty Nursing
Allergy Testing	Hospital	Professional (Physician)
Alternate Method Dialysis	Hospital-Ambulatory Surgical	Professional (Physician) Visit - Home
Ambulatory Service Center Facility	Hospital-Emergency Accident	Professional (Physician) Visit - Inpatient
Anesthesia	Hospital-Emergency Medical	Professional (Physician) Visit - Nursing Home
Anesthesiologist	Hospital-Inpatient	Professional (Physician) Visit - Office
Audiology Exam	Hospital-Outpatient	Professional (Physician) Visit - Outpatient
Benefit Disclaimer	Hospital-Room and Board	Professional (Physician) Visit - Skilled Nursing Facility
Blood Charges	Immunizations	Prosthetic Device
Brand Name Prescription Drug	Independent Medical Evaluation	Prosthodontics
Cabulance	Infertility	Psychiatric
Cancer	Inhalation Therapy	Psychiatric-Inpatient
Cardiac	Invasive Procedures	Psychiatric-Outpatient
Cardiac Rehabilitation	In-vitro Fertilization	Psychiatric-Room and Board
Chemotherapy	Lenses	Psychotherapy
Chiropractic	Licensed Ambulance	Pulmonary Rehabilitation
Chiropractic Office Visits	Long Term Care	Radiation Therapy
Chronic Renal Disease (CRD) Equipment	Lymphatic	Rehabilitation
Cognitive Therapy	Mail Order Prescription Drug	Rehabilitation-Inpatient
Consultation	Major Medical	Rehabilitation-Outpatient
Day Care (Psychiatric)	Massage Therapy	Rehabilitation-Room and Board
Dental Accident	Maternity	Renal Supplies in the Home
Dental Care	Maxiofacial Prosthetics	Respite Care
Dental Crowns	Medical Care	Restorative
Diagnostic Dental	Medically Related Transportation	Routine (Preventative) Dental
Diagnostic Lab	MRI/CAT Scan	Routine Exam
Diagnostic Medical	Neurology	Routine Physical
Diagnostic X-Ray	Newborn Care	Second Surgical Opinion
Dialysis	Nonmedically Necessary Physical	Skilled Nursing Care
Donor Procedures	Nursery	Skilled Nursing Care-Room and Board
Drug Addiction	Occupational Therapy	Skin
Durable Medical Equipment Purchase	Oral Surgery	Smoking Cessation
Durable Medical Equipment Rental	Orthodontics	Social Work
Emergency Services	Orthopedic	Speech Therapy
Endocrine	Other Medical	Substance Abuse
Endodontics	Otological Exam	Surgical
Experimental Drug Therapy	Partial Hospitalization (Psychiatric)	Surgical Assistance
Eye	Pathology	Third Surgical Opinion
Family Planning	Pediatric	Transplants
Frames	Periodontics	Used Durable Medical Equipment
Free Standing Prescription Drug	Pharmacy	Vision (Optometry)
Gastrointestinal	Physical Medicine	Well Baby Care
General Benefits	Plan Waiting Period	

Example: Patient Eligibility Information Response Web Screen

The following example of a patient eligibility information response was generated for a local BCBSKS member, using service type Routine (Preventive) Dental. The example is from our test system; therefore, the final production format could vary.



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Secured Services**Patient Eligibility Information**

Summary for Date of Service: 03/20/2007

Patient Information

Patient Name:

Patient Date of Birth:

Identification Number:

Group Number:

Individual Relationship: Self

Gender: Female

Disclaimer: Unless otherwise required by appropriate law, this notice is not a guarantee of payment. Benefits are subject to all contract limitations and the member's eligibility status on the date of service. Paid-to-date amounts reflect only finalized claims.

Plan Coverage Description: BLUE CHOICE - COMPREHENSIVE MAJOR MEDICAL

Patient Name:

Identification Number:

Glossary of HIPAA Terms

Service Type: HEALTH BENEFIT PLAN COVERAGE

Eligibility Information: ACTIVE COVERAGE

Coverage Level: EMPLOYEE AND CHILDREN

Insurance Type: GROUP POLICY

Time Period: CALENDAR YEAR

Date/Time Qualifier: POLICY EFFECTIVE 01/01/2007

Date/Time Qualifier: BENEFIT BEGIN 01/01/2007

Date/Time Qualifier: BENEFIT END 12/31/2007

Plan Coverage Description: PROFESSIONAL DENTAL

Patient Name:

Identification Number:

Glossary of HIPAA Terms

Service Type: ROUTINE (PREVENTIVE) DENTAL

Eligibility Information: ACTIVE COVERAGE

Coverage Level: EMPLOYEE AND CHILDREN

Insurance Type: GROUP POLICY

Time Period: CALENDAR YEAR

Date/Time Qualifier: POLICY EFFECTIVE 01/01/1997

Date/Time Qualifier: BENEFIT BEGIN 01/01/2007

Date/Time Qualifier: BENEFIT END 12/31/2007

Service Type: ROUTINE (PREVENTIVE) DENTAL

Eligibility Information: **DEDUCTIBLE**

Amount: **\$0.00**

In Plan Network: **YES**

Service Type: **ROUTINE (PREVENTIVE) DENTAL**

Eligibility Information: **CO-INSURANCE**

Percentage: **0%**

Amount: **\$0.00**

In Plan Network: **YES**

Service Type: **ROUTINE (PREVENTIVE) DENTAL**

Eligibility Information: **OUT OF POCKET (STOP LOSS)**

In Plan Network: **YES**

Coinsurance or deductibles may apply, please [contact us](#) for details.

Service Type: **ROUTINE (PREVENTIVE) DENTAL**

Eligibility Information: **CO-INSURANCE**

Coverage Level: **INDIVIDUAL**

Percentage: **50%**

In Plan Network: **YES**

Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

The additional information includes services and/or coverages that are applicable for this service type. Benefits are subject to all contract limitations and the members eligibility status on the date of service.

Space mgt. Therapy - non-accident (preventative)-age limitations may apply.

Service Type: **ROUTINE (PREVENTIVE) DENTAL**

Eligibility Information: **CO-INSURANCE**

Coverage Level: **FAMILY**

Percentage: **50%**

In Plan Network: **YES**

Additional Information: This coinsurance should be used instead of the value shown under Health Benefit Plan Coverage.

The additional information includes services and/or coverages that are applicable for this service type. Benefits are subject to all contract limitations and the members eligibility status on the date of service.

Space mgt. Therapy - non-accident (preventative)-age limitations may apply.

Service Type: **ROUTINE (PREVENTIVE) DENTAL**

Eligibility Information: **CO-PAYMENT**

Amount: **\$0.00**

In Plan Network: **YES**

Select [another member or service date](#)

Get Eligibility information for [another Patient ID Number](#)

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