

PPO Hospital and Physician Network Reference Guide

Developed by the Provider Affairs Operations/Education/Communications Department





Product Description	Network	Precertification & UM Requirements	Referrals	Billing and Reimbursement
Participating Provider Option (PPO)				
<p>The PPO is a cost containment benefit program that is made up of PPO hospitals and professional providers. PPO providers have agreed to fees set by BCBSIL as the maximum cost for their services. BCBSIL members may choose non-PPO providers. However their benefits will be reduced and their out-of-pocket expense will be greater.</p>	<p>Eligible Network Providers:</p> <ul style="list-style-type: none"> ▪ Physicians ▪ Osteopaths ▪ Chiropractors ▪ Podiatrists ▪ Licensed Clinical Social Workers (LCSW) ▪ Clinical Psychologists ▪ Certified Nurse Midwives ▪ Certified Registered Nurse Anesthetists (CRNA) ▪ Licensed Clinical Professional Counselors (LCPCs) ▪ Therapists (Physical, Speech and Occupational) <p>All PPO providers must have a valid state license in Illinois or in the state in which they render service to BCBSIL members, have signed the Mutual Participation Program (MPP) contract and the PPO Plus Addendum contract.</p>	<p>Most PPO contracts require plan notification and approval for inpatient hospital admissions. Some employer contracts require notification and approval for specified outpatient procedures. Additionally, care for mental health and chemical dependency generally requires notification and authorization. Specific time frames for notification vary according to employer requirements. This information along with notification phone numbers is listed on the back of the member's identification card.</p>	<p>Written referrals are not required, but when a referral for a member is necessary, the PPO provider must make every effort to refer the member to in-network PPO providers, hospitals, and laboratories that are required by some contracts. Referral to out-of-network providers could result in reduced benefits for the member.</p>	<p>Billing:</p> <ul style="list-style-type: none"> ▪ Professional services must be billed using the CMS-1500 (12/90) or CMS-1500 (08/05) formats. ▪ Providers may collect any copayments at the time of service. ▪ Providers should bill BCBSIL prior to collecting any fees other than copayment fees from the patient. After receiving the Provider Claim Summary (PCS) providers may bill the member for any applicable deductibles, coinsurance or non-covered services. ▪ PPO providers may not balance bill the patient for any fees over the allowable charge. <p>Reimbursement:</p> <ul style="list-style-type: none"> ▪ BCBSIL pays PPO providers directly for all covered services. ▪ BCBSIL sends a Provider Claim Summary to PPO providers indicating the claim disposition. The PCS indicated the amount of payment, services covered, non-covered services, deductible and coinsurance. ▪ The payment is according to the Schedule of Maximum Allowances (SMA) that is based on a payment methodology called the Resource Based Relative Value Scale (RBRVS).
BlueAdvantage Health Plan				
<p>Dual option product tailored primarily for groups of 100 to 250 employees located in the Chicago metro area. With the dual option product BlueAdvantage HMO may be paired with BlueAdvantage PPO.</p>	<p>Same network as PPO</p>	<p>Precertification and UM required through our MSA department for inpatient hospital services. Some employer contracts require approval for specific outpatient procedures.</p> <p>The provider is responsible for precertification for inpatient hospitalization.</p>	<p>Same requirements as PPO</p>	<p>Same billing guidelines and reimbursement methodology as PPO.</p>
BlueAdvantage Entrepreneur (BAE)				
<p>A benefit plan that is designed and priced for small businesses with 2-99 employees. This flexible plan offers a combination of 3 options, PPO, HMO, and Alternatives: Standard, Medical, Basic Hospital</p>	<p>Same network as PPO</p>	<p>Precertification and UM required through our MSA department. Providers are responsible for precertification for inpatient hospitalization, inpatient emergency and inpatient maternity. The member is responsible for precertifying for out-of-network.</p>	<p>Same requirements as PPO</p>	<p>Same billing guidelines and reimbursement methodology as PPO.</p>
Community Participating Option (CPO)				
<p>CPO is a subset of the larger PPO network. To receive the highest level of benefits, members must receive care from local participating CPO community providers. There are 28 plans located in South Central Illinois.</p>	<p>Physicians are identified through CPO hospitals for each region. Physicians need admitting privileges with local CPO hospitals, have a signed MPP contract, PPO Plus Addendum and CPO contract. CPO Hospitals are PPO contracted.</p>	<p>Precertification and UM required through our MSA department for inpatient hospital services. Some employer contracts require approval for specific outpatient procedures.</p> <p>The provider is responsible for precertification for inpatient hospitalization.</p>	<p>CPO providers should refer patients within the CPO network for maximum benefits. Referrals to PPO providers slightly reduce benefits. Out-of-network referrals result in a greater reduction of benefits.</p>	<p>Same billing guidelines and reimbursement methodology as PPO.</p>

Product Description	Network	Precertification & UM Requirements	Referrals	Billing and Reimbursement
BluePrint A PPO health benefit program tailored for groups with 100-500 employees. BluePrint employer groups have the option of choosing a PPO health benefit plan, the HMOI or BlueAdvantage health benefit plans.	BluePrint members utilize the standard PPO network.	Provider precertification for inpatient hospital services is required by in-network providers. The hospital is responsible for contacting the MSA. The member is responsible for precertification when using out-of-network or out-of-area hospitals.	Out-of-network referrals result in reduced benefits for the member. Providers should refer members to in-network PPO professional providers and facilities. To confirm provider PPO participation in the PPO network use the Provider Finder® at www.bcbsil.com .	Same billing guidelines and reimbursement methodology as PPO.
BlueEdgeSM A Consumer Driven Health Plan PPO product, featuring an employer-funded Health Care Account (HCA) or Health Spending Account (HSA) with a higher deductible. Members are given a specific dollar amount each year to meet initial health care costs.	BlueEdge SM members utilize the standard PPO network	Like most PPO contracts, plan notification and MSA approval is required for inpatient hospitalization and obstetrical inpatient admission. Some employers require notification for certain outpatient procedures	Out-of-network referrals result in reduced benefits for the member. Providers should refer members to in-network PPO professional providers and facilities. To confirm PPO provider participation in the PPO network, use the Provider Finder® at www.bcbsil.com .	Claims are submitted to BCBSIL in the CMS-1500 (12/90), CMS-1500 (08/05), UB-04 or UB-92 formats. Services are reimbursed directly to PPO providers: <ul style="list-style-type: none"> ■ Professional providers are paid the PPO SMA allowance. ■ Facility providers are paid their PPO contractual allowance. ■ Subsequent to receipt of the PCS, the patient may be billed for any remaining deductible and coinsurance amount.
BlueChoice Select	Physicians are PPO and BlueChoice contracted. For highest level of benefits members must use BlueChoice hospital, therapy and laboratory networks.	Precertification and UM required through the Medical Services Advisory (MSA) Department. Notification requirements are found on the back of the member's ID card.	Written referrals are not required. However, members receive the highest level of benefits when referred to in-network participating providers and facilities. To confirm BlueChoice network participation use the Provider Finder® Search Tool on our Web site at www.bcbsil.com .	Same billing guidelines and reimbursement methodology as PPO.

*Claims must be filed with BCBSIL on or before December 31 of the calendar year following the year in which the services were rendered. Services furnished in the last quarter of the year (October, November, December) are considered to be furnished in the following year. For example, a claim with a service date between 10/01/05 and 9/30/06 must be filed before 12/31/07. Claims not filed with the above time frames will not be eligible for payment. Some employer groups have different requirements for filing claims. For example, a group could require that claims for their employees be filed within six months following the service date.

PPO Identification Card (Hospital and Physician Network)

PPO members are identified by the letter **F** in the third position of the alpha prefix (**XOF**). The letter **F** means that the coverage is portable.

 	
DOE, JOHN Identification No. XOF112223333	
Group No. P12345	BS Plan Code 621 BC Plan Code 121
	PRIME BIN: 011552 PCN: ILDR 

To the Member: Your contract requires that you contact the Medical Services Advisor (MSA) prior to inpatient admissions, skilled nursing care, private duty nursing and home care within 2 business days of an admission for emergency or maternity care. For questions regarding benefits, membership and claims for medical care, please call the customer service number.

Medical Pre-certification: 1-800-572-3889
Mental Health/Chemical Dependency: 1-800-851-7498

Member must call prior to inpatient admission for mental health or chemical dependency treatment, or within 2 business days of emergency admission.

This number is available 24 hours per day, 7 days per week

FAILURE TO CONTACT EITHER MSA OR MENTAL HEALTH CHEMICAL DEPENDENCY UNIT MAY REDUCE YOUR AVAILABLE BENEFITS

Provider Locator for Employees: To find a PPO Provider in your service area or when traveling, please call: 1-800-810-BLUE (2583).

To Hospitals/Physicians: Please file all claims with your local BlueCross BlueShield Plan

To the Member: If a provider does not submit your claim on your behalf, please contact your Customer Service Unit.
Pharmacy Program: 1-800-423-1973

Customer Service: 1-800-403-0462
For claims information via the internet: www.bcbsil.com

BlueCross BlueShield of Illinois, an independent licensee of the BlueCross and BlueShield Association, provides administrative claims payment service only and does not assume any financial risk or obligation with respect to claims.

BCBSIL Provider Web Site

Log on to the BCBSIL Provider Web site at www.bcbsil.com for more product information.