

Important Changes Impacting Claims Submissions for BCBSTX Medicare Advantage Plans, Effective Jan. 1, 2017

Effective January 1, 2017, Blue Cross and Blue Shield of Texas (BCBSTX) will administer updates and changes that will have an impact on claims submissions for Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM (Medicare Advantage Plans). These changes will assist in streamlining claims processing and improve efficiencies of claims routing to our primary claims adjudicator. **The changes are as follows:**

✓ **New Payer ID**

- The Payer ID for the Blue Cross Medicare Advantage plans will change to **66006** for claims submitted on and after **January 1, 2017**. Providers that are not registered with Experian Health should contact their clearinghouse to confirm the new Payer ID for this plan - as other clearinghouses may assign their own unique number.

Please note that the Blue Cross Medicare Advantage member ID cards will contain the following applicable state alpha prefix:

State	PPO	HMO
Texas	ZGD	ZGJ
Illinois	XOD	XOJ
New Mexico	YID	YIJ
Oklahoma	YUX	YUB
Montana	YDJ	YDL

- The above state alpha prefix must be submitted using the new Payer ID **66006**, even for members who seek services from you when out of state. **You will no longer use the commercial payer IDs for out of state members with these prefixes.** Claims with these prefixes will be rejected if submitted to the commercial payer ID.

✓ **Electronic Inquiry Submission Updates**

- Effective for services rendered on and after Jan 1, 2017 Blue Cross Medicare Advantage eligibility and benefit and claim status inquiry transactions will be available for registered Experian Health users.
- Blue Cross Medicare Advantage claim status inquiries (HIPAA 276 transactions) can be conducted through Experian Health.

✓ **New EFT Payment Cycle**

- Payment cycles for EFT will be changing from daily to weekly. Blue Cross and Blue Shield of Texas will make weekly EFT payments for Blue Cross Medicare Advantage Plans effective 1/1/2017.

✓ **Paper claim mailbox address and fax number for non-delegated providers (no changes for RPO/EPIC/VOP providers)**

- The paper claim mailbox address and fax number for Blue Cross Medicare Advantage Plans non-delegated providers will change to:
Blue Cross Medicare Advantage
c/o Provider Services
P.O. Box 3686
Scranton, Pa. 18505
Fax Number: (855) 674-9192
- Effective 2/1/17, claims received at the old BCBSTX mailbox will be rejected with a letter informing providers to resubmit to the above correct mailbox.

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- ✓ **New processes**
 - New format for payments:
 - EFT trace number:
 - Blue Cross Medicare Advantage Plans will start with a source code of “M” instead of “C”
 - A new process will be implemented for claims overpayment recovery:
 - Request for refund letters will be sent by mail for all providers.
 - Providers may submit requested and voluntary refunds to the new lockbox listed below.
 - New lockbox address for provider overpayments
 - Health Care Service Claims Overpayment
 - 29068 Network Place
 - Chicago, IL 60673-1290

- ✓ **Electronic Remittance Advice (835 ERA)**
 - 835 ERA files will be distributed to the address associated with the billing provider’s Tax ID and National Provider Identifier (NPI), rather than being distributed to multiple locations.
 - EPS (Electronic Payment Summary) will not be available for providers post 1/1/17; however for ERA and non-ERA receivers, the Provider Claim Summary’s (PCS) will be sent by mail.
 - As a current ERA receiver for Blue Cross Medicare Advantage plans you will not need to re-enroll under the new Payer ID
 - The Payer ID on the 835 ERA will now match the Payer ID that is submitted on the claim (if submitting Blue Cross Medicare Advantage claims using 66006 then the ERA Payer ID will also reflect 66006).

- ✓ **Experian Health Electronic Remittance Advice (835 ERA) Changes**
 - ERA files for claims submitted with payer ID **66006** will be posted with a new file append name of **HCSCMAPD**, and will be identified within eCARE and OneSource with payer name Blue Cross Medicare Advantage Prescription Drug Plan.

We appreciate your patience during this transition. BCBSTX will be providing additional information on these changes in the coming months. These changes will be noted on the website and in the provider manuals accordingly. Please continue to watch for further information on the BCBSTX website at bcbstx.com/provider and in the **Blue Review** provider newsletter.

If you have any questions or if you need additional information, please contact your BCBSTX [Network Management Representative](#).

Member eligibility and benefits should be checked prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. It is strongly recommended that providers ask to see the member’s ID card for current information and a photo ID to guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly.

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