Provider Data Migration and Name Change Resource Guide

2019

On January 1, 2019, Care1st Health Plan changed its name to Blue Shield of California Promise Health Plan.

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Promise Health Plan

Provider Data Migration and Name Change Resource Guide

A Toolkit for Providers

2019

This multi-part document will assist providers with changes based on the Data Migration and Name Change initiatives.

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Promise Health Plan

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

blueshieldca.com/promise

Introduction

Q1 2019

On January 1, 2019, Care1st Health Plan changed its name to Blue Shield of California Promise Health Plan.

We developed this guide to help you navigate through the change and provide the tools and resources you may need. There are recommend action steps in each section you'll want to consider as we continue throughout 2019. We will notify you of any additional updates and will provide new content for this Resource Guide as appropriate.

Specific updates in the 2019 version of this guide include:

- Contact Information: Updated pharmacy mailing address departments and Provider Phone Guide
- Enrollment & Eligibility: Additional detail, clarification on eligibility files
- Finance & Payment: Added reporting/files consolidation detail
- Claims: New summary of changes

We understand that there are many changes and hope this Resource Guide makes the transition easier for you. We appreciate the value you provide and your commitment as we work together. If you have questions about any of the information provided, please contact us at Provider_Relations@blueshieldca.com.

Thank you!
Blue Shield of California Promise Health Plan
Provider Relations Team

The legend below will help you easily identify relevant information by audience. See the corresponding icon in the upper right corner of each page.

Provider Audience Legend

A	All Audiences
C	Capitated
D	Delegated

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Please note: Forms and templates have been excluded from this Resource Guide. Please visit our website to download the latest documents. See links on following page.

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

blueshieldca.com/promise

Changes to Key Contact Information

Effective January 1, 2019

Updated Web URLs:

BSC Promise homepage	www.blueshieldca.com/promise
Provider homepage	www.blueshieldca.com/promise/provider
Provider Portal	https://promise.blueshieldca.com
Provider Name Change and Data Migration Resources	https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject
Member homepage	https://www.blueshieldca.com/promise/member
2019 Medicare member homepage	https://www.blueshieldca.com/promise/medicare
2019 Medi-Cal member homepage	https://www.blueshieldca.com/promise/medical
2019 Cal Medi-Connect member homepage	https://www.blueshieldca.com/promise/calmediconnect

Updated Claims Mailing Addresses:

Medical Claims	Excela-BSCPHP P.O. Box 272660 Chico, CA 95926		
Pharmacy Claims	**Medicare:** DST Pharmacy Solutions P.O. Box 419019 Dept. 780 Kansas City, MO 64141	**Cal Medi-Connect:** DST Pharmacy Solutions P.O. Box 419019 Dept. 782 Kansas City, MO 64141	Note: Medi-Cal pharmacy claims are processed in-house by Blue Shield Promise.

Updated Email Addresses:

Provider demographic updates	BSCProviderInfo@blueshieldca.com
Encounter data operations team	Encounter_Ops@blueshieldca.com
Name change or data migration inquiries	Provider_Relations@blueshieldca.com
Electronic Funds Transfer (EFT) or ERA enrollment questions	EDI_PHP@blueshieldca.com

Updated Phone Number:

Dedicated Provider Line	(800) 468- 9935	See Provider Phone Guide below

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Dedicated Provider Telephone Number: (800) 468-9935

Please note: Using the interactive voice recognition (IVR) system requires a provider tax Identification (ID) number (TIN) or National Provider Identifier (NPI), plus the Blue Shield of California Promise Health Plan member's ID number and date of birth.

Provider Phone Guide

If you are calling about:	Press:
Member eligibility verification	1
Member benefits	2
Claims status and appeals	3
Mailing address	4
Pharmacy Services	5
Authorization status	6, then 1
For prior authorization and care coordination the options are specific to service type:	
Utilization Management (UM) for Home Health Services	6, then 0, then 1
UM for Inpatient Care (including Skilled Nursing Facility Services)	6, then 0, then 2
UM for Durable Medical Equipment	6, then 0, then 3
UM for California Children's Services (CCS)	6, then 0, then 4
None of the above UM services	6, then 0, then 5
Request an Outpatient Prior Authorization form	6, then 2, then 1
Request a Skilled Nursing Facility Prior Authorization form	6, then 2, then 2
Request a Long Term Care Prior Authorization form	6, then 2, then 3
Request a Durable Medical Equipment Prior Authorization form	6, then 2, then 4
Request a Community Based Adult Services Prior Authorization form	6, then 2, then 5
Request a Home Health Prior Authorization form	6, then 2, then 6
None of the above forms	6, then 2, then 7
To coordinate member transportation and gurney services:	
Transportation	7
Contract and network provider account management:	
Account changes (i.e., office address, phone number updates, etc.)	8, then option 2
Network contract submission and renewals	8, then option 3

For assistance with electronic claims submission and enrollment, call: (800) 480-1221

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Update: New Blue Shield Promise Provider Identification Numbers

Effective January 1, 2019

We have issued new Proprietary Provider Identification numbers (PPID) for Medicare providers ONLY. This is a change to the communication that was previously distributed in August 2018. This change will not impact identifications numbers used for enrollment for Medi-Cal or Cal Medi-Connect.

The information below outline the specific steps and actions applicable to this transition. It will also indicate which provider IDs have changed and which have not.

Please review the information below carefully. It is critical for you to understand whether there is any action required on your part.

Provider ID Distribution:

New ID?	For your participation as:		Action required:
Yes	Blue Shield Promise Medicare Advantage HMO provider	Statewide – all Blue Shield Promise providers, all counties	Only use the new ID to enroll Medicare Advantage HMO members for 2019 coverage and for services provided to the members on or after January 1, 2019. The new Blue Shield Promise Provider Directory contains your NEW Medicare Advantage HMO provider ID number(s) and is to be used for open enrollment.
NO new ID, stays the same (Ends with Suffix-F)	Blue Shield Promise Medi-Cal Provider	Los Angeles County	No new action. Use your same ID for 2018 and 2019 for enrollment purposes.
NO new ID, stays the same	Blue Shield Promise Medi-Cal Provider	San Diego County	No new action. Use your same ID for 2018 and 2019 for enrollment purposes.
NO new ID, stays the same	Blue Shield Promise Cal Medi-Connect Provider	Statewide – all Blue Shield Promise providers, all counties	No new action. Use your same ID for 2018 and 2019 for enrollment purposes.

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New Blue Shield Promise Provider Identification Numbers (PPGs & MSOs)

C

Effective January 1, 2019

We have issued new Proprietary Provider Identification numbers (PPID) for Medicare providers ONLY. This is a change to the communication that was previously distributed in August 2018. This change will not impact identifications numbers used for enrollment for Medi-Cal or Cal Medi-Connect.

The information below outlines the specific steps and actions applicable to this transition. It will also show you which of your provider IDs have changed and which have not.

- Participating Provider Groups (PPG) and Managed Service Organizations (MSO) have received the new proprietary provider ID numbers via a crosswalk.
- **Changes to Provider ID formats:**
  - Change in character length
    - BEFORE: 6-characters in length
    - **NEW**: 12-characters in length

Provider ID Changes Summary Matrix

New ID?	For your participation as:		Your required action:
Yes	Blue Shield Promise Medicare Advantage HMO provider	Statewide – all Blue Shield Promise providers, all counties	Only use the new ID to enroll Medicare Advantage HMO members for 2019 coverage and for services provided to the members on or after January 1, 2019. The new Blue Shield Promise Provider Directory contains your NEW Medicare Advantage HMO provider ID number(s) and is to be used for open enrollment.
NO new ID, stays the same (Ends with Suffix-F)	Blue Shield Promise Medi-Cal Provider	Los Angeles County	No new action. Use your same ID for 2018 and 2019 for enrollment purposes.
NO new ID, stays the same	Blue Shield Promise Medi-Cal Provider	San Diego County	No new action. Use your same ID for 2018 and 2019 for enrollment purposes.
NO new ID, stays the same	Blue Shield Promise Cal Medi-Connect	Statewide – all Blue Shield Promise providers, all counties	No new action. Use your same ID for 2018 and 2019 for enrollment purposes.

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Additional Required Actions:

Action	How	When
Validate that your systems can accommodate the longer character length and formatting provided above.	Work with your internal IT teams or vendors.	As soon as possible.
Download Provider ID Crosswalk.	Via your secure SFTP site. More detailed instructions will be provided at time of notification.	As soon as crosswalk is received.
Update any systems with the NEW proprietary provider ID wherever it is currently stored and used (i.e., practice management systems, authorization and claims adjudication systems.	Determine what works best for you. You may need to work with your internal IT teams, vendors and/or staff if this needs to be done manually.	After crosswalk is provided.
Inform all impacted staff of the changes and vendors that perform services on your behalf (if applicable).	Use this document to assist in training staff.	As soon as possible.

Changes to Member Identification Numbers

Effective January 1, 2019

We have issued new proprietary member identification numbers and ID cards. These new identification numbers and new ID cards were mailed to members December 2018. The numbers do not impact any government issued identification numbers such as Medi-Cal Claims Information Number (CIN) or Medicare Beneficiary Identifier (MBI).

- **Changes to Member ID formats:**
  - Change in character length
    - BEFORE: 9-characters in length
    - **NEW**: 12- characters in length
  - Change in format
    - BEFORE: 1234567*01
    - **NEW**: ABC123456789

Required Actions:

Action	How	When
Validate that your systems can accommodate the longer character length and formatting provided above.	Work with your internal IT teams or vendors.	As soon as possible.
Inform all impacted staff of the changes including vendors that may perform services on your behalf.	Use this document or the ID card presentation to train staff.	As soon as possible.
Obtain the new member ID numbers.	Request the new ID card from the member or use our provider portal.	January 1, 2019 and after.
Use the NEW ID to verify eligibility.	Use this new ID to verify eligibility on our provider portal or when calling our customer care department.	January 1, 2019 and after.
Update any systems or records that currently store this proprietary ID as members present for services.	Determine what process will work best for you.	January 1, 2019 and after.
Use the NEW ID for all transactions such as claims/encounter submission authorization requests, etc.	Ensure all systems have been updated to submit new IDs.	January 1, 2019 and after.

Changes to Member Identification Numbers – PPGs, MSOs, Hospitals and Direct Contract PCPs

Effective January 1, 2019

We have issued new proprietary member identification numbers and ID cards. These numbers do not impact any government issued identification numbers such as Medi-Cal Claims Information Number (CIN) or Medicare Beneficiary Identifier (MBI).

- Participating Provider Groups (PPG), Managed Service Organizations (MSO) and Direct Contract Primary Care Physicians (PCPs) have received the new ID numbers via a crosswalk.
- **Changes to Member ID formats:**
  - Change in character length
    - BEFORE: 9-characters in length
    - **NEW**: 12- characters in length
  - Change in format
    - BEFORE: 1234567*01
    - **NEW**: ABC123456789

Required Actions:

Action	How	When
Validate that your systems can accommodate the longer character length and formatting provided above.	Work with your internal IS teams or vendors.	As soon as possible.
Download Member ID Crosswalk.	Via your secure Sterling Secure File Transfer Protocol (SFTP) site. More detailed instructions will be provided at time of notification.	Notification sent via email when download is available.
Update any systems with the NEW proprietary ID wherever it is currently stored and used (i.e., practice management systems, authorization and claims adjudication systems.	Determine what works best for you. You may need to work with your internal IT teams, vendors and/or staff if this needs to be done manually.	As soon as possible.
Inform all impacted staff of the changes and vendors that perform services on your behalf (if applicable).	Use this document or the ID card presentation to train staff.	As soon as possible.
Use the NEW ID to verify eligibility.	Use this new ID to verify eligibility on our provider portal or when calling our customer care department.	January 1, 2019 and after.
Use the NEW ID for all transactions such as claims/encounter submission authorization requests, etc.	Ensure all systems have been updated to submit new IDs.	January 1, 2019 and after.

Sample ID Cards and Cover Letters

Please note that final production output on plastic cards may vary slightly from what is displayed in mockups below.

Medicare Advantage
ID Card Front and Back

Cover Letter Verbiage

blue california | promise HEALTH PLAN

Blue Shield of California Promise Health Plan
P.O. Box 4239
Montebello, CA 90640

Member Services **(800) 544-0088 [TTY: 711]**
8:00 a.m. - 8:00 p.m., Monday-Friday Apr 1st - Sep 30th;
8:00 a.m. - 8:00 p.m., 7 days a week Oct 1st - Mar 31st
www.blueshieldca.com/promise/medicare

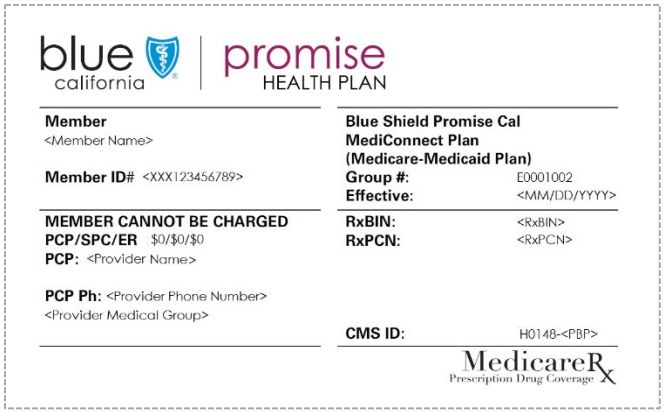
THANK YOU for choosing
Blue Shield of California
Promise Health Plan

Your NEW ID CARD has arrived.
Please use the attached card when obtaining healthcare services.

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

blueshieldca.com/promise

Cal MediConnect (CMC) | Los Angeles
ID Card Front and Back


blue california | promise HEALTH PLAN

Member
<Member Name>

Member ID# <XXX123456789>

MEMBER CANNOT BE CHARGED
PCP/SPC/ER $0/$0/$0
PCP: <Provider Name>

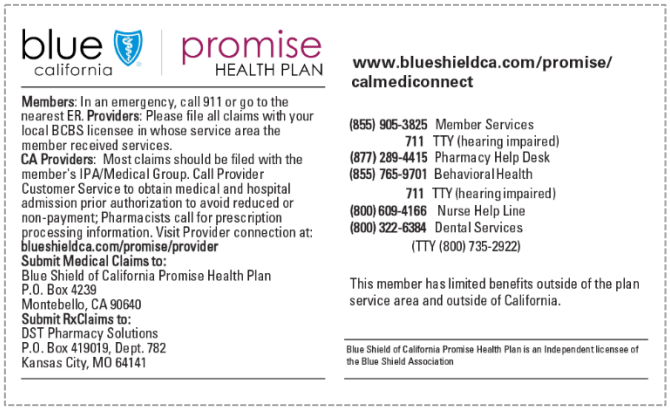
PCP Ph: <Provider Phone Number>
<Provider Medical Group>

Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan)
Group #: E0001002
Effective: <MM/DD/YYYY>

RxBIN: <RxBIN>
RxPCN: <RxPCN>

CMS ID: H0148-<PBP>

MedicareRx Prescription Drug Coverage


blue california | promise HEALTH PLAN

Members: In an emergency, call 911 or go to the nearest ER. **Providers:** Please file all claims with your local BCBS licensee in whose service area the member received services.
CA Providers: Most claims should be filed with the member's IPA/Medical Group. Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment; Pharmacists call for prescription processing information. Visit Provider connection at: **blueshieldca.com/promise/provider**
Submit Medical Claims to:
Blue Shield of California Promise Health Plan
P.O. Box 4239
Montebello, CA 90640
Submit RxClaims to:
DST Pharmacy Solutions
P.O. Box 419019, Dept. 782
Kansas City, MO 64141

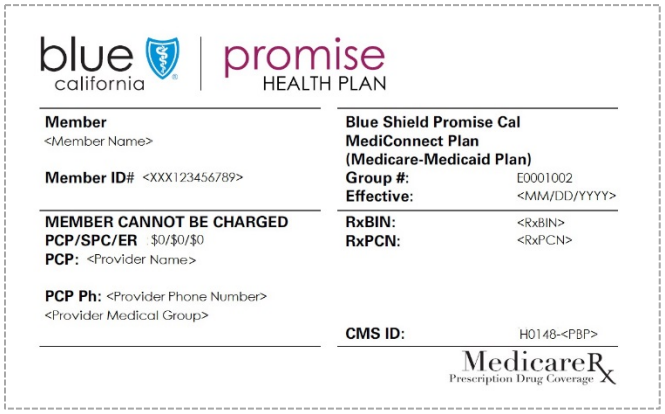
www.blueshieldca.com/promise/calmediconnect

(855) 905-3825 Member Services
711 TTY (hearing impaired)
(877) 289-4415 Pharmacy Help Desk
(855) 765-9701 Behavioral Health
711 TTY (hearing impaired)
(800) 609-4166 Nurse Help Line
(800) 322-6384 Dental Services
(TTY (800) 735-2922)

This member has limited benefits outside of the plan service area and outside of California.

Blue Shield of California Promise Health Plan is an Independent licensee of the Blue Shield Association

Cal MediConnect (CMC) | San Diego
ID Card Front and Back


blue california | promise HEALTH PLAN

Member
<Member Name>

Member ID# <XXX123456789>

MEMBER CANNOT BE CHARGED
PCP/SPC/ER $0/$0/$0
PCP: <Provider Name>

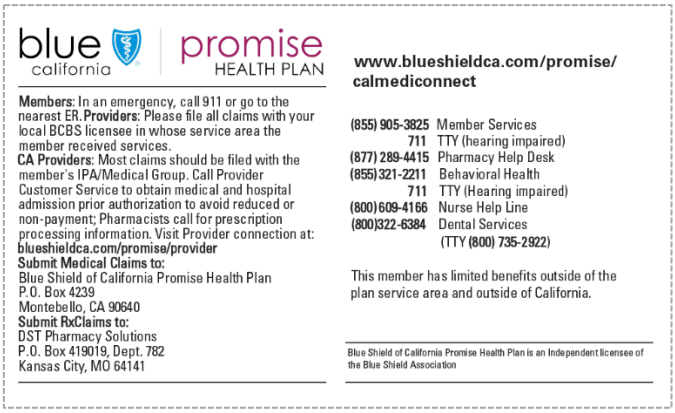
PCP Ph: <Provider Phone Number>
<Provider Medical Group>

Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan)
Group #: E0001002
Effective: <MM/DD/YYYY>

RxBIN: <RxBIN>
RxPCN: <RxPCN>

CMS ID: H0148-<PBP>

MedicareRx Prescription Drug Coverage


blue california | promise HEALTH PLAN

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Montebello, CA 90640
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(855) 905-3825 Member Services
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(855) 321-2211 Behavioral Health
711 TTY (Hearing impaired)
(800) 609-4166 Nurse Help Line
(800) 322-6384 Dental Services
(TTY **(800) 735-2922**)

This member has limited benefits outside of the plan service area and outside of California.

Blue Shield of California Promise Health Plan is an Independent licensee of the Blue Shield Association

Cover Letter Verbiage

blue california | promise HEALTH PLAN

Blue Shield of California Promise Health Plan
P.O. Box 4239
Montebello, CA 90640

Member Services **(855) 905-3825** (TTY: **711**)
8 a.m. - 8 p.m., 7 days a week
www.blueshieldca.com/promise/calmediconnect

THANK YOU for choosing Blue Shield of California Promise Health Plan

Your NEW ID CARD has arrived.
Please use the attached card when obtaining healthcare services.

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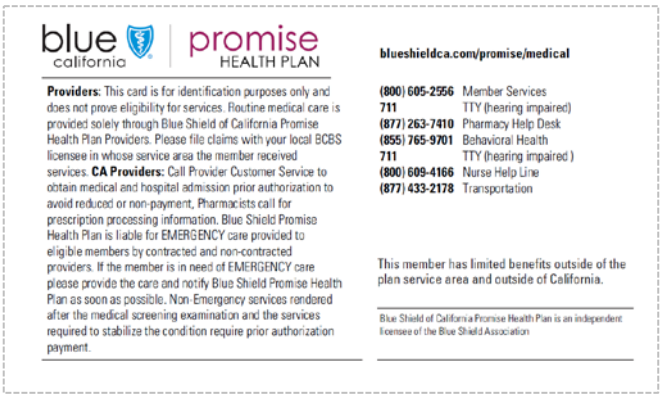
601 Potrero Grande Drive, Monterey Park, CA 91755

blueshieldca.com/promise

Medi-Cal | L.A. Care
ID Card Front and Back



Cover Letter Verbiage

blue california | promise HEALTH PLAN

Blue Shield of California Promise Health Plan
P.O. Box 4239
Montebello, CA 90640

Member Services **(800) 605-2556 (TTY: 711)**
Monday - Friday: 8 a.m. - 6 p.m.
www.blueshieldca.com/promise/medical

Welcome to Blue Shield of California Promise Health Plan. Enclosed is your new I.D. card. Soon you will also be getting a member handbook and a provider directory. Please remove the enclosed Identification Card and carry it with you at all times. When you show this Identification Card to your doctor, hospital or pharmacy, it will let them know that you are a Blue Shield of California Promise Health Plan member. If the doctor's name or any information on the Identification Card is wrong, please contact Member Services Department at **(800) 605-2556**, so that we can help with any changes you may have and send you a new I.D. Card.

If you have questions, just ask! The Member Services Department at Blue Shield of California Promise Health Plan has been set up to answer all your questions about how to use your benefits and help you with any problems you are having. We can also assist you in getting transportation to your doctor's office if you have problems getting there. Just ask! Simply call us at **(800) 605-2556** from 8:00 a.m. to 6:00 p.m., Monday through Friday - we are here to help you. We know how important your health care is to you, and how important it is for you to understand how it works.

You are our number one priority. Our top priority is you - keeping you and your family healthy and informed. We appreciate the opportunity to be your health care partner and look forward to serving you throughout the year, and into the future.

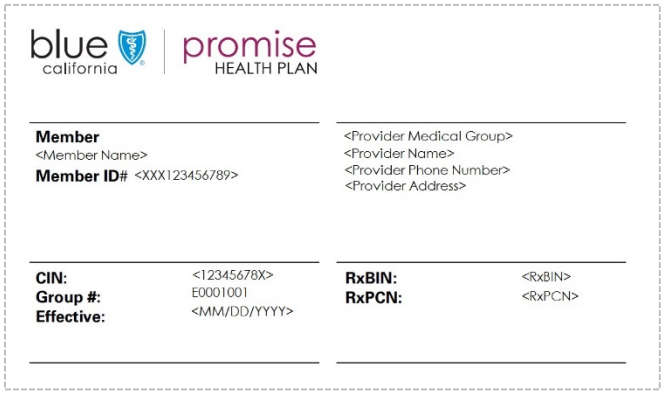
Thank you for choosing Blue Shield of California Promise Health Plan.

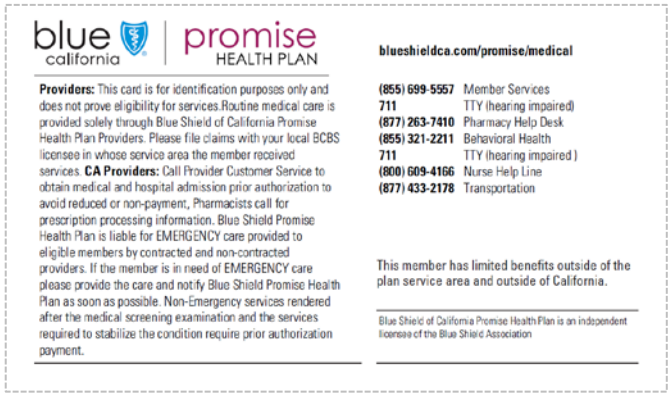
Dr. Greg Buchert
President, Blue Shield of California Promise Health Plan

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

blueshieldca.com/promise

Medi-Cal | San Diego Geographic Managed Care (GMC)
ID Cards Front and Back





Cover Letter Verbiage

blue california | promise HEALTH PLAN

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P.O. Box 4239
Montebello, CA 90640

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Monday - Friday: 8 a.m. - 6 p.m.
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601 Potrero Grande Drive, Monterey Park, CA 91755

blueshieldca.com/promise

Medi-Cal
Cover Letter Verbiage – Spanish

Los Angeles | L.A. Care

Bienvenido a Blue Shield of California Promise Health Plan. Encontrará adjunta su nueva tarjeta de identificación de Blue Shield Promise. Pronto también recibirá una guía para los miembros de Blue Shield Promise y un directorio de proveedores. Quite la tarjeta de identificación adjunta y llévela siempre con usted. Si enseña su tarjeta de identificación a su doctor, hospital o farmacia, ellos sabrán que usted es miembro de Blue Shield Promise. También sabrán a donde tienen que enviar todos los cobros. Si ya tiene una tarjeta, por favor rómpala y use la nueva. Si hay errores en el nombre del doctor o en otra información de la tarjeta, por favor llame al Departamento de Membresía de Blue Shield Promise al **(800) 605-2556**. Con gusto corregiremos los errores y le enviaremos una tarjeta nueva.

Si tiene dudas... A!pregunte! El Departamento de Membresía de Blue Shield Promise está disponible para contestar todas sus preguntas acerca de sus beneficios y como usarlos. También podemos ayudarle con cualquier problema que tenga. Le podemos ayudar con el transporte al consultorio de su doctor si tiene problemas para ir. A!Sólo tiene que pedir ayuda! Simplemente llámenos al **(800) 605-2556** de las 8:00 a.m. a 6:00 p.m., de lunes a viernes. Siempre le atenderemos con mucho gusto. Sabemos que tan importante es para usted su salud y porvenir.

Usted es lo más importante para nosotros. Mantenerlo saludable y bien informado es lo más importante para nosotros. Agradecemos la oportunidad de compartir con usted su atención médica y esperamos con gusto poder servirle en este año y por mucho tiempo después.

Dr. Greg Buchert
Presidente, Blue Shield of California Promise Health Plan

San Diego | Geographic Managed Care (GMC)

Bienvenido a Blue Shield of California Promise Health Plan. Encontrará adjunta su nueva tarjeta de identificación de Blue Shield Promise. Pronto también recibirá una guía para los miembros de Blue Shield Promise y un directorio de proveedores. Quite la tarjeta de identificación adjunta y llévela siempre con usted. Si enseña su tarjeta de identificación a su doctor, hospital o farmacia, ellos sabrán que usted es miembro de Blue Shield Promise. También sabrán a donde tienen que enviar todos los cobros. Si ya tiene una tarjeta, por favor rómpala y use la nueva. Si hay errores en el nombre del doctor o en otra información de la tarjeta, por favor llame al Departamento de Membresía de Blue Shield Promise al **(855) 699-5557**. Con gusto corregiremos los errores y le enviaremos una tarjeta nueva.

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Dr. Greg Buchert
Presidente, Blue Shield of California Promise Health Plan

Provider Data Validation

Effective January 1, 2019

There are changes to provider data validation, including changes to the 274+ Provider Roster files and branding updates to validation request forms. As before, your timely response to data validation requests is appreciated to ensure our provider directories are always as current as possible.

- **What has changed:**
  - Provider Data Confirmation (PDC) Forms have been updated to reflect the new Blue Shield of California Promise Health Plan brand. A sample data confirmation letter and validation form follow.
  - Contact information for submitting provider data has changed:
    - Fax number: (916) 350-8860
    - E-mail: BSCProviderInfo@blueshieldca.com
  - If you are a dual-contracted provider, working with both Blue Shield of California and Blue Shield of California Promise Health Plan, you will have a combined PDC validation in 2019.
  - Extensive updates to 274+ Provider Roster files including file format, ID codes and naming convention. See detailed information below.

- **What has not changed:**
  - Validation requirements and response timeline remain the same.
  - 274+ file frequency (quarterly) and location Sterling Secure File Transfer Protocol (SFTP) site remain the same.

Required Actions:

Action	How	When
Review these forms with staff responsible for providing updated demographic data.	Use this form as a resource and distribute accordingly.	As soon as possible.
Respond to provider demographic updates promptly when requested.	Make any updates necessary and return the form to the contact email or fax provided on the form.	Throughout the year, as requested.
Ensure staff are prepared for updated 274+ files.	Review change documentation and field change guide.	As soon as possible.

Changes to 274+ Provider Roster Files

C

Effective December 20, 2018

There are changes to our 274+ Provider Roster files. To successfully be able to receive and process the Provider Roster files, you will want to ensure that your systems reflect the updated 274+ changes below.

- **What has changed:**
  - In the past, providers received individual files by line of business (LOB). Moving forward, all LOBs will be combined and sent in a single 274+ Excel format file. LOB can be identified in the file by network name.
  - Network and group name descriptions
  - Tax ID number (TIN) format includes hyphen(s) between the TIN number (NN-NNNNNNN or NNN-NN-NNNN)
  - Date format (YYYYMMDD)
  - Name format (first, middle, last name)
  - Site facility ID codes
  - Site facility location codes
  - Primary care physician ID codes
  - Academic degree codes
  - Provider location ID
  - Updated companion guide
  - File naming conventions
    - <IPA Network ID>_CCYYMMDD.xlsx (For example: 54220IPA0CXXXX_20190120.xlsx)
- **What has not changed:**
  - File frequency: Quarterly
  - File location: Sterling Secure File Transfer Protocol (SFTP) site

The updated 274+ Field Change Guide and sample file can be accessed and downloaded on our website at: https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Please review the updated 274+ Field Change Guide and sample file.	Access the link above to download the updated Field Change Guide.	As soon as possible.
Notify us of any concerns or issues immediately.	Send us an email at Provider_Relations@blueshieldca.com.	As soon as possible.
Confirm receipt of new production file.	Access your BSC Sterling account.	Upon receiving notification of file availability.

Changes to Enrollment and Eligibility Verification

Effective January 1, 2019

There are some changes when verifying eligibility and/or assisting members with enrollment.

- **What changed:**
  - NEW provider IDs for Medicare for enrollment effective on or after January 1, 2019
    - NEW provider IDs are available in our 2019 Provider Directory and 2019 Provider Search feature online
  - NEW name displayed when verifying eligibility through the Medi-Cal automated eligibility verification service (AEVS)
    - New Name: **Blue Shield Promise**
    - **Note:** This update is in process. You may continue to see Care1st Health Plan in AEVS until this is updated by the Department of Health Care Services (DHCS) as part of the planned quarterly update in March 2019.
  - Updated Health Care Options (HCO)/Choice Enrollment Form
    - New name and plan code
      - Name: **Blue Shield Promise**
      - Plan Code: **BL**
    - **Note:** This update is in process. In the meantime, you may see HCO forms with the previous name and plan code until it is updated by DHCS as part of the planned quarterly update in March 2019. Please see below for information and sample forms.
  - NEW self-service option for eligibility verification through our Dedicated Provider Line.
    - New Member ID required for self-service eligibility inquiries.
- **What did not change:**
  - Provider IDs currently used for Medi-Cal or Cal Medi-Connect
  - How you verify eligibility via our Provider Portal (new URL: https://promise.blueshieldca.com) or by telephone at (800) 468-9935.

Required Actions:

Action	How	When
Inform all impacted staff of the changes outlined above.	Use this document to train staff.	As soon as possible.

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

blueshieldca.com/promise

2019 Plan/Product Names for Blue Shield of California Promise Health Plan

Effective January 1, 2019

The product names have changed to reflect our new name, though the products we offer in 2019 will not change.

New 2019 Product Names:

2018 Care1st Health Plan Product Names	NEW- 2019 Blue Shield of California Promise Health Plan Product Names
Care1st AdvantageOptimum	Blue Shield Promise AdvantageOptimum
Care1st Coordinated Choice	Blue Shield Promise Coordinated Choice
Care1st Total Dual	Blue Shield Promise Total Dual
Care1st Medi-Cal	Blue Shield Promise Medi-Cal
Care1st Cal MediConnect Plan	Blue Shield Promise Cal MediConnect Plan

Health Care Options – Health Plan Choice Form

2018 to 2019 HCO Form Comparison
January 1, 2019

When Care1st changed its name to Blue Shield of California Promise Health Plan, the two-character health plan code and name for our company changed on the Health Care Options Health Plan Choice Form ("HCO form") used by the California Department of Health Care Services (DHCS).

Our new health plan code is **BL** and our health plan name is **Blue Shield Promise** on the Medi-Cal and Cal MediConnect HCO forms. Our numerical plan codes remain the same:

- **167:** Medi-Cal – San Diego
- **817**: Cal MediConnect – Los Angeles
- **803**: Cal MediConnect – San Diego

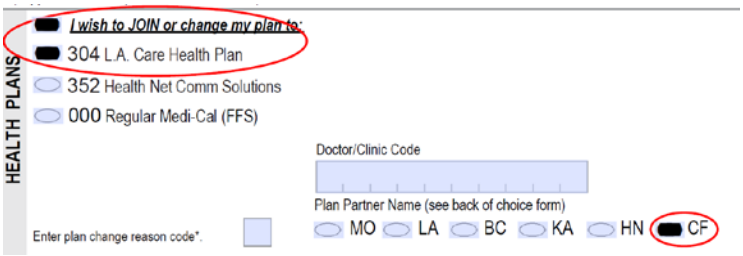
In case the HCO form you are using does not yet have the new, updated information, you can simply check the "CF" code and relevant Care1st plan name on the current form and be confident that prospective members WILL be enrolled in **BL, Blue Shield of California Promise Health Plan for 2019.**

We hope you find these comparative regional charts for Medi-Cal and Cal MediConnect plan codes and plan names helpful.

Medi-Cal – Los Angeles | Health Plan Code/Partner Plan Name

2018	2019
Health plan code: CF	**Health plan code:** BL
Partner plan information: CF Care1st Partner Plan, LLC	**Partner plan information:** 304 L.S. Care Health Plan BL Blue Shield Promise

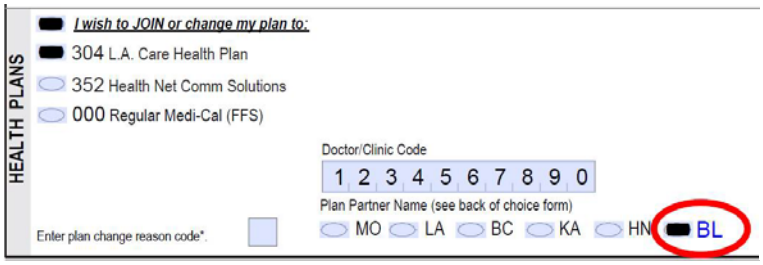
2018:



PLAN PARTNER INFORMATION FOR:

304 L.A. Care Health Plan
BC Blue Cross of CA Partnership (Anthem)
CF Care1st Partner Plan, LLC
KA KP Cal, LLC
LA L.A. Care Health Plan
352 Health Net Comm Solutions
HN Health Net Comm Solutions
MO Molina Healthcare Partner

New 2019:



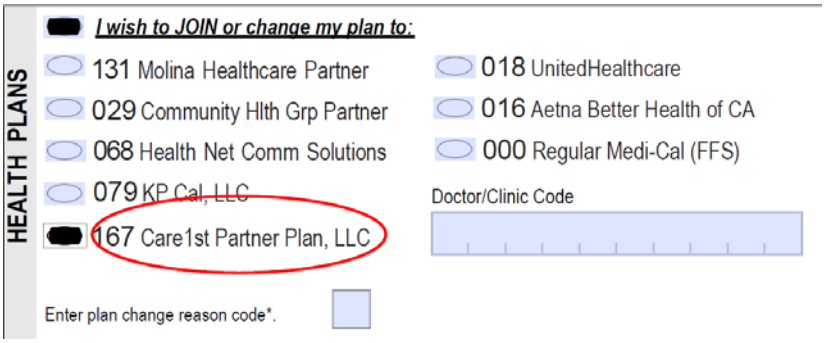
PLAN PARTNER INFORMATION FOR:

304 L.A. Care Health Plan
BC Blue Cross of CA Partnership (Anthem)
BL Blue Shield Promise
KA KP Cal, LLC
LA L.A. Care Health Plan
352 Health Net Comm Solutions
HN Health Net Comm Solutions
MO Molina Healthcare Partner

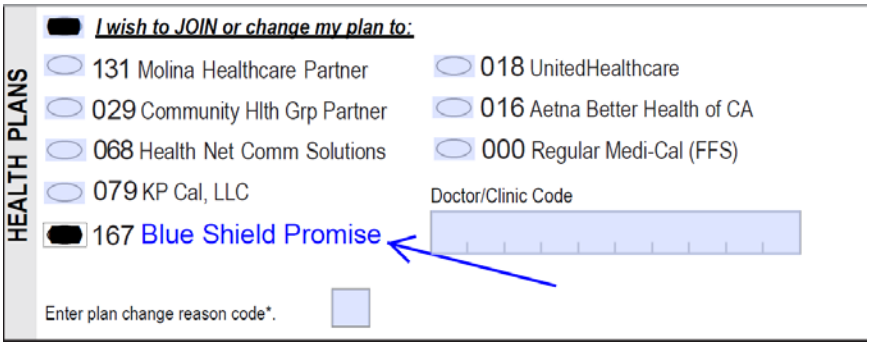
Medi-Cal – San Diego | Health Plan Code/Partner Plan Name

2018	2019
167 Care1st Partner Plan, LLC	167 Blue Shield Promise

2018:



New 2019:



Cal MediConnect – Los Angeles

2018 Health Plan Code	2019 Health Plan Code
Option A: Cal MediConnect Plans 817 Care1st	Option A: Cal MediConnect Plans 817 Blue Shield Promise

2018:

STEP 2: Choose how you want your care:

OPTION A

Combine my Medicare and Medi-Cal benefits in one plan.

Choose one of these Cal MediConnect Plans:

- ○ 800 L.A. Care
- ○ 801 Health Net
- ○ 816 Molina Dual Options
- ● 817 Care1st
- ○ 818 CareMore

New 2019:

STEP 2: Choose how you want your care:

OPTION A

Combine my Medicare and Medi-Cal benefits in one plan.

Choose one of these Cal MediConnect Plans:

- ○ 800 L.A. Care
- ○ 801 Health Net
- ○ 816 Molina Dual Options
- ● 817 Blue Shield Promise
- ○ 818 CareMore

Cal MediConnect – San Diego | Health Plan Code

2018	2019
Option A: Cal MediConnect Plans 803 Care1st	Option A: Cal MediConnect Plans 803 Blue Shield Promise

2018:

STEP 2: Choose how you want your care:

OPTION A

Combine my Medicare and Medi-Cal benefits in one plan.

Choose one of these Cal MediConnect Plans:

- ● 803 Care1st
- ○ 804 CommuniCare Advantage
- ○ 805 Health Net
- ○ 806 Molina Dual Options

New 2019:

STEP 2: Choose how you want your care:

OPTION A

Combine my Medicare and Medi-Cal benefits in one plan.

Choose one of these Cal MediConnect Plans:

- ● 803 Blue Shield Promise
- ○ 804 CommuniCare Advantage
- ○ 805 Health Net
- ○ 806 Molina Dual Options

Changes to Provider Portal

Effective January 1, 2019

There are changes to our provider portal resulting from our name change and data migration.

- **What has changed:**
  - Re-branded web URL: https://promise.blueshieldca.com
  - Verify eligibility using the NEW member ID number
    - **Note:** Try searching using the full member ID without the prefix and using the number only. For example:
      - ABC123456789
      - 123456789
  - New Providers, please complete the Provider Login Assignment Form and email it to providerloginCA@blueshieldca.com to request Provider Portal access. The online access request process is not currently available.
  - If you have issues with your Username or Password, please email providerloginCA@blueshieldca.com. The link to automatically request Username and Password assistance is in process.
- **What has not changed:**
  - Username or password
  - Current services and functions available (i.e. eligibility, claims status, etc.)
  - Separate provider portals for Blue Shield of California Promise Health Plan and Blue Shield of California participating providers.
    - Blue Shield Promise member information will not be available in the Blue Shield of California portal (for dually contracted providers)
  - Provider Login Assignment Form is available for new Providers to request access.

Required Actions:

Action	How	When
Inform all impacted staff of the changes outlined above.	Use this document to train staff.	As soon as possible.

Changes to 834 4010 Eligibility Files

Effective January 1, 2019

There are changes to our 834 4010 eligibility files. In order to successfully be able to receive and load the files, you will want to ensure that your systems reflect the updated 834 4010 file layout. Please review the required actions below.

- **What has changed:**
  - Field-level detail; see Key Data Element Comparison document on Resources page below
  - Updated File Layout document
  - File naming conventions
    - 834_4010_FULL _IPA Number_CCYYMMDD.TXT (full file)
    - 834_4010_CHANGE_IPA Number_CCYYMMDD.TXT (transactional, change-only file)
- **What does not change:**
  - File frequency
    - Monthly and weekly full file
  - File location
    - Sterling Secure File Transfer Protocol (SFTP) site

The updated 834 4010 File Layout and Key Data Element Comparison can be accessed and downloaded on our website at:
https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Download and review the updated 834 4010 File Layout.	Access the link above to download the updated file layout.	As soon as possible.
Notify us of any concerns or issues immediately.	Send us an email at Provider_Relations@blueshieldca.com.	As soon as possible.

Changes to 834 5010 Eligibility Files

Effective January 1, 2019

There are changes to our 834 5010 eligibility files. To successfully be able to receive and load the eligibility files, you will want to ensure that your systems reflect the updated 834 5010 Companion Guide. Please review the required actions below.

- **What has changed:**
  - Additional member ID field (to accommodate legacy and new ID numbers)
  - Field-level detail; see Key Data Element Comparison document on Resources page below
  - Updated Companion Guide
  - File naming conventions
    - 834_5010_FULL_IPA Number_CCYYMMDD.TXT (full file)
    - 834T_5010_CHANGE_IPA Number_CCYYMMDD.TXT (transactional, change-only file)
- **What has not changed:**
  - File frequency
    - Monthly full file and daily transactional
  - File location
    - Sterling Secure File Transfer Protocol (SFTP) site

The updated 834 5010 Companion Guide and Key Data Element Comparison can be accessed and downloaded on our website at:
https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Download and review the updated 834 5010 Companion Guide (CG).	Access the link above to download the updated Companion Guide.	As soon as possible.
Notify us of any concerns or issues immediately.	Send us an email at Provider_Relations@blueshieldca.com.	As soon as possible.

Changes to Proprietary Eligibility Files (SFL 10, SFL 80 and UHP)

C

Effective January 1, 2019

There are changes to our proprietary eligibility files. To successfully be able to receive and load the files, you will want to ensure that your systems reflect the updated file layouts by file type (SFL 10, SFL 80 and UHP). Please review the required actions below.

- **What has changed:**
  - Field-level detail; see Key Data Element Comparison document on Resources page below
  - Updated File Layout document
  - File naming conventions
    - SFL 10 Format: TPID_SFL10_FULL_IPA Number_CCYYMMDD.TXT
    - SFL 80 Format: TPID_SFL80_FULL_IPA Number_CCYYMMDD.TXT
    - UHP Format: TPID_UHP_FULL_IPA Number_CCYYMMDD.TXT
  - Only the latest versions of each file will be sent (SFL v.3 and SFL 80 v.3)
- **What will not change:**
  - File frequency
    - Monthly and weekly full files
  - File location
    - Sterling Secure File Transfer Protocol (SFTP) site

The updated Proprietary File Layouts and Key Data Element Comparison can be accessed and downloaded on our website at:
https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Download and review the updated proprietary file layouts.	Access the link above to download the updated file layouts.	As soon as possible.
Notify us of any concerns or issues immediately.	Send us an email at Provider_Relations@blueshieldca.com.	As soon as possible.

Changes to Capitation and IPA Audits

C

Effective January 1, 2019

There are changes to capitation, claims recoveries payments and IPA Audits (for delegated entities). Below is a summary.

- **Table A:** High-Level Summary of Changes
- **Table B:** Timing of Capitation Payments and Delivery of Supporting Documentation
- **Table C:** Capitation Payment and Deduction Disputes and Delivery of Supporting Documentation Questions
- **Table D:** Claims Recovery Payments
- **Table E:** IPA Audit
- **Table F:** Reporting/Files Consolidation

Table A: High-Level Summary of Changes

Topic	Change/No Change	Details
Timing of capitation payment	No Change	Paid by line of business (LOB), see Table B for details
Month paid for capitation payment	No Change	All LOBs will be paid in the month of coverage, except for LA County Medi-Cal, which is paid one month in arrears
Form of capitation payment	No Change	Paid via ACH
Capitation payment disputes	Change	Capitation Payment Disputes will be routed through Provider Relations, see Table C for details
Capitation deduction disputes	Change	Capitation Deduction Disputes will be routed through Provider Relations, see Table C for details
Financial institution used to pay capitation	No Change	Paid from the JP Morgan Chase bank account
Delivery method of supporting documentation	No Change	Posted on the BSC Sterling Secure File Transfer Protocol (SFTP) site
Delivery of supporting documentation questions	Change	Supporting Documentation questions will be routed through Provider Relations, see Table C for details
Timing of the delivery of documentation	No Change	Timing varies by the Line of Business, see Table B for details
Report/file layouts and identifiers	Change	Report layouts are changing; all reports/files will be consolidated into two reports/files. See Table F.
Report frequency	No Change	Frequency remains the same
Medicare Monthly Member Report (MMR) files	Change	Changed to BSC MMR File layout; distributed and available on the Resource Page
Retroactive adjustments	No Change	Each month's capitation payment may reflect retroactive adjustments. If an adjustment is not reflected in the current report, it will be in a subsequent period.

Table B: Timing of Capitation Payments and Delivery of Supporting Documentation

Line of Business	Support Posting Date	Payment Date
Medi-Cal – Los Angeles	10th of the Month	13th of the Month
Medi-Cal – Geographically Managed Care (GMC)	10th of the Month	10th of the Month
Medicare	10th of the Month	10th of the Month
CMC (Cal Medi-Connect)	15th of the Month	15th of the Month

Table C: Capitation Payment and Deduction Disputes and Delivery of Supporting Documentation Questions

Inquiry Type	Members Impacted	Contact Information
Capitation payment disputes and Capitation deduction disputes	Los Angeles County Medicare CMC Medi-Cal IHP	Provider_relations@blueshieldca.com
Delivery of supporting documentation questions	San Diego County Medicare CMC Medi-Cal - GMC	Provider_relations@blueshieldca.com

Table D: Claims Recoveries Payments

Topic	Change/No Change	Details
Claims recoveries payments	Mailing address change and payee name change	Send recovery checks and supporting documentation to: Checks should be made payable to: Blue Shield of California Promise Health Plan Name and mailing address: Blue Shield of California Promise Health Plan PO Box 241012 Lodi, CA 95241

Table E: IPA Audit

Type of Audit	Frequency	2018 Scope	2019 Scope
L.A. Care IPA Audit	Annual	Performed in 2018; IPAs audited	Performed in 2019; IPAs and selected Hospitals audited

Table F: Reporting/Files Consolidation

As of January 1, 2019, the report/file layouts changed:

- The individual reports/files being distributed are consolidated into two reports/files.
- The Capitation detail (formerly CAP-DET) file is distributed in the new layout only.
- If the name of a file you routinely receive is not listed below, the detail is included in the Remittance Advice file.
- The Remittance Advice file has changed from PDF to Excel file format
- The table below represents a crosswalk between the Current State files and the Future State monthly reports/files.

Current-State Sterling Identifier	Future-State File Layout
RA-Support	Remittance Advice File
CAP-DED	Remittance Advice File
CAP-DED_REIMB/ CapDedReversal	Remittance Advice File
CAP-DET	Combine CAP-DET w/ CAP-ADJ into one file
CAP-ADJ	Combine CAP-DET w/ CAP-ADJ into one file
CAP_ADJ_VSP	Remittance Advice File
VSP-DET	Remittance Advice File
MISSINGCAP	Remittance Advice File
CAP_ADJ_NON_MEMBERS	Remittance Advice File
PART-B-DET	Remittance Advice File
PART-B-DET_REIMB	Remittance Advice File
FQHC_Data	Remittance Advice File
ASH-DET	Remittance Advice File

Required Actions:

Action	How	When
Review this information with anyone internally that deals with capitation payments or disputes.	Use this guide to serve as a resource and distribute accordingly.	As soon as possible.
Update your contact lists with the new contact information for capitation payment/deduction disputes.	Use the contact information contained in this guide.	As soon as possible.
Review capitation report layouts, file specifications and field level details to assess impact and prepare for receipt of new reports.	Using the report reference guide.	As soon as possible.

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

blueshieldca.com/promise

Changes to Encounter Data Submission

C

Effective January 1, 2019

There are several changes to encounter data and encounter data submission resulting from the data migration and name change to Blue Shield of California Promise Health Plan.

- **What has changed:**
  - Encounter data submission through clearinghouses
    - Partner clearinghouses: Office Ally and TransUnion
      - NEW Payer ID for TransUnion – **2010BB**
    - Participating Provider Groups (PPGs) and Managed Services Organizations (MSOs) currently in the process of completing submitter testing with their preferred clearinghouse.
  - Updated 837 Institutional/Professional Companion Guides
    - New requirements – Example: Taxonomy code required for data submitted on or after January 1, 2019
  - Local Codes will no longer be accepted after January 1, 2019
    - This is for any encounters submitted after January 1, 2019 regardless of date of service
  - New requirements for submitting encounter data directly to Blue Shield Promise
- **What is not changing:**
  - Contact information for our Encounter Data Team
  - Encounter timeliness requirements
  - Payer IDs for Office Ally (C1SCA for claims and **EC1CA for Encounters**)

Updated companion guides, National Code crosswalk and submission requirements can be downloaded on our website at: https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject.

Additional Required Actions:

Action	How	When
Complete submitter testing to preferred clearinghouse.	Working with your POC at your preferred clearinghouse.	As soon as possible.
Download national code crosswalk if providing and submitting data for Medi-Cal.	Access the link provided above to download the national code crosswalk.	As soon as possible.
Suppress/terminate any local codes existing in Electronic Practice Management Systems effective January 1, 2019.	Use the national code crosswalk to identify potential codes in use in your systems.	As soon as possible.
Inform all impacted staff of the changes and vendors that perform services on your behalf (if applicable).	Use this document to share and train staff.	As soon as possible.

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

blueshieldca.com/promise

Changes to Claims Processing

Effective January 1, 2019

There are changes to our claims processing forms and mailing address. We have also upgraded ClaimCheck® to ClaimsXten™, McKesson's next generation code-auditing system.

- **What has changed:**
  - New claims mailing address:
    Excela-BSCPHP
    P.O. Box 272660
    Chico, CA 95926
  - Forms will have new Blue Shield of California Promise Health Plan branding. Sample forms include:
    - Claims Fax Cover
    - 10 Day Request Fax Cover
    - Third-Party Liability Claims Fax Cover
  - Misdirected claims
    - No longer accepted through Office Ally; misdirected claims will be sent via paper
  - Local Codes will no longer be accepted. The National Code crosswalk can be found at the resource page below.
  - Upgrading ClaimCheck® to ClaimsXten™. Detailed information regarding this update and a rules summary follows.
- **What has not changed:**
  - Information required for claims processing and response time
  - Clearinghouses for claims:
    - Office Ally
    - Change Healthcare
  - Payer ID for associated clearinghouses

Sample forms, the National Code crosswalk and other resources can downloaded on our website at:
https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Review these forms with staff responsible for responding to claims requests.	Use these forms as a resource and distribute accordingly.	As soon as possible.
Respond to claims requests promptly when received.	Provide requested materials in a timely manner.	Throughout the year, as requested.

Changes to Claims Adjudication

ClaimCheck® upgrade to ClaimsXten,™ effective January 1, 2019

Blue Shield of California Promise Health Plan has upgraded ClaimCheck® to ClaimsXten,™ McKesson's next generation code-auditing system. Updated adjudication rules, as described below, will continue to be implemented on future dates.

What is ClaimsXten?

As with ClaimCheck, ClaimsXten is a comprehensive, nationally recognized code auditing system which ensures consistent reimbursement by automatically evaluating provider claims in accordance with accepted industry coding standards. ClaimsXten at Blue Shield Promise Health Plan will use rules derived from Center for Medicare and Medicaid Services (CMS), American Medical Association's Current Procedural Terminology (AMA CPT), Healthcare Common Procedure Coding System (HCPCS®), American Society of Anesthesiology (ASA), Specialty Society guidelines and input from McKesson and Blue Shield Promise physician consultants.

ClaimsXten auditing software, used in combination with claims processing systems, will apply the following consistent actions in adjudicating claims:

- Reinforce compliance with standard code edits and rules
- Ensure correct coding and billing practices are being followed
- Determine the appropriate relationship between thousands of medical, surgical, radiology, laboratory, pathology and anesthesia codes
- Process those services according to industry standards

Required Actions:

Action	How	When
Review all of the rules that will be applicable by line of business and type of service to identify any required action on your end.	Use the attached rule summary grid as your point of reference.	As soon as possible.
Share this information with billing staff and contracted billing providers submitting claims on your behalf.	Use this document along with the rule summary grid to share and review the communication.	As soon as possible.

ClaimsXten Rule Summary Grid for Providers

Effective January 1, 2019

Name	Description	Type of Provider	Applicable Line of Business
Add-on without Base Code	Identifies claim lines containing a CPT or healthcare common procedure coding system (HCPCS) assigned add-on code billed without the presence of one or more related primary service/base procedure(s). This rule also contains content related to vaccine and immunoglobulin administration requirements. When a claim is submitted with an add-on code without the presence of a related base procedure, the claim line will be denied.	Professional and Ancillary	Medicare Advantage
Age	This rule denies age-specific procedure codes when incorrectly assigned based on the age of the patient referenced on the claim. If an alternate, more appropriate procedure code is found that is consistent with the patient's age, it will be added to the claim, resulting in denial of the inconsistent procedure code.	Professional, Ancillary, Ambulatory Surgery Center, and Outpatient Facility	Medicare Advantage, Medi-Cal (Professional claims only)
Assistant Surgeon/Assistant at Surgery	Identifies procedure codes appended with an assistant surgeon modifier (80, 81, 82, AS) that do not typically require an assistant surgeon. When claim lines containing procedure codes inappropriately submitted with an assistant surgeon modifier (–80, –81, –82, or –AS) in any of the four modifier positions, the claim line(s) will be denied.	Professional only	Medicare Advantage, Medi-Cal (Professional claims only)
Bundled Services	This rule recommends the denial of claim lines containing procedure codes indicated by CMS as always bundled when billed with any other procedure not indicated as always bundled. It always allows bundled codes to pay if billed alone or if billed with only other procedure codes indicated as always bundled.	Professional and Ancillary	Medicare Advantage
Non-Covered Procedures	This rule denies services and supplies are considered as not separately payable when billed alone or in conjunction with any other code.	Professional, Ancillary and Ambulatory Surgery Center	Medi-Cal
Correct Coding Initiative	Blue Shield of California Promise Health Plan follows the National Correct Coding Initiatives (NCCIs) to promote correct coding methodologies to ensure appropriate reimbursement when inappropriate code combinations are reported. • Procedure to Procedure (PTP) code pair edits: National Correct Coding Initiative (NCCI) (also known as CCI) was implemented to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI Procedure-to-Procedure (PTP) code pair edits are automated prepayment edits that prevent improper payment when certain codes are submitted together for covered services.	Professional, Ancillary, Ambulatory Surgery Center, and Outpatient Facility	Medicare Advantage, Medi-Cal (Professional claims only)

Name	Description	Type of Provider	Applicable Line of Business
Correct Coding Initiative (continued)	• Medically Unlikely Edits (MUEs): An MUE is a maximum number of Units of Service (UOS) allowable under most circumstances for a single Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code billed by a provider on a date of service for a single member. • Blue Shield Promise Health Plan follows NCCI modifier guidelines when applying NCCI editing, including bypass of the edit when appropriate Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier should not be appended to a HCPCS/CPT code solely to bypass a PTP code pair edit if the clinical circumstances do not justify its use. • The PTP code pair edits, MUE tables, and NCCI manual can be accessed through the National Correct Coding Initiative Edits webpage on the CMS website: https://cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html		
New Patient Evaluation and Management	Identifies claim lines containing new patient procedure codes submitted for established patients. When a claim is submitted with a new patient code for an established patient, the claim line will be denied.	Professional only	Medicare Advantage
Evaluation & Management Services with Revenue Code 0761	This edit identifies Evaluation and Management Services reported by an outpatient facility when billed with Revenue Code 0761 (Treatment Room). Billing of Evaluation and Management Services with Revenue Code 0761 (Treatment Room) would not meet the definition of Specialty Services and will be denied when billed together.	Outpatient Facility	Medicare Advantage
Global Component	Identifies claim lines submitted with procedure codes for eligible professional component (modifier 26) and technical component (modifier TC) reimbursement to prevent overpayments when duplicate submissions occurred for the total global procedure or its components across different providers. Only one physician or other health care professional will be reimbursed when duplicate submission occurs for the total global procedure or its components when submitted for the same patient on the same date of service on separate claim lines or on different claims.	Professional and Ancillary	Medicare Advantage
Frequency/ Maximum Occurrence	Identifies, when a procedure code is reported either per date of service, or across dates of service, and exceeds the number of times indicated by description of the procedure, or when it exceeds the number of times it is clinically appropriate or possible to perform. When procedures or quantity of units are identified as billed inappropriately, the claim will deny the multiple line items; or deny the units exceeding the allowed frequency and replace with a new corrected line item showing the appropriate number of units or a more comprehensive code.	Professional only	Medi-Cal

Name	Description	Type of Provider	Applicable Line of Business
Code and Modifier Validation	This rule recommends the denial of claim line(s) containing invalid CPT/HCPC code, Diagnoses, or Modifiers. This rule also recommends the denial of procedure codes when billed with a modifier that is not likely or appropriate for the procedure code billed.	Professional, Ancillary, and Outpatient Facility	Medicare Advantage, Medi-Cal (Professional claims only)
Co-Surgeon	Co-Surgery modifier -62 may be appropriately appended to a variety of surgical procedures that may require co-surgeons for the successful performance of the procedure. This edit recommends review for medical necessity or denial of claim lines containing procedure codes, submitted with co-surgery modifier –62 in any of the four modifier positions, where there is a payment restriction for co-surgery according to the CMS Medicare Physician Fee Schedule RVU file status indicators. • Procedure codes in the CMS Physician Fee Schedule (MPFS) Relative Value File with status code indicator of "0" are not allowed • Procedure codes in the CMS Physician Fee Schedule (MPFS) Relative Value File with status code indicator of "1" for "Co-Surgeons" will be sent for medical review and may require supporting documentation to establish the medical necessity of two surgeons for the performance of the procedure. Procedure codes in the CMS Physician Fee Schedule (MPFS) Relative Value File with status code indicator of "2" for "Co-Surgeons" are allowed when billed in accordance with CMS guidelines: If two surgeons (each in a different specialty) are required to perform a specific procedure, each surgeon bills for the procedure with a modifier 62 (Two Surgeons).	Professional	Medicare Advantage
Imaging Guidance for Varicose Vein Surgery	This rule denies as incidental to the primary procedure any imaging guidance and monitoring (Doppler, Duplex Ultrasound or Fluoroscopy) when performed on the same date of service as the Varicose Vein Surgery by the same provider.	Professional, Ancillary and Outpatient facility	Medicare Advantage
Same Day Medical Visit	This rule recommends the denial of an E/M service when billed on the same day as a surgical procedure by the surgeon or by members of the same group with the same specialty.	Professional only	Medicare Advantage, Medi-Cal
Multiple Procedure Reductions	Identifies claim lines that are eligible for a multiple procedure reduction and assigns appropriate pay percentage to the eligible line(s). Multiple procedure reduction is 100% for the primary procedure and 50% for each subsequent procedure.	Professional and Ancillary	Medicare Advantage, Medi-Cal
Multiple Endoscopy Reductions	Identifies multiple endoscopy procedures reported within the same family and applies the multiple endoscopy reduction, per Center for Medicare & Medicaid Services (CMS) guidelines. In addition, if more than one endoscopy family is reported and/or surgery procedures are reported, the rule will apply the multiple surgery cutback to the appropriate endoscopy family or families and surgery procedures. Multiple Procedure Reduction: 100% for primary procedure and lower percentage based on CMS guidelines for each subsequent procedure.	Professional only	Medicare Advantage

Name	Description	Type of Provider	Applicable Line of Business
Multiple Diagnostic Cardiology Reductions	Identifies claim lines that are eligible for a multiple diagnostic cardiology services and assigns the appropriate reduction to technical component (TC)-only services and to the TC of global services. Multiple Procedure Reduction: 100% for the primary procedure and 75% for each subsequent procedure.	Professional and Ancillary	Medicare Advantage
Multiple Diagnostic Ophthalmology Reductions	Identifies claim lines that are eligible for a multiple diagnostic ophthalmology services and assigns the appropriate reduction to TC-only services and to the TC of global services. Multiple Procedure Reduction: 100% for the primary procedure and 80% for each subsequent procedure.	Professional and Ancillary	Medicare Advantage
Multiple Radiology Reductions	Identifies claim lines that are eligible for a multiple diagnostic imaging service reduction and assigns appropriate pay percentage to the technical component. Multiple procedure reduction is 100% for the primary procedure and 50% for each subsequent procedure.	Professional and Ancillary	Medicare Advantage
Missing Professional Component (modifier 26)	Identifies claim lines submitted with procedure codes eligible for professional component (modifier 26) when billed by a professional provider in a facility place of service (21, 22, 23, 24, 26, 31, 34, 41, 42, 51, 52, 53, 56, and 61). When CMS designates modifier 26 is applicable to a procedure, and it is reported by a professional provider for the technical component (modifier TC) in a facility setting, the claim line will be denied or, if billed as a global service (no modifier) in a facility setting, the claim line will be replaced with a new line with the same procedure and modifier 26 will be added.	Professional only	Medicare Advantage
Obstetric Anesthesia	Denies obstetric anesthesia services billed by the same provider, for the same patient, during the same session when billed in excess of 23 units. Payment for obstetric anesthesia, when allowed, is reimbursable as the Base unit, plus Time units, plus Modifier units, subject to a maximum cap of 23 units. The maximum of 23 units would apply to labor and a subsequent caesarean section, if necessary, when billed for the same patient.	Professional only	Medicare Advantage
Moderate Sedation Services	Denies, consistent with CMS and CPT guidelines and national standards, this rule denies moderate sedation (CPT 99155-99157) services when billed by a physician other than the physician performing the diagnostic or therapeutic service in the non-facility setting (e.g., physician office, free-standing imaging center).	Professional only	Medicare Advantage
CRNA's billing for Anesthesia services	Denies CRNA claims when billing for anesthesia services without modifier QS, QX or QZ. Blue Shield of California requires CRNA's to use the applicable modifiers when they are providing Anesthesia services. • Modifier QS: Monitored anesthesiology care services • Modifier QX: Qualified non-physician anesthetist with medical direction by a physician Modifier QZ: CRNA service- without medical direction by a physician	Professional only	Medicare Advantage

Name	Description	Type of Provider	Applicable Line of Business
Pre-Op/Post-Op	Denial of an E/M service, when billed by the surgeon or by members of the same group with the same specialty, one day prior to or during the 10 or 90-day global surgical period	Professional only	Medicare Advantage, Medi-Cal
Procedure Code Re-bundling	Denial of claim lines containing procedure codes typically not recommended for reimbursement when submitted with certain other procedure codes on the same date of service. It identifies code pairs that are created based on coding standards relative to procedure codes that would not reasonably be performed on the same date of service or procedure codes that are a component of another procedure code.	Professional and Ancillary	Medicare Advantage, Medi-Cal (Professional only)
Procedure Code Unbundling	Denial of claim lines containing two or more procedure codes used to report a service when a single, more comprehensive procedure code exists that more accurately represents the service performed. This is typically identified by the CPT code description of each code. Occasionally, the code that represents the comprehensive procedure is added to the claim resulting in the component procedures being denied.	Professional only	Medi-Cal
Procedure to Place of Service	Denial of claim lines containing procedure codes reported in a place of service (POS) considered inappropriate, based on the code's description or available coding guidelines as defined by American Medical Association's (AMA) Current Procedure Terminology (CPT). For example, inpatient admission procedure code(s) are performed in an inpatient facility setting; therefore, a POS of 'office' would not be appropriate.	Professional	Medicare Advantage
Unlisted/By Report Codes	Manual review of claims submitted with unlisted/by report CPT and HCPCS codes since these types of codes generally do not have an established fee. Appropriate medical records such as operative reports, visit documentation, and manufacture invoices are required for services/claims billed with unlisted or by report codes in order to define an appropriate allowance.	Professional, Ancillary and Outpatient facility	Medicare Advantage, Medi-Cal (Professional only)
Scope of Practice	Blue Shield allows reimbursement for services that are within the provider's scope of practice under state law in accordance with CMS guidelines unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. The provider shall be licensed/certified in or hold a license/certificate recognized in the jurisdiction where the patient encounter occurs.	Professional, Ancillary and Outpatient facility	Medicare Advantage

Changes to Delegation Oversight Documents

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Effective January 1, 2019

There are changes to delegation oversight compliance documents that must be submitted to Blue Shield of California Promise Health Plan.

- **What has changed:**
  - Dedicated claims and Utilization Management (UM) templates are changing to reflect Blue Shield of California Promise Health Plan branding.
  - Rebranded forms have been distributed and are available on the Resource page linked below.

- **What has not changed:**
  - Contact information and primary points of contact. Blue Shield of California Promise Health Plan will continue to have a dedicated delegation oversight team.
  - Delegation oversight requirements remain unchanged based on your contract.

Audit requests and other forms will be posted on our website at:
https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Review these forms with staff responsible for submitting compliance forms.	Use these forms as a resource and distribute accordingly.	As soon as possible.

Changes to Utilization Management: Authorization Letters, Processing and Reporting

Effective January 1, 2019

There are changes in our utilization management area you will need to be aware of.

- **What has changed:**
  - Re-branded authorization and denial letters
  - Re-branded Utilization Management (UM) templates (delegated entities)
  - Re-branded authorization request forms
  - NEW RightFax acknowledgement when authorizations are submitted to BSC Promise
  - NEW self-service automation for checking authorization status via our Dedicated Provider Telephone Line: (800) 495-9935
    - New member ID required when using self-service automation
- **What has not changed:**
  - Authorization submission via fax; no provider portal requests
  - Authorization log formats and submission (delegated entities)
  - Monitoring and performance reporting requirements
  - Regulatory and compliance oversight
  - Contact Information for authorization requests, status or questions.
  - Authorizations issued in 2018 are still valid through the authorization period, even if they were approved using previous ID number

Re-branded forms and UM letter templates are available on our website at:
https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Inform all impacted staff of the changes outlined above.	Use this document to train staff.	As soon as possible.
Delegated Entities: Update UM letter templates for January 1, 2019 effective date.	Use your internal processes for updating letter templates.	As soon as possible.
Delegated Entities: Begin using NEW UM letter templates.	Use your internal processes for ensuring appropriate templates are used.	As soon as possible.
Print and update authorization request forms (if applicable) and discard any older versions using previous branding.	Use your internal processes for updating forms.	As soon as possible.

Changes to Authorization Request Forms

Effective January 1, 2019

There were changes to our authorization forms as our name changed to Blue Shield of California Promise Health Plan. These changes are branding updates only; the content remains the same. Rebranded forms, including the following, can be found on our website.

- Behavioral Health Service Authorization Request
- Behavioral Health Treatment Authorization Request
- Community-Based Adult Services (CBAS) Treatment Authorization Request
- Durable Medical Equipment (DME) Treatment Authorization Request
- Home Health Treatment Authorization Request
- Long-Term Care (LTC) Authorization Request
- Long-Term Care (LTC) Custodial Authorization Request (San Diego)
- Outpatient Treatment Authorization Request
- Prescription Drug Prior Authorization or Step Therapy Exception Request
- Skilled Nursing Facility (SNF) Only Service Authorization Request (San Diego)

What has changed:

- Forms have new Blue Shield of California Promise Health Plan branding

What has not changed:

- Content and response time requested remains the same

The above forms are accessible for download on our website at:
https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Review these forms with staff responsible for completing/responding to authorization requests.	Use these forms as a resource and distribute accordingly.	As soon as possible.

Changes to Pharmacy Services

Effective January 1, 2019

There are changes to the pharmacy network. Blue Shield of California Promise Health Plan will work with outgoing and incoming pharmacies to support member transition and onboarding. Current members utilizing any outgoing pharmacies were notified in advance of these changes.

- **What has changed:**

Line of business/network and claims processing information	**Medicare Advantage** 96739	**Medi-Cal**	**Cal MediConnect**
Retail Pharmacy Network	CVS Health National Retail Pharmacy Network	CVS Health National Retail Pharmacy Network	CVS Health National Retail Pharmacy Network
Mail Service Pharmacy	CVS Mail Service Pharmacy	CVS Health National Retail Pharmacy Network	CVS Mail Service Pharmacy
Specialty Pharmacy	*No change*	CVS Specialty Pharmacy	*No change*

- New phone number for eligibility and/or prior authorization issues: **(800) 468-9935**

Required Actions:

Action	**How**	**When**
Review this information with staff responsible for pharmacy services.	Use this information as a resource and distribute accordingly.	As soon as possible.

Changes to CALINX Pharmacy Claims Files

Effective February 2019

There are changes to how providers access CALINX (The California Clinical Data Project) pharmacy claims data, beginning in February for January 2019 pharmacy claims data.

For providers already registered to receive CALINX data, you do not need to re-register. If you don't remember your password or if you need other assistance, please email BSCCalinxRx@blueshieldca.com.

- **What has changed:**
  - There is a change to how you access files. Go to *Web-File Transfer (WFT)* via http://wft.argushealth.com and enter your user login and password
  - File naming conventions are changing:
    - Medicare: Calinx.YYYYMM-MGNO####.780.txt
    - Medi-Cal: Calinx.YYYYMM-MGNO####.781.txt
    - Cal MediConnect (CMC): Calinx.YYYYMM-MGNO####.782.txt
  - If you are a dual-contracted provider, working with both Blue Shield of California and Blue Shield of California Promise Health Plan, you will retain your existing CALINX login. When you log in to retrieve your pharmacy claims, you will see multiple, separate pharmacy files: one for Blue Shield of California members and separate files for Blue Shield of California Promise Health Plan by line of business.
  - The *Cover Letter*, *Contacts Template* and *Usage Agreement* have been rebranded to reflect Blue Shield Promise.

- **What has not changed:**
  - There is no change to pharmacy file format.

Updated materials can be accessed and downloaded on our website at:
https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Review this document with staff responsible for pharmacy claims.	Use this form as a resource and distribute accordingly.	As soon as possible.
Confirm access to new WFT portal.	Use credentials provided by provider relations.	After credentials are distributed.

Updated Provider Manual

Effective January 1, 2019

We have made updates to our existing Provider Manual. The purpose of the Provider Manual is to provide guidance for the provision of Covered Health Care Services to Plan Members.

Blue Shield of California Promise Health Plan's Provider Manual contains policies, procedures, information on Quality Management, Utilization Management, Encounter Reporting, Health Education, Member and Provider Grievances, and other administrative to comply with state and federal regulations which have been updated.

- **Changes:**
  - Updated sections include but not limited to:
    - Pharmacy
    - Encounter Reporting
    - Enrollment/Eligibility
    - Provider Network Operations
      - Provider Network Changes
    - Updated Appendix
  - Provider Manuals have been re-branded to reflect the new name.
    - Updated URLs to reflect re-branding

The updated Provider Manual can be accessed and downloaded on our website at:
https://www.blueshieldca.com/promise/providers/index.asp?secProviders=provider-manual

Required Actions:

Action	How	When
Download updated provider manual(s) and review for any changes that may impact you.	Access the link above to download updated provider manuals.	As soon as possible.

New Telephone Resource: Interactive Voice Recognition (IVR) System

Effective January 1, 2019

Blue Shield of California Promise Health Plan members who telephone for assistance have been introduced to a new interactive voice recognition (IVR) system with multiple self-serve features. This system supplements the Call Center teams by providing faster access to information that does not require an agent, targeted routing to experts in each line of business, and rerouting of calls to clinics, pharmacies, transportation vendors and more.

- **What has changed:**
  - Members hear a branded greeting for each line of business
  - Callers can hear current and future information on assigned primary care physicians (PCPs)
  - Members can order duplicate ID cards sent to the address on file
  - Legacy telephone numbers will be auto-forwarded to the respective line of business
  - Members can be transferred 24/7 to:
    - Lancaster and Palmdale clinics if they request an appointment and their primary physician is in these clinics
    - Vendor support team for transportation scheduling
    - Advice Nurse services
    - Specialty vendor support teams (Dental, Vision, Mental Health)
  - In addition to English and Spanish, which are fully supported in the new system, the IVR will also transfer callers to translators in Cantonese, Vietnamese, Mandarin and Korean.

- **What has not changed:**
  - Access to live agents during Call Center business hours. Once selecting a language, callers can dial zero (0) to reach a live agent
  - Callers will need to speak to a live agent to change physicians

For more information on the new IVR, contact VoiceChannelandCallCenterApplications@blueshieldca.com.

Table A: Member IVR Guide

If you're calling to:	Say or press:
Verify plan benefits	Say "benefits" or press 1
Check claim status	Say "claims" or press 2
Get physician information	Say "physician information" or press 3
Order an ID card	Say "ID cards" or press 4
Speak to an advice nurse	Say "nurse advice line" or press 5
Make an appointment	Say "appointment" or press 6
Schedule transportation	Say "transportation" or press 7
Change primary care physician (PCP)	Say "physician information" or press 3 then say "primary care physician" or press 1 then say "change" or press 2 (Caller will be transferred to a live agent.)

Required Actions:

Action	How	When
Familiarize yourself with the capability of the IVR.	Use this guide to serve as a resource and distribute accordingly.	As soon as possible.

HEDIS Toolkit

Effective January 1, 2019

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool created by the National Committee for Quality Assurance (NCQA). It is managed by NCQA to facilitate and assist in improving health care quality. It is utilized by more than 90% of America's health plans and used to measure performance on important aspects of care and service, which allows consumers to compare healthcare plans.

What is your role as the provider?
Our providers play a crucial role in promoting the health of our members. You and your team can assist in the HEDIS process improvement by:

- Providing appropriate care within the designated measure timeframes
- Document clearly and accurately in the medical record all the care you provide to our members
- Accurately code all claims
- Know HEDIS measures documentation requirements and specific parameters
- Respond to our requests for medical records within five to seven days

HEDIS Record Retrieval
Our staff will contact your office to retrieve HEDIS record documentation beginning January 2019. HEDIS is a time sensitive project and it is very important that your office responds to requests for medical record documentation in a timely manner within five to seven days. Documentation can be provided by fax, secure email, mail, CD/USB, or remote EMR retrieval.

We have developed a comprehensive HEDIS toolkit which can be downloaded on our website at: https://www.blueshieldca.com/promise/providers/index.asp?secProviders=TheMemberMigrationProject

Required Actions:

Action	How	When
Familiarize yourself with the HEDIS toolkit and reporting requirements.	Download the HEDIS toolkit and distribute accordingly.	As soon as possible.

Promise Health Plan

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