

Transition to New Operating Platform FAQ

This collection of frequently asked questions (FAQ) was developed to answer questions from participating providers regarding the Independence Blue Cross (IBC) transition to a new operating platform. This document will be updated as additional questions are received.

We encourage you to frequently visit the Business Transformation section of our Provider News Center at www.ibx.com/pnc/businesstransformation, where we will continue to provide more detailed information about our Business Transformation in one central location as it becomes available. Please email us at provider_communications@ibx.com if you have further questions after reviewing the FAQ.

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General

1. What is the new operating platform?

The term “new platform” is being used to describe the claims processing system managed and maintained by Highmark Health Services (Highmark), an independent company, which IBC will be using to handle core processing functions such as enrollment, claims, and billing.

2. Why is IBC changing platforms?

As the area's leading health insurer, IBC is committed to our mission of enhancing the health and wellness of the people and communities we serve. In support of our mission, we have taken a close look at our current tools, systems, and processes to identify opportunities to streamline and improve processing activities.

Moving our claims processing to the new platform will offer greater capabilities, increased flexibility in benefit design, and enhanced functionalities to improve the customer experience. In addition, it will enable us to gain efficiencies and lower operating costs.

3. When are these changes happening?

The migration of IBC membership to the new platform will be completed in stages, generally based on our customer/member health benefit renewal cycle. On November 1, 2013, claims processing for Federal Employee Program (FEP), Host BlueCard®, and a few small employer groups were migrated. We anticipate that claims processing for all IBC membership will be transitioned to the new platform by mid-2015.

During the migration, we will be working with you in a dual claims-processing and business-operating environment until all of our business is on the new platform. In other words, we will

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begin to process a larger portion of claims and business transactions on the new platform as members are migrated, and we will continue to process claims and conduct business transactions on the current IBC platform for members who have not yet been migrated.

4. If our claims are submitted through a clearinghouse/trading partner, will the clearinghouse/trading partner handle our transition? What action does my office need to take?

All providers should work with their clearinghouse/trading partner(s) to ensure a smooth transition to avoid claims processing issues.

To prepare for the transition to the new platform, IBC has contacted affected clearinghouses/trading partners, including Emdeon, STI, Medassets, ClaimLogic, RelayHealth, Capario, and Navicare. We worked with them throughout 2013 to prepare them to submit/receive claims on the new platform by November 1, 2013.

5. If we are registered for NaviNet[®] and Electronic Funds Transfer (EFT), is there anything else our billing office has to do in order for this transition to go as smoothly as possible?

Yes. If you submit claims or receive remittances electronically, we encourage you to work with your clearinghouse/trading partner to ensure a smooth transition.

IBC sent participating providers a letter dated May 22, 2013, that outlined a number of changes being implemented as a result of the transition to the new platform. In addition, we have been communicating changes each month via *Partners in Health UpdateSM*. A copy of the letter and a complete archive of communications related to the transition to the new platform are available in the Business Transformation section of the Provider News Center at www.ibx.com/pnc/businesstransformation. Be sure to visit this site regularly for the most up-to-date information about our transition.

6. Will my National Provider Identifier (NPI) change?

No, your NPI(s) will not change as a result of the transition to the new platform. However, please note that in addition to reporting your NPI when submitting claims, you will also be required to submit the applicable taxonomy code for your provider specialty. Information on provider taxonomy codes is available at www.wpc-edi.com/codes/taxonomy.

7. Will providers continue to have access to the Provider Automated System (IVR)?

The IVR is being retired in stages. Providers can no longer use the IVR for referrals or encounter submissions and should use the NaviNet web portal instead. In addition, once a member has been migrated to the new platform, providers will no longer be able to use the IVR for that member. This includes *all additional functionality*, such as eligibility and claims status. Providers must use NaviNet to retrieve this information.

IBC and Highmark Health Services (Highmark)

8. What is IBC's relationship with Highmark?

IBC and Highmark are separate and independent companies. IBC has an agreement with Highmark to use their operating platform for our core processing activities. We have had an

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effective vendor relationship with Highmark for decades, and this operating platform agreement is yet another example of how we are working with our Blue partners to transform the delivery of health care. IBC claims will be processed using Highmark's platform.

9. Does this mean we will only receive payments from Highmark and not IBC?

No. You will still receive payments from IBC for IBC members. While claim payments will be made using the new Highmark platform, they are for IBC business. Payments for IBC business will remain independent of Highmark business.

Please note that during the transition, you will receive payments from IBC that may be processed on the current IBC platform or the new platform, depending on whether the member has been migrated.

10. Will the fee schedules for IBC and Highmark continue to be different, as they are now?

Yes. Just as they are today, IBC and Highmark will remain two separate companies. Your IBC provider contract will dictate the IBC products you participate in and the corresponding IBC fee schedules for your reimbursement.

11. Will IBC and Highmark claims payments now be received on a combined Explanation of Benefits (EOB), or will I see separate checks/EOBs?

You will continue to see separate checks and EOBs for IBC and Highmark business. Claims payments will be made using the new Highmark platform but for IBC business. Payments for IBC business will remain independent of Highmark business.

Billing/Claims Submission

12. How will this affect providers who submit paper claims?

If you choose to submit paper claims (i.e., CMS-1500 for professional claims, UB-04 for facility claims), please continue to follow National Uniform Claim Committee (NUCC) and National Uniform Billing Committee (NUBC) guidelines when completing these forms. Submit your claims to the addresses indicated on the most current published payer ID grids, available at www.ibx.com/edi.

Note: We encourage you to submit claims electronically, as most providers do. Submitting claims electronically can result in increased accuracy of claims, better tracking ability, and greater office efficiency and productivity. In addition, you'll also benefit from error reporting, which allows you to easily correct claims before submission. You will experience fewer payer rejections and administrative concerns, resulting in faster claim payments.

13. If I currently submit claims on paper, will I be required to change to an electronic claim submission method?

If you currently submit fee-for-service claims on paper and you do not participate in the Quality Incentive Payment System (QIPS) program or do not have a contractual requirement to do so, then you will not be required to submit fee-for-service claims electronically at this time.

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14. Will I need to bill differently for members who are migrated to the new platform?

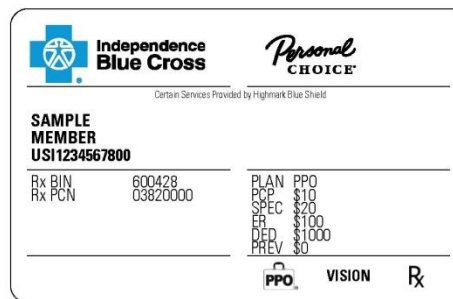
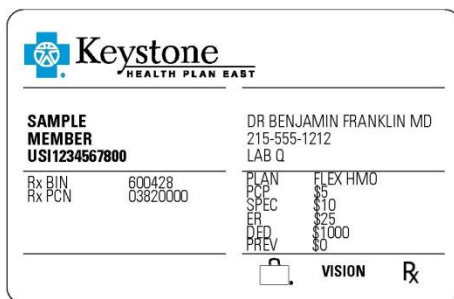
The date of service will determine the platform on which these claims will be processed. Claims with dates of service before migration to the new platform will be processed on the current IBC platform, and claims with dates of service after migration will be processed on the new platform. Therefore, we strongly recommend that professional providers submit separate claims for each month of services rendered. That is, do not bill multiple months together.

15. Will there be changes to member ID cards for migrated members?

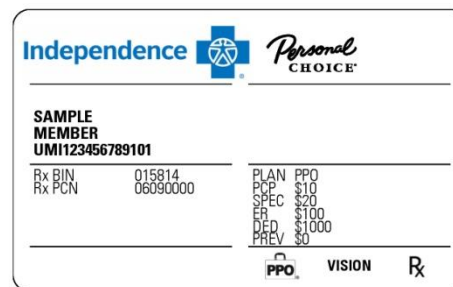
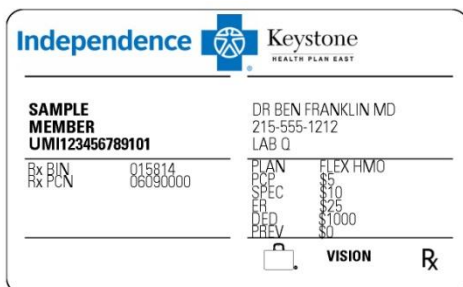
Once members are migrated, they will receive a new member ID card with a new ID number and, in some cases, a new alpha prefix. For this reason, it is imperative that you obtain a copy of the member's current ID card at every visit to ensure that the most up-to-date information is submitted to IBC.

There will be a single member ID number for all members on the policy (i.e., no suffix for dependents). See sample ID cards below.

Current ID cards:



New ID cards (issued as members are migrated):



16. Will the IBC payer ID numbers or claims submission addresses change for IBC members?

At this time, we are not changing the payer ID numbers or claims submission addresses as a result of the transition to the new platform. The payer ID numbers and claims submission addresses used for IBC and Highmark business will remain independent of one another.

For various reasons unrelated to the transition to the new platform, IBC periodically changes payer ID numbers and claims submission addresses. As is the case today, IBC will give providers advance notification of any such changes in *Partners in Health Update*.

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Please refer to the published payer ID grids, available at www.ibx.com/edi, for the most up-to-date payer ID numbers and claims submission addresses for IBC members.

17. How will I know if mailing addresses change for claims submission?

As is the case today, you will be notified through *Partners in Health Update* if there are changes in claims submission addresses. Any changes would also be updated on the payer ID grids, which are available at www.ibx.com/edi.

18. Is a taxonomy code the same as a Tax Identification Number (TIN)?

No. Your TIN is the number assigned to your practice by the Internal Revenue Service for tax purposes. Your taxonomy code is an alphanumeric administrative code, ten characters in length, which allows a single provider (individual, group, or institution) to identify its specialty category. The selection of an applicable taxonomy code is a requirement when obtaining your National Provider Identification (NPI) number. More information on provider taxonomy codes is available at www.wpc-edi.com/codes/taxonomy.

Reporting your taxonomy code on all claims submissions is now required.

19. Where on the claim does the taxonomy code go?

For questions regarding the taxonomy code requirement(s) for claims on the new platform, please refer to the IBC HIPAA Transaction Standard Companion Guide, available at www.ibx.com/providers/claims_and_billing/x12_gateway.html.

20. Are the required taxonomy codes only for the rendering and billing provider, or are they for the referring provider too?

For questions regarding the need for taxonomy codes for transactions on the new platform, please refer to the IBC HIPAA Transaction Standard Companion Guide, available at www.ibx.com/providers/claims_and_billing/x12_gateway.html.

NaviNet Web Portal (includes Electronic Funds Transfer [EFT])

21. How will the transition affect my NaviNet transactions (e.g., authorizations, referrals, claims inquiry)?

Your NaviNet transactions will continue to be available with some modifications and enhancements. For more information about these changes, please refer to the [NaviNet Transaction Changes](#) section of our Business Transformation site. In addition, the letter sent to our network providers in May 2013 outlines the changes scheduled for NaviNet.

22. Will I be able to access my remittances using NaviNet?

Yes. Please read the following:

- **For migrated members.** For members who have already been migrated to the new platform, you will be able to access and download your remittances using the EOB and Remittance Inquiry transaction on the NaviNet web portal in December. Please refer to the [NaviNet Transaction Changes](#) section of the Business Transformation site.

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- **For non-migrated members.** For members who have not been migrated to the new platform (i.e., still on the current IBC platform), you can continue to access your remittances using the Online SOR Inquiry transaction, which is under the ePayment option in the Plan Transactions menu.

23. Do we have to sign up for EFT payments?

Yes, if you are a capitated provider or you participate in the QIPS program, you are required to sign up for EFT. For all other providers, we strongly encourage you to sign up for EFT payment.

Please note the following changes that will occur for members who have been migrated to the new platform:

- Capitation and QIPS payments will be combined into one payment and disbursed via EFT on the current Capitation payment schedule. Paper checks will be discontinued.
- Rosters to support Capitation and QIPS payments will be accessible via NaviNet – paper copies will not be available.

24. How do I go about setting up our office to receive payments via EFT?

You can initiate registration for EFT through NaviNet. Please refer to the EFT User Guide for step-by-step instructions. This guide is available in the Administrative Tools & Resources section of IBC NaviNet Plan Central.

25. If I am currently registered for EFT, can I change my account number or financial institution?

Yes. Through NaviNet, providers can modify their EFT information. Please refer to the EFT User Guide for step-by-step instructions. This guide is available in the Administrative Tools & Resources section of IBC NaviNet Plan Central.

26. How can I access the A/R Aging Report on NaviNet?

Unfortunately, this function has been disabled and will not be returning. The Claims Dashboard will replace this function. We anticipate the Claims Dashboard to be available sometime in the second quarter of 2014. We will publish more information and instructions on how to use the Claims Dashboard prior to the deployment of this transaction.

Behavioral Health Claims

27. Who will remittance advices come from for behavioral health claims?

For non-migrated members, behavioral health providers will still receive payments from Magellan Behavioral Health, Inc. (Magellan). Once members are migrated, you will receive these payments from IBC. You will continue to receive payments from IBC for PPO members.

Note: During the migration period, you will receive payments from IBC that are processed on both the current IBC platform and the new platform, as well as payments from Magellan for non-migrated plan members, which Magellan currently pays.

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28. If the member is migrated to the new platform during his or her stay, how will facility claims for higher levels of care for behavioral health (e.g., inpatient, residential, partial hospitalization program, intensive outpatient program) be handled?

If the dates of service for a behavioral health claim for higher levels of care span the member's migration to the new platform, please refer to the following:

- **For inpatient/residential admissions:** The admission date will determine on which platform a claim will be processed and paid. Professional fees associated with inpatient or residential admissions under exclusive contractual arrangements will be handled in the same fashion.
- **For outpatient professional services, partial hospitalization, and intensive outpatient services:** Any dates of service prior to the migration date will be processed and paid using the current IBC platform. Any dates of service occurring on or after the migration date will be processed and paid using the new platform. Therefore, you must split claims accordingly and submit to the appropriate claims address.

NaviNet[®] is a registered trademark of NaviNet, Inc., an independent company.

Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most IBC members.

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