Federal Employee Program
Service Benefit Plan
Welcome to today’s FEP conference session
Federal Employee Program

- Two PPO Products
  - Basic Option with (in-network benefits only)
  - Standard Option
- Membership information held at the Blue Cross Blue Shield Operations Center in Washington DC is now accessible via the new Blue e℠ eligibility transaction
- Reimbursed (priced) according to Legacy PPO
  - Not processed on Power MHS
Federal Employee Program

- Global identification cards
- World wide coverage
Federal Employee Program ID cards

- **Standard Option**
  - 104 – Self
  - 105 – Self and family

- **Basic Option**
  - 111 – Self
  - 112 – Self and family
Federal Employee Program
Highlights

• STANDARD OPTION
  − In-network and out-of-network benefits
  − Hearing aids (children/adults)
  − Ambulance transport
  − Morbid obesity
  − No referrals

• BASIC OPTION
  − In network benefits only
  − Hearing aids (children/adults)
  − Ambulance transport
  − Morbid obesity
  − No referrals
  − High deductible health plan (HDHP)
Federal Employee Program
2008 Benefit change highlights

• Standard Option only
  – Calendar year deductible is now $300 per person and $600 per family.
  – Catastrophic out-of-pocket maximum for preferred providers is now $4,500 per year and $6,500 per year for non-preferred providers.
  – Outpatient facility care provided in a preferred hospital at 85% of our allowance. Non-preferred hospital at 70% of our allowance.
Federal Employee Program
2008 benefit change highlights

• Basic Option only
  − We now offer a high deductible health plan (HDHP) as a sub-option called basic consumer option, for members who live in certain geographic service areas (Tennessee, Ohio, Minnesota, Kansas and Missouri).

• Standard and Basic Options
  − Hearing aids for children and adults, limited to $1,000 per ear per calendar year for traumatic injury or malformation.
  − Ambulance transport services in full subject to co-payment of $50 per day.
  − Office visits and diagnostic tests related to morbid obesity.
Updates

• FEP BlueVision-nationwide vision PPO plan allowing enrollment choices of either High Option or Standard Option plans.

• If you are a vision provider and would like to find out more about participation in FEP BlueVision, please contact Davis Vision at 1-800-551-3337.
FEP claims filing tips

• Ensure that a correct provider number is on the claim, this will prevent mail-backs.

• Do not send medical records or operative notes unless requested on the NOP.

• Always use the patient’s FEP identification number that starts with an “R”, rather than their social security number.
FEP claims filing tips

• Must submit claims by December 31st of the calendar year following the calendar year in which the service was received.

• Claims should be typed and not hand-written.
  – Handwritten claims can delay processing.

• Please do not highlight the patient’s data on an EOB.

• Do not submit duplicate claims until at least 30 days from original submission date.
FEP claims filing tips

• Filing electronic secondary claims, should include the appropriate other carrier indicator, i.e. MB, MA, C1, BL
• Sending refunds, indicate the specific refund reason and include any supporting documentation
• Use the new CMS-1500 and UB-04 forms, which include fields for the NPI
• Do not file claims with calendar year span dates – claims should be filed based on the individual calendar year.
FEP claims filing tips

• Durable medical equipment (DME) claims, be sure to file the appropriate modifier for rental or purchase.
  − A copy of the certificate of medical necessity (CMN) must accompany the first claim.

• Ensure that the CPT code being filed is effective for the date of service on the claim.

• Do not file more pointer diagnosis codes in field 24E than are listed in field 21.
FEP claims filing tips

• When filing J3490, please include a description of the substance being injected and the NDC#.

• When submitting claim(s) include the IIRS and the NPI in the appropriate fields.

• Modifier 52 (reduced services) when billed for a State supplied vaccine, should only be filed with the vaccine CPT code and not the administration code.
Design and Implement a Care Coordination model that:

- Provides the member with a single point of contact
- Integrates FEP care management programs
- Operates in an environment that is member focused

Care Coordination is a care management model that responds to members' needs along the continuum of care.

Care Coordination Data Management Continuum

- Birth wellness prevention
- Acute episodes
- Chronic disease
- Palliative care
- Hospice care

FEP Care Coordination
FEP Care Coordination: Case management

• What we do:
  - Provide education and resources regarding ongoing health care needs as directed by the physician
  - Help with navigating the health care system, financial concerns and optimum utilization of benefits.
  - Facilitate coordination of care and communication between all providers and the member.
FEP Care Coordination:
Case management

• Who is eligible for case management?
  – Members who have been diagnosed with health conditions such as:
    • Life threatening illnesses
    • High-risk pregnancy
    • Chronic illnesses
    • Complex rehabilitation needs
    • Multiple diagnoses with complex management
    • Requiring multiple support systems
Healthy Endeavors  1-888-392-3506

• Our disease management program for Federal Employees

• Existing programs:
  – Diabetes, Behavioral Health, CAD, CHF and Accordant.
  – Coming June of 2008: Asthma

• Enrolled members will receive educational material and have the option of working telephonically with a health coach.
Our 24 hour nurse access line

• Blue Health Connection can:
  – Help you assess your symptoms
  – Provide information about health care alternatives
  – Direct to the right level of care
  – Obtain information on doctors, hospitals or other health services

1-888-258-3432
(1-888-BLUE-432)
Thank you for visiting the FEP today!