

**Q. Is there a separate BCBSAL FEP rate schedule?**

A. No, there is not a separate fee schedule for FEP. The Blue Choice fee schedule and rates apply to FEP. Providers will receive a fee schedule that says “Blue Choice” on it. That fee schedule and those rates apply to FEP claims, as well as Blue Choice claims.

**Q. What about BlueCard? Does it have a separate rate schedule?**

A. BlueCard is a national program that allows members to obtain in-network coverage when they are traveling or living outside of BCBSAL’s service area. When a BCBSAL member uses BlueCard, providers are paid at the in-network rate of the Blue Cross plan where the service is being rendered.

**Q. What is the timeline and distribution for claims payments?**

A. Checks and EOPs for EPS in-network claims will be issued and mailed by New Directions on a weekly basis. New Directions is working toward establishing electronic funds transfer (EFT) for EPS in-network claims. Additional information will be provided in the near future.

BCBSAL issues checks and EOPs for EPS out-of-network paper claims and all Blue Choice paper claims weekly on Thursday. EFT payments will be issued on Mondays. EFT will remain the same for Blue Choice claims submitted to BCBSAL. If providers have EFT set up with BCBSAL, no further action needs to be taken.

**Q. When members see out-of-network behavioral health providers, will New Directions reimburse members directly? Please explain that process.**

A. Out-of-network providers will continue to be paid directly by BCBSAL. The member is not responsible for paying the provider, except in rare circumstances. Please note that EPS does have an OON benefit.

**Q. Will New Directions now be responsible for BCBSAL customer services calls?**

A. No, New Directions will not be handling customer service calls for BCBSAL Members. When Members call customer service with questions about their behavioral health benefits, the calls will continue to go to BCBSAL, as they do today.

**Q. Are 2 NPI numbers required for higher levels of care for the EPS and BC product (facility and individual provider)?**

A. There are two NPI numbers for higher levels of care, but each number applies to a different type of provider, as described below. If you are an individual who is a health care provider and who is incorporated, you may need to obtain an NPI for yourself (Type 1) and an NPI for your corporation or LLC (Type 2).

1. **Type 1** — Health care providers who are individuals, including physicians, dentists and all sole proprietors. An individual is eligible for only one NPI.
2. **Type 2** — Health care providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.
  - a. Organizations must determine if they have “subparts” that need to be uniquely identified in HIPAA standard transactions with their own NPIs. A subpart is a component of an organization health care provider that furnishes health care and is not itself a separate legal entity.

**Q. Will providers have direct access to BCBSAL’s portal to check member eligibility?**

A. Yes. Providers have independent, direct access to BCBSAL’s portal to check Members’ eligibility and benefits for both EPS and Blue Choice.

**Q. Will providers have access to view claims status through BCBSAL's portal?**

A. Providers can continue to track claims status for Blue Choice and out-of-network EPS claims through the BCBSAL portal.

To track the status of an in-network EPS claim, providers should contact New Directions claims customer service staff at 855-339-8558 and press the prompt for Claims Inquiries.

**Q. How should claims be submitted for EPS? For Blue Choice?**

A. New Directions will process EPS in-network claims on behalf of BCBSAL, effective October 1, 2017. BCBSAL will continue to process Blue Choice and out-of-network EPS claims. Please follow the instructions below when submitting EPS or Blue Choice EDI claims.

Blue Choice and Out-of-Network EPS EDI Claims Submission for Dates of Service Effective October 1, 2017, and After:

Please work directly with your Practice Management System vendor or Clearinghouse to obtain information on how to enroll or set up your system to submit Blue Choice and out-of-network EPS claims to BCBSAL. Some providers will know how to work with their specific clearinghouse and set it up correctly in their practice management system. Other providers may choose to work directly with their practice management system vendor, even if they use a clearinghouse, because the practice management system vendor will coordinate the set-up for submitting Blue Choice and out-of-network EPS claims to BCBSAL.

In-network EPS EDI Claims Submission for Dates of Service Effective October 1, 2017, and After

Please work directly with your Practice Management System vendor or Clearinghouse to obtain information on how to enroll or set up your system to submit in-network EPS claims to New Directions. Some providers will know how to work with their specific clearinghouse and set it up correctly in their practice management system. Other providers may choose to work directly with their practice management system vendor, even if they use a clearinghouse, because the practice management system vendor will coordinate the set-up for submitting in-network EPS claims to New Directions. New Directions' national payer ID is NDX99. Please use this payer ID when submitting in-network EPS claims to New Directions.

**Q. Will New Directions accept new providers for the EPS network?**

A. Providers contracting with New Directions will be contracted for the networks they participate in now. At a later date, we will reevaluate the network to determine if additional providers will be accepted into the EPS network.

Providers who are not currently contracted as an EPS provider may apply to become in-network EPS providers with New Directions and will be contacted at a later date if there is a need to add providers to the network.

**Q. Will the 24/7 phone number that providers use for the All Kids program remain the same after October 1, 2017?**

A. The phone number has been changed. Beginning October 1, 2017, providers should call **877-297-0089** for the All Kids program. Providers will now have 24/7 telephonic access to a clinician, and will no longer need to page one.