ICD-10 Updates

Blue Cross of Idaho has been monitoring the impacts of ICD-10 since the changes went into effect on October 1. Claims submitted through EDI and Direct Claims Entry appear to be meeting expectations. However, as a result of our claims reviews, we have noticed that providers are receiving new EDI edits.

One of the biggest edit issues is the misuse of primary diagnosis codes, specifically the BMI codes. These edit changes were previously communicated in August, but due to the volume of edits, we wanted to send a reminder. Additionally, we wanted to remind providers that our Direct Claims Entry tool is available if you are having problems submitting your claims electronically.

ICD-10 Impacts for Primary Diagnosis Restrictions and Age Parameters

Blue Cross of Idaho uses specific sources for determining codes that cannot be used in the primary position, as well as sources to determine appropriate patient age to diagnosis code relationships. Determining whether a diagnosis code can be used in the primary position is based on designations in the ICD Official Guidelines for Coding and Reporting, as well as the American Hospital Association Coding Clinic publications. Claims billed with a diagnosis code in the first position, that cannot actually be used as primary, will be denied if submitted as a hard copy or rejected through EDI if submitted electronically.

It’s important to fully understand the general coding guidelines, as well as chapter instructions. For example, BMI codes (Z68) are addressed in chapter 21 of the ICD-10-CM manual, but there is no indication that these codes cannot be used as primary diagnosis codes. Providers need to refer to section 14 of the General Coding Guidelines in the ICD-10-CM manual to know that BMI codes cannot be billed as primary.

(continued)
Similarly, while some organizations rely solely on age designations identified by color coding in the ICD manual, Blue Cross of Idaho uses a number of clinically founded resources to determine appropriate age parameters. We rely on the code descriptor, information from professional specialty societies, and/or guidelines from the current ICD manual, CPT Professional Edition, the American Medical Association (AMA), and the current HCPCS Level II Expert.

Given the comprehensive nature of our age parameters, here are some overall guidelines:

- The ICD-10-CM guidelines define the perinatal period as before birth through 28 days following birth.
- The CPT guidelines define newborn as birth through the first 28 days.
- ICD-10-CM for physicians newborn guidelines defines the perinatal period as beginning at birth and through 28 days after birth. The general perinatal rules state, “Chapter 16 code may be used throughout the life of the patient if the condition is still present.” Therefore, codes from Chapter 16 (P00-P96) are not assigned an age range to account for this possibility, unless there are further specific guidelines to indicate otherwise. Specific guidelines used to assign an age range for the newborn codes may be found in the Excludes 1 note which indicates there is a code other than newborn to report for the same condition.
- The Excludes 1 note is also utilized to determine an age range for codes not found in chapter 16 (e.g., infant, child, adult). For a code with an Excludes 1 note that includes a newborn code (P00-P96), an age range of 29 days and older is assigned if the conditions are the same/similar. If the conditions are not similar or the same, then no restriction is applied to the code. The Excludes 1 note indicates that there is a newborn code that could possibly be reported instead.
- The guidelines from ICD-10-CM chapter 15 state, “Codes from this chapter are for use only on maternal records, never on newborn records.” These codes are assigned an age range of 29 days and older.
- The American Academy of Pediatrics (AAP) guidelines state, “Pediatricians focus on the physical, emotional, and social health of infants, children, adolescents, and young adults from birth to 21 years.”
- The current CPT Professional Edition Preventive Medicine Services codes (CPT codes 99381-99397) include the age range for infant (younger than 1 year), childhood (age 1 through 11 years), and adolescent (age 12 through 17 years). Adult age is further defined in the CPT® Assistant publication Spring 1993 that states, “For adult patients, also based upon physician consensus regarding content of services, the classifications utilized are 18 through 39, 40 through 64, and over 65 years of age.”

There is no recognized industry standard age range for maternity codes.
Effective October 1, Blue Cross of Idaho’s Provider Relations Department realigned our coverage areas and the corresponding representatives for coding and contracting only. Your assigned website trainer remains the same. The new coverage areas and contact information for questions regarding coding or contracting are as follows:

<table>
<thead>
<tr>
<th>Provider Enrollment and Escalation Resolution Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have questions regarding coding or contracting, you may contact one of the following provider relations representatives.</td>
</tr>
<tr>
<td><strong>Counties:</strong> Benewah, Bonner, Boundary, Clearwater, Idaho, Kootenai, Latah, Lewis, Nez Perce and Shoshone</td>
</tr>
<tr>
<td><strong>Kootenai Health</strong></td>
</tr>
<tr>
<td><strong>States:</strong> AK, DE, IN, KY, MN, MT, NJ, OH, SD and WA</td>
</tr>
<tr>
<td><strong>Leah Hulse CPC</strong></td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:PR8326@bcidaho.com">PR8326@bcidaho.com</a></td>
</tr>
<tr>
<td><strong>Phone:</strong> 208-286-3602 Ext. 8326</td>
</tr>
<tr>
<td><strong>Fax:</strong> 866-283-5723 Ext. 8326</td>
</tr>
<tr>
<td><strong>Counties:</strong> Adams, Boise, Canyon, Gem, Owyhee, Payette, Valley and Washington</td>
</tr>
<tr>
<td><strong>St. Alphonsus Health Systems Statewide</strong></td>
</tr>
<tr>
<td><strong>States:</strong> AZ, FL, IL, MA, NE, NY, OR, RI, TN and WI</td>
</tr>
<tr>
<td><strong>Pam Roach CPC</strong></td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:PR7541@bcidaho.com">PR7541@bcidaho.com</a></td>
</tr>
<tr>
<td><strong>Phone:</strong> 208-286-3602 Ext. 8306</td>
</tr>
<tr>
<td><strong>Fax:</strong> 866-283-5723 Ext. 8306</td>
</tr>
<tr>
<td><strong>Counties:</strong> Ada</td>
</tr>
<tr>
<td><strong>St. Luke’s Health Systems statewide and Independent Doctors of Idaho (IDID)</strong></td>
</tr>
<tr>
<td><strong>States:</strong> AR, CT, HI, IA, MS, MO, NM, ND, OK and VA</td>
</tr>
<tr>
<td><strong>Heidi Lowman</strong></td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:PR7560@bcidaho.com">PR7560@bcidaho.com</a></td>
</tr>
<tr>
<td><strong>Phone:</strong> 208-286-3602 Ext. 8304</td>
</tr>
<tr>
<td><strong>Fax:</strong> 866-283-5723 Ext. 8304</td>
</tr>
<tr>
<td><strong>Counties:</strong> Bannock, Bear Lake, Bingham, Blaine, Bonneville, Butte, Camas, Caribou, Cassia, Clark, Custer, Franklin, Freemont, Gooding, Jefferson, Jerome, Lemhi, Lincoln, Madison, Minidoka, Oneida, Power, Teton and Twin Falls</td>
</tr>
<tr>
<td><strong>Portneuf Hospital and HCA</strong></td>
</tr>
<tr>
<td><strong>States:</strong> GA, KS, ME, MI, NV, NC, PA, SC, UT, WV and WY</td>
</tr>
<tr>
<td><strong>Jenn Lucy CPC</strong></td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:PR7205@bcidaho.com">PR7205@bcidaho.com</a></td>
</tr>
<tr>
<td><strong>Phone:</strong> 208-286-3602 Ext. 8310</td>
</tr>
<tr>
<td><strong>Fax:</strong> 866-283-5723 Ext. 8310</td>
</tr>
<tr>
<td><strong>Cities:</strong> Eagle, Garden City, Kuna, Star and Twin Falls</td>
</tr>
<tr>
<td><strong>Counties:</strong> Elmore</td>
</tr>
<tr>
<td><strong>Primary Health</strong></td>
</tr>
<tr>
<td><strong>States:</strong> AL, CA, CO, MD, NH, RI, TX and VT</td>
</tr>
<tr>
<td><strong>Kylee Williams</strong></td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:PR9005@bcidaho.com">PR9005@bcidaho.com</a></td>
</tr>
<tr>
<td><strong>Phone:</strong> 208-286-3602 Ext. 8318</td>
</tr>
<tr>
<td><strong>Fax:</strong> 866-283-5723 Ext. 8318</td>
</tr>
<tr>
<td><strong>Cities:</strong> Eagle, Garden City, Kuna, Star and Twin Falls</td>
</tr>
<tr>
<td><strong>Counties:</strong> Elmore</td>
</tr>
<tr>
<td><strong>Primary Health</strong></td>
</tr>
<tr>
<td><strong>States:</strong> AL, CA, CO, MD, NH, RI, TX and VT</td>
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</table>
2016 Affordable Care Act (ACA) Open Enrollment

The open enrollment period for 2016 healthcare coverage runs November 1 through January 31, 2016. Anyone who does not enroll in a qualified healthcare plan (QHP) by this date will not be able to enroll in one in 2016 unless he or she has a qualifying special enrollment period (SEP) event.

Your Health Idaho (YHI), the Idaho health insurance exchange, provides information and resources – including a glossary of terms, frequently asked questions, and an explanation of what events qualify for a SEP – for any providers who have questions regarding open enrollment at yourhealthidaho.org.

Once 2016 policies become active, please keep in mind that patient information may need to be updated, and that accumulations, member ID cards, benefits and prior authorization requirements may have changed. Patient information can be verified by logging in to the secure provider portal at providers.bcidaho.com.

Changes to Prior Authorization Notices

Beginning January 1, 2016, Blue Cross of Idaho is changing the way we notify providers and members about prior authorization approvals. We will no longer send written notifications of approved prior authorization requests, with the exception of Medicare Advantage (MA) and Federal Employee Program (FEP) members.

Instead, both providers and members will be able to view the status of prior authorization requests online. Providers can find them on the provider portal at providers.bcidaho.com, by selecting Authorizations.

If any of your patients would like to request a copy, please refer them to the customer service phone number on the back of their member ID cards.

In cases when prior authorizations are denied, both the provider and the member will still receive written notices.
Wellness Programs Grow

Employers can customize their program by adding their logo to the portal, creating unique wellness challenges and even rename their wellness program. While the details of each program differ, we kept the premise of the new programs similar to Healthy Measures. You may see some of these wellness program names on a health qualification form:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Program name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albertson’s</td>
<td>WellConnected</td>
</tr>
<tr>
<td>State of Idaho</td>
<td>ThrivIdaho</td>
</tr>
<tr>
<td>City of Meridian</td>
<td>WellnessWorks</td>
</tr>
<tr>
<td>Bonner General Hospital</td>
<td>Fit4Life</td>
</tr>
</tbody>
</table>

Each program allows employees to access to our WellConnected portal to help them meet and exceed their goals. Employees can find new ways to improve their fitness levels, add new foods to daily meals, set new wellness goals and improve overall health.

Healthier employees are more productive, take fewer sick days and are at a lower risk for disability. Plus, today’s job seekers want more than just health insurance; they want a company that helps balance work and life … and maybe schedule a lunchtime run with the boss.

Wellness means something different to everyone. For some employers, an annual flu shot clinic might be the extent of their wellness program. Other employers may cover gym memberships and entrance fees to local 5k races. Data shows more and more employers across the nation are seeing the value of investments in comprehensive wellness programs for their employees.

Using this data, we converted the Healthy Measures program to three new wellness programs for our employer groups: Peak, Apex and Summit. These plans meet a business where they are on the wellness path, no matter if the business has an embedded culture of wellness or wants to start helping employees meet health and fitness goals.

Contracting Medicare Advantage Provider

Please keep in mind that when a contracting Medicare Advantage (MA) providers refer a member for services, the referral should be to a contracting MA covered provider. This is unless the MA-covered services are not reasonably available from a contracting MA covered provider.

Contracting referring providers are responsible for getting the prior authorization/referral to allow the member to see a non-contracting provider on behalf of the member. When an out-of-network prior authorization/referral is necessary, it must be submitted for review and approval. You can find prior authorization, printable forms and a list of prior authorization requirements and processes on the Blue Cross of Idaho provider website at providers.bcidaho.com, where you can also submit requests electronically.

Services done by a non-contracting provider without prior authorization/referral may be denied as provider liability. Providers are prohibited from balance billing the member in these cases. To check for prior authorizations/referrals, or see the status of requests, log on to the Blue Cross of Idaho provider portal and select Authorizations & Notifications.

Confirmation of a provider’s contracting status is also available on the provider portal. To find an in-network provider, select Find a Provider.
Medicare Health Outcomes Survey

The Medicare Health Outcomes Survey (HOS) is a national survey assessing quality of care for Medicare members. Many results from the HOS are based on communication between patient and physician about preventive screening services and patient health. Below are a few of the questions and results from the survey.

1. In the past 12 months, did your doctor or other health provider talk with you about falling or problem with balance or walking?

2. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking?

3. In the past 12 months, has your doctor or other health provider talked to you about your level of exercise or physical activity?

4. In the past 12 months, has your doctor talked to you about increasing your level of exercise or physical activity?

5. In the past 12 months, has your doctor talked to you about concerns of bladder incontinences?

If you have questions about this survey, contact Luke Harrison at 208-472-5750.

Here is how Idaho physicians compare nationally:
Benefits and Prior Authorization Requirements for Prescription Drugs

Blue Cross of Idaho covers a broad spectrum of pharmacological therapies, and knowing some general information on how we cover them can help you better understand your patients’ coverage.

The following information applies to commercial and qualified health plans (QHP), but is not applicable to Medicare Advantage or Federal Employee Program members.

General knowledge

Drugs approved for self-administration (either oral or injectable) are generally covered under a member’s pharmacy benefit. These drugs must be obtained from a retail or specialty pharmacy and members get immediate claim processing when using a participating pharmacy.

Drugs administered in an outpatient setting — including alternative settings like ambulatory infusion centers, physicians’ offices or home infusion — are generally covered under the member’s major medical benefit. This means providers buy the medication, administer it to the patient, then submit a CMS1500 form to the insurer, a process also known as “buy and bill.”

There are exceptions to these general rules. Some medications are covered under the pharmacy benefit and can be purchased from a retail or specialty pharmacy, but should be administered in a physician’s office under the physician’s supervision. Prior authorization is required for instances of this, and the approval will confirm which benefit will cover the medication.

Determining coverage, limitations and prior authorization requirements

In cases of oral or injectable medications, providers must first verify the member’s pharmacy benefits. This information can be found by checking the member’s benefit summary on the provider portal at providers.bcidenho.com. Select Type of Contract to verify whether the member has a QHP — defined by a metal designation such as Bronze, Silver or Gold — or other plan. The Prescription Drug Program section has information regarding the member’s cost share for various tiers of medications. When pharmacy benefits are managed by another pharmacy benefit manager (PBM), the benefit summary will include the PBM’s phone number.

If a member has pharmacy benefits from Blue Cross of Idaho, check the formulary to verify tiers and authorization considerations. Metallic plans use the formulary for QHPs, while other plans use the standard formulary. Coverage levels, prior authorization requirements, step therapy requirements, and other limitations are also outlined in the formularies. The formularies on the website are updated monthly, and are the most accurate source for current prior authorization requirements. The formularies can be accessed on the provider portal by selecting Forms & Resources, then Pharmacy, and Which drugs are covered?

Injectable or infusible drugs not found in the formulary may still be covered under the major medical benefits of the policy, but may require prior authorization. A reference for medical drugs requiring prior authorization is available on the online provider portal by selecting Resources & Forms, then Pharmacy, and finally Prior Authorization & Step Therapy. Select the link for Medical Drugs Requiring Prior Authorization. Plans can vary in the benefits applied to injectable and infusible medications. Please contact the Provider Customer Service number at 866-482-2250 to verify benefits for infusible medications.
MA Members May be Eligible for Free Home Monitoring Program

Blue Cross of Idaho is exploring new technology to enhance our case management services and help physicians monitor patients with chronic conditions. We will soon begin piloting a new home monitoring program for eligible Medicare Advantage (MA) members. This personal health support tool uses remote monitoring to capture personalized activity baseline measurements to help detect health issues before they become acute. We are offering this complementary service to work in conjunction with your treatment plan.

The program is designed to help members live at home for as long as possible, avoiding or delaying a move to a long-term care facility. The program may also help prevent avoidable emergency room visits or inpatient hospital stays.

Candidates are identified from the Blue Cross of Idaho MA population who meet the following parameters:

- Three or more chronic conditions
- At least one recent emergency room visit
- One inpatient hospital admission

We will contact eligible members to see if they are interested in participating in the program. The program includes a few small wireless devices placed in the member’s home in discreet locations. There are no cameras, microphones or sounds. The system detects and “learns” the member’s baseline daily living patterns including tasks like eating, sleeping, toileting and general movement.

Then, if a change in activity is detected, a notification is sent to a team of registered nurses who will triage the case, using research-based algorithms for that member’s particular conditions or comorbidities. The team reviews the member’s change in daily baseline metrics against guidelines for the member’s particular health conditions. If an occurrence warrants medical attention, Blue Cross of Idaho will encourage the member to contact your office.* In addition, with the member’s permission, we will notify you of any significant change in status.

This service is free of charge, voluntary and enrollees can discontinue at any time. This is a limited-time program, and we look forward to sharing the pilot results with you at the close of the study. If you have any questions about this service, please contact our personal health support team at personalhealthsupport@bcidaho.com or 208-387-6924.

*Members are always encouraged to contact 911 in the event of an emergency.
Provider Partnered Insurance Products

Blue Cross of Idaho has added three new high-performance, narrow-network products for 2016. These products are:

- CarePoint
- St. Luke’s Health Partners Micron Coordinated Care Plan (SLHP)
- Saint Alphonsus Health Alliance Micron Coordinated Care Plan (SAHA CCP)

CarePoint

CarePoint, is a new managed-care product offered by Blue Cross of Idaho, utilizing the St. Luke’s Health Partners Network (SLHP). It will be available for purchase by individuals on Your Health Idaho during open enrollment for a January 1, 2016, effective date.

Under CarePoint, members must select a primary care physician (PCP) from SLHP network. The PCP will coordinate all medical treatment, provide care when it is appropriate, and refer members to specialists within the SLHP network when specialty services are needed. Providers in the SLHP network serve CarePoint members in the following Idaho counties, including Ada, Adams, Blaine, Boise, Camas, Canyon, Cassia, Custer, Elmore, Gem, Gooding, Jerome, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley and Washington counties.

You can identify members by the CarePoint logo on the front of their Blue Cross of Idaho member ID card. In addition, CarePoint members will have an alpha prefix of IDN.

Micron Coordinated Care Plans

The two narrow-network PPO coordinated care plans will be available for Micron employees beginning January, 2016.

These plans are selected at the time of enrollment, and are supported by a primary network in a designated service area. Options include plans supported by the SLHP network or the SAHA CCP network.

Members enrolled in either plan will only receive in-network benefits when using the corresponding network of providers within the service area of the network product they’ve selected.

The designated service area for the SAHA CCP include: Ada, Canyon, Gem, Payette and Washington counties.

The designated service area for the SLHP CCP include: Ada, Adams, Blaine, Boise, Camas, Canyon, Cassia, Custer, Elmore, Gem, Gooding, Jerome, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley and Washington counties.

When members seek services outside the service area, our reimbursement rate will follow our standard PPO benefit using the broader Blue Cross of Idaho PPO network.

You can identify members by the Micron logo on the front of their Blue Cross of Idaho member ID card. The servicing provider network will be indicated, as well as a distinct alpha prefix of MXV for the SLHP CCP and MXW for the SAHA CCP.
Looking for Feedback on Quality Based Management of Outpatient Psychotherapy Services

Blue Cross of Idaho is designing a new behavioral health model to serve network provider offices while supporting the basis for performance-based reimbursement for quality and efficiency. We believe these new changes benefit you, our members and your staff by:

- Spending less time obtaining prior authorizations
- Providing greater transparency of outpatient performance compared to your peers
- Only being contacted when a case or case load falls into an outlier status

This new process allows us to align behavioral health practices with existing medical health practices. Changes will go into effect January 1, 2016, and this process will exclude E&M code-driven services.

A major component of healthcare reform is moving provider practices toward a performance-based model. The first step in this is comparing patterns of providers against peer-based quality and efficiency measures. We would appreciate your help and input on these measures.

Blue Cross of Idaho is offering training via an on-demand online presentation. You can view it anytime by logging in to the Blue Cross of Idaho provider portal at providers.bcidaho.com and selecting Forms and Resources. Next, select Medical Management, then Utilization Review, and Mental Health Quality (in the Behavioral Health section), then selecting the training hyperlink.

After you reach this point, select Launch, and then Certifications, and finally Mental Health Quality.

Once you complete the training, you may submit content questions and feedback to the email address provided in the presentation. Responses will be posted on an ongoing basis to the presentation’s FAQ section beginning mid-November.

We are looking forward to collaborating with the behavioral health community to managing outpatient psychotherapy services. For all non-presentation questions, please contact your Provider Relations representative or the Blue Cross of Idaho Customer Service Department (PAP 100).
Weekly Notifications and Important Announcements

It’s easy to feel inundated by information on a daily basis. So, Blue Cross of Idaho has changed our provider communication plan to streamline our efforts while still giving you all the information you need.

All communications designed to be informational only are posted to the provider portal of our website, providers.bcidaaho.com, every Monday in the Weekly Notifications section. Communications regarding contractual issues, or requiring a 30- to 60-day notification window, are still sent through provider alerts. Each Monday, the previous week’s notifications are available in the Forms & Resources/Weekly Notifications section of the provider portal, or by selecting the View All link below current notifications.

Important Announcements are available on the provider portal, right of the Weekly Notifications. This section is designated for urgent information that cannot wait for the Weekly Notifications (e.g. unavailable remittance advices, website or tool functionality).

We ask that you check out the Weekly Notifications on Mondays for new information and the Important Announcements section for any urgent messages throughout the week. Newest messages will be posted at the top of the page.

For training or questions regarding the provider website, please contact your appropriate website trainer.

Provider Request for Update Form

Blue Cross of Idaho is pleased to announce a more user-friendly Provider Request for Update form, now available on the provider portal at providers.bcidaaho.com.

- Select the Forms and Resources tab at the top of the page
- Select the Provider Packet link under the Resources heading
- Select the Update link

Use the form to update the following information:
- Clinic or practitioner name
- Clinic or individual terminations
- Practitioner information (supervising physician and patient parameters)
- Address information

To expedite the accurate processing of your request, please complete the editable form online before emailing, faxing or mailing the form to Blue Cross of Idaho.

Please contact your provider enrollment and escalation resolution specialist (PEERS) listed in Provider Administrative Policy 100 (PAP100) for tax identification number (TIN), ownership, or organizational national provider identification (NPI) number updates.
Requesting Authorization for Urgent Care

At times, your patient’s condition may require the need for an urgent review of a prior authorization request. With increasing membership, we have seen an increase in these requests. While our members’ health is always our priority, this increase has created challenges addressing all urgent requests in a timely manner.

In an effort to curb some requests that may not truly require urgent attention, below are some guidelines to assist you in determining true urgency.

**Definition of urgent (PAP241):**

Urgent care is any request for medical care or treatment which the time for making non-urgent care determinations could result in:

- Seriously jeopardizing the life or health of the member, or the ability to regain maximum function, based on a prudent layperson’s judgment
- In the opinion of a practitioner with knowledge or the member’s medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

**Changes to Prior Authorization Request form:**

An attestation statement was recently added requiring the requesting provider’s signature when an urgent request is submitted. The need for this is to ensure urgent requests are appropriate and being sent with the knowledge and authority of the provider.

**Examples of non-urgent requests:**

The following are examples of requests often submitted as urgent, but would not meet the definition above:

- The patient is scheduled for services tomorrow, and/or the request was overlooked by staff
- No date has been set for services
- The previous authorization has expired
- Clinical records submitted with request do not support the need for urgency

We will continue to monitor the use of urgent requests. This will help us identify opportunities to improve the process and reduce administrative impact for your office and Blue Cross of Idaho.
Any Questions?

Medical Management
Managed Health Care/Review, Preadmission/Admission Certification, or Individual Benefits Management and Case Management
- 208-331-7535  ■  800-743-1871  ■  Voice mail available after office hours and on holidays and weekends

Medicare Medicaid Coordinated Plan True Blue® Dual Special Needs Plan Hours:
- 8 a.m. - 9 p.m., MT seven days a week  ■  Member Line Dual Special Needs Plan: 888-495-2583
- Waiver Providers Support Line: 866-588-6174

Blue Cross of Idaho Help Desk
Electronic Billing Errors, Error and Acceptance Reports
- 8 a.m. – 5 p.m. MT (Monday – Friday),  ■  888-BCI-EDIA, 888-224-3341 or 208-331-8817

Provider Contact Center for Commercial and Medicare Advantage
Benefits, Coverage and Authorization
- 8 a.m. – 5 p.m. MT (Monday, Tuesday, Thursday, Friday) 8:30 a.m. – 5 p.m. MT (Wednesday)  ■  208-286-3656 or 866-482-2250
Post-service claim questions log onto our secure website at bcidaho.com and select Contact Us.

Website Trainer – Questions regarding website applications such as electronic billing, eligibility, claims, authorizations, internet services or requests for FREE on-site training
- 866-283-5723 or 208-286-3602

Ext. 8309: Jamie Hunihan – City of Boise, St. Lukes Health Systems statewide. Counties: Boise, Canyon, Gem, Payette
Ext. 8308: Diane Mortensen, CPC – Cities: Eagle, Garden City, Kuna, Meridian, Star. Counties: Blaine, Butte, Camas, Cassia, Custer, Elmore, Gooding, Jerome, Lemhi, Lincoln, Minidoka, Owyhee and Twin Falls
Ext. 7032: Angie McCormick, CPC – Counties: Bannock, Bear Lake, Bingham, Bonneville, Caribou, Clark, Franklin, Fremont, Jefferson, Madison, Oneida, Power and Teton