

Electronic Provider Access (EPA) Frequently Asked Questions

Effective July 19, 2014, Electronic Provider Access (EPA) will be available to Blue Cross and Blue Shield of Texas (BCBSTX) independently contracted providers who are registered Availity™ Web portal users. EPA will enable you to initiate online pre-service reviews for out-of-area Blue Plan members, just as you do now for our local members.

1. What is EPA?

EPA is a new tool that will enable you to initiate online pre-service reviews for out-of-area Blue Plan members.

2. What does pre-service review mean?

The term “pre-service review” as used by EPA, refers to a request for a benefit preauthorization, a benefit pre-certification, a benefit pre-notification or a benefit prior approval. Requesting a benefit pre-service review is not a substitute for checking eligibility and benefits.

3. Will all Blue Plans offer EPA?

Yes. All Blue plans will offer EPA. There may be some Blue plans that are currently not prepared to accommodate pre-service reviews for out-of-area members.

4. What type of pre-service review options will BCBSTX offer?

The following pre-service review options are available to out-of-area providers:

- Medical/Surgical Services
 - Authorizations
- Behavioral Health (IOP)
 - Substance abuse/clinical dependency
 - Psychiatric services, per diem
- Radiology

5. Is EPA for participating providers only?

No. EPA is for providers. Some Plans may be required to validate non-contracted as well as contracted providers for access to their portals and many Home Plans are interested in including all these providers in EPA to cut down on out-of-area call volume. Note: Home Plans are not required to accept providers that are not under contract to the Host Plan. BCBSA will send Plans a communication in the fall that will allow Home Plans to indicate their preference.

A Plan may elect to limit access to their portal to only the local plan’s contracted providers. In this instance, an example of a message that will be returned to the non-contacted provider is: *“BCBS of State does not allow non-Blue providers to access its portal. Please call XXX-XXX-XXXX to obtain pre-service review.”*

6. If Host Plans do not allow non-contracted providers to access local provider portals, can the Home Plan allow these providers to access the Home Plan portal directly?

No. Any electronic transaction between an out-of-area provider and a Home Plan must be initiated through the Host Plan. If non-contracted providers do not have access to EPA on the Host portal, they will have to call the Home Plan for pre-service review.

7. How will a service be verified as a covered benefit?

The process for verifying eligibility and benefits does not change with EPA. Note: verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

8. How does the Home Plan handle pre-service reviews that cannot be handled in real time?

If the pre-service review cannot be completed in real-time, the Home Plan will notify the user that further information or investigation is necessary, along with information on how the provider will be notified of the final determination (i.e., mail, email, fax or phone) and an approximate timeframe.

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Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.