

# When to contact a group's TPA

 [pages.azblue.com/Working-with-TPAs-to-service-CHS-group-members---SEPT-2022.html](https://pages.azblue.com/Working-with-TPAs-to-service-CHS-group-members---SEPT-2022.html)

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The Blue Cross<sup>®</sup> Blue Shield<sup>®</sup> of Arizona (BCBSAZ) Corporate Health Services (CHS) line of business supports large, self-insured employer groups that work with a third-party administrator (TPA) and have a “network rental” arrangement with BCBSAZ. Under CHS agreements, BCBSAZ provides network access and claim pricing only. The group, not BCBSAZ, handles all other administrative services for the benefit plans and assumes all financial risk with respect to claims (i.e., BCBSAZ does *not* provide administrative or claim payment services). Benefits for CHS groups are likely to vary from BCBSAZ standard benefits.

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**Check out recent [learning topics](#) from AZ Community Grand Rounds**

**Get more tips on [setting up your system and your billing team for CHS success](#).**

Note: No network access is available from Blue Cross Blue Shield plans outside of Arizona.

## **Provider action points for servicing CHS group members**

In servicing CHS group members, providers must:

- Comply with the group's specific benefit plan and all policies/procedures required by the group's TPA
- Check the current member ID card and use the BCBSAZ-assigned group number on all claims
- Submit all claims to BCBSAZ and set up the TPA as the payer for claim reimbursement
- Send all requested records and other correspondence directly to the TPA

## Contact the TPA for everything but claim submission

This table illustrates that, except for claim submission, the group's TPA is your point of contact:

| Administrative Function                                    | Group's TPA | BCBSAZ | Notes   |
|--|-------------|--------|---|
| <i>BCBSAZ provider network access in Arizona</i>           |             | ✓      | Rental arrangement  |
| Benefit plan design  | ✓           |        |   |
| Secure provider portal                                     | ✓           |        | Eligibility, benefits, claims   |
| Member ID cards (includes BCBSAZ-assigned group #)         | ✓           |        | TPA contact information   |
| Member eligibility and benefits                            | ✓           |        | TPA website or phone  |
| Medical policy   | ✓           |        |   |
| Utilization management                                     | ✓           |        |   |
| Prior authorization requirements and requests              | ✓           |        | Check ID card back  |
| <i>Claim submission (for pricing only)</i>                 |             | ✓      | <b>BCBSAZ EDI: 53589</b><br><i>Include BCBSAZ-assigned group number on claims</i> |
| <i>Claim adjustments (for pricing only)</i>                |             | ✓      |   |
| Claim adjudication according to the plan benefits          | ✓           |        |   |
| Coordination of benefits, including Indian Health Services | ✓           |        |   |
| Records requests   | ✓           |        | Send directly to TPA  |
| Claim status   | ✓           |        | TPA website or phone  |
| Claim payment and remittance advice                        | ✓           |        | Set up the TPA as payer   |
| Appeals/grievances   | ✓           |        | TPA website or phone  |
| Customer service   | ✓           |        | TPA website or phone  |

## Accessing CHS/TPA information

You can find a “CHS Group/TPA Information” list and search tool on the secure provider portal at [azblue.com/providers](http://azblue.com/providers) in “Practice Management > Eligibility & Benefits > CHS Group Information.” It includes the BCBSAZ-assigned group number as well as the TPA's secure portal and contact information.

## Include the BCBSAZ-assigned group number on all claim submissions

All CHS member ID cards (issued by the TPA) display the BCBSAZ-assigned group ID on the front of the card (format is three letters followed by three numbers—see sample below). This group ID must be included on all claims. TPAs may assign a separate group number for internal tracking purposes. Do *not* use this group number on the claim. Use only the BCBSAZ-assigned group number.

Take extra care when keying the group ID number so we can route it to the correct TPA, preventing PHI breaches and claim processing delays. The ID card sample below is for illustrative purposes only.

## Card front

Customer Service  
1-800-123-4567  
myTPA.com

TPA Name/Logo

Company Name/Logo

**Member**

**COMPANY ABC**

Group #: 12345 (TPA Internal Use Only)  
Member: SAM SAMPLE  
Member ID: 123456789123


**Medical Plan**

Network Access in Arizona:  
**PPO Med Group # ABC123**

Network Access Outside of Arizona:  
Note: Card may display logo  
from another insurance carrier

**Pharmacy Plan**

RX Bin: 123456  
PCN: XXXXX  
RX Group: XYZ

 myRx.com  
Contact: 1-800-987-6543

## Card back

**Eligibility/ Claims Submission**


For prior authorization call 1-800-123-4567. Prior authorization required for all inpatient admits including mental health, substance abuse, skilled nursing, extended care, rehab, hospice, chemo, dialysis, radiation, transplants, pain injections, morbid obesity surgery, DME over \$1500, MRI/CT, and outpatient surgery not in office.

BCBSAZ Provider: 1-800-123-4567  
PPO Link: myTPA.com  
BCBSAZ-contracted providers/facilities within the state of AZ should transmit electronic claims directly to BCBSAZ using EDI #53589 or PO Box 2924, Phoenix, AZ 85062-2924

Submit all other claims to:  
TPA Name  
PO Box 000  
City, State ZIP Code  
Benefit/Claims: 1-800-123-4567

EAP: 1-800-123-4567  
24-hour automated customer service: 1-800-123-4567 or myTPA.com

Arizona network provided by Blue Cross Blue Shield® of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association. BCBSAZ provides network access only and provides no administrative or claim payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield Plans outside of Arizona.

Network Access Inside of Arizona:  
  
Network Access Outside of Arizona:  
Note: Card might display logo  
from another insurance carrier

Be sure to include the BCBSAZ-assigned group number (three letters followed by three numbers) on all claim submissions.

## Claim processing (after pricing) is done by the TPA

The CHS group's TPA is the payer for CHS group member claims. The TPA handles all claim processing, including investigation of other party liability, verification of eligibility, application of benefits, claim payments, and claim status information. The TPA may apply more claim edits (in addition to any initial edits applied by BCBSAZ), such as procedure unbundling, and separate billing for incidental procedures and mutually exclusive procedures.

## Provider grievances

Direct all member appeals and provider grievances to the TPA at the address listed on the remittance advice. If the provider grievance is related to a pricing issue, the TPA will forward it to BCBSAZ to review and determine if an adjustment needs to be made. If so, BCBSAZ will send the TPA a re-priced claim.

Please be sure your clinical and administrative operations teams (including third-party billing companies) receive this information. If you have questions, contact your provider liaison or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

BCBSAZ member ID cards are available for download via eligibility and benefits search results.