

# blueREVIEW

For Contracting Institutional and Professional Providers



BlueCross BlueShield  
of Illinois

April 2005

## Blue Care<sup>®</sup> Connection: An Innovative Medical Management Program



**B** CBSIL has recently launched a Web-based tool that helps us communicate with members and grants the member access anytime and anywhere to their health information on a single Web site. This program is part of a family of Medical Care Management Programs known as *Blue Care Connection* (BCC). BCC provides health care management to our members to help them learn more about health conditions and ultimately make more informed health care decisions.

BCC is currently being offered as an option to members in groups over 151+ lives who belong to the following products: PPO, BlueChoice POS, BlueChoice Select, BlueEdge and Community Participating Option. After July 2005, groups with 2-151 lives will also be offered the program. Our HMO products are not included in this program, as the functions delivered under BCC are typically part of the MG/IPA's responsibility.

Through *Blue Care Connection*, members can access a Personal Health Manager that gives individual members the ability to collect and store their own health information, and share Protected Health Information (PHI) with their physician and others as they choose. The Personal Health Manager allows the member to grant access to their physician by initiating an automated email to the physician with instructions for gaining access, including how to upload pertinent electronic information into the member's Personal Health Manager.

**Note:** All medical information is forwarded within a secure environment, and is encrypted on a Web site that is HIPAA compliant.

The Personal Health Manager stores the member's test results, medication data, vaccination lists and medical history, so that wherever they go, whether it is to the emergency room, or to another physician, their medical information is readily accessible. Members receive targeted health related information through the Web via secured messaging to help manage specific medical conditions, including alerts for screening tests and the ability to set up reminders for medical appointments. Interactive health tutorials and health education are also available.

*Blue Care Connection* also offers a more comprehensive package for employers and their employees, called *Blue Care<sup>®</sup> Advisor*, which has all the resources and benefits of the Personal Health Manager, as well as several additional online interactive features. For example, through *Blue Care Advisor*, members can ask registered nurses—known as Care Advisors—health-related questions online through the “Ask A Nurse” feature, and receive a response within one business day. Nurses do not provide medical advice, but share information already available that meets national standards of care. Members can also get fitness and nutritional guidance through the online “Ask a Trainer” feature.

BCBSIL is committed to promoting healthy life-styles for our members and finding innovative ways to utilize technology, giving members the tools and resources needed to help them take charge of their health. Offering personalized health services is one way we are fostering a better informed membership and assisting in the development of a closer relationship between our network physicians and members.

## New Medicare Crossover Process

**C**ontrolling the cost of health care is an ongoing challenge to both providers and payers. Changes in procedures are often needed to meet this challenge. During the first half of 2005 HCSC will implement system changes to handle Medicare Supplemental claims that are submitted by providers when they are also submitted electronically through the Crossover process.

As we have stated in previous Blue Reviews, the Crossover process is not only the most efficient method to submit supplemental claims; Crossover also reduces health care costs for both providers and payers. Reducing the cost of paper and duplicate claims is critical in 2005 and beyond. In 2004 we implemented a change allowing all Medicare Supplemental Claims that did not crossover automatically to be submitted electronically.

(Continued on page 8)



# Pharmacy

## Rx Benefit Changes and New Specialty Vendor

As prescription drug benefit costs continue to rise, employers, health plans and medical professionals are working together to find additional ways to manage utilization. In 2005, Blue Cross and Blue Shield of Illinois (BCBSIL) is implementing the following pharmacy benefit program changes to help manage usage and costs.

### McKesson Specialty Pharmacy Services

*Non-HMO:* Effective immediately, McKesson Specialty Pharmacy Services has joined the BCBSIL pharmacy retail network. McKesson Specialty offers a program that serves the injectable and specialty medication needs of members, adding both convenience and clinical support so that members can contact McKesson directly to receive their self administered injectable medication under their prescription benefit. With McKesson Specialty, members and their physicians have access to self-administered medications not readily available at local pharmacies due to special storage requirements and high cost.

Coming in May 2005, McKesson Specialty will also be a BCBSIL contracting pharmacy provider. Physicians may order directly from McKesson for our members, and will not be billed. McKesson will submit the bill directly to BCBSIL. The list of specialty drugs for McKesson will be made available on our Web site at [www.bcbsil.com](http://www.bcbsil.com) in June.



### Over-the-Counter Alternatives

*Insured Business:* Beginning April 1, BCBSIL will eliminate coverage of brand and generic prescription drugs that have over-the-counter (OTC) alternatives in the same strength. For example, prescription medications such as Prilosec 20mg, which is available in an OTC version ("Prilosec OTC"), will no longer be covered under BCBSIL's prescription drug plan.

2 While members are responsible for the cost of OTC products, often the OTC version of these medications is much less expensive than the prescription counterpart – resulting in savings to both the employer and member. Now, many OTC products are eligible for reimbursement from health care flexible spending accounts if they are used for diagnosing, curing or treating a medical condition.

Members who will be directly impacted by this change will be notified by mail.

### Prior Authorization (PA) Program

*HMO:* Beginning April 1, BCBSIL will implement a Prior Authorization (PA) program. The goal of the PA program is to examine drugs/drug categories which may have the potential for misuse and/or high cost. Currently, two drug categories – growth hormones and anabolic steroids – have been identified for PA in 2005.

HMO members who will be directly impacted by prior authorization will be notified by mail. For further information about any of these new pharmacy programs, contact the Provider Telecommunications Center (PTC) at (800) 972-8088.

*Blue Review* is a monthly newsletter published for Institutional and Professional Providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. The *Blue Review* is located on our Web site at [www.bcbsil.com/provider/bluereview.htm](http://www.bcbsil.com/provider/bluereview.htm) and on THIN Online.

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# Products

## Watch for new Health Care Debit Cards

Beginning January 1, 2005, some Blue Cross and Blue Shield members have a health care debit card – a new card with value-added features to assist providers to collect member cost sharing amounts. The card allows members to pay for out-of-pocket costs using funds from their spending accounts.

### BCBSIL Members in BlueEdge PPO

Stand-alone health care debit cards are issued to members in certain employer groups who have our BlueEdge CDHP product. Copayments and other out-of-pocket expenses can be deducted from a member's Health Savings Account (HSA).

### BCBS Out of State Members (BlueCard)

Members with health care debit cards belonging to other Blue Cross and Blue Shield plans may have a debit card with the nationally recognized Blue Cross and/or Blue Shield logos, along with a major debit card logo such as MasterCard® or Visa®. Out-of-pocket costs may be used from their Health Reimbursement Arrangement (HRA), Flexible Spending Account (FSA) or HSA.

### It's easy to use—simply swipe the card like an ordinary debit card

The cards include a magnetic strip so providers can swipe the card at the point of service to collect the copayment and other out-of-pocket expenses through any debit card swipe terminal. The funds will be deducted automatically from the member's appropriate spending account.

### Helpful tips to remember

Ask members for their current member ID card and regularly obtain new photocopies (front and back) of the member ID card. Having the current card will enable you to submit claims with the appropriate member information (including alpha prefix) and avoid unnecessary claims payment delays.

Check eligibility and benefits by calling our Provider Telecommunications Center (PTC) at (800) 972-8088 for BCBSIL members, and (800) 676-BLUE (2583) for out-of-state members, and provide the alpha prefix, or use electronic capabilities.

If the member presents a debit card (stand-alone or combined), be sure to verify the copayment amounts before processing payment. Select "debit" when running the card through for payment. No PIN is required for use.

Please do not use the card to process full payment up front. If you have any questions about claims payment, please contact the PTC. For questions about the debit card processing instructions or payment issues, please contact the toll-free debit card administrator's number on the back of the card.

Watch for more information on debit cards in future editions of the *Blue Review*.

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## Reminder to look for Unique ID Numbers

As more and more Blue Cross and Blue Shield plans convert to Unique Identifying numbers (UIDs) by January 1, 2006, you will see the UIDs on BlueCard (out-of-state BCBS) member identification cards. The BCBS Unique Identifiers could consist of a maximum of seventeen characters and up to 14 alpha/numeric characters (including a combination of letters and numbers). The UID will always be preceded by the three-letter alpha prefix that you are accustomed to seeing on BCBS identification cards.

### Anthem Blue Cross Alert

As of January 1, 2005, providers may see Anthem\* members who carry ID cards with the following member ID number syntax: three-letter alpha prefix followed by two alpha characters and seven numbers, the first one being "0" (zero).

*Example:* ANTAN0123456

Some providers are mistakenly populating a letter "O" after the two alpha characters, instead of a numeric "0" (zero). To avoid claim payment delays, please be sure to copy the member ID numbers correctly.

If you have any questions regarding UIDs, please contact our Provider Telecommunications Center at (800) 972-8088.

\*Blue Cross and Blue Shield Plans in Indiana, Kentucky, Ohio, Colorado, Nevada, Connecticut, Maine, New Hampshire and Virginia.

 BlueCross BlueShield of Illinois <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>		<b>COVENANT RETIREMENT COMMUNITIES</b>
<b>SMITH, JOHN</b>		
Identification No. <b>CRN851234435</b>		
Group No. <b>014168</b>		BS Plan Code 621 BC Plan Code 121
		PRIME BIN: 011552 PCN: ILDR 

# Products

## BlueChoice (POS) and HMO Quality Site Visit Results

During 2004, Quality Site Visits were performed for Primary Care Physicians in the BlueChoice POS, HMO Illinois and BlueAdvantage HMO networks. The site visit network results for 2004 have been compiled. The HMOs\* of Blue Cross and Blue Shield of Illinois and BlueChoice POS are happy to report continued improvement in Accessibility, Quality of Patient Care Documentation and Medical Record Quality for 2004. Please review the Quality Site Visit standards and Site Visit Comparisons on the Blue Cross and Blue Shield of Illinois Web site at [www.bcbsil.com/provider/credentialing/sitevisits.htm](http://www.bcbsil.com/provider/credentialing/sitevisits.htm).

As always, there continues to be opportunities for improvement. The 2004 site visit results demonstrate the following network opportunities for improvement:

### Quality of Patient Care

- Documentation of alcohol use (BlueChoice and HMO)
- Documentation of adolescent smoking history (BlueChoice and HMO)
- Documentation of adult smoking cessation advice (BlueChoice and HMO)
- Documentation of coordination with mental health provider (BlueChoice only)

### Preventive

- Colon cancer screening – male and female age 50 and over (BlueChoice and HMO)
- Cervical cancer screening (Pap smear) – age 18-64 (BlueChoice and HMO)
- Breast cancer screening – age 40-69 (BlueChoice and HMO)



In order to improve site visit results in 2005, BlueChoice POS and HMO are requesting discussion of these results with your physicians. You can help us with our site visit scheduling by doing the following: If you need to cancel a site visit, please let us know five business days prior to the visit. If you use electronic medical records, please inform us when we schedule your site visit. Thank you for continuing to assist us in our Quality Improvement efforts.

\*HMO Illinois and BlueAdvantage HMO

## BlueChoice POS Bulletin

In February 2005 we published the last issue of the BlueChoice POS/BlueChoice Select monthly bulletin. We discontinued this publication, since we are now including all information on our Blue Cross and Blue Shield of Illinois Web site. BlueChoice POS/BlueChoice Select providers must now access the Web site to locate the following information:

### BlueChoice POS/BlueChoice Select Provider Departicipation List

A listing of specialists no longer participating in the BlueChoice POS/BlueChoice Select network can be found at: [www.bcbsil.com/provider/referenceguide.htm](http://www.bcbsil.com/provider/referenceguide.htm).

### Policies and Procedures

Approved BlueChoice POS policies and procedures are placed in the BCBSIL Provider Manual when they become effective. Log in to: [www.bcbsil.com/provider/securedpage.htm](http://www.bcbsil.com/provider/securedpage.htm) to view the most up to date policies.

We encourage you to rely on our Web site for the most complete and up-to-date version of the *BCBSIL Provider Manual* and other resource materials, such as the Blue Review, reference guides, forms, workshops, provider directories, our drug formulary, medical policy information, product policies and procedures and electronic claims filing information.

# Products

## BCBSIL Provider Manual Update

In line with our goal to improve administrative efficiencies, we have merged the BCBSIL Provider Manual (combined for the PPO, POS and HMO products) and HMO Medical Group/IPA Manual. The new BCBSIL Provider Manual will designate the sections as they apply to a specific product.

### Online Access

The BCBSIL Provider Manual is no longer printed, but is available exclusively online with updates completed on our Web site only. This allows you timely access to changes we make periodically throughout the year as policies and procedures are reviewed and modified. The manual is designed to serve as a resource guide that supplies you and your staff with all the information you need as participating providers in our network to administer BCBSIL products and offer quality health care services to our members.

To access the BCBSIL Provider Manual, log on to [www.bcbsil.com/provider](http://www.bcbsil.com/provider). Once you reach the Provider Home page, select “manual” from the “Provider Library”. After selecting manual, you will then be prompted to enter a password. If you do not already know the password, please follow the instructions.

Make sure your staff has the most up to date information and working knowledge of BCBSIL policies and procedures. Visit our Web site and become familiar with our BCBSIL Provider Manual, reference guides, the *Blue Review* and other online resource tools available to you.

# Account Information

## New Account Groups

Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
Electro-Motive Diesel, Inc.	017106-09	EMD	PPO(Portable)	April 1, 2005
Flex N Gate	013497-013498	FNG	PPO(Portable)	May 1, 2005
Leggett & Platt Inc.	505700-703	LLG	PPO(Portable)	August 1, 2005
Tenneco Automative	002210-11, 002220	TEN	PPO(Portable)	April 1, 2005
The Marmon Group, Inc.	044169-172	MNX	PPO(Portable)	May 1, 2005

### Key:

BlueAdvantage HMO = BlueAdvantage HMO  
 BlueEdge<sup>SM</sup> Participating Provider Option (PPO) = Consumer Driven Healthcare Product (CDHP)  
 BlueChoice Select = Point of Service  
 CMM = Comprehensive Major Medical  
 POS = Point of Service (BlueChoice)  
 PPO = Participating Provider Option (Hospital and Physician Network)  
 PPO Hospital Network = Participating Provider Option (Hospital Network Only)  
 PPO(Portable) = BlueCard PPO  
 HMOI = Health Maintenance Organization of Illinois  
 HMOI AFHC = HMOI Away From Home Care

# Provider Workshops

## Provider Affairs Training Invites You To “Come Grow With Us in 2005”

In 2004, the Provider Affairs Training Team hosted a total of 23 local and off-site seminars and workshops, attended by more than 1,200 professional providers, clinical managers and physicians’ office staff. This hard working and ambitious team also logged many miles as they traveled to locations throughout the Chicagoland area and downstate Illinois addressing the educational needs of the provider community. For their efforts in presenting timely and effective programming, they were rewarded with an overall participant satisfaction rating of 98%!

The training team maintains an agenda that focuses on the administrative requirements, technological changes and general product information that will maximize the effectiveness and satisfaction of BCBSIL network participants. Instruction and updates on claims filing, benefits, eligibility verification, reimbursement and Internet resources are routinely included in the training sessions and are often supplemented by specialized presentations from various professional subject matter experts.

Over the last several months, the trainers have been busily redesigning the program to continue bringing you relevant and up-to-date information. The team offers the “Journey to Success” seminar for providers who have recently joined the network and the “On the Road Again” seminar for experienced providers, an approach that recognizes the distinct needs of each group. Focused workshops and specialty seminars are also available.

As always, your feedback plays a critical role in making enhancements and determining the future direction of provider training. In the near future, we will introduce an improved method for following up with seminar attendees. It will focus on the specific information you need on the job and allow BCBSIL to target your particular needs in future seminars.

6 Senior Training Manager, Patricia English, and her team, British Jefferson, Patrice Bowen, Marsha Hammer, Sonia Harvey and Dennis Mele are excited about the future and look forward to working with you. Watch for additional training information in coming editions of the *Blue Review* and “Come Grow with Us in 2005”.



Pictured (l to r) Dennis Mele, Sonia Harvey, British Jefferson, Patrice Bowen, Patricia English and Marsha Hammer.

## Workshop Schedule

### Second Quarter Workshop Schedule

Confused by BCBSIL’s products and procedures? Baffled by reimbursement requirements, out-of-state claims processing or electronic support mechanisms? Want to improve your claims filing to achieve faster payment turnaround?

The Provider Affairs Education Team is dedicated to promoting your success in these and other critical areas by raising your awareness of BCBSIL systems, operations and requirements. We provide learning that can help you streamline your administrative processes, increase staff efficiency and stay in tune with evolving BCBSIL and industry trends that impact your business. Through our informative workshops and specialized seminars, both new and experienced providers will gain the know-how to achieve administrative success as network participants.

Don’t delay! Sign-up now for one of our **free** workshops and begin to grow. You’ll be glad you did!

Go to [www.bcbsil.com/provider/training.htm](http://www.bcbsil.com/provider/training.htm) for workshop times, agendas and to register online. A confirmation or “Request to Reschedule” form will be e-mailed to you.

**New Contracting Provider  
In-House Workshop—Full Day**  
April 27, 2005

**Experienced Contracting Provider  
In-House Workshop—Half Day**  
May 11, 2005

**Experienced Contracting Provider  
Off-site Workshop—Half Day**  
May 5, 2005—Illinois Valley Community Hospital, Peru  
June 8, 2005—Memorial Medical Center, Springfield

**Institutional Hospital Workshop  
In-House Workshop—Half Day**  
May 4, 2005  
**HMO Spring Administrative Forum  
In-House—Half Day**  
April 6, 2005

### Managed Care Roundtable

The next Managed Care Roundtable will be held on May 25, 2005, from 8:30 to 11:30 A.M. at 300 E. Randolph in Chicago. All HMO MG/IPA Medical Directors are encouraged to attend. However the meeting is open to all Network Physicians. Registration is required and must be completed online at [www.bcbsil.com/provider/training.htm](http://www.bcbsil.com/provider/training.htm). The May 25th agenda will be posted with the registration form as soon as it is available. Please note that the Managed Care Roundtable for October 12, 2005, has been rescheduled to October 26, 2005. You may call (312) 653-8668 if you have any questions.

# Reimbursement

## Professional Reimbursement—Fairness In Contracting

### Fairness & Contracting

In order to comply with the Fairness In Contracting Legislation, and in an effort to inform our contracting providers, BCBSIL has designated a column in the *Blue Review* to notify you of any changes to the physician fee schedules. Be sure to review this new area each month.

Effective March 1, 2005, services billed with procedure codes for unclassified drugs in the J code range (J0120 - J9999) will be reimbursed at 100% of Average Wholesale Price (AWP).

Effective April 1, 2005, allowances for immune globulins, vaccines and toxoids in the code range 90281 - 90788 will be updated. Also, the allowance for E0571 has been updated. Providers can request fees by downloading the Fee Schedule Request Form on [www.bcbsil.com](http://www.bcbsil.com).

# Electronic Solutions

## Important Notice for BCBSIL ERA and EPS Receivers

### BCBSIL Phases out Paper Provider Claim Summary (PCS) by March 2005

If a provider is still receiving a non-HIPAA compliant remittance advice, an action plan must be established regarding the conversion to the HIPAA Compliant ERA. Also, any provider receiving the EPS only will be notified that under the HIPAA Rules, the EPS cannot be a stand alone document, and they must convert to the HIPAA Compliant ERA in the ANSI version in order to continue receiving the EPS.

Blue Cross and Blue Shield of Illinois will no longer mail the paper PCS. This rule becomes effective thirty days following the initiation date of the Electronic Remittance Advice (ERA). The elimination of the mail delivery of the paper PCS will be done in phases:

1. **Effective immediately:** With any new requests for the HIPAA Compliant ERA, the paper PCS will be cut off effective thirty days following the initiation date of the ERA.
2. **Effective February 1, 2005:** If a provider is receiving both the ERA in either the NSF or the ANSI versions and is also receiving the Electronic Payment Summary (EPS), the paper PCS has been stopped.
3. **Effective March 1, 2005:** If a provider is receiving the ERA only in either the NSF or the ANSI versions, the paper PCS has been stopped.

The electronic remittance files are available via rEDI-link Blue under the following file names, with a description of the format, the payer number (G00621 for BCBSIL) and version code:

- 835sssss.835                    ANSI 835 ERA
- EPSsssss.EPS                BCBSIL Electronic Payment Summary (PCS Text file\*)
- ERNsssss.ERN                NSF Electronic Remittance Notice
- TSTsssss.TST                BCBSIL HIPAA 835 V4010A1 test file (Available upon request)

### \*Helpful tips regarding the EPS:

- Line feed and carriage returns are present in this text file, but page breaks are not present.
- Files can be saved to a Notepad or Word document. Adjust the font and use portrait or landscape as appropriate based on the type of printer.

**Important Reminder:** BCBSIL ERA and EPS Receivers should contact their Billing Service, Clearinghouse, Vendor or their own IT Systems area regarding this process. A notice was sent to their attention in January 2005, asking for their assistance in aiding the provider to use the Electronic Remittance Advice (ERA) ANSI 835 in posting their payments.

Thank you for your continued support in this electronic process. If you have any feedback or questions, please contact your assigned EDI Representative or call our EDI Hotline at (312) 653-7954.

# Electronic Solutions

## Attention Electronic Submitters

**T**hank you for submitting your claims electronically. You have increased your electronic submission rate from 68% in 2001 to 81% in 2004.

Migrating from paper to electronic claims is just the first step to reduce health care costs and increase efficiencies. The next step in reducing costly paper transactions and increasing productivity is to convert your paper checks to direct deposits through Electronic Funds Transfer (EFT), and to receive your statements from Blue Cross and Blue Shield (BCBS) electronically through Electronic Remittance Advice (ERA).

### Electronic Funds Transfer (EFT)

Electronic Funds Transfer allows BCBSIL payments to be deposited directly into your bank account within 48 hours after the claim has been finalized. This is not only a secure and proven method to receive payment, but your money earns interest right away.

### Electronic Remittance Advice (ERA)

The amount of your EFT will be reflected in your Electronic Remittance Advice. An ERA shows which claims were paid, the amount of each payment, and the status of other claims that were processed. This data can then be posted to your account electronically. ERA eliminates the need for manual posting and allows staff members to concentrate on more productive aspects of health care.

For more information on EFT and ERA, log on to [www.bcbsil.com/provider](http://www.bcbsil.com/provider). On the provider home page click the Electronic Commerce button, or call (312) 653-7954 to speak with a representative.

## New Medicare Crossover Process (cont.)

(Continued from page 1)

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Beginning July 1, 2005, HCSC will reject provider submitted Medicare Primary, Blue Cross and Blue Shield Secondary claims when we have established a verified crossover arrangement for a member through a positive match with the member's Medicare Health Insurance Claim Number (HICN). The rejection code will read "Charges are for a verified Medicare Crossover arrangement. Do not resubmit". In those situations where there is no positive match, we will continue to process Medicare Primary, Blue Cross and Blue Shield Secondary claims with the existing procedures.

You may have already seen this message on your Provider Claim Summary (PCS) or Electronic Remittance Advice (ERA) when you have submitted claims for Blue Card (out-of-state) members. Many other Blues Plans are currently denying provider submitted Medicare Supplemental claims for the same reason – reducing health care costs.

Between now and the implementation date of July 1<sup>st</sup>, we will continue to provide more information and details to you. This article is to inform you of the change so you may begin to modify your process, and to inform your vendors of any system changes they will need to make.

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