



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.™

BLUEREVIEWSM

For Contracting Institutional and Professional Providers

December 2007

Why It's Important to Update your Provider File

Did you know that BCBSIL maintains a complete listing of all providers in our PPO and managed care (HMO and POS) networks on our Web site at www.bcbsil.com? This comprehensive file sorts providers by product, name and specialty through the Provider Finder® search tool.

An accurate provider file affects you in many ways

National Provider Identifier (NPI) and Taxpayer Reporting

It is very important that you have submitted the correct Type 1 and/or Type 2 NPI information to us. For helpful tips, visit our Web site at www.bcbsil.com and click on the NPI Logo to review Frequently Asked Questions about Type 1 and Type 2 NPIs.

Check your information on the NPI Registry at www.nppes.cms.hhs.gov to verify that the contact and billing information that you shared with the enumerator matches the contact and billing information used by BCBSIL.

If you are adding individuals to your practice, or if you are part of a group and are sharing your Type 1 NPI with BCBSIL, be sure to submit your information on the group's letterhead. Include provider name, state license number, office location, specialty, group practice name, effective date provider joined group, and Tax Identification Number (TIN) when sharing your NPI with us so that we can be sure to "match" all individual Type 1 rendering providers with the correct organizational Type 2 billing entity in our system.

Please make sure we have your correct address and Tax Identification Number (TIN) to ensure that we are paying the correct entity for reporting to the IRS. The address we have on file is where your 1099 forms for 2007 will be mailed.

Hospital Affiliations

On occasion BCBSIL must make changes to our provider network. These changes may affect your relationship with us if an institutional facility to which you have affiliation leaves our network. That is why it is important that we know your hospital affiliations and all other demographic information to assure you remain compliant with our participating provider agreements.

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Visit our Web site at www.bcbsil.com/provider

You Spoke...We Listened



In 2007, BCBSIL hosted four Focus on Provider Strategy Sessions after selected provider training workshops. We held these informal sessions to determine:

- Your current level of satisfaction with our communication and education efforts (Blue Review, provider workshops, our Web site and online services)
- How we compare with other health plans
- Where to place our focus, enabling staff to provide the best service to our members

Over 50 provider offices participated in one of the four sessions conducted, and were very candid with their feedback, offering many ideas and concepts for us to consider. We wanted to share some of the comments we received with you.

Blue Review

Since 1999, our monthly *Blue Review* provider newsletter has proven to be the most reliable and consistent vehicle to reach the 25,000 contracting providers in our network, and convey a clear and concise message.

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Stay Connected

Visit us Online

Visit Us Online at www.bcbsil.com/provider to access updated information on:

Electronic Commerce

- EDI Transactions/Format Specs
- EFT/ERA
- Clearinghouse Enrollment
- Nebo/NDAS Online
- NPI Filing Requirements
- RealMed
- HIPAA

Credentialing/Contracting

- Receive Credentialing Updates
- Update your demographic information
- Request a Contract Application

Provider Library

- BlueCard Program
- *Blue Review* archives
- Forms
- BlueChoice and HMO Resources
- Medical Policies
- Refund/Payment Recovery Program
- Provider manuals/reference guides
- PTC Phone Navigation Guides

UM/QI/Medical Management

- Quality Improvement Programs
- HEDIS Reports
- BlueChoice Tiering
- Clinical Quality Indicators

Provider Tools

- Blue Distinction
- Radiology Quality Initiative (RQI) Program
- Obesity Management Tool Kit
- Hospital Comparison Tool
- BlueStarSM Hospital Report
- Clear Claim Connection

Pharmacy Management

- Drug Formulary Changes
- Rx Benefit Management

Workshop Schedule

- Online registration for free workshops

What's New

- Find out about new initiatives

All of this information is just a "click" away. We encourage you to visit our Web site to become familiar with the information available and access the web-based applications you need to better service our members and your patients. If you have suggestions on how we can further improve the Provider Web site, or just want to share your feedback, please email us at bluerreview@bcbsil.com.

Why It's Important to Update Your Provider File

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Provider Selection

Provider Finder allows current and prospective members to browse and determine if the physicians, Medical Groups and hospitals they desire are affiliated with one of our products. Accurate provider network information in both our directories and on our Web site ensures members can select the providers of their choice.

So please take a moment to confirm that your current hospital affiliations, practice information and street address (all locations) are correct. In this way, we can be assured our members, and your patients, are receiving the best service, because they have access to the most accurate and updated provider information available.

How to update your file

Making revisions to your file can be simplified by using the Provider Update Form. Just go to our Web site at www.bcbsil.com/provider/provider_file_update2.htm, and complete and submit the Provider File Update form online. You may also print the Provider File Update Form and send the information to the Provider Services Department via fax or mail (on your letterhead).

Fax: (312) 856-1946

Mail: Blue Cross and Blue Shield of Illinois

300 E. Randolph Street
Chicago, Illinois 60601-5000

Attention:

Provider Services, 23rd Floor

If there has been a change in your practice information, or if you find discrepancies or the wrong information in your file, you need to communicate those changes to us promptly so that we can update your file. We accept the following file changes online:

- Address (relocation or adding locations)
- Telephone number
- E-mail address
- New Tax ID number
- Payee address location
- Hospital affiliations (changes, additions)
- Moving from group practice to single practice or from single to group.
- New physicians joining an existing group practice
- Retirement
- Resigned from a Group Practice
- Deceased
- On Military Service

If you have joined a group practice, the following information is needed on your letterhead:

- Physician Name
- License Number
- Office Location
- Specialty
- Group Practice Name
- Effective Date provider joined the group
- Tax Identification Number

Maintaining an accurate provider database is our ongoing commitment, and helps us achieve our goal of providing the "Best Service" to our customers. We appreciate your continued cooperation.



You Spoke...We Listened

Continued from page 1

In January, 2006, we transformed the *Blue Review* into a visually enhanced full-color publication, to better promote health care management news and updates, and feature articles by Senior Management that explain our corporate vision and strategy.

What you told us you like:

You like our new look, and find the information beneficial and easy to read. The newsletter is a dependable resource and reference tool to explain and clarify health care management processes and initiatives.

What you would like to see:

You want the option to receive the *Blue Review* via email. You would also like to see more focus on issues resolution, and advance notices when processes are about to change.

Provider Workshops

Throughout the year, BCBSIL hosts training seminars for new and experienced Blue Shield providers in the PPO, HMO and POS networks, highlighting product changes, trends and developments that promote administrative efficiencies. Our Provider Affairs Education Team has developed workshops to suit your needs, whether in your office or at a location near you.

What you told us you like:

You welcome our presence in your community, and the opportunity to also meet your Network Consultant. You see the benefits of attending a workshop in person and are satisfied with the range of topics covered, including those in the specialty focus workshops.

What you would like to see:

We all realize that not every provider can attend a workshop. You cited the methods used by our competitors, and want us to explore the many new and creative ways to convey the information you need to know. We continue to expand our online training capabilities to reach more providers, with Webcasts, Webinars, online tutorials, etc. In 2008, expect to see an increase in these types of learning venues.

Web Site/Online Services

One of our corporate visions is to increase provider connectivity. Our strategy calls for a redesigned secure provider portal, allowing us to expand the capabilities of our Web site, making it more functional and user friendly.

What you told us you like:

We are pleased to know you are using our Web site frequently to stay abreast of what's new, locate participating providers, access reference materials, forms and past issues of the *Blue Review*. You find the information helpful and accurate, and are satisfied with our free online services that allow you to verify eligibility and benefits, and look up claim status.

What you want to see in the future:

More providers are utilizing electronic media in their health care operations. You want us to expand our online services, decreasing the need to make a telephone call. This includes adding more membership information, real-time benefits, real-time claims adjudication and search tool capabilities.

Want to add your comments to this dialogue?

Be a part of the discussion by sending an email to bluerreview@bcbsil.com. We welcome your comments and suggestions.

In 2008, we plan to conduct more Focus on Provider Strategy Sessions, as we continue to improve our processes and remain responsive to your needs. These sessions provide you with an opportunity to make recommendations and share input on the manner in which we present and communicate our products, programs and initiatives. We hope you will be able to join us. Watch for your special invitation!



How to Handle Claims for Blue HMO Members

Affiliated with other Blue Plans

You may see Blue HMO members affiliated with other Blue Plans who will be seeking care at your office or facility. Please handle claims for these members the same way as you do BCBSIL Traditional and PPO members by submitting them to BCBSIL for processing through our BlueCard out-of-area program.

You can identify Blue HMO members from other Blue Plans by the three-character alpha prefix preceding the member's identification number on their ID card. You may also see the empty suitcase identifier, which indicates that the claim should be filed through the BlueCard Program.

Follow these steps when servicing Blue HMO members affiliated with other Blue Plans:

- Ask for the member's current ID card. Call BlueCard Eligibility at 1-800-676-BLUE (2583).

Quick Tip: For faster processing, submit claims electronically.

- When prompted, provide the first three characters of the member's ID number (alpha prefix).
- Once the member receives care, please do not ask for full payment up front other than out-of-pocket expenses, such as co-payments and non-covered services.
- Submit the member's claim with their complete ID number, including the alpha prefix, to BCBSIL. An explanation of how the claim was adjudicated will appear on your Provider Claim Summary or payment advice.

Note to HMO Medical Groups/IPAs:

If a BCBSIL HMO member affiliated with your group uses the BlueCard Program for urgent care services while traveling out of state, you are not required to write a referral or authorize treatment. Payment for covered services are the responsibility of BCBSIL HMO.

If you have any further questions about Blue HMO members affiliated with other Blue Plans and/or the BlueCard Program, please:

- Speak with your Provider Network Consultant
- Visit us online at: www.bcbsil.com/provider and refer to the BlueCard Provider Manual on our Web site
- Contact one of our Customer Advocates at 1-800-972-8088

View Managed Care Updates Online

HMO and BlueChoice Updated Policies and Procedures on Web

On a monthly basis, we post updated policies and procedures on our Web site under "Updates." Go to www.bcbsil.com/provider to view the updated policies.

HMO and BlueChoice Appointment/ Reappointment Report on Web

On a monthly basis, we post a report of the Appointed and Reappointed providers on our Web site. To access this report, go to www.bcbsil.com/provider. Select "Appointed/Reappointed PCPs/PSPs" under the Credentialing/Contracting section. The data provided is cumulative and is updated by the third Wednesday of each month.

BlueChoice Updated Depart List

A listing of all specialists no longer participating in the network for the BlueChoice product can be found at www.bcbsil.com/provider/securedpage.htm. Note: You can find participating specialists for the BlueChoice product on our Provider Finder® at www.bcbsil.com.

Minimum Necessary Medical Records Requests

In certain cases, additional information may be required before a payment determination can be made on a claim. This additional information could vary from the very simple to complex, (e.g. diagnosis code, medical record history or reports). BCBSIL makes every effort to ask you only for the specific information we need to adjudicate a claim. When you submit information that does not pertain to what is specifically requested, it increases administrative costs.

Remember: BCBSIL will only request the minimum Protected Health Information (PHI) necessary per the Health Insurance Portability and Accountability Act (HIPAA). Help us save time and paper by only submitting the information that is requested.

2008 Pharmacy Program Changes

Formulary Changes

Based on the availability of new prescription medications and our National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions will be made to the Blue Cross and Blue Shield of Illinois formulary effective January 1, 2008. The formulary status of Prevacid will change to a non-formulary brand. Generic and formulary brand alternatives are listed below.

Generic Alternative (Tier 1 copayment/coinsurance)	Formulary Brand Alternative (Tier 2 copayment/coinsurance)	Non-Formulary Brand (Tier 3 copayment/coinsurance)
Omeprazole	Nexium Protonix	Prevacid

Omeprazole Coverage

Omeprazole 20mg, a drug for the treatment of ulcers and gastroesophageal reflux disease, has been excluded from coverage under the prescription drug program for all HMO and insured members due to the fact that the drug has an exact over the counter equivalent – Prilosec OTC. We have been evaluating the utilization and costs of the medications within this class of medications called proton pump inhibitors (PPIs).

On January 1, 2008, we will be adding back coverage for generic omeprazole 20mg under the prescription drug program. The over the counter version of the drug will not be covered. Members taking brand name drugs within the PPI drug class (Prevacid, Nexium, Protonix, and Aciphex) will receive targeted communication notifying them regarding the change in coverage.

Prior Authorization and Step Therapy

Starting January 1, 2008, with HMO group renewal dates, we will be adding an additional prior authorization program and an additional category to our step therapy program.

The new prior authorization program will impact the oral fentanyl medications, Actiq and Fentora. These medications are only indicated for the management of breakthrough cancer pain for patients who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. These medications have a high potential for abuse or misuse.

The new step therapy program being added is for insomnia agents. The goal of this program is to encourage the use of the more cost-effective generic zolpidem before use of the brand medications. The following medications will be impacted by this program: Ambien, Ambien CR, Lunesta, Rozerem, and Sonata.

Drug Dispensing Limits

Effective January 1, 2008, we will be adding additional drug dispensing limits to the following medications.

DRUG NAME	Limit/30 days	Limit/90days
Actiq	120 units	not covered at mail
Avonex	1 package	3 packages
Betaseron	1 package	3 packages
Copaxone	1 package	3 packages
Oxycodone ER	90 tabs	270 tabs
Oxytrol	8 patches	24 patches
Plan B	4 tabs (2 kits)/365 days	not covered at mail
Rebif	12 syringes	36 syringes
Symbicort	1 inhaler	3 inhalers
Lumigan	2.5ml	7.5ml
Travatan	2.5ml	7.5ml
Xalatan	2.5ml	7.5ml
Xyrem	3 bottles (540ml)	9 bottles (1620ml)
Provigil	30 tablets	90 tablets

Drug dispensing limits are listed on our Web site at http://www.bcbsil.com/rx/pdf/drug_dispensing_limits.pdf.

Medicare Advantage

Private Fee-For-Service (PFFS) FAQs

“Medicare Advantage” is the new program alternative to original Medicare Part A and Part B (often referred to as “traditional Medicare”). It offers Medicare beneficiaries several health insurance product options, including health maintenance organization (HMO), preferred provider organization (PPO), point-of-service (POS) and private fee-for-service (PFFS) plans. Several Blue Plans offer Medicare Advantage products, so you may see other Blue Cross and/or Blue Shield Plan Medicare Advantage members, as well as out-of-area Medicare Advantage members.

What is Medicare Advantage Private Fee-For-Service?

A Medicare Advantage PFFS plan is one that is offered by an organization that pays physicians and providers on a fee-for-service basis. Because it is a “non-network plan,” there is no specific network that providers must sign up for in order to render services to PFFS patients. Patients can obtain services from any licensed physician or provider in the United States who is qualified to be paid by Medicare and accepts the plan’s conditions and terms of payment. The Plan must provide the same coverage as Medicare Part A and Part B, but may offer additional services.

How do I recognize Medicare Advantage PFFS members?

Ask for the member ID card. Members will not have a standard Medicare card. Instead, a Medicare Advantage PFFS logo will be visible on the ID card:



MEDICARE | PFFS

How does my office verify member eligibility?

Verify eligibility by calling 1-800-676-Blue (2583) and providing the alpha prefix. Be sure to verify if Medicare Advantage benefits apply. If you experience difficulty obtaining eligibility information, please record the alpha prefix and report it to the appropriate Blue Cross and/or Blue Shield Plan contact identified on the member’s ID card.

Where do I submit claims for Medicare Advantage PFFS members?

Submit claims to BCBSIL. Do not bill Medicare directly for any services rendered to a Medicare Advantage member. Payment will be made directly by a Blue Cross and Blue Shield Plan.

What reimbursement rates apply for PFFS patients?

You will be reimbursed the equivalent of the current Medicare payment amount for all covered services (i.e. the amount you would collect if the member was enrolled in traditional Medicare). Refer to the member’s ID card for instructions on how to access the plan’s terms and conditions.

Can I collect the member cost sharing amount at the time of service?

Yes, providers can collect any applicable cost sharing amount (e.g.: copay or deductible, etc.). Balance billing may be permitted under some PFFS plans, so refer to the member’s ID card for instructions on how to access the plan’s terms and conditions.

Whom do I contact with questions regarding Medicare Advantage?

Contact the appropriate Blue Cross and/or Blue Shield Plan at the number included on the member’s ID card if you have any questions regarding the Medicare Advantage program or products.

BCBSIL will launch an employer-sponsored PFFS program in 2008.

Using Valid and Current National Codes

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) Administration Simplification, every provider who does business electronically must use the same health care transaction code sets and identifiers. Code sets are the codes used to identify specific diagnosis and clinical procedures on claims and encounter forms.

The CPT-4 and ICD-9 codes that you are familiar with are examples of code sets for procedure and diagnosis coding. Other code sets adopted under the Administrative Simplification provisions of HIPAA include code sets used for claims involving medical supplies, dental services and drugs.

In order to remain compliant with HIPAA, BCBSIL will not accept claims for dates of service billed with deleted codes. For an updated listing of all code sets and identifiers, you can purchase the 2008 Current Procedural Terminology (CPT) and the 2008 Health Care Financing Administration Common Procedure Coding System (HCPCS) manuals by calling the American Medical Association (AMA) at (800) 621-8335.

Fairness In Contracting

In an effort to comply with Fairness In Contracting Legislation and keep our contracting providers informed, 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 area each month.

Effective December 1, 2007, the following code ranges, J0128 - J9600, Q0163 - Q9964, P9041 - P9048, S0012 - S0183 will be updated. Please note that not all codes in these ranges will be updated. Also, the next J Code update will be on July 1, 2008. There will no longer be Quarterly J code updates. J codes will be updated on an annual basis.

Providers can request fees by downloading the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm.

Want a customized Billing Service
Workshop for your team?

The Provider Affairs Education Team is excited to offer customized on-site workshops for Billing Services. We will accommodate your needs with a workshop that will help to maximize office efficiencies and increase your satisfaction with BCBSIL.

Do you have staff members in your office who are overwhelmed and trying to stay ahead of the curve? Do you want to know more about the topics listed below?

- CMS-1500 (08/05) Revisions
- BCBSIL Products
- Clear Claim Connection
- National Provider Identifier (NPI)
- BlueCard (Out-of-Area)
- Interactive Voice Response (IVR)
- eSolutions: NDAS Online, Electronic Claim Submission, Electronic Claim Reports

Please send an e-mail to paet@bcbsil.com with a contact name and your topics of interest. If there are other topics you would like to learn more about, please include those in your e-mail. We look forward to hearing from you. Remember, our goal at BCBSIL is to do our best to serve you better.

Are you a new provider?

Check out our online Welcome Tutorial!

The Provider Affairs Department is pleased to introduce an online welcome tutorial for new providers. If you are a newly contracted provider with our BCBSIL PPO network, we encourage you to take advantage of the wide range of reference materials available to you online.

The welcome tutorial includes an overview of the following resources:

- Electronic Tools (Online Eligibility, Benefit Verification and Billing)
- BCBSIL Educational Materials
- Access to the *Blue Review* (our monthly provider newsletter)
- New Provider Workshop Schedule

To take advantage of these educational materials for new providers, visit our BCBSIL Web site at www.bcbsil.com/provider. Click on "Are you a new provider?" to view our welcome tutorial.

**You're Invited...
Register online for our Workshops**

In 2008, the Provider Affairs Education Team at BCBSIL will continue to offer cutting edge workshops. To show our appreciation for your participation with BCBSIL, all seminars are free to providers. Our focus this year is to give you "Blues News you can Use." These workshops are designed for experienced billers and office personnel who want to stay abreast of the correct ways of doing business with BCBSIL, and have not been to a workshop recently.

Some of the topics that will be included are:

- Consumer Driven Health Plan (CDHP)
- eSolutions enhancements
- Web site tutorial information
- Provider Review/Appeals
- BlueCard Enhancements
- National Provider Identifier (NPI) Transition Plan
- Webinar Training and more...

Upcoming Workshops

These workshops are designed to give you "Blues News you can Use."

Workshop	Date	Location
"Blues News you can Use"	January 23, 2008	Resurrection Holy Family Medical Center, Desplaines, IL
"Blues News you can Use"	January 30, 2008	Lincoln Park Hospital, Chicago, IL
BlueCard (out-of-area) Webinar	January 16, 2008	Online
Managed Care Roundtable	April 16, 2008	In-house, BCBSIL
Managed Care Roundtable	October 15, 2008	In-house, BCBSIL

Make sure to go online at www.bcbsil.com/provider/training.htm to view the schedule and register for our workshops offered at a site near you.

BlueCard® (Out-of-Area) Webinar is Coming January 16, 2008!

In an effort to reach more providers, the BCBSIL Provider Affairs Education Team will be hosting focused Webinars in 2008. One of our first is BlueCard (out-of-area). Have you ever serviced one of the 99 million Blue Cross and Blue Shield (BCBS) BlueCard members? Do you know how to identify an out-of-area BCBS member? Are you filing out-of-area claims electronically?

Our on-line BlueCard (out-of-area) Webinar workshop will help you answer these questions and more!

As a provider, this workshop will help you to. . .

- Identify BlueCard members
- Verify eligibility and benefits
- File claims for BlueCard members who travel to or live in your service area
- Know whom to contact for claims resolution

A panel of experts from our staff will be available to address all of your BlueCard issues!

Since you can attend the BlueCard Webinar from the convenience of your own desk, all of your appropriate office staff can attend. They just have to call in and log on at a computer, using a special line and URL provided on your invitation.

Watch for registration information coming soon to our Web site at www.bcbsil.com/provider. If you have suggestions on the types of webinars you would like to see in 2008 or have questions, please e-mail paet@bcbsil.com.

Focus on Wellness: Blue Care Connection® Adds Three New Programs

Blue Care Connection will welcome in the New Year with three programs to help those who want to quit smoking, lose weight, as well as manage and improve their overall health. Beginning January 1, 2008, Tobacco Cessation, Weight Management, and Worksite Wellness will be added as the newest Blue Care Connection programs available to BCBSIL members.

Blue Care Connection is the umbrella for a group of disease management and wellness programs that provide BCBSIL members access to outreach, educational resources and health advocacy services. Designed to help members achieve their individual health goals, these Blue Care Connection services are just one more benefit provided to BCBSIL members!

Tobacco Cessation provides resources for tobacco users who want to quit through personal coaching, online tools and an Audio Health Library.

Weight Management provides guidance and support for members who want to slim down through behavioral and motivational

coaching, personalized goal setting with action plans, online tools, an Audio Health Library and discounts on programs, products and services that encourage weight loss, exercise and good nutrition.

Worksite Wellness enables employers to provide their employees with monthly Webinars on wellness topics, as well as on-site health education and screening opportunities. BlueResourceSM, a CD-based library of health and wellness electronic communications that were designed to share with employees, is also part of this program.

Getting the Wellness Message Out!

Blue Care Connection disease management and wellness programs are designed to help enhance the care provided to BCBSIL members, and to support the physician-patient relationship. Please remember to promote the three newest wellness-focused programs and to encourage BCBSIL members to participate in Blue Care Connection. Watch the *Blue Review* for additional Blue Care Connection programs available to BCBSIL members.



Servicing our Labor Fund Group Members

BCBSIL is proud to be the insurer for thousands of our members who belong to organized labor unions. When servicing labor account group members, please remember to follow these special guidelines and procedures:

Membership and Eligibility Verification

Contact the member's labor fund account health and welfare local office to verify eligibility and benefit information. The telephone number is located on the back of the member's ID card and/or on the NDAS Online eligibility screen. The local office can also handle any issues and questions you have regarding termination of benefits and the extent of the member's coverage.

Claim Submission

Claims for services rendered should be submitted directly to us electronically.* This also includes claims for retirees with Medicare secondary coverage. Paper claims should be mailed to:

**Blue Cross and Blue Shield of Illinois
P.O. Box 805107
Chicago, Illinois 60680-4112**

*Our electronic claims and information network is available to all providers to file patient claims electronically. For information regarding NDAS Online, and to sign up for electronic submission of your claims, contact our E-Commerce Center at 1-800-746-4614.

Claim Status

You may obtain claims status by using NDAS Online or contacting our Provider Telecommunications Center (PTC) at 1-800-972-8088. The PTC should also be contacted for all claim inquiries. If the claim is pending investigation, we will inform you of the disposition status.

Contact Information

For more information and assistance regarding labor fund accounts:

1. Visit our Web site at www.bcbsil.com/provider. Click on Reference Guides in the Provider Library section and select "Quick Tips for Servicing Labor Groups." There is also a Labor Group Fund Account Matrix that lists all contracting labor groups, their group number, alpha prefix and product coverage.

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NPI Corner:

Let's work together to get through the roadblocks

Let's work together to get through the roadblocks

Throughout the transition period, BCBSIL has been working to build awareness on getting, sharing, testing and using your National Provider Identifier (NPI). As we move into phase two—the NPI Required phase—it is even more important to be clear on how to use your NPI so that your claims payments may be processed properly.

We have experienced some challenges that we would like to call to your attention. Some of these challenges have to do with validation of your NPI information. Other situations are arising due to incorrect use of Type 1 and/or Type 2 NPIs.

Information Mismatches

We are seeing numerous instances where, even though a provider has shared their NPI, BCBSIL is unable to load that information to our system. This bottleneck has caused duplicate communications to go out to providers who have already shared their NPI with us, creating confusion and frustration on both sides.

Here are some of the mismatch categories that may be holding up the process of loading your NPI into our data system:

- The NPI shared by the provider cannot be found or does not match the NPI listed for that provider on the NPPES NPI Registry
- The Legal Name or Legal Entity Name shown for the provider on the NPPES confirmation notice or NPI Registry does not match the name or group name on file with BCBSIL

- The business mailing or business practice address shown for the provider on the NPPES confirmation notice or NPI Registry does not match the mailing/practice address on file with BCBSIL
- The phone number or other contact information submitted with the NPI does not match the contact information on file with BCBSIL

What can you do?

Check your information on the NPPES NPI Registry and the BCBSIL Provider Finder®. Take the time to confirm that the complete name (including suffix, and/or credential, such as M.D., D.O.) and/or Legal Business Name listed for you on the NPI Registry is correct and matches the way you are listed as a BCBSIL provider. Making sure your information is accurate and consistent will help us “find you” quickly when we load your information to our system, as well as when we are processing your claims.

Incorrect Use of Type 1 vs Type 2 NPIs

We've discovered some inconsistencies in the ways providers are using their Type 1 and Type 2 NPIs when filing claims. In fact, some providers may have obtained an NPI in error that they now need to deactivate.

We want to help you to make sure you have the right NPI and know how to use it! Let's take a look at one situation where some providers are misinterpreting how to obtain and use their NPIs:

What's wrong with this picture?

A group of individual providers, all with Individual Type 1 NPIs, works as part of an

organization that has a Type 2 NPI for the group. Each of the providers wants to bill under the group's Tax Identification Number (TIN); however, they want to bill and be paid individually, rather than under the group name. Therefore, each individual also obtains their own Type 2 NPI so that each individual can operate as a “Doing Business As” (D/B/A) entity under the group's TIN.

Analysis:

The rendering providers in the above scenario have obtained Type 2 NPIs in error—these Type 2 NPIs must be deactivated.* While an organization with a Type 2 NPI for the group may decide to assign subparts (additional Type 2 NPIs for sub-groups, such as facilities at different locations), an individual provider may not be designated as a subpart, per the regulation. The individual providers in our sample scenario may bill using the group's existing billing, Type 2 NPI, but they cannot serve as subparts who are doing business as the group. On claims, the Individual Type 1 NPI of the provider who performed the service should be indicated as the rendering provider; the Organizational Type 2 NPI of the group should be submitted as the billing entity.

What to do:

If you are part of a group where individuals are currently operating with multiple BCBSIL billing numbers under a single TIN, some existing BCBSIL billing numbers may need to be deactivated, or the way you are contracted as a BCBSIL may need to be adjusted. Please contact your Provider Network Consultant right away for assistance.

*For information on how to deactivate an existing NPI, contact the NPI Enumerator, at 1-800-465-3203.

Please visit the Centers for Medicare and Medicaid (CMS) Web site at www.cms.hhs.gov/NationalProviderStand/ for additional information if you are unclear about which type of NPI you should have, or how you should be using your NPI on claims. You can also visit our Web site at www.bcbsil.com and click on the NPI Logo to access additional Frequently Asked Questions about Type 1 and Type 2 NPIs, and other topics.



NPI:

Electronic claims submission tips for Group practices



If you are a Group practice provider, it is imperative that you transmit the Group NPI (Type 2) in Loop 2010AA, with your Rendering NPI (Type 1) for Professional Providers as well as a State License Number in Loop 2310B, (state license number is a Blue Shield requirement strictly for Illinois). If you are reporting an attending physician on an Institutional claim, transmit your Attending NPI (Type 1) for the Institutional claim in Loop 2310A.

The following are representations of how you might complete the 837 Professional and the 837 Institutional claims that contain this data. Complete the following segments for claims submitted for Blue Cross and Blue Shield of Illinois (Payer ID G00621), Blue Shield of New Mexico (Payer ID G00790), Blue Cross and Blue Shield of Oklahoma (Payer ID G00840), and Blue Cross and Blue Shield of Texas (Payer ID G84980):

837 Health Care Claim: Professional

LOOP ID 2000A – (Billing/Pay-To Provider Hierarchical Level)
PRV*BI*ZZ*TAXONOMY CODE~

LOOP ID 2010AA – (Billing Provider Name)
NM1*85*2*CORPORATION****XX*GROUP NPI NUMBER~
N3*BILLING ADDRESS~
N4*CITY*ST*ZIP~
REF*EI*TAX IDENTIFICATION~
REF*1B*BLUE SHIELD PROVIDER NUMBER~

LOOP ID 2310B – (Rendering Provider Name)

NM1*82*1*LAST NAME*FIRST NAME*MIDDLE IN***XX*RENDERING NPI NUMBER~
PRV*PE*ZZ*TAXONOMY CODE~
REF*EI*TAX ID~
REF*OB*(STATE LICENSE NUMBER)~
(Illinois Only Requirement)

837 Health Care Claim: Institutional

LOOP ID 2000A – (Billing/Pay-To Provider Hierarchical Level)
PRV*BI*ZZ*TAXONOMY CODE~

LOOP ID 2010AA – (Billing Provider Name)

NM1*85*2*NON-PERSON ENTITY*****XX*GROUP NPI NUMBER~
N3*STREET ADDRESS~
N4*CITY*ST*ZIP CODE~
REF*EI*TAX IDENTIFICATION~
REF*1A*BLUE CROSS PROVIDER NUMBER~

LOOP ID 2310A – (Attending Physician Name)

NM1*71*1*LAST NAME*FIRST NAME*MIDDLE INITITAL***XX*NPI NUMBER~
PRV*AT*ZZ*TAXONOMY CODE~
REF*EI*TAX IDENTIFICATION~

Note: When sending information on the electronic claim referencing a referring, operating and supervising provider as well as a facility where services were rendered, a taxonomy code and NPI are required.

Blue Access® for Members

Update

Patient Clinical Summary Now Available

All non-HMO BCBSIL members who have Blue Care® Connection can now access a Patient Clinical Summary (PCS) through their Personal Health Manager on the BCBSIL Web site.

The PCS gives members a user-friendly “snapshot” of their medical history, based on their own medical, lab and prescription drug claims, which they can print and share with their physician. (The PCS does not reveal behavioral health claim data.) The PCS complies with HIPAA and state regulations.

Members can access the PCS by following these simple steps:

- Log into Blue Access for Members
- Click on the Personal Health Manager icon
- Choose the Menu tab
- Click the My Clinical Summary button (My Care Profile effective 1/08)

Blue Care Advisors working with members in condition/care management programs can also access the PCS as an additional source of information about the member.

The PCS will be available to physicians in the future, giving health care providers quick access to medical information about the member at the point of care. This information will help you make faster, more accurate decisions that can lead to better outcomes.

NCQA Accreditation Status for BCBSIL HMO Products

The National Committee for Quality Assurance (NCQA) has awarded HMO Illinois and Blue Advantage HMO its highest accreditation status of Excellent for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.

According to Margaret O'Kane, President of NCQA, "Earning 'Excellent' Accreditation reflects a health plan's ability to work with its member's physicians to improve the quality of clinical care. It shows that the plan is building the kinds of partnerships that are critical to delivering great care and great service."

Medical Policy

Disclosure Statement

New or revised Medical Policies will be posted in the "Pending Policies" section of the Medical Policy site on the BCBSIL Web site. The new or revised policies will be available on the first day of each month. The specific effective or implementation date will be noted for each policy that is posted.

To review these policies, visit our Web site at www.bcbsil.com/provider and select "Medical Policies." After reading the Medical Policies Disclaimer, click on "I Agree." The policies that are awaiting implementation can be found in the "Pending Policies" section of the Medical Policy site.



New Account Groups

Group Name: Group Number: AT&T 021366, 021371, 012376-79	Group Name: Group Number: Culligan International Company 022276
Alpha Prefix: Product Type: Group Number: Alpha Prefix: Product Type: Effective Date: PAS PPO(Portable) 021370, 021372-75 LOR CMM January 1, 2008	Alpha Prefix: Product Type: Group Number: Alpha Prefix: Product Type: Effective Date: CLP PPO(Portable) 022278 CLP CMM January 1, 2008
BC BS	BC BS
Group Name: Group Number: Anacostia Rail Holdings Company 020182-020183	Group Name: Group Number: DSC Logistics 022288
Alpha Prefix: Product Type: Effective Date: RHY PPO(Portable) January 1, 2008	Alpha Prefix: Product Type: Effective Date: DSK PPO(Portable) January 1, 2008
BC BS	BC BS
Group Name: Group Number: CME Group H92881	Group Name: Group Number: FBOP 725248, 725249
Alpha Prefix: Product Type: Group Number: Alpha Prefix: Product Type: Effective Date: XOH HMO P92881-992891 XOF PPO(Portable) January 1, 2008	Alpha Prefix: Product Type: Effective Date: OKP PPO(Portable) January 1, 2008
BC BS	BC BS
Group Name: Group Number: Canadian National 017364-65	Group Name: Group Number: H.D. Smith 020763, 020764
Alpha Prefix: Product Type: Group Number: Alpha Prefix: Product Type: Effective Date: CNL HSA 017324 CNL PPO(Portable) January 1, 2008	Alpha Prefix: Product Type: Effective Date: HZD PPO(Portable) January 1, 2008
BC BS	BC BS
Group Name: Group Number: Catholic Health Initiatives C20000, 02, 08, 12-15, 16, 18, 25, 27, 29, 30, 32-34, 37, 38, 42-46, 48, 51, 52, 55, 57-70, 72-76	Group Name: Group Number: IPSCO 021485, 021486, 021489, 021490
Alpha Prefix: Product Type: Effective Date: CHV PPO(Portable) January 1, 2008	Alpha Prefix: Product Type: Effective Date: PSC PPO(Portable) January 1, 2008
BC BS	BC BS
Group Name: Group Number: Cook County Actives 289801	Group Name: Group Number: Johnson Controls 097471-74
Alpha Prefix: Product Type: Group Number: Alpha Prefix: Product Type: Effective Date: XOF PPO(Portable) H50000 XOH HMO December 1, 2007	Alpha Prefix: Product Type: Effective Date: LJC CMM January 1, 2008
BC BS	BC BS
Group Name: Group Number: Kemper Insurance Companies 805701	Group Name: Group Number: Lake County, Illinois, Plasterers and Cement Masons P2227/0000
Alpha Prefix: Product Type: Effective Date: XOF PPO(Portable) January 1, 2008	Alpha Prefix: Product Type: Effective Date: PZD PPO(Portable) January 1, 2008
BC BS	BC BS

Online Tools to Assist in Using the Interactive Voice Response System (IVR)

Group Name: **Machinery Movers, Riggers & Machinery Erectors Local 136 Health & Welfare Fund**
 Group Number: **P21465**
 Alpha Prefix: **MFV**
 Product Type: **PPO(Portable)**
 Effective Date: **October 15, 2007**

BC BS

Group Name: **Midwest Bank Holdings**
 Group Number: **P87657**
 Alpha Prefix: **XOF**
 Product Type: **PPO(Portable)**
 Group Number: **H92709**
 Alpha Prefix: **XOH**
 Product Type: **HMO**
 Group Number: **P87691**
 Alpha Prefix: **XOF**
 Product Type: **CDHP**
 Effective Date: **January 1, 2008**

BC BS

Group Name: **National City**
 Group Number: **091407-10**
 Alpha Prefix: **NCY**
 Product Type: **PPO(Portable)**
 Effective Date: **January 1, 2008**

BC BS

Group Name: **New Mexico UFCW Union Health & Welfare Fund**
 Group Number: **P22256**
 Alpha Prefix: **UFA**
 Product Type: **PPO(Portable)**
 Effective Date: **January 1, 2008**

BC BS

Group Name: **OfficeMax**
 Group Number: **657631**
 Alpha Prefix: **MAX**
 Product Type: **PPO(Portable)**
 Group Number: **657633**
 Alpha Prefix: **MAX**
 Product Type: **CDHP**
 Group Number: **657634-25**
 Alpha Prefix: **XON**
 Product Type: **CMM**
 Effective Date: **January 1, 2008**

BC BS

Group Name: **Patriot Coal Corporation**
 Group Number: **705002-08, 705014-21**
 Alpha Prefix: **PZX**
 Product Type: **PPO(Portable)**
 Group Number: **705009, 705011, 705013**
 Alpha Prefix: **PZX**
 Product Type: **CMM**
 Effective Date: **January 1, 2008**

BC BS

Group Name: **Plumbers & Steamfitters Local 106 Health & Welfare Fund**
 Group Number: **P22225**
 Alpha Prefix: **PJS**
 Product Type: **PPO(Portable)**
 Effective Date: **January 1, 2008**

BC BS

Group Name: **Robert Bosch**
 Group Number: **014668**
 Alpha Prefix: **XOF**
 Product Type: **PPO(Portable)**
 Effective Date: **April 1, 2008**

BC BS

Group Name: **Sara Lee Corporation**
 Group Number: **103464, 103472, 103476-78, 103480**
103503, 103505-06
103583, 103604
103606, 103903-04
103925-27, 103929
103931-36, 106126
 Alpha Prefix: **ETH**
 Product Type: **PPO(Portable)**
 Group Number: **506515, 506526**
 Alpha Prefix: **ETG**
 Product Type: **POS**
 Group Number: **103473-75, 103507-18**
103520-27, 103543-47,
103550-51, 103928,
103930
 XOT
 CMM
 January 1, 2008

BC BS

Group Name: **Sargent & Lundy**
 Group Number: **092670**
 Alpha Prefix: **SNL**
 Product Type: **HSA**
 Effective Date: **Jannuary 1, 2008**

BC BS

Group Name: **The Timken Company**
 Group Number: **016152**
 Alpha Prefix: **TPK**
 Product Type: **HSA**
 Effective Date: **Jannuary 1, 2008**

BC BS

Group Name: **Veolia Transportation**
 Group Number: **016751-55**
 Alpha Prefix: **TPV**
 Product Type: **PPO(Portable)**
 Effective Date: **Jannuary 1, 2008**

BC BS

Group Name: **Wilton Products, Inc.**
 Group Number: **019073-74**
 Alpha Prefix: **WTH**
 Product Type: **PPO(Portable)**
 Effective Date: **Jannuary 1, 2008**

BC BS

The Provider Telecommunication Center (PTC) is pleased to introduce online tools to assist providers when contacting BCBSIL for benefit quotes and claim status.

You can access this information on our web site at www.bcbsil.com. These tools are located within the Interactive Voice Response System (IVR) link under the Provider Library Category.

Provider Library

- [CMS-1500 \(08/05\) Claims Filing Instructions Revised](#)
- [UB-04 Claims Filing Instructions Revised](#)
- [BlueCard Program](#)
- [BlueChoice/BlueChoice Select Reference Material](#)
- [Blue Review](#)
- [Forms](#)
- [HMO Resources](#)
- [Interactive Voice Response System \(IVR\)](#)

Under this link, we have added the Illinois IVR Caller Guides by provider specialty to help you navigate through the system to obtain benefits and a Claim Status Guide to assist with claim status inquiries.

In addition, we have created a Benefit Collection Sheet arranged in benefit quote order to help save time when documenting the benefit information given from our IVR System. When using this Benefit Collection Sheet, it would be helpful to have all the information in the top yellow section completed prior to your call.

Provider satisfaction is our number one goal. We hope you will find these tools useful, as we continue to look for ways to enhance our service to you.

Servicing our Labor Fund Group Members

Continued from page 7

2. Contact your BCBSIL Provider Network Consultant. You can find the name and contact information for all of our Network Consultants on our Web site at www.bcbsil.com/provider. Click on the Provider Network Consultant List in the Provider Library section, and refer to the State of Illinois county map.



Visit us online at
www.bcbsil.com/provider

Have an idea for an Article?

Your views are important to us, and we would like to know if the *Blue Review* continues to meet your needs.

- **How useful is the information?**
- **Is this publication easy to read?**
- **Are there topics you want us to include in future issues?**

If you have suggestions on how we can further improve the *Blue Review*, or just want to share your feedback, please email us at

bluereview@bcbsil.com.

Remember, the *Blue Review* is your newsletter, designed to serve you as a contracting provider. You are an integral part of BCBSIL's success as a leader in the health care industry, and we highly value your opinion.

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.

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