

# BLUEREVIEW<sup>SM</sup>

For Contracting Institutional and Professional Providers

February 2008

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### Tip of the Month Avoid paper claim rejections! Here's how:

**• Use the proper version of the claim form**

Professional providers should now be using the revised version of the CMS-1500 (08/05) claim form. Institutional providers should now be using the new UB-04 claim form. BCBSIL is no longer accepting the old version of the CMS-1500 (12/90) or the UB-92 claim form.

**• Include all required information**

Paper claims that are received without a valid NPI,\* current group policy, and alpha prefix identification numbers in the appropriate fields will be returned to your office.

*\*NOTE: Now that we are in the NPI Required phase, claims received with only a BCBSIL provider number are being rejected.*

Paper claims that are rejected will be returned to the provider with a cover letter explaining the reason for the return. Follow the instructions on the form to properly resubmit the claim.

### New program helps you learn the essentials to improve patient safety

To help you improve the delivery of safe and effective patient care, we're pleased to promote the American Board of Medical Specialties (ABMS) Patient Safety Improvement Program, a professional resource for physicians to learn essentials for improving patient safety in any clinical setting. ABMS is the organization that sets standards for board certification of physician specialists.

The content of the ABMS Patient Safety Improvement Program is designed to be relevant to physicians in all specialties. Learning modules focus on specific ways you can improve upon safety in your clinical environment by carefully examining particular aspects of your practice and implementing improvements based on best practices. This is the same program that some ABMS Member Boards have adopted for inclusion in their Maintenance of Certification process.

With a robust curriculum and performance improvement activities, this Web-based program provides a self-paced educational experience presented in these broad areas:

- Patient safety scenarios highlight key themes of patient safety that cut across disciplines such as medication errors, handoffs and teamwork
- Patient safety curriculum comprehensively covers Epidemiology, Systems, Communication and Safety Culture
- Quality improvement fundamentals provide the tools and techniques to make improvements in practice
- Patient safety improvement activities introduce changes in areas including hand hygiene, medication lists, allergy lists, critical test results, correct person/site/procedure, safer prescription writing and discharge communication

BCBSIL is supporting the process of educating physicians about patient safety by including this CME program in the 2008 HMO Quality Improvement (QI) Fund. HMO IPAs will be

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## Stay Connected

Visit us Online

Visit us online at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) to access updated information. 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 [bluereview@bcbsil.com](mailto:bluereview@bcbsil.com).

### Electronic Commerce

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

### 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
- BlueStar<sup>SM</sup> Hospital Report
- Clear Claim Connection

### Pharmacy Management

- Drug Formulary Changes
- Rx Benefit Management
- Blue Medicare Rx

### Workshop Schedule

- Online registration for free workshops

### What's New

- Find out about new initiatives

## Overpayment Recovery Program Reminders

In 2004, we successfully implemented the Payment Recovery Program (PRP) that allows us to recoup overpayments made to BCBSIL contracting facilities and providers for the PPO, BlueChoice POS, BlueChoice Select and HMO product networks when payment errors have occurred (i.e., duplicate payments, COB, etc.).

### Refund Request Process

When we identify an overpayment, a refund request letter is sent to the payee which explains the reason for the refund and includes a remittance form and return address envelope. If the contracting provider fails to return the overpayment, BCBSIL reserves the right to deduct any such payment from any other payment due the provider from BCBSIL. These deductions are documented as follows:

- **Electronic Submitters**  
The Electronic Remittance Advice (ERA) provides information in a PLB segment when an overpayment is recovered by BCBSIL.
- **Paper Claim Submitters**  
Recoupment deduction information appears on your Provider Claim Summary (PCS).
- **UPP Providers**  
Recoupment deduction information for providers enrolled in the Uniform Payment Program (UPP) is included on your PCS, ERA and UPP monthly statement.

### How to Submit a Refund

Non-UPP Providers should complete the remittance form and return it with your check. There is also a Provider Refund Form on our Web site at: [http://www.bcbsil.com/provider/pdf/voluntary\\_refund\\_form.pdf](http://www.bcbsil.com/provider/pdf/voluntary_refund_form.pdf).

UPP Providers can electronically submit refunds to BCBSIL using a Web-based portal located at: <https://my.ecare.com>, thereby replacing the need to mail a BC-370 form. Refunds are applied real-time. NOTE: You must have access to the NEBO interface to submit refunds electronically.

### Faxing Backup

If there is supporting documentation that is necessary to properly apply refunds, this information can be faxed to 1-312-228-7988. Please indicate your intention to fax the backup documentation in the refund reason field, and include the following information on the fax cover sheet:

- Provider Name
- Provider Number
- Document/Reference number displayed after submitting
- Date refund was submitted

### Submitting refunds we did not request

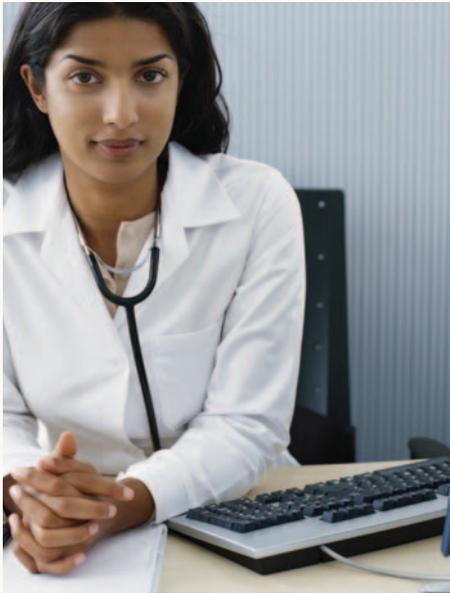
If you know of an overpayment and choose to submit the refund to BCBSIL before we request it, please be sure to provide as much detail as possible. The minimum information required is as follows:

- Group/Member ID Number (please indicate the numbers exactly as they appear on the payment voucher)
- Patient's last and first name and middle initial
- Claim Number
- Refund Amount
- Admin Date
- Reason for the refund (a detailed description is needed)\*

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## How to check your information on Provider Finder®



One of our goals at BCBSIL is to provide excellent service to our customers. That's why it is important that we have the most accurate provider network information available in our directories and on our Web site. This allows current and prospective members to browse provider networks and determine if the physicians, Medical Groups and hospitals they desire are affiliated with one of our products.

BCBSIL maintains a complete listing of all providers in our PPO and managed care (HMO and POS) networks through the Provider Finder® search tool on our Web site at [www.bcbsil.com](http://www.bcbsil.com). This comprehensive file sorts providers by name, health plan product and provider specialty type.

Search for BCBSIL participating providers in one of the following ways after selecting a Health Plan:

### 1. Name Search by doctor or health care professional's last name, name of the facility or medical group.

Users can narrow their search results by specifying some or all of the following information: Provider Type, Specialty, Region, Gender and Language(s) spoken.

### 2. Provider Type Search by state, provider type and specialty.

Results on the Provider Details page display the health plan, name, address, phone number, specialty, gender of the provider selected and hospital affiliation.

In addition to the Search Type links, there are links to the:

- BlueCard Worldwide® provider search tool (Providers outside the U.S.)
- Labor Account provider search tool
- [MyRxHealth.com](http://MyRxHealth.com) Web site pharmacy search tool
- Dental Provider Finder®
- Vision provider search tool

### Verify your practice information through Provider Finder®

We also need you to update your practice information, including adding new doctors, or deleting doctors who have left your practice. This way, we can be assured our members, and your patients, have access to the most accurate and updated provider information available.

Use the Provider Finder tool to find your listing and ensure we have your most accurate practice information on our Web site. Just follow these quick, easy steps:

1. Log in to [www.bcbsil.com](http://www.bcbsil.com)
2. Choose "Provider Finder®"
3. Select your participating Health Plan
4. Select "Search by Name"
5. Select a State
6. Enter your last name and first name (optional)
7. Choose "Search"; and your name, specialty and health plan product will appear
8. Enter "View Provider Details" to verify your other practice and demographic information

Please take a moment to confirm that your current address information (all locations) is correct. This is very beneficial, especially if your practice has moved in the last 12 months or has added more locations.

### How to update your file

If there has been a change in your practice information, or if you find discrepancies or the wrong information in your file, you can communicate those changes to us promptly by accessing the Provider Update Form as follows:

1. Log in to [www.bcbsil.com](http://www.bcbsil.com)
2. Choose "Providers"
3. Select the "Change Your Information" icon in the bottom left hand corner of the page
4. Complete the form online, populating all required fields
5. Select "Submit"

You can also download the Provider File Update Form located at [www.bcbsil.com/provider/pdf/provider\\_file\\_update\\_form.pdf](http://www.bcbsil.com/provider/pdf/provider_file_update_form.pdf) and send the information to our Provider Services Department via fax at (312) 856-1946. You also have the option to mail the information using your own letterhead. Mail to:

Blue Cross and Blue Shield of Illinois  
300 E. Randolph Street  
Chicago, Illinois 60601-5000  
Attention: Provider Services, 23rd Floor

Maintaining an accurate provider database is our ongoing commitment. As data is updated weekly, the Provider Finder tool remains the most up-to-date resource for members looking for contracting network providers. We hope you and our members are finding this tool to be a valuable asset and we appreciate your continuing cooperation and feedback.

## 2008 BlueCard® Program Satisfaction Surveys Coming Up

As we continue to evaluate our performance and make improvements to claims processing, customer service and electronic transactions, your feedback helps us set priorities and streamline operations. In 2008, we will conduct provider satisfaction surveys on an ongoing basis to receive timely feedback on your satisfaction with servicing out-of-area members. If your office is contacted, we encourage you to participate as your opinions are important to us.

BCBSIL's research vendor will ask to speak to office staff with the most knowledge regarding BlueCard claims filing and/or billing. Please inform the appropriate staff to anticipate being contacted by our vendor.

If you need information or have any questions regarding the BlueCard program, please:

- Speak with your Provider Network Consultant\*
- Visit us online at: [www.bcbsil.com/provider](http://www.bcbsil.com/provider) and refer to the BlueCard Provider Manual on our Web site.

As always, we appreciate your feedback.

\*To locate the name of your assigned Provider Network Consultant, visit our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider), and click on Provider Network Consultant List in the Provider Library section.



## View Managed Care Web 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](http://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](http://www.bcbsil.com/provider). Select “Appointed/Reappointed PCPs/PSPs” under the Credentialing/Contracting section. The cumulative data 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](http://www.bcbsil.com/provider/securedpage.htm). Note: You can find participating specialists for the BlueChoice product on our Provider Finder® at [www.bcbsil.com](http://www.bcbsil.com).

## 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](http://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.

## Reminder of PPO Plus Provider Agreement Billing Provisions

The BCBSIL PPO Plus Provider agreement has provisions for looking to BCBSIL first for payment of Covered Services as follows:

“The PPO Plus Provider agrees to bill only the Plan and not the Covered Person for any service covered under the Covered Person’s Contract, except that the PPO Plus Provider may bill a Covered Person for services not covered under the contract and for any copayment payable under the contracts at any time. Subsequent to receipt of payment from the Plan, the PPO Plus Provider may bill a Covered Person for any deductible or coinsurance amount payable under the contract.”

“Subsequent to receipt of payment from the Plan” means that a provider is in violation of the agreement if the provider bills a member “up-front” for deductibles, copayments or any amount that the provider perceives may be over and above the amount payable by the Plan.

Balance-billing the member for amounts other than deductible, coinsurance and non-covered services listed on the Provider Claim Summary (PCS) is also not in accordance with the terms of the agreement.

### Reimbursement for Surgical Trays

An edit was placed in the BCBSIL claim processing system to allow reimbursement for only one surgical tray when multiple trays are billed.

Medical/surgical supplies and use of office or facility equipment is included in the global allowance for each surgical procedure. The exception is one surgical tray. One surgical tray may be billed per surgery and all the surgical

supplies required to perform the surgery are included in the one surgical tray. The Healthcare Common Procedure Coding System (HCPCS) Code for a surgical tray is A4550.

### Urgent Care Billing

As a professional provider billing for services rendered in an Urgent Care setting (POS 20), BCBSIL requires the use of a -26 Modifier. This modifier denotes the professional service only. The Urgent Care/Emergency facility provides and bills the technical component of the services.

Please append the -26 Modifier in Box 24D on the CMS-1500, next to the E&M CPT code. This will ensure you are not overpaid for professional services rendered.

Failure to add the -26 Modifier after this notice will be considered fraudulent billing practices and any overpayments will be recouped from future payments.

### 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.

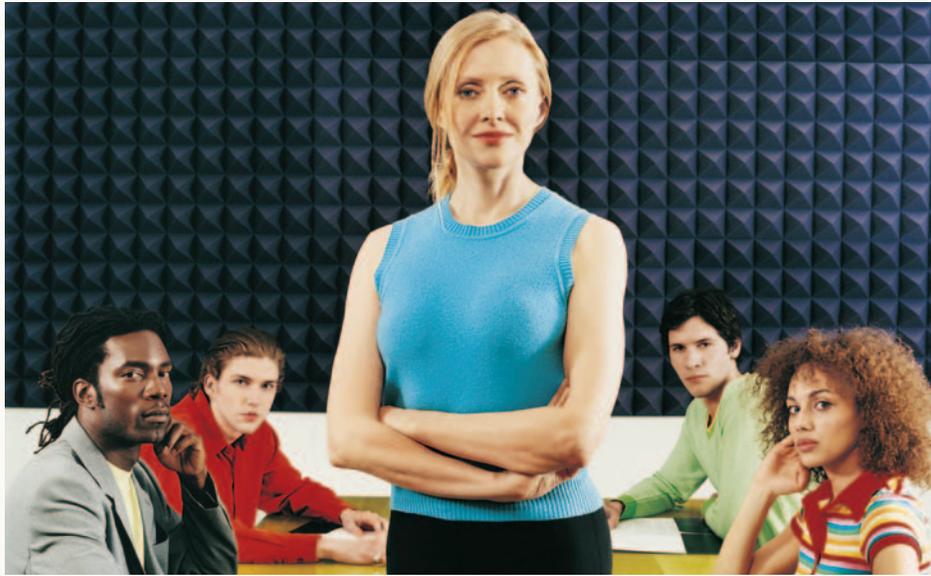
Effective January 10, 2008, the fees for codes J7192, J7193, J7194, J7195 and J7198 were updated.

Effective January 15, 2008, the fees for codes K0800, K0802 and K0806 were updated.

Providers can request fees by downloading the Fee Schedule Request Form at [www.bcbsil.com/provider/forms.htm](http://www.bcbsil.com/provider/forms.htm).



## New Account Groups



Group Name: **DOMTAR**  
 Group Number: **008516-18, 008520, 008555, 008729**  
 Alpha Prefix: **DMA**  
 Product Type: **PPO(Portable)**  
 Group Number: **008523**  
 Alpha Prefix: **XOT**  
 Product Type: **CMM**  
 Effective Date: **Jan. 1, 2008**  
 BC ● BS ●

Group Name: **Heritage Enterprises**  
 Group Number: **019075-76**  
 Alpha Prefix: **HZT**  
 Product Type: **PPO(Portable)**  
 Effective Date: **Feb. 1, 2008**  
 BC ● BS ●

Group Name: **Ingersoll Rand**  
 Group Number: **700006**  
 Alpha Prefix: **IWW**  
 Product Type: **PPO(Portable)**  
 Effective Date: **Dec. 1, 2007**  
 BC ● BS ●

Group Name: **Integrlys**  
 Group Number: **651290-94, 651296, 651304-05, 651307-08, 651311-12, 651318-19**  
 Alpha Prefix: **NYG**  
 Product Type: **PPO(Portable)**  
 Group Number: **651299-301, 651303, 651309, 651313-14**  
 Alpha Prefix: **NGJ**  
 Product Type: **CMM**  
 Group Number: **651302, 651306, 651313-15, 651317, 651297-98**

Alpha Prefix: **NYG**  
 Product Type: **CDHP**  
 Effective Date: **Jan. 1, 2008**  
 BC ● BS ●

Group Name: **WMS**  
 Group Number: **P64365-69**  
 Alpha Prefix: **GAM**  
 Product Type: **PPO(Portable)**  
 Effective Date: **Jan. 1, 2008**  
 BC ● BS ●

## New Program... *Continued from cover*

eligible for a QI Fund payment, based upon the percentage of IPA physicians who have completed the program by November 30, 2008. In addition, PPO physicians who complete the program by October 1, 2008, can receive credit on their 2008 PPO Practitioner profile. Completion of the ABMS program will not impact BlueChoice tiering for 2009.

The ABMS Patient Safety Improvement Program offers 20 hours of CME credit. It was planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) and is offered through the joint sponsorship of HealthStream and ABMS. HealthStream is accredited by the ACCME to provide continuing medical education for physicians.

Physicians may enroll for the program at a reduced price by following the link under UM/QI/Medical Management on the Provider portal of the BCBSIL Web site at [www.bcbsil.com](http://www.bcbsil.com). BCBSIL will only be able to give HMO and/or PPO credit for the program if the physician provides online authorization allowing HealthStream to report the physician's completion to BCBSIL.

Additional details about the program will be available via Webinars scheduled on February 8 at 8:00 a.m. and on February 21 at 4:00 p.m. To participate in one of the Webinars, register online at least 24 hours in advance at <http://www.healthstream.com/bcbs-webinar>. You will receive an email confirming your participation and providing details on how to log in to the Webinar.

For more information about the ABMS Patient Safety Improvement Program, contact Nancy Hudecek, RN, BSN, MS at HealthStream, Inc. She can be reached by e-mail at [nancy.hudecek@healthstream.com](mailto:nancy.hudecek@healthstream.com) or by phone at 1-931-484-3370. For more information about the BCBSIL HMO and PPO recognition programs, call BCBSIL at 1-312-653-3465.

## Wal-Mart Stores, Inc

Effective January 1, 2008, Wal-Mart Stores, Inc. improved its Value Plan with a new feature, the health care credit, for enrolled associates. Here's how it works:

- The health care credit is an up-front medical allowance that pays for covered expenses before meeting the annual deductible.
- Associates can choose a \$100, \$250 or \$500 health care credit.
- The health care credit does not cover routine services and other services not covered by the Value Plan.

- Each individual covered by the Value Plan has a separate health care credit.
- Providers should file claims to BCBSIL to receive payment from the health care credit.
- After the health care credit has been exhausted, claims apply to the annual deductible.
- Once the annual deductible has been met, the Value Plan will pay coinsurance benefits.

For more details on an associate's coverage, please call the number on the back of their benefits ID card.



## Overpayment Recovery...

Continued from page 2

Including the necessary information will ensure the credit is applied appropriately, with minimal delay. This will also reduce the number of times BCBSIL may have to contact your Patient Accounts Department.

Mail the refund form along with your check to:

Blue Cross and Blue Shield of Illinois  
Cash Receipts Department  
PO Box 805107  
Chicago, IL 60680-4112

\* "Overpayment" is a reason that is commonly used when submitting refunds. While an overpayment may be a valid reason, a more detailed description is preferred. Please refer to the Common Refund Reason chart below:

### Common Refund Reasons

The provider has submitted a corrected claim
Coordination of benefits (name of the other carrier)
Late Credit (Charge that was removed)
Workers Compensation
Billed in error (Charge that should not have been billed)
Insurance paid more than required
Over billing on charge (Charge that was overbilled)
Reduced charges (Charge that was reduced)
Corrected charges (Charge that was corrected)
Coverage terminated
Service not covered (Charge that is being refunded)
Payment should not have been made
Duplicate payment
Wrong provider paid
Medicare
Auto Insurance
Only co-insurance is due

If you have any questions about this process, please contact our Provider Telecommunications Center (PTC) at 1-800-972-8088.

## Overlapping Coverage Between Part B and Part D Drugs

Before 2006, Medicare covered a limited number of outpatient medications. Those that were covered under Part B included drugs administered by physicians in an office or clinic setting, drugs used with durable medical equipment (DME) and drugs specifically named in statute. Since January 1, 2006, Medicare beneficiaries have been able to obtain coverage for most other types of outpatient drugs through Part D Prescription Drug Plans (PDPs) or Medicare Advantage – Prescription Drug (MA-PD) plans. Many drugs, however, can actually be covered under either Part B or Part D under a rather complex set of rules that the Centers for Medicare and Medicaid Services (CMS) has developed.

In most instances, it is clear whether drugs are covered under Part B or Part D. In general, Medicare covers drugs that must be administered by physicians under Part B and those drugs purchased at a pharmacy through Part D. However, one source estimated that about 6,000 products [i.e., unique national drug code (NDC) numbers] could potentially be covered under either Part B or Part D (PCMA/NACDS 2006) and the intended use and practice setting is often far from clear. Since Part D plans are required by CMS to accurately determine whether a drug should be covered under Part B before they can approve a claim, plans often require prior authorization on these crossover medications. These prior authorization requirements can sometimes result in administrative burdens on the part of physicians, pharmacists and health plans.

In an attempt to provide greater clarity regarding the processing of these crossover medication claims, we have listed a few important examples of medications that can be covered under either Medicare Plan or an explanation as to when the drug is covered under Part B or Part D. We have also included some important reminders and updates that took effect as of January 1, 2008.

Description	Part B	Part D
<p><b>Vaccines:</b> Influenza, Pneumococcal, Hepatitis B (moderate to high risk individuals – includes ESRD, hemophiliacs, mentally handicapped, injectable drug abusers, health care workers with frequent exposure to blood or blood-derived body fluids, etc.), and other vaccines (e.g. tetanus toxoid) when directly related to the treatment of an injury or direct exposure to a disease.</p> <p><b>Reminder:</b> All orders for Hepatitis B vaccine should include RISK LEVEL clearly noted on the prescription.</p>	■	
<p><b>Vaccines: All others</b></p> <p>New for 2008: As of January 1, 2008, CMS will consider vaccine administration costs a component of the negotiated price for a Part D vaccine. In other words, the price of administering a Part D Vaccine will include: vaccine ingredient cost + dispensing fee + sales tax (if applicable) + VACCINE ADMINISTRATION FEE. Physicians will still need to utilize the Prime Therapeutics eDispense network (<a href="http://enroll.edispense.com">http://enroll.edispense.com</a>) for electronic claims submission for Part D vaccines.</p>		■
<p><b>Oral Anti-emetic Drugs:</b> Used as full therapeutic replacement for infusion anti-emetics within 48 hours of receiving chemotherapy</p> <p><b>Reminder:</b> The provider must indicate on the prescription that the medication is for full replacement for IV anti-emetic and the patient has a cancer diagnosis</p>	■	
<p><b>Oral Anti-emetic Drugs: All others</b></p>		■
<p><b>Erythropoiesis Stimulating Agent (ESA):</b> ESRD receiving dialysis</p>	■	
<p><b>Erythropoiesis Stimulating Agent (ESA): All others</b></p> <p><b>New for 2008:</b> Due to continuing safety concerns (thrombosis, CV events, tumor progression, and reduced survival), CMS has issued new National Coverage Determinations for ESAs. These new guidelines include changes in number of doses, maximum doses allowed, maximum hemoglobin levels allowed for treatment, diagnoses allowed, etc. For this reason, all prescriptions for ESAs will require a Prior Authorization to ensure that the new CMS guidelines are being followed.</p>		■
<p><b>Intravenous Immunoglobulin (IVIG):</b> Treatment of Primary Immune Deficiency disease</p>	■	
<p><b>Intravenous Immunoglobulin (IVIG): All others</b></p> <p><b>New for 2008:</b> In a similar situation to ESAs, all prescriptions for IVIG will require a Prior Authorization. The intent of the Prior Authorization for IVIG is to ensure appropriate selection of patients for treatment according to product labeling and/or clinical studies and/or clinical guidelines.</p>		■

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

The Provider Affairs Education Team at BCBSIL is offering complimentary workshops to give you Blue News You Can Use. These workshops are designed for all BCBSIL contracting providers who have not been to a workshop recently and who want to stay abreast on developments in doing business with BCBSIL.

Some of the topics that will be included are:

- Consumer Driven Health Plan (CDHP)
- eSolutions enhancements
- Web site tutorial information
- Provider Review/Appeals
- BlueCard® Process Improvements
- National Provider Identifier (NPI) Transition Plan, and more...

Workshop	Date	Location
Blue News You Can Use	February 20, 2008	<b>Advocate Trinity Hospital</b> Tri-Rooms 587/588 & 590 Main Building 2320 East 93rd Street Chicago, Illinois 60617 Parking: Across Main Entrance 1 block west. Parking Fee: \$2

Please go online to view the schedule and register at [www.bcbsil.com/provider/training.htm](http://www.bcbsil.com/provider/training.htm).



## NPI Corner

### What's New on the Web?

We are continuing to enhance our online educational resources regarding claims filing to make it easier for you to best serve our members. For tips on using your NPI on Institutional claims, please refer to the new, printable **UB-04 claim form User Guide** in the Provider Library of our Web site at [www.bcbsil.com](http://www.bcbsil.com).

In January, we also updated our **NPI FAQs** to reflect changes in requirements, dates, and claims submission information—including a new section devoted specifically to your UB-04 claim form questions. Just click on the NPI logo to access the updated FAQs.

Remember: our special **NPI Times bulletin**, sent to you on a monthly basis, is also archived on the NPI section of our Provider Web site. Please continue to rely on the **NPI Times** and our Provider Web site for the most up-to-date information as we move into the final months of the NPI transition.

### Dive In—Start submitting NPI-only claims now!

BCBSIL has been communicating to providers through individual postcards and the NPI Times when they are “good to go” or ready for NPI-only status on claims submissions.

- **Paper claims submitters** should now be submitting NPI-only claims, as long as they have shared their NPI with BCBSIL.
- **Providers who submit claims electronically** should contact their vendors as soon as they receive a “Congratulations” postcard from us to ensure that their vendor is submitting NPI-only claims on their behalf.

### Make sure you're ready for Spring 2008!

Phase 3 of our NPI Transition Plan—the NPI Only phase—begins **March 31, 2008**. During this phase, all claims must include only your NPI(s). Claims with dual identifiers will no longer be accepted. If you're already approved to submit NPI-only claims—*go for it!* That way you will be able to work through any issues before the NPI Only phase begins.

For answers to NPI related questions, please e-mail us at [npi@bcbsil.com](mailto:npi@bcbsil.com), or you may contact your Provider Network Consultant directly for additional assistance.

Visit us online at [www.bcbsil.com/provider](http://www.bcbsil.com/provider)

## Have an idea for an article?

We want to hear from you! Let us know if the *Blue Review* continues to meet your standards.

**Does this publication address your needs?  
What topics would you like to read about?**

BCBSIL's success is dependent on your business as a contracting provider. The *Blue Review* has been created to communicate tools, updates and tips to support your health care practice. Think of the *Blue Review* as a canvas for your Blue Cross and Blue Shield business information.

We invite you to submit your feedback and suggestions for improvements via e-mail, to [bluereview@bcbsil.com](mailto:bluereview@bcbsil.com).

*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](http://www.bcbsil.com/provider).

The editors and staff of the *Blue Review* welcome letters to the editor. Address letters to:

### **Blue Review**

Blue Cross and Blue Shield of Illinois  
300 E. Randolph Street – 25th Floor  
Chicago, Illinois 60601-5099

Email: [bluereview@bcbsil.com](mailto:bluereview@bcbsil.com)

(312) 653-4019, or fax (312) 938-8021

Web site: [www.bcbsil.com/provider](http://www.bcbsil.com/provider).

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