

BLUEREVIEW

For Contracting Institutional and Professional Providers

October 2006

REPORT FRAUD

through our Special Investigations Department

Each year, fraud costs the health care industry over \$54 billion dollars, largely contributing to the rising cost of health care for all Americans. In response to this issue, Blue Cross and Blue Shield of Illinois (BCBSIL) created the Special Investigations Department (SID), one of the most aggressive and effective health care investigation programs in the industry. The SID is committed to fighting fraud, reducing health care costs, and protecting the integrity of the BCBSIL contracting provider network.

In order to be successful in these goals, the SID needs your help. Providers should report any suspicions of fraud committed by patients and others in the medical profession.

Examples of common fraud schemes include:

Identity Swapping

A member works for a company that does not provide health insurance benefits to its employees, but he has health insurance through his wife's employer. The member's co-worker injures his hand on the job and is rushed to the emergency room. Knowing that his co-worker did not have health insurance, the member presents his insurance card at the emergency room. When the member's wife receives an Explanation of Benefits (EOB) form that indicates the member had surgery to repair an injury to his hand, she contacts BCBSIL to report a billing error, since her husband did not injure his hand or require emergency room care on the specified date.

Black Market Drug Sales

A pharmacy informs a doctor that two of his patients have been presenting multiple prescriptions for expensive drugs that were allegedly prescribed by the doctor. The pharmacy also informed him that the quantity and nature of the drugs were unusual and potentially dangerous to his patients' health. As a result, the doctor suspects that a prescription pad was stolen from his office and used to obtain drugs that he did not authorize or prescribe. The doctor reports his suspicions to the SID.

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ON LINE WITH THE PTC

Precert Only Option Added to IVR

To better service our contracting provider network, we have added a "Precert Only" option to our Interactive Voice Response (IVR) system, when you contact our Provider Telecommunications Center at (800) 972-8088. You can now select this prompt when you need the telephone number for our Preauthorization Department, to precertify medical, mental health and chemical dependency services.

Simply follow these instructions:

Illinois providers:

After entering your Illinois Provider Number, select the new Option 4 prompt. You will then enter the cardholder's identification number to receive precertification contact information.

Out-of-State providers:

Enter your Federal Tax Identification Number, and select Option 5. You will also need the cardholder's identification number to utilize this option.

Please note: Using this option only gives you the telephone number to call based on the member's policy. You must first verify member benefits to determine if the service requires precertification.

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NEW REFUND PORTAL

for UPP Providers

In April 2005, we implemented the Payment Recovery Program (PRP) for providers that participate in the Uniform Payment Program (UPP). The PRP allows us to recoup overpayments made to Blue Cross and Blue Shield of Illinois (BCBSIL) contracting facilities and providers for the PPO, BlueChoice, BlueChoice Select and HMO product networks when payment errors have occurred (i.e. duplicate payments, COB, etc.)

As we continue to develop ways to automate the PRP process, we are pleased to announce the creation of the UPP Provider Refund Portal. This web-based portal allows UPP providers to electronically submit refunds to BCBSIL. The refunds are applied real-time, eliminating the need to mail in a BC-370 form.

Why use the Refund Portal?

Besides allowing real-time, online access, the UPP Refund Portal has the following advantages:

- Paperless transactions
- Lets you receive instant debits and faster reconciliation on UPP reports
- Provides verification that the refund was processed
- There are no limitations on the number of refund sessions

How to Gain Access

To gain access to the UPP Refund Portal, you must complete the UPP Refund Portal Authorization Form, located on our Web site at www.bcbsil.com/provider. You may download and fax the form back to us at (312) 938-6463.

Once your request has been granted, your Senior Provider Network Consultant will contact you to schedule a training session. The address for entry into the internet portal site is: <https://my.ecare.com/>.

We would like to thank the following hospitals who participated in the UPP Provider Refund Portal pilot program, which led to the implementation of this process.

Elmhurst Memorial Hospital
Advocate Good Samaritan Hospital
Lake Forest Hospital
Northwest Community Hospital
Provena St Joseph Medical Center

For questions regarding the UPP Refund process, please contact your Senior Provider Network Consultant.



Managed Care Web Updates

HMO and BlueChoice Updated Policy and Procedures on the Web

On a monthly basis, we post updated policy 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 the 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 3rd Wednesday of each month.

BlueChoice Updated Depart List

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

HMO Member Satisfaction

2006 Survey Results

The 2006 HMO Member Satisfaction Survey by Medical Group/IPA was conducted in March and April. The primary purpose of this survey was to assess member satisfaction with various attributes at the MG/IPA level, including medical care and services rendered by PCPs, specialists, access and overall medical group service. 127 MG/IPAs were analyzed to achieve the overall network results.

Member Selection

The member sample was determined by a stratified random sample by MG/IPA. The overall response rate for this year was 23.6%. Members had to meet the following qualifications in order to be eligible:

- 18 years of age or older
- Member of MG/IPA for at least 12 months based on BCBSIL membership

Survey Results

MG/IPAs that scored less than 80% for the overall member satisfaction score (a composite of 31 questions) in 2006 received a request for a written improvement plan. If a MG/IPA did not receive this request, then no written improvement plan is required. Highlights of the 2006 results are presented in the table below.

PCP managing/coordinating member's care:

2006

In the past 12 months, did your PCP's office remind you about getting preventive care that you were due to receive? (% Yes)	65.2%
How often did your PCP give clear instructions on health problems or symptoms bothering you? (% Always & Usually)	83.1%
How often did your PCP give you as much info about your condition and treatment as you wanted? (% Always & Usually)	83.3%
Did your PCP talk with you about different medicines you are using, including any medicines prescribed by specialists? (% Always & Usually)	74.1%
How often did your PCP seem informed and up-to-date about care you received from specialist doctors? (% Always & Usually)	79.2%

Referral Process:

2006

Satisfied with referral process for specialists (% Yes)	88.5%
Average time to obtain approval for a routine referral from your PCP: <5 Calendar days	82.0%

Accolades

Many satisfaction questions on the 2006 survey scored more than 90%. Highlights include:

Overall Satisfaction with MG/IPA	92.9%
Overall Satisfaction with PCP	92.9%
Overall Satisfaction with Specialist	91.9%

Next Steps

The next survey will be mailed in March 2007 to randomly selected HMO members. Please feel free to encourage your BCBSIL HMO patients to complete the survey.

ATTENTION PAPER CLAIM SUBMITTERS CMS-1500 Form Update

The National Uniform Claim Committee (NUCC) is set to release the revised version of the CMS-1500 (08/05) Health Insurance Claim Form for paper claim submissions. Please continue to use the current version CMS-1500 (12/90) when submitting claims to Blue Cross and Blue Shield of Illinois. We will notify you when our systems are ready to accept the new CMS-1500 (08/05) version. Watch the *Blue Review* or Web site for updates.

Visit Us Online

Stay connected with BCBSIL on the Web

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

Electronic Commerce

- THIN Online
- RealMed
- Forms
- HIPAA

Credentialing/Contracting

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

Provider Library

- *Blue Review* archives
- BlueCard Program
- Forms
- *BlueChoice* and HMO Resources
- Medical Policies
- National Provider Identifier (NPI)
- Payment Recovery Program
- Medicare Supplement Benefit Matrices
- PTC Phone Navigation Guides
- Provider manuals and health care product reference guides

UM/QI/Medical Management

- QI Order Forms
- Quality Improvement Programs
- HEDIS Reports
- *BlueChoice* Tiering
- Clinical Quality Indicators

Provider Tools

- Radiology Quality Initiative (RQI) Program
- Obesity Management Tool Kit
- Hospital Comparison Tool
- BlueStar Hospital Report

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 blureview@bcbsil.com.



REPORT FRAUD THROUGH

Our Special Investigations Department

(Continued from page 1)

Provider Checklist

Some simple steps can help prevent situations like these and ensure that you do not encounter other problems within your own practice.

Verify patient ID: Ask for a picture ID to ensure that the person presenting the BCBSIL insurance card is the "owner" of that card

Use proper billing codes: Consult CPT, ICD-9, HCPCS code books and other resources to verify that the codes being used are accurate and appropriate. Members of the AMA are encouraged to contact the association at (800) 634-6922 for coding information and guidance.

Consult BCBSIL Medical Policies for benefit eligibility: All active and pending medical policies are available at <http://www.bcbsil.com/provider/index.htm>. Click on Medical Policies in the Provider Library section.

Check patient history: To help prevent prescription drug fraud, ask patients if they are seeing or have obtained prescriptions from other doctors.

Safeguard your Rx pads: Prescription pads should not be left accessible to members. Prescription forms used in pharmacy fraud schemes are often stolen from a provider's office during medical visits.

Police your peer group: Fraud committed by members of your peer group can adversely affect your practice in many ways and should be reported to the SID. Reporting fraud is the right thing to do and will protect the integrity of your profession and the BCBSIL contracting provider network.

Spot-check/Audit billing services and consulting firms: Implement procedures to ensure that information, such as the nature of the services rendered, is accurately communicated to BCBSIL when using third party firms and services. Although the coding and billing are done by an outside service, you (the provider) may be held responsible for any fraud your billing service may commit.

New procedures: Check to ensure that new procedures and services are recognized by the FDA and the medical community and not considered experimental or investigational.

Seminars: Be cautious of seminars that claim to teach you ways to increase your "bottom line"; as they often involve "enhancements" to your practice that may result in fraud.

The SID maintains a 24-hour fraud hotline through which you can report any suspicions of fraud. All calls are confidential and you may report your information anonymously. To file a report, call the hotline at (877) 272-9741 or go to www.bcbsil.com/sid/reporting.

More information is also available online through the SID's free fraud awareness program at www.bcbsil.com/sid.



QUICK TIPS

for a Smooth Out-of-Area Claims Experience

At BCBSIL, we strive to process claims quickly and accurately. You can make a difference in how quickly your BlueCard (out-of-area) claims are processed by following these helpful tips to improve your claim experience:

- Ask members for their current member ID card and regularly obtain new photocopies of the card (front and back). Having the current card enables you to submit claims with the appropriate member information (including alpha prefix) and avoid unnecessary claims payment delays.
- Check eligibility and benefits electronically by using THIN Online or by calling (800) 676-BLUE (2583). Be sure to provide the member's alpha prefix.
- Verify the member's co-payment amount before submitting the claim. Please do not collect the member's deductible amount upfront.
- Indicate on the claim any co-payment you collected from the patient. (On the 837 electronic claim submission form, check field AMT01=F6 patient paid amount; on the CMS-1500 locator 29 amount paid; on UB92 locator 54 prior payment; on UB04 locator 53 prior payment.)
- Submit all Blue claims to BCBSIL electronically or via paper. Be sure to include the member's complete identification number when you submit the claim, including the three-character alpha prefix. Note: Submit claims with only valid alpha-prefixes. Claims with incorrect or missing alpha prefixes and member identification numbers cannot be filed correctly.
- In cases where there is more than one payer and a Blue Cross and/or Blue Shield Plan is a primary payer, submit Other Party Liability (OPL) information with the Blue Cross and/or Blue Shield claim. Upon receipt, BCBSIL will electronically route the claim to the member's Blue Plan. The member's Plan then processes the claim. If a benefit payment is made, it will be made by BCBSIL.
- Do not send duplicate claims. Sending another claim, or having your billing agency resubmit claims automatically, actually slows down the claims payment process.
- Check claim status by contacting our Provider Telecommunications Center (PTC) at (800) 972-8088 or submitting an electronic HIPAA 276 transaction (claim status request) to BCBSIL.

If you have any questions about claims filing for out-of-area Blue members:

- Visit us online at www.bcbsil.com/provider, and reference the BlueCard Manual or
- Contact our PTC at (800) 972-8088.



Important

Reminders and Notices...

Photocopying Medical Records

In connection with the claim adjudication process, periodically, we may request a member's medical records. BCBSIL will not pay for any photocopying fees associated with furnishing these medical records. Any such administrative costs should not be billed to our members. You will not be reimbursed if you submit a billing statement to us for photocopying fees. We appreciate your cooperation with this policy.

Medical Policy Disclosure Statement

New or revised Medical Policies will be posted in the "Pending Policies" section of the Medical Policy site on the Blue Cross and Blue Shield of Illinois 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, view 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 at the "Pending Policies" section of the Medical Policy site.

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.

Code 99431 was changed effective September 1, 2006.

Providers can request fees by downloading the Fee Schedule Request Form at

www.bcbsil.com/provider/forms.htm.

Pharmacy

Generic Drugs Campaign

In August, BCBSIL sent out a targeted mailing to members, kicking off a comprehensive, educational campaign to increase awareness, understanding, and the cost-effectiveness of using generic drugs. This campaign is designed to encourage, emphasize, and educate members on the use of generic drugs, sharing the benefits and answering concerns members express about generic equivalents.

The first mailing included a letter with general educational information about generic drugs, along with a brochure emphasizing their cost-effectiveness. A chart was also included to alert members to some of the highly utilized drugs for which generic equivalents are now available, or will be available later this year, identifying the following drugs and date of generic availability:

- Ambien (estimated October 2006)
- Flonase (February 28, 2006)
- Pravachol (April 28, 2006)
- Proscar (June 19, 2006)
- Zocor (June 23, 2006)
- Zoloft (June 30, 2006)

The second mailing of this campaign will be targeted to the same members to reinforce the message concerning generic drugs. This mailing will include a brochure that will assist the member in making choices that maximize their pharmacy benefits. This brochure will include a sample list of non-formulary brand name drugs along with more cost-effective generic and brand name alternatives. The lists contained in the brochures are intended to guide members and their physicians in selecting medications.

In addition to the targeted mailings, members can obtain a sample list of generic vs. brand-name drugs, view FAQs, and obtain an FDA brochure on our Web site at www.bcbsil.com/member.

Update: Prescription Drug Formulary

As a result of new products that are introduced during the year, periodic changes are made to the Blue Cross and Blue Shield of Illinois (BCBSIL) Formulary.

Brand Name Product to be Removed from Formulary (no generic available) on October 1, 2006

Brand Name	Active Ingredient Name
Betaseron	Interferon Beta-1B Inj
Caverject	alprostadil Inj
Muse	alprostadil urethral pellet
Furosemide Oral Soln, 8mg/mL	furosemide oral soln
Procainamide	Procainamide
Quinidine Ext-Rel tabs, 300mg	Quinidine Ext-Rel tabs, 300mg
Trexall	methotrexate

This information will be posted on our Web site at www.bcbsil.com/rx/index.htm. We encourage you to review the formulary list monthly as periodic updates are made to the formulary list.



Glucose Meters Available to BCBSIL Members At No Additional Cost

BCBSIL offers glucose meters to members with diabetes - at no additional charge - to help them manage their condition. Members can order a meter from either Roche or Abbott without a prescription. However, we advise that members consult with their physician to determine which meter best suits their needs.

Accu-chek meters from Roche

Members can call (888) 355-4242 to order these Accu-check meters:

- Accu-chek® Compact Plus® System
- Accu-chek® Aviva™

FreeStyle and Precision meters from Abbott

Members can call (866) 224-8892 to order these Abbott meters:

- FreeStyle Flash®
- FreeStyle Freedom®
- Precision Xtra

This offer is available to current BCBSIL members through December 31, 2007. Members who do not have a glucose meter, or who are in need of a replacement, can request one meter a year.

WE'RE SAVING A PLACE FOR YOU!

WORKSHOP SCHEDULE

The Blue Cross and Blue Shield of Illinois (BCBSIL) Provider Affairs Education Team is proud to continue the tradition of offering complimentary workshops and seminars to our contracting provider network. We will continue to bring new, experienced and specialty educational workshops to you that will help to maximize your effectiveness and satisfaction with the BCBSIL network. Make sure to go online at www.bcbsil.com/provider/training.htm to view the schedule and register for our workshops offered at a location near you.

Workshop	Date	Location	Time Frame
Physician Workshop	October 11, 2006	In-house – BCBSIL	Half Day
Experienced Contracting Provider	October 17, 2006	Off-site – Delnor Community Hospital, Geneva, IL	Half Day
BlueCard/Labor Group Workshop	October 18, 2006	Off-site – Mercy Harvard Hospital, Harvard, IL	Half Day
New Contracting Provider	October 25, 2006	In-house – BCBSIL	Full Day
What's New	November 9, 2006	Off-site – Kankakee Community College, Kankakee, IL	Half Day
BlueCard/Labor Group Workshop	November 14, 2006	In-house – BCBSIL	Half Day
Experienced Contracting Provider	November 15, 2006	Off-site – St. James Hospital & Health Centers Chicago Hgts., IL	Half Day

Managed Care Roundtable Cancellation Notice

The October 18, 2006, Managed Care Roundtable has been cancelled. For HMO MG/IPAs, an alternative will be offered for MG/IPAs to receive credit for the October Roundtable attendance. A survey will be sent to HMO MG/IPAs by September 27, 2006. MG/IPAs will receive credit for Roundtable attendance if the Medical Director or another IPA Physician returns the completed survey by email or fax by October 18, 2006.

If you have any questions, or would like to request a survey, please contact Deborah Coleman at (312) 653- 6298 or Deborah_Coleman@bcbsil.com.

ACCOUNT INFORMATION *New Account Groups*

Group Name	Group Number	Alpha Prefix	Product Type	Effective Date	BlueCross	BlueShield
Illinois State Painters	P19649	PXS	PPO(Portable)	October 1, 2006	X	X
NECA IBEW Local 145 Health and Welfare Fund	P19794	NKL	PPO(Portable)	October 1, 2006	X	X
Plumbers & Pipefitters Local 25 Welfare Fund	P19833	PJP	PPO(Portable)	October 1, 2006	X	X
Yellow Roadway Corporation Worldwide	018143	FWY	PPO(Portable)	September 1, 2006	X	X



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

Have an idea for an Article?

Your views are important to us, and we would like to know if our newly redesigned *Blue Review* meets your needs.

- **How useful is the information?**
- **Is this publication easier 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.

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, IL 60601-5099

Email: bluereview@bcbsil.com
(312) 653-4019, or fax (312) 938-8021

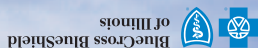
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