



BLUE REVIEW™

For Contracting Institutional and Professional Providers

September 2009



New Account Groups 3

View Managed Care Updates Online 3

Availity® Implements Electronic Edit.... 4

In the Know: Taxonomy Codes 5

Professional Network Consultants 6

BlueCard® Program Tip 8

Present on Admission (POA) Reporting Requirements 9

HMO Provider Relations Spotlight 10

What to Do When Your Practice Information Changes 11

Would you like to switch to a 'green' Blue Review?

If your office is looking for ways to reduce paper, we invite you to consider opting out of receiving the *Blue Review* in the mail. Electronic delivery will give you quicker access to BCBSIL news each month; it will also make distribution easier – just forward the newsletter to your staff via e-mail, rather than making copies.

It's easy to make the switch. Visit the Provider Home page on our Web site at www.bcbsil.com and click on the "Pick Paperless" icon to gain access to a convenient online form you can use to share your e-mail address with us.*

If you would prefer to continue receiving a paper newsletter, there is nothing you need to do. Unless we receive your request to turn off the paper, you will continue to receive your *Blue Review* in the mail as you do currently.

*Note: BCBSIL is aware of your privacy concerns. We will make every effort to ensure that your e-mail address is maintained in a secure environment and held in the strictest confidence.

Legislative Update: New Illinois State Laws

Breast Cancer Pain Medication and Therapy Mandate – Public Act 95-1045

Effective March 27, 2009, Public Act (PA) 95-1045 became law. This law requires that health insurance policies provide coverage for all medically necessary pain medication and pain therapy related to the treatment of breast cancer on the same terms and conditions that are generally applicable to coverage for other conditions.

What is changing?

PA 95-1045 defines pain therapy as "pain therapy that is medically based and includes reasonable defined goals, including, but not limited to, stabilizing or reducing pain, with periodic evaluations of the efficacy of the pain therapy against these goals." Currently, BCBSIL does not distinguish between medication and pain therapy for breast cancer and other conditions. PA 95-1045 also amends the current Illinois law mandating coverage of mammograms and ultrasounds by requiring that these services be provided at no cost to the insured and not be applied to an annual or lifetime maximum benefit, unless performed by an out-of-network provider.

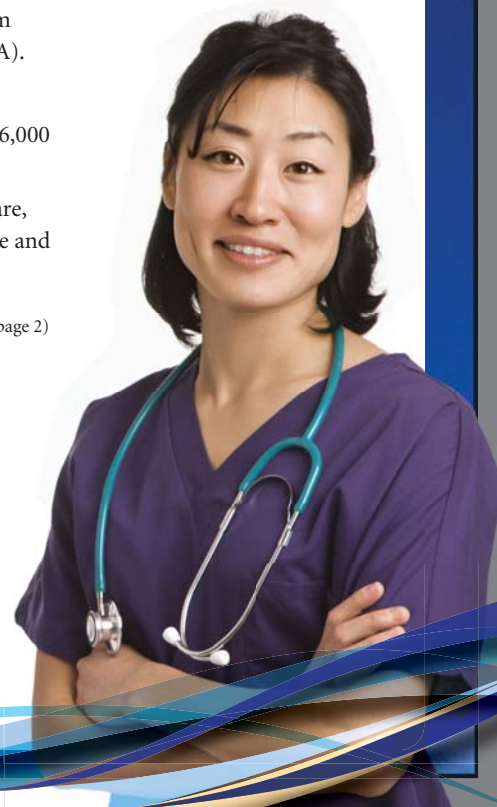
The mandate *does not apply* to short-term travel, accident-only, limited or specific disease policies, or to policies or contracts designed for issuance to persons eligible for coverage under Medicare. Compliance is required as of a group's sale or first renewal date on or after the statute's effective date of March 27, 2009.

Autism Spectrum Disorders Mandate – PA 95-1005

On Dec. 12, 2008, Illinois Public Act (PA) 95-1005 "Autism Spectrum Disorders" became law. Currently, many autism-related services are covered under existing BCBSIL benefit plans. Some important points of PA 95-1005 are:

- Coverage is required for medically necessary autism therapies, including applied behavior analysis (ABA).
- Coverage is required for individuals under age 21.
- The law provides a maximum annual benefit of \$36,000 per patient, in addition to current benefits.
- Coverage must be provided for ABA, psychiatric care, psychological care, habilitative or rehabilitative care and therapeutic care.

(continued on page 2)



Fairness in Contracting

In an effort to comply with Fairness in Contracting Legislation and keep our independently contracted 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 June 10, 2009, code J0256 was updated.

Effective July 1, 2009, code J7192 was updated.

Effective Aug. 1, 2009, codes G0202, G0204, G0206, V2020 and V2025 were updated.

Effective Aug. 25, 2009, code K0739 was updated.

Effective Sept. 1, 2009, the following code ranges, A9576-A9579, J0128 - J9600, P9041 - P9048, Q0163 - Q9967, S0012 - S0183 were updated. Please note that not all codes in these ranges will be updated.

Pricing for codes on the Triessent Specialty Pharmacy Program will be updated at the end of September 2009.

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*.



Legislative Update: New Illinois State Laws continued

The law requires that ABA services be provided by Early Intervention (EI) specialists certified by the State of Illinois Early Childhood Services Early Intervention Program (as defined in 89Ill.Admin.Code 500). However, BCBSIL will not require State of Illinois Early Childhood Intervention program certification for licensed providers whose provider type we recognize.

Compliance is required effective as of the group's sale or renewal date after Dec. 12, 2008. BCBSIL provides coverage under individual policies effective Jan. 1, 2009, as appropriate.

To whom do these laws apply?

These laws apply to all insured individual and group medical plan policies, including HMOs, as well as State of Illinois employees, self-funded governmental entities: municipalities, including home rule municipalities; counties, including home rule counties; and schools subject to the Illinois School Code.

NOTE: This law will not apply to other self-insured employer groups that are **not** government entities, or to the federal employee health benefit program.

Other Important Health Care Legislation

The following bills, passed during the 96th General Assembly may have a significant impact on the health insurance industry. They will likely go into effect on Jan. 1, 2010.

- **House Bill 152** Organ Transplant Medication Notification Act: This new law requires health plans to provide notice to health plan members (and their prescribing physicians) at least 60 days prior to making any formulary change that alters the terms of coverage or discontinues coverage for a prescribed immunosuppressant drug being taken.*
- **House Bill 244** Physical therapy for multiple sclerosis patients: requires coverage of physical therapy for individuals diagnosed with multiple sclerosis who are covered by a self-insured group regulated under the Illinois Municipal Code, the Illinois Counties Code and the Illinois School Code. State law already requires insured business to cover these services.
- **House Bill 927/SB 1877** Wellness Incentives: "Wellness coverage" is defined as health care coverage with the primary purpose to engage and motivate the insured or enrollee through: incentives; provision of health education, counseling, and self-management skills; identification of modifiable health risks; and other activities to influence health behavior changes. This bill allows health care plans to provide a reward; a health spending account contribution; a reduction in premiums; reduced medical, prescription drug or equipment copayments; coinsurance; deductibles; or a combination of these incentives as part of its wellness program.*

The bill also sets forth requirements concerning the following three points:

1. Opportunities for participants to qualify for incentives
2. Alternatives for participants to satisfy applicable wellness program standards in which it is unreasonably difficult due to the participant's medical condition
3. The ratio of the total incentive monetary amount (limited to 20 percent) to the cost of employee-only coverage

BCBSIL continues to take an active role in helping to develop and shape public policy in the State of Illinois as it affects health care. We are committed to achieving full compliance with all aspects of these laws which impact our obligations to those we serve. We will implement changes as needed to BCBSIL benefit structures and claims processing systems where applicable.

The information provided above is only intended to be a brief summary of the law that has been enacted and is not an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the laws mentioned above, you should consult with a legal advisor.

* Awaiting the governor's signature.

New Account Groups

Group Name: **Arkansas Pipe Trades Health and Welfare Fund**

Group Number: **P33806**
 Alpha Prefix: **ARP**
 Product Type: **PPO**
 Effective Date: **Sept. 1, 2009**
 BC ● BS ●

Group Name: **Boeing**
 Group Number: **885601-03**
 Alpha Prefix: **FVH**
 Product Type: **PPO(Portable)**
 Effective Date: **July 30, 2009**
 BC ● BS ●

Group Name: **Brunswick**
 Group Number: **047216-19, 047221, 047228**

Alpha Prefix: **BRW**
 Product Type: **PPO(Portable)**
 Group Number: **047222-3**
 Alpha Prefix: **BSR**
 Product Type: **PPO(Portable)**
 Group Number: **047224-27**
 Alpha Prefix: **BWJ**
 Product Type: **PPO(Portable)**
 Effective Date: **Jan. 1, 2010**
 BC ● BS ●

Group Name: **Louisiana Carpenters Regional Council Local #1846**

Group Number: **P34702**
 Alpha Prefix: **NCD**
 Product Type: **PPO(Portable)**
 Effective Date: **Sept. 1, 2009**
 BC ● BS ●

Effective June 1, 2009, Lake County Plasterers (group number P22227) merged under Fox Valley and Vicinity Construction Workers Welfare Fund (group number P14419, alpha prefix FOX).

NOTE: The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member's certificate of coverage.

Group Name: **Marmon – Union Tank Car**
 Group Number: **044475-84, 044487, 044491**

Alpha Prefix: **MNX**
 Product Type: **PPO(Portable)**
 Group Number: **044488-90**
 Alpha Prefix: **MNX**
 Product Type: **CMM**
 Effective Date: **Jan. 1, 2010**
 BC ● BS ●

Group Name: **Morton Industries, LLC**
 Group Number: **305401-03**
 Alpha Prefix: **XOF**
 Product Type: **PPO(Portable)**
 Effective Date: **Aug. 1, 2009**
 BC ● BS ●

Group Name: **Texas Pipe Trades**
 Group Number: **P29296**
 Alpha Prefix: **TXB**
 Product Type: **PPO(Portable)**
 Effective Date: **Sept. 1, 2009**
 BC ● BS ●

Group Name: **Veolia Transportation**
 Group Number: **016899**
 Alpha Prefix: **TPV**
 Product Type: **PPO(Portable)**
 Effective Date: **Sept. 1, 2009**
 BC ● BS ●

View Managed Care Updates Online

HMO and BlueChoice Updated Policies and Procedures

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 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 cumulative data is normally 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.



New Condition Management Program Promotes Medication Compliance

As part of the overall pharmacy strategy and optimization of Blue Care Connection® (BCC), BCBSIL implemented a cholesterol medication adherence program beginning in August.

The objective of the adherence program is to improve the extent to which members take medication as prescribed by their provider. Developed in collaboration with Prime Therapeutics, our pharmacy benefit manager, the cholesterol adherence program has shown positive results in increasing the likelihood of previously non-compliant members to adhere to their prescribed cholesterol medication regimen(s).

The program uses pharmacy data and available lab values to identify members who are not refilling their prescribed cholesterol medications. Outreach is conducted to educate members and help surface any underlying issues that may be keeping members from taking medication as prescribed. Prescriber notifications offer physicians information they would not have access to otherwise, along with the opportunity to improve communication with their patients.

Plans are underway to follow up with programs for other conditions as well. In addition to helping improve medication compliance, the adherence programs will help BCBSIL identify and refer members who may be good candidates for other condition management programs available through BCC.

Code Auditing Upgrade Rescheduled for October 2009

In the “Modifier 59 Exempt Auditing and Code Auditing Upgrade” article that appeared on page 6 of our June *Blue Review*, we reported that BCBSIL would be upgrading to McKesson ClaimCheck® Version 43 and implementing Modifier 59 Exempt Auditing effective September 2009 for all lines of business. Please note that the implementation of Version 43 and Modifier 59 Exempt Auditing has now been rescheduled for October 2009.

For further information about current bundling methodologies, or to request specific code-to-code bundling, you may utilize Clear Claim Connection™ (CCC or “C3”), a Web-based code auditing reference tool available to all independently contracted BCBSIL providers. To obtain access to C3, you must first register with RealMed® via their Web site at www.realmed.com. You may also contact RealMed Support at (877) REALMED (732-5633) for registration assistance.

RealMed is a registered trademark of RealMed Corporation.

Availity® Implements Electronic Edit to Validate National Drug Code Information Upfront

Recent electronic claim processing enhancements for providers utilizing the Availity gateway include implementation of an edit to validate the National Drug Code (NDC) upon receipt of all professional (837 P) claim transactions.*

The NDC for drugs administered by professional providers must be included in conjunction with the applicable Healthcare Common Procedure Coding System (HCPCS) procedure code(s) when billing for “Not Otherwise Classified” (NOC), or “J Code” drugs.

To be considered valid,

- The NDC must be in the proper format (11 numeric characters, no spaces or special characters).
- The NDC must be active for the date of service.
- The appropriate qualifier, number of units, unit of measure and price per unit also must be included, as indicated in the table below.

Professional electronic claims submitted with an invalid or inactive NDC will be rejected. Modifications to provider billing systems or notification to billing vendors to accommodate changes may be necessary.

Field Name	Field Description	ANSI (Loop 2410) – Ref Desc
Product ID Qualifier	Enter “N4” in this field.	LIN02
National Drug CD	Enter the 11-digit NDC (without hyphens) assigned to the drug administered.	LIN03
Drug Unit Price	Enter the price per unit of the product, service, commodity, etc.	CTP03
NDC Units	Enter the quantity (number of units) for the prescription drug.	CTP04
NDC Unit / MEAS	Enter the unit of measure of the prescription drug given. (Values: FR – international unit; GR – gram; ML – milliliter; UN – unit)	CTP05-1

If you have any questions regarding utilization of the NDC code in your electronic claims, please contact our Electronic Commerce Center at (800) 746-4614.

*Additional functionality for facility (837I) claims may be added at a later date.

Availity is a registered trademark of Availity L.L.C. Availity is an independent third party vendor.





In the Know...

This Month's Topic:

Use Your Taxonomy Code(s) to Help Expedite the Claims Process

Taxonomy codes enable health care providers to clearly identify their specialty or specialties in standard transactions as mandated by the Health Insurance Portability and Accountability Act (HIPAA). While these codes currently are not required by BCBSIL, **we are asking you to use your taxonomy code(s) as a secondary identifier on all electronic and paper claims** to help us recognize your servicing role and determine application of appropriate adjudication measures.

- **If you submit electronic claims in the ASC X12N 837P or 837I format** – Taxonomy codes should be placed in segment PRV03 and loop 2000A for the billing level, and in segment PRV03 and loop 2420A for the rendering level.
- **If you submit paper CMS-1500 professional claims** – The taxonomy code for the rendering provider should be placed in the shaded portion of field 24j, with the qualifier “ZZ” in the shaded portion of field 24i. The taxonomy code for the billing provider should be placed in field 33b, preceded by the “ZZ” qualifier.
- **If you submit paper UB04 institutional claims** – The taxonomy code should be placed in Form Locator 81, along with the “B3” qualifier.

Taxonomy codes are not assigned; rather, they are self reported by providers. Additional information about taxonomy codes, along with the entire Health Care Provider Taxonomy code set can be found within the HIPAA-related Code Lists section of the Washington Publishing Company (WPC) Web site at www.wpc-edi.com/products/codelists/alertservice. Providers without online access may contact the WPC at (425) 562-2245 to find out how to purchase a printed code list.

Entry of your taxonomy code(s) was required when you completed the National Provider Identifier (NPI) application process with the National Plan and Provider Enumeration System (NPPES). Your taxonomy code(s), as registered with NPPES, appeared on your confirmation notice from the Enumerator, along with your assigned NPI. You may conduct a search for registered taxonomy codes and assigned NPIs via the online NPI Registry at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>.

Provider Agreement Reminder

Per your signed participating provider agreement, you are required to submit claims on behalf of the patient for covered services to BCBSIL. Recently we have seen an increase in member-submitted claims. Effective Oct. 1, 2009, BCBSIL will no longer accept claims submitted by a member for covered services rendered by a provider who has signed a participating provider agreement. The claim will be returned to the member, along with a letter directing the member to contact you to resubmit the claim for covered services on their behalf.

After you receive your PCS or ERA/EPS, you may then bill the member for any amount listed under “Patient Share.” This will include any uncollected copayment, deductible, coinsurance and/or any charges for non-covered services.

We are always here to assist you in providing the best service to our members. If you have any questions regarding your contract, please call (312) 653-6555, or send an e-mail to netops_provider_update@bcbsil.com. For assistance regarding a particular claim, please contact our Provider Telecommunications Center (PTC) at (800) 972-8088.

Say Good-bye to Your Paper Provider Claim Summary...

One of the benefits of enrolling for the Electronic Remittance Advice (ERA) is that you automatically receive the Electronic Payment Summary (EPS). The EPS contains the same information as your paper Provider Claim Summary (PCS). The advantage of going paperless is that you receive your payment information sooner, and it is also easier to archive.

- **New ERA/EPS enrollees** will continue to receive their paper PCS for 30 days after they start receiving their ERA and EPS files. This 30-day transition period is designed to help providers make a gradual switch from paper to electronic files. *When the transition period ends, the PCS will be discontinued and providers will receive only the EPS going forward.*
- **If you enrolled for ERA/EPS directly or through your clearinghouse/billing agent more than a month ago**, you may have continued to receive both the ERA and the PCS in your office for longer than 30 days. *Please be advised that your PCS will now be discontinued. Going forward, you will receive **only** the EPS.*

If you are not yet enrolled for ERA/EPS, or if you are interested in signing up for Electronic Funds Transfer (EFT), please visit the Electronic Commerce section of our Provider Web site at www.bcbsil.com for access to the ERA Enrollment Form and EFT Agreement. You will also find answers to Frequently Asked Questions about EFT, ERA and EPS on our Web site.

If you need additional assistance, contact our Electronic Commerce Center at (800) 746-4614.

Support Team Enhancements for BlueChoice/PPO Providers and Billing Services

Our Professional Provider Network Consultants (PNCs) serve as liaisons between BCBSIL and our independently contracted provider community, with the goal of developing and maintaining cooperative working relationships with network physicians and medical groups throughout Illinois and northwest Indiana.

New Professional PNC Assignments

In our ongoing effort to provide our physicians and medical groups with the best possible service, we are pleased to announce the addition of two dedicated PNCs in the City of Chicago service area, Ana Hernandez and Vickey Jones. Territory assignments for these new PNCs are as follows:

Ana Hernandez - Zip Codes: 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60608, 60610, 60611, 60612, 60614, 60616, 60622, 60629, 60633, 60634, 60638.

Ana can be reached at (312) 653-6488 or via e-mail at hernandez2@bcbsil.com.

Vickey Jones - Zip Codes: 60609, 60613, 60615, 60617, 60618, 60619, 60620, 60621, 60623, 60624, 60625, 60626, 60627, 60628, 60630, 60631, 60632, 60635, 60636, 60637, 60639, 60640, 60641, 60642, 60643, 60644, 60645, 60646, 60648, 60650, 60647, 60649, 60651, 60653, 60657, 60652, 60654, 60655, 60656, 60658, 60659, 60660, 60661, 60666, 60668, 60669, 60670, 60673, 60674, 60675, 60676, 60677, 60678, 60680, 60681, 60686, 60689, 60690, 60693, 60694, 60695, 60696.

Vickey can be reached at (312) 653-6321 or via e-mail at jonesv@bcbsil.com.

New Billing Services Representative

We are also excited to announce that we are now offering customized on-site training, workshops, and Webinars for billing services. **LaVella Friley** is the designated Provider Network Consultant to serve as the representative for all billing services in the Chicago Metro area.

LaVella can be reached at (312) 653-7516 or via e-mail at friley@bcbsil.com.

Professional Network Consultants...We're here to assist you!

Professional Provider Assignments by County, City and Zip Code

Your assigned professional PNC has a thorough knowledge of the BlueChoice POS and PPO products. If you are unable to resolve your issue via online resources or our Provider Telecommunications Center (PTC), your PNC can provide the following support services:

- Keep you up-to-date on BCBSIL products, services, programs and initiatives
- Help ensure provider contract compliance
- Advise you of BCBSIL resources for providers
- Visit your office to address any special needs or concerns

To find out the name of your assigned PNC, refer to the State of Illinois county map on the facing page. **Note:** Due to the number of providers in DuPage and Cook County (Code 22 & Code 16), provider assignments are broken down by suburban city and Chicago zip codes, as indicated.

IL Territory Breakdown by County Code

Northern: (4, 8, 43, 49, 56, 071, 81, 89, 98 and 101) – **Gina Plescia**

Southern: (2, 3, 7, 11, 12, 13, 14, 15, 17, 18, 24, 25, 26, 28, 30, 31, 33, 35, 39, 40, 41, 42, 44, 51, 59, 60, 61, 64, 67, 68, 73, 76, 77, 79, 80, 82, 83, 84, 87, 91, 93, 95, 96, 97 and 100) – **Teresa Trumbley**

Western: (6, 36, 37, 48, 52, 62, 66, 78, 88 and 94) – **Katie Gordon**

Midwest: (1, 5, 9, 10, 20, 21, 23, 27, 29, 34, 38, 53, 54, 55, 57, 58, 63, 65, 69, 70, 72, 74, 75, 85, 86, 90, 92 and 102) – **Amanda Williams**

North Metro: (19, 45, 47 and 50) – **Cathy Dismuke**

South Metro: (32, 46 and 99) – **Dorothy Paul**

Northwest Indiana – **Lynn Sorensen**

Cook County: (16) – Multiple PNCs are assigned to this area. See below.

DuPage County: (22) – Multiple PNCs are assigned to this area. See below.

Cook and DuPage County Breakdown by City

Gina Plescia - Cities: Arlington Hts., Des Plaines, Glencoe, Glenview, Golf, Hoffman Estates, Inverness, Kenilworth, Lincolnwood, Morton Grove, Mount Prospect, Neenah, Niles, Northbrook, Northfield, Palatine, Prospect Heights, Rolling Meadows, Schaumburg, South Barrington, Wheeling, Wilmette, Winnetka

Katie Gordon - Cities: Alsip, Bellwood, Berkeley, Berwyn, Blue Island, Bridgeview, Broadview, Brookfield, Burbank, Chicago Ridge, Cicero, Elmwood Park, Evergreen Park, Forest Park, Franklin Park, Harwood Heights, Hillside, Hines, Hometown, Indian Head Park, Justice, La Grange, La Grange Park, La Grange Highlands, Lyons, Maywood, Melrose Park, Merrionette Park, Norridge, North Riverside, Northlake, Oak Lawn, Oak Park, Park Ridge, River Forest, River Grove, Riverside, Schiller Park, Stone Park, Summit Argo, Westchester, Western Springs

Lynn Sorensen - Cities: Aurora, Burr Ridge, Calumet City, Chicago Heights, Darien, Dolton, Flossmoor, Ford Heights, Glen Ellyn, Glendale Heights, Glenwood, Homewood, Lansing, Lisle, Matteson, Naperville, Olympia Fields, Park Forest, Richton Park, Riverdale, South Holland, Steger, Summit, Thornton, Warrenville, Willowbrook, Woodridge

Michelle Brownfield-Nance - Cities: Addison, Carol Stream, Country Club Hills, Countryside, Crestwood, Downers Grove, Elk Grove Village, Evanston, Harvey, Hazel Crest, Hickory Hills, Hinsdale, Lemont, Markham, Midlothian, Oak Forest, Orland Park, Palos Heights, Palos Hills, Palos Park, Park Ridge, Posen, Robbins, Skokie, Streamwood, Tinley Park, West Chicago, Wheaton, Willow Springs, Winfield, Worth

Ramona Espino - Cities: Bensenville, Clarendon Hills, Elmhurst, Hinsdale, Itasca, Lombard, Oak Brook, Oak Brook Terrace, Villa Park, Westmont, Wood Dale

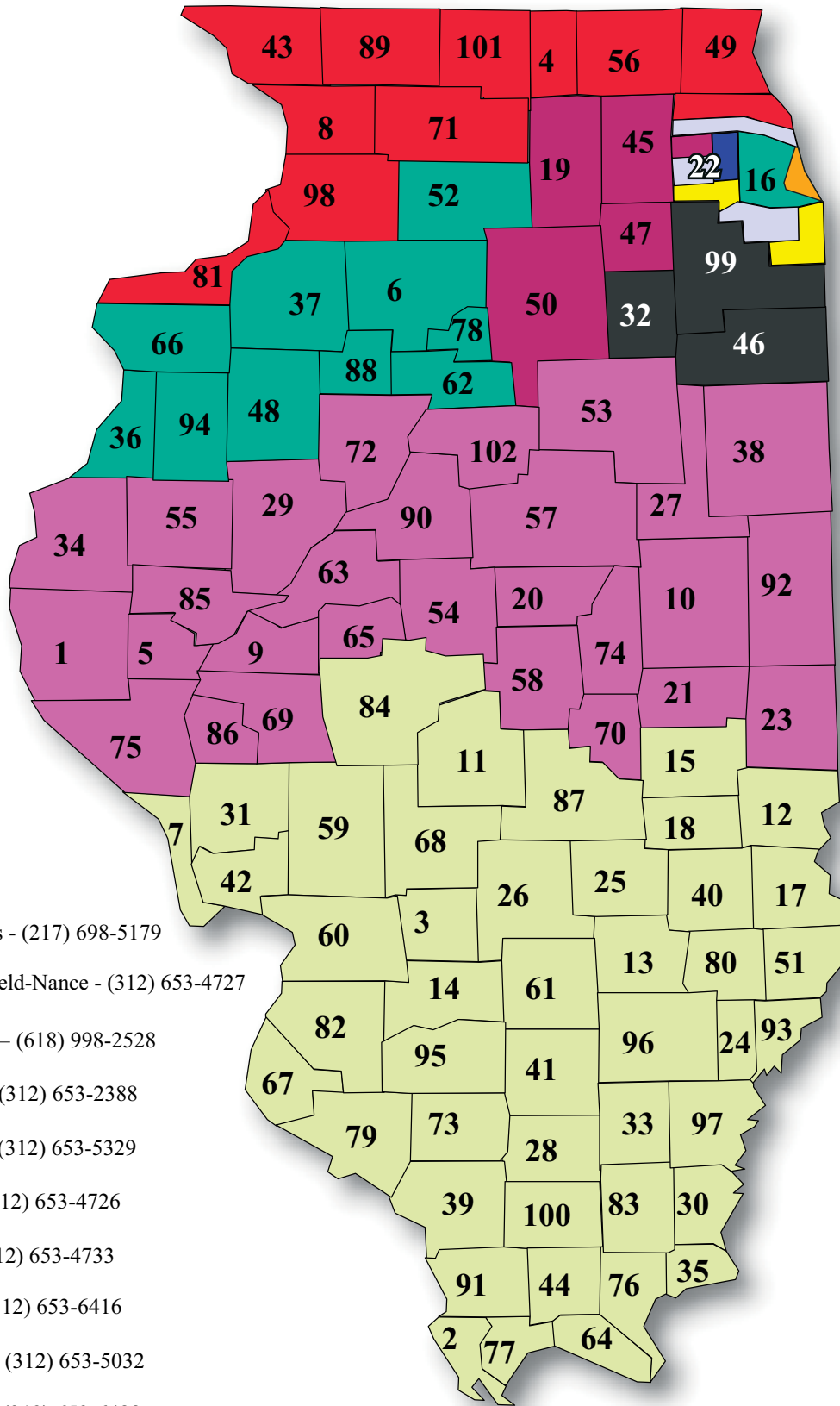
City of Chicago Breakdown by Zip Code

Ana Hernandez - Zip Codes: 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60608, 60610, 60611, 60612, 60614, 60616, 60622, 60629, 60633, 60634, 60638

Vickey Jones - Zip Codes: 60609, 60613, 60615, 60617, 60618, 60619, 60620, 60621, 60623, 60624, 60625, 60626, 60627, 60628, 60630, 60631, 60632, 60635, 60636, 60637, 60639, 60640, 60641, 60642, 60643, 60644, 60645, 60646, 60648, 60650, 60647, 60649, 60651, 60653, 60657, 60652, 60654, 60655, 60656, 60658, 60659, 60660, 60661, 60666, 60668, 60669, 60670, 60673, 60674, 60675, 60676, 60677, 60678, 60680, 60681, 60686, 60689, 60690, 60693, 60694, 60695, 60696

Code	County
1	Adams
2	Alexander
3	Bond
4	Boone
5	Brown
6	Bureau
7	Calhoun
8	Carroll
9	Cass
10	Champaign
11	Christian
12	Clark
13	Clay
14	Clinton
15	Coles
16	Cook
17	Crawford
18	Cumberland
19	DeKalb
20	Dewitt
21	Douglas
22	DuPage
23	Edgar
24	Edwards
25	Effingham
26	Fayette
27	Ford
28	Franklin
29	Fulton
30	Gallatin
31	Greene
32	Grundy
33	Hamilton
34	Hancock
35	Hardin
36	Henderson
37	Henry
38	Iroquois
39	Jackson
40	Jasper
41	Jefferson
42	Jersey
43	JoDavies

Code	County
44	Johnson
45	Kane
46	Kankakee
47	Kendall
48	Knox
49	LaSalle
50	Lake
51	Lawrence
52	Lee
53	Livingston
54	Logan
55	Macon
56	Macoupin
57	Madison
58	Menard
59	McDonough
60	McHenry
61	McLean
62	Marshall
63	Mason
64	Massac
65	McDonough
66	Mercer
67	Monroe
68	Montgomery
69	Morgan
70	Moultrie
71	Ogle
72	Peoria
73	Perry
74	Piatt
75	Pike
76	Pope
77	Pulaski
78	Putnam
79	Randolph
80	Richland
81	Rock Island
82	Saline
83	Sangamon
84	Sangamon
85	Schuyler
86	Scott
87	Shelby
88	St Clair
89	Stephenson
90	Tazewell
91	Union
92	Vermilion
93	Wabash
94	Warren
95	Washington
96	Wayne
97	White
98	Whiteside
99	Will
100	Williamson
101	Winnebago
102	Woodford



- Amanda Williams - (217) 698-5179
- Michelle Brownfield-Nance - (312) 653-4727
- Teresa Trumbley - (618) 998-2528
- Cathy Dismuke - (312) 653-2388
- Lynn Sorensen - (312) 653-5329
- Katie Gordon - (312) 653-4726
- Gina Plescia - (312) 653-4733
- Dorothy Paul - (312) 653-6416
- Ramona Espino - (312) 653-5032
- Ana Hernandez - (312) 653-6488
- Vickey Jones - (312) 653-6321

Key
 Cook County (16) and DuPage County (22) are split between Cathy, Gina, Katie, Lynn, Michelle and Ramona.
 City of Chicago is split between Ana and Vickey.
 NW Indiana is assigned to Lynn.

BCBSIL Supports Collaborative Community Health and Wellness Initiatives

Childhood obesity is a matter of concern for a growing number of American families. With few safe places to play and decreased availability of physical activity programs in their schools, children living in underserved neighborhoods may face even higher risks of becoming overweight.

To help address the special needs of families in targeted outreach neighborhoods, BCBSIL has awarded \$1.4 million to 14 Chicago- and Springfield-based health and wellness initiatives that focus on teaching children how to adopt and maintain healthier lifestyles.

Rather than being allocated to individual organizations, the BCBSIL Health and Wellness Grants have been allocated to shared initiatives in order to foster collaboration among multiple community health, education and outreach centers.



Save the Date for an e-Solutions Workshop, Nov. 4

Watch our Web site at www.bcbsil.com/provider/training.htm for complete details and registration information, coming soon.

BlueCard[®] Program

BlueCard Tip: Tactics for Fielding Your Out-of-area Claims

BCBSIL strives to process your out-of-area claims quickly and accurately, but we can't do it without a little teamwork. Here are some reminders to help you lay the groundwork for a successful claims experience:

Step Up to the Plate...

Ask members for their current member ID card and regularly obtain new photocopies (front and back) for your records. Also, when referring a patient or passing a patient's information to another provider, include ID card copies for confirmation of the complete identification number, including the alpha prefix.

Cover Your Bases...

Verify the member's eligibility and benefit coverage one of two ways:

1. Online – Submit a HIPAA 270 transaction (eligibility) to BCBSIL through one of the following online vendors*:
 - Availity
 - NDAS Online (eCare[®])
 - RealMed
2. Via Telephone – Call the BlueCard Eligibility Line at (800) 676-BLUE (2583).
The BlueCard Eligibility Line is for eligibility, benefit and pre-certification/referral authorization inquiries only.

Finish Ahead...

- Obtain the member's copay amount. (You may not collect payment upfront, other than the copay amount, and/or verified deductible or coinsurance.)
- Submit your claims electronically to BCBSIL for faster processing. If you are filing paper claims, mail them to Blue Cross and Blue Shield of Illinois, P.O. Box 805107, Chicago, IL 60680-4112.

If you have any questions about filing claims for Blue Plan members, please refer to the BlueCard Program Manual on our Web site at www.bcbsil.com/PDF/bluecard_program_manual.pdf for additional information. We welcome you to share your out-of-area member servicing experiences with us via e-mail at provider_relations@bcbsil.com.

*NOTE: We encourage you to join the growing number of providers who take advantage of our online solutions. If you are not currently registered with the independent vendor(s) noted above, find out how you can sign up today by visiting the Electronic Commerce section of our Web site at www.bcbsil.com. You may also contact our Electronic Commerce (E-Commerce) Center at (800) 746-4614 for assistance.

Watch for next month's BlueCard Tip!

eCare is the federal trademark of Nebo Systems. Nebo Systems offers the NDAS Online product to independently contracted BCBSIL providers. Recently, Nebo Systems was acquired by Passport Health Communications, Inc. Currently, there is a nominal charge per transaction for some of the online services available through this vendor. Please contact Passport Health Communications at (866) 810-0000 if you have questions or need additional information.

Present on Admission (POA) Reporting Requirements

BCBSIL requires that participating hospitals populate the Present on Admission (POA) indicator field on all acute care inpatient claims as is currently required by Medicare, and that is now mandated by the Blue Cross and Blue Shield Association. POA is defined as present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission.

POA is noted by using one of the values listed below that identify whether secondary diagnoses are present when the patient is admitted to a facility.

POA Indicator Reporting Options and Description

POA Indicator	Description
Y = Yes	Diagnosis was present at time of inpatient admission.
N = No	Diagnosis was not present at time of inpatient admission.
U = Unknown	Documentation insufficient to determine if condition was present at the time of inpatient admission.
W = Clinically undetermined	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.
1	Exempt from POA reporting. This code is the equivalent of a blank on the UB-04, however, it was determined that blanks were undesirable on Medicare claims when submitting this data electronically via the 837I.
Blank*	Unreported, not used, or exempt from POA reporting (the field on the UB-04 form is blank).

*Blank is a valid value only on the UB-04, so if the claim was received as an electronic submission, a blank would represent an error.

Our records indicate that hospitals are not consistently billing POA indicators for Blue Cross primary claims. A number of hospitals are only coding the POA indicators when they are "N" (Not Present on Admission), or when the hospital does not know whether the condition was present on admission. As a rule, always submit inpatient claims to BCBSIL with the POA Indicator using one of the valid indicator values.

Claim Documentation

Paper Claims

On the UB-04, the POA indicator is the eighth digit of Field Locator (FL) 67, Principal Diagnosis, and the eighth digit of each of the Secondary Diagnosis fields, FL 67 A-Q. Report the applicable POA indicator (Y, N, U or W) for the principal and any secondary diagnoses and include this as the eighth digit. Leave this field blank if the diagnosis is exempt from POA reporting.

Electronic Claims

Using the 837I, submit the POA indicator in segment K3 in the 2300 loop, data element K301.

Example: POA indicators for an electronic claim with one principal and five secondary diagnoses should be coded as **POAYNUWIYZ**.

Valid POA Indicator Values	"POA" is always required first, followed by a single indicator for every diagnosis reported on the claim.
Y	The principal diagnosis is always the first indicator after "POA." In this Example, the principal diagnosis was present on admission.
N	The first secondary diagnosis was not present on admission, designated by "N."
U	It was unknown if the second secondary diagnosis was present on admission, designated by "U."
W	It is clinically undetermined if the third secondary diagnosis was present on admission, designated by "W."
1	The fourth secondary diagnosis was exempt from reporting for POA, designated by "1."
Y	The fifth secondary diagnosis was present on admission, designated by "Y."
Z	The last secondary diagnosis indicator is followed by the letter "Z" to indicate the end of the data element. The last POA indicator must be followed by the letter "Z" to indicate the end of the data element.

Additional Information on the Centers for Medicare and Medicaid Services (CMS) Present on Admission requirement is available at <http://www.cms.hhs.gov/MLN Matters Articles/downloads/MM5499.pdf>. You may also contact your BCBSIL Provider Network Consultant if you have any questions.

HMO Provider Relations Spotlight

Our HMO Provider Relations team is responsible for keeping the HMO Medical Group/Independent Practice Associations (MG/IPAs) apprised of product changes, process updates and other BCBSIL news and initiatives that may affect these providers. The team also serves as an internal voice for the MG/IPAs in BCBSIL meetings regarding managed care concerns related to preventive care and wellness. In this month's Spotlight, we're pleased to introduce you to Mary Ellen Merbeth, Internal HMO Provider Network Consultant, and Ernestine Brown, Project Consultant for HMO Professional Provider Relations.



Mary Ellen Merbeth is an Internal HMO Provider Network Consultant (PNC) in the Professional Provider Relations Department, with a total of 18 years of service with BCBSIL. A registered nurse with a B.S.N. Degree, she began her nursing career at Metro South Medical Center (formally St. Francis Hospital in Blue Island), working there for four years in the Medical Intensive Care, Oncology and Cardiac Telemetry units.

After experiencing a degree of clinical "burn out," Mary Ellen embarked on an eight month sabbatical, touring Europe and working as an au pair. Upon returning to the states, she attended a

Medical Management "Open House" sponsored by BCBSIL, and was offered a job in 1991 in the Medical Service Advisory unit. In 1994, she accepted a position as a Program Coordinator for our BlueChoice product. By the year 2000 she had become a HMO PNC.

Mary Ellen enjoys researching and solving problems. In her current role she serves as the liaison between the HMO IPAs and our HMO Member Service (Rockford FSU) and Customer Assistance Unit (CAU), and the HMO Marketing Department. As an internal PNC, she has the unique opportunity to interact with all of the HMO IPAs as an in-house resource. She also serves on our organization's Policy and Procedure Workgroup, Utilization Management Workgroup, Rockford Touch Point Workgroup and *Blue Review* Editorial Board.

Mary Ellen believes the team concept leads to better communication. One of her roles is sending out all mass communication to the IPAs, ensuring they receive updated HMO-related guidelines and procedures. She is the point person for all network PCP requests for member transfers, closed IPA issues and reviews. She also approves all incoming HMO provider service agreements and resolves CAU, Rockford FSU and BCBSIL Marketing inquiries.

Mary Ellen is proud to be a resource, and knows where to go to get problems resolved. She receives a sense of satisfaction when helping our providers obtain complete resolution to their issues. She believes it is very important to develop strong working relationships based on trust, dependability and a positive attitude.

For Mary Ellen, a quote from Marcus Aurelius says it all: "Life is what your thoughts make it."

Mary Ellen Merbeth can be reached at (312) 653-5731, or via e-mail at merbethm@bcbsil.com.

Ernestine Brown is the Project Consultant for HMO Professional Provider Relations. She began her career at BCBSIL in the Subscriber Services Division as a Clerical Assistant, and from there went on to the Medicare Part B Unit. In 1990, Ernestine became a staff member in the Health Services Programs Department, serving as Administrative Assistant to the Executive Director of our HMO products. After acquiring first-hand knowledge of HMO policies and procedures, she was promoted to Report Analyst, and then to Supervisor of HMO Reporting and on to the position of Financial Analyst.



With over 28 years of service with BCBSIL at various levels of responsibility, Ernestine brings a strong HMO background to her current position. An HMO Project Consultant since 2006, she has the task of ensuring the accuracy of over 10,000 Medical Service Agreements between HMO physicians and their MG/IPAs. She serves as the contact person for HMO surveys, projects and reports that MG/IPAs are required to submit to BCBSIL management. She also oversees the HMO directory process and Provider Finder for the MG/IPAs, working closely with our HMO Marketing and Provider Services Departments to make sure HMO provider information is correct on our Web site.

Ernestine is comfortable working behind the scenes, providing system enhancements that ensure the integrity of HMO information on our internal databases is maintained, and offering more online capabilities to groups. Her knowledge of the Access database made her an integral part of the team that created the electronic version of the Past Due Claim monthly report. Ernestine also was responsible for creating the hospital-based physician report, and the transition of Appendix D (HMO ancillary provider network listing), to the HMO secure Web site. She currently handles mass distribution of the electronic monthly Capitation Summary reports and HMO Quality Site Visit results to the HMO IPAs.

Ernestine feels a sense of pride and accomplishment when she has completed a project that implements suggestions from the HMO groups and offers technological solutions that make their jobs easier.

Ernestine Brown can be reached at (312) 653-7925, or via e-mail at browne@bcbsil.com.

What to Do When Your Practice Information Changes

When seeking health care services, our members often rely upon the information in our online Provider Finder®. This is just one of the reasons why it's very important that you inform BCBSIL whenever any of your practice information changes.



It's easy to request your changes!

You can request most changes online by using one of our new and improved electronic change request forms. Just click on the Request An Information Change icon on our Web site at www.bcbsil.com/provider to access instructions along with links to each type of form.

Note: If you would prefer to mail or fax your changes to BCBSIL, there is a downloadable *Provider Information Change Request Form* with complete instructions in the Forms section of the Provider Library on our Web site at www.bcbsil.com.

What changes can be requested online?

There are three different change request forms to help you organize your information.

1. Request Demographic Information Changes

- Use this form to request changes to practice information currently on file with BCBSIL (such as Provider/Group Name, Address, E-mail, NPI, etc.).
- You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI.

Note: As a participating provider, your NPI(s) should already be on file with BCBSIL. You may use this online form to request changes, such as deactivation of an existing NPI.

2. Request Addition of Provider to Group

- Use this form to notify BCBSIL when a new individual provider joins your practice.

3. Request Removal of Provider from Group

- Use this form to notify BCBSIL when an individual provider is leaving any or all of your practice locations.

Notice:

The following Network Management telephone number and e-mail address have been discontinued effective Sept. 1, 2009: (312) 653-5333, network_development@bcbsil.com.

If you have questions regarding the status of your professional contract application, please contact Provider Network Operations at (312) 653-6555, or send an e-mail to netops_provider_update@bcbsil.com.

What changes cannot be requested online?

The following change requests are more complex and require special handling:

- **Multiple changes, especially changes involving more than one billing (Type 2) NPI**, must be submitted in a spreadsheet format.
 - Use the *BCBSIL Multiple Changes Spreadsheet* on our Web site at www.bcbsil.com/provider/information_update.htm to be sure all appropriate information is included. Note: Use the checkboxes at the top of the spreadsheet to indicate if you are making specific changes, or if you are sending a roster of changes for a mass update.
 - E-mail the spreadsheet along with details of your request to netops_provider_update@bcbsil.com.
 - If you need additional assistance with this process, please contact Provider Network Operations at (312) 653-6555.
- **You may not use an online change request form if you need to make a Tax ID change that also involves a Legal Business Name change.** This type of change requires a new contract. To request a contract application, please visit the Credentialing/Contracting section of our Provider Web site at www.bcbsil.com and click on *Request a Contract Application*. Remember, your provider agreement requires 30 days advance notice of this type of change.

How long will it take for changes to take effect?

Please note that changes are not immediate upon submission of an online change request form. Processing can take a minimum of 45 business days. We thank you for your patience!

Questions?

If you need additional assistance, please contact Provider Network Operations at (312) 653-6555, or send an e-mail to netops_provider_update@bcbsil.com.



Paperless Transactions Gain Popularity

While promoting the benefits of environmentally friendly business practices, BCBSIL has been encouraging providers to enroll in our Electronic Funds Transfer (EFT), Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS) programs. Since January 2009, we have seen a 204 percent increase in enrollments as compared to total enrollments for 2008.

Join in the Movement – Go electronic!

Your colleagues are enjoying quicker access to their funds, lower security risks and easier retrieval of archived data.

Do you want to take advantage of the same opportunities?

Find out how by visiting the Electronic Commerce section of our Provider Web site at www.bcbsil.com/provider where

you can access the enrollment forms and view

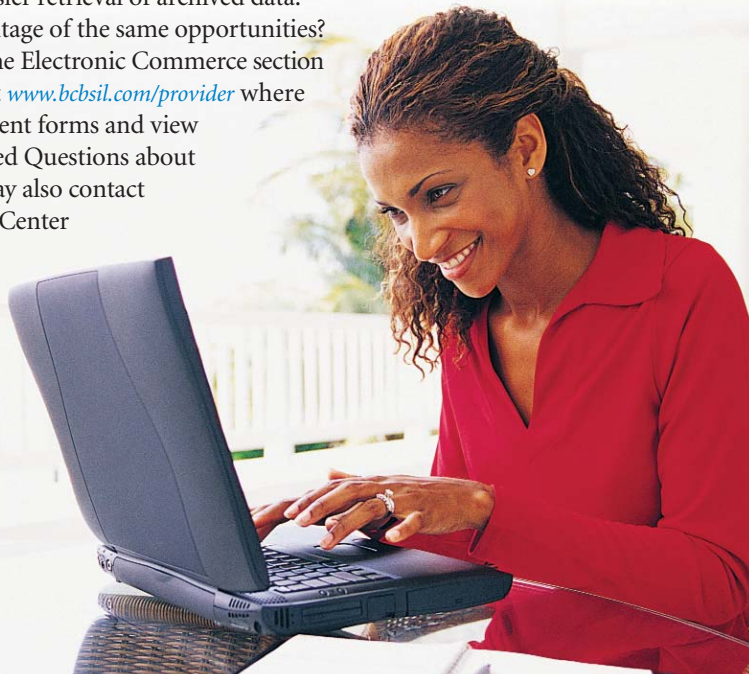
answers to Frequently Asked Questions about

EFT, ERA and EPS. You may also contact

our Electronic Commerce Center

at (800) 746-4614

for assistance.



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. *Blue Review* is located on our Web site at www.bcbsil.com/provider.

The editors and staff of *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

E-mail: blureview@bcbsil.com

Web site: www.bcbsil.com/provider.

Publisher:

Stephen Hamman, VP, Network Management

Editor:

Gail Larsen, DVP, Provider Relations

Managing Editor:

Jeanne Trumbo, Sr. Manager

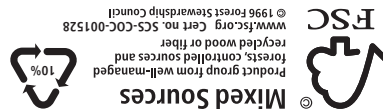
Editorial Staff:

Margaret O'Toole, Marsha Tallerico
and Allene Walker

BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors mentioned in this newsletter. The vendors are solely responsible for the products or services offered by them. If you have any questions regarding any of the products or services mentioned in this periodical, you should contact the vendor directly.

00014.0909

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Product group from well-managed forests, controlled sources and recycled wood or fiber
www.fsc.org Cert no. SCS-COC-001528
© 1996 Forest Stewardship Council

For Contracting Institutional and Professional Providers

BLUE REVIEW

BlueCross BlueShield of Illinois | Experience. Wellness. Everywhere.™



PRSR1 STD
U.S. POSTAGE
PAID
PERMIT NO. 581
CHICAGO, IL