



# Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

MAY 2011

## WHAT'S INSIDE?

Additional Illinois Hospitals Achieve Blue Distinction® Status.....	2
In the Know: When are rendering provider NPIs required on professional claims? .....	3
Reminder! Billing with National Drug Codes (NDCs).....	3
ANSI Version 5010 and ICD-10: Answers to Frequently Asked Questions.....	4
'HIT' Focus: RealMed® Portal Adds Member Liability Estimator .....	5
Provider Learning Opportunities.....	5
2010 HMO Primary Care Physician Survey Results.....	6
Get Answers Faster with Online Claim Inquiry Resolution .....	7

## Online Assessment Process for Imaging Service Providers

In our continuing effort to implement solutions that help support better informed decisions about care and services for our members, Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to announce an enhancement to our Radiology Quality Initiative (RQI) program, administered by American Imaging Management, (AIM,®) for BCBSIL. This enhancement involves utilization of an online tool called *OptiNet*, developed by AIM to collect and help assess modality-specific data from imaging providers. Areas of assessment include facility and staff qualifications, accreditation and equipment specifications. Assessment results will help establish current information about the capabilities of participating imaging facilities and providers.



In mid-April, providers who perform Computed Tomography (CT/CTA), Magnetic Resonance (MRI/MRA), Nuclear Cardiology and Positron Emission Tomography (PET) for BCBSIL members were asked to complete the *OptiNet* assessment. **For high-tech imaging service providers, the deadline for completion of this online assessment is June 3, 2011.**

As of June 27, 2011, the *OptiNet* assessment tool will also be available to collect data for low-tech imaging services (X-Ray, Ultrasound, Echocardiography and Mammography). Please watch the *Blue Review* and online News and Updates for more information.

For high-tech imaging service providers, the information collected will be used to develop a site score. Site scores will be displayed in the Provider Selection component of the RQI process through AIM. Ordering physicians will be able to choose a servicing provider from AIM's online directory based on the modality site score, average allowed payment amount for the procedure (based on the professional and technical components of previously billed services), and distance from a particular member's home. All facilities, including those that are already American College of Radiology (ACR) or Joint Commission accredited, need to complete their data to have their site included in AIM's online directory.

For low-tech imaging services (X-Ray, Ultrasound and Echocardiography), the information collected will be used to develop a site score; however, site scores for low-tech services will not be made available to ordering physicians. A site score for mammography will not be generated.

For more information about the BCBSIL RQI program, administered by AIM, refer to the Claims and Eligibility/Prior Authorization/High-tech Imaging Services section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider).

For more information about the *OptiNet Assessment Tool*:

- Attend a Webinar, hosted by AIM—see page 5 for session dates and times.
- Visit the Education and Reference Center/Provider Tools section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) for answers to Frequently Asked Questions and a Registration Information Checklist.
- Contact your assigned BCBSIL Provider Network Consultant for additional assistance, as needed.

*OptiNet* is a registered trademark of AIM, an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions about the products or services they offer, you should contact the vendor directly.

## Stay Informed on Health Care Reform

### Affordable Care Act Updates on the BCBSIL Website

Our health care reform web content, originally launched in April 2010, has been redesigned and streamlined. Along with general health care reform information, the site provides a brief overview of the **Affordable Care Act** key components, provisions—including essential benefit categories, and an updated timeline of the reform law.

To access the health care reform content, look for the *What is the Affordable Care Act?* link in the rotating module in the lower right corner of our [www.bcbsil.com](http://www.bcbsil.com) Home page. The health care reform web content will be updated as new information is available.

## New Account Groups

All of the accounts listed below have Blue Cross and Blue Shield coverage, unless otherwise indicated.

Group Name: **City of Crystal Lake**  
 Group Number: **P15926, P15964**  
 Alpha Prefix: **XOF**  
 Product Type: **PPO (Portable)**  
 Effective Date: **May 1, 2011**

Group Name: **Kishwaukee Health System/Valley West Community Hospital**  
 Group Number: **S92748**  
 Alpha Prefix: **XOF**  
 Product Type: **PPO (Portable)**  
 Effective Date: **May 1, 2011**

Group Name: **The Wirtz Corporation**  
 Group Number: **077352-53**  
 Alpha Prefix: **WTZ**  
 Product Type: **PPO (Portable)**  
 Effective Date: **May 1, 2011**

NOTE: Some of the accounts listed above may be new additions to BCBSIL; some accounts may already be established, but may be adding member groups or products. 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.



## Additional Illinois Hospitals Achieve Blue Distinction® Status

### New Centers for Knee/Hip Replacement<sup>SM</sup> and Spine Surgery<sup>SM</sup>

BCBSIL proudly announces the expansion of our Blue Distinction Centers. Eleven additional Illinois hospitals have recently been designated as Blue Distinction Centers for Knee and Hip Replacement surgery, bringing the total number to twenty-nine. Eleven new Blue Distinction Centers for Spine Surgery have been added, bringing the total number to 21 hospitals. Blue Distinction designations are awarded by BCBS companies, in partnership with the Blue Cross and Blue Shield Association, to facilities that have demonstrated a commitment to quality care by meeting objective, evidence-based thresholds for clinical quality and safety developed with input from expert clinicians and leading professional organizations. Complete selection criteria, along with a Blue Distinction Center Finder and Blue Distinction Fact Sheet are available to providers and members at [www.bcbs.com/bluedistinction](http://www.bcbs.com/bluedistinction).

To maintain Blue Distinction status, designated facilities are required to reapply periodically for re-designation. This encourages continuing quality at the facility level, and also provides an opportunity for ongoing evaluation of Blue Distinction selection criteria to help ensure that quality thresholds remain reflective of current clinical practice guidelines. BCBSIL works proactively with facilities that do not receive the Blue Distinction designation, providing feedback detailing areas for potential improvement and encouraging them to reapply for Blue Distinction designation at the next opportunity. This initiative is part of our ongoing collaborative effort with the network of independently contracted physicians and medical facilities for improved quality of care with better overall outcomes for our members.

Blue Distinction Centers for Spine Surgery	Blue Distinction Centers for Knee and Hip Replacement
Advocate Christ Hospital Medical Center*	Advocate Christ Hospital Medical Center*
Advocate Lutheran General Hospital	Advocate Good Samaritan Hospital*
Alexian Brothers Medical Center*	Advocate Good Shepherd Hospital*
Advocate Bromenn Medical Center*	Advocate Lutheran General Hospital
Centegra Hospital McHenry*	Advocate South Suburban Hospital*
Centegra Hospital Woodstock*	Advocate Bromenn Medical Center*
Edward Hospital*	Centegra Hospital (McHenry)
Elmhurst Memorial Hospital*	Centegra (Woodstock)
Ingalls Memorial Hospital	Central DuPage Hospital
MacNeal Hospital	Edward Hospital
Memorial Medical Center (Springfield)	Glenbrook Hospital
Northwestern Memorial Hospital*	Ingalls Memorial Hospital
Provena St. Joseph Medical Center (Joliet)*	Louis A Weiss Memorial Hospital*
Riverside Medical Center	Loyola University Medical Center
Rush University Medical Center	MacNeal Hospital
Silver Cross Hospital	Memorial Medical Center (Springfield)
St. Alexius Medical Center*	Northwestern Memorial Hospital*
St. John's Hospital (Springfield)*	Proctor Hospital (Peoria)
St. Anthony Medical Center (Rockford)	Provena Mercy Medical Center*
St. Joseph Hospital (Bloomington)	Provena St Joseph Medical Center (Joliet)*
University of Chicago Medical Center	Rush University Medical Center
*Newly designated  Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. The designation is not a guarantee of any particular outcome. Individual outcomes may vary.	Silver Cross Hospital
	Skokie Hospital
	St. Alexius Medical Center*
	St. Anthony Medical Center (Rockford)
	St. John's Hospital (Springfield)
	Swedish Covenant Hospital*
	Trinity Medical Center (Rock Island)
	University of Chicago Medical Center

## When are rendering provider NPIs required on professional claims?

BCBSIL requires inclusion of the rendering provider's National Provider Identifier (NPI) at the claim level, and if applicable, the service line level on all claims, where the provider belongs to a multi-specialty or other group practice.

- If your practice includes more than one physician and/or other health care provider, or if your practice is classified as a multi-specialty group practice, and
- Multiple services are performed on the same day, but rendered by different providers within the same medical group,
- You should be including the rendering provider NPIs on professional claims submitted to BCBSIL.

**Note:** It is important that we have the NPI number of every physician in your practice, because BCBSIL does validate claim information against your information in our system file. If we do not have the NPI on file for a provider in your group, the claims they submit will be denied.

Claim Filing Guidelines are indicated below to assist you with proper submission of the rendering NPI on electronic and paper claims. If you utilize a billing service or clearinghouse, please verify that they are aware and are following these guidelines.

### ELECTRONIC CLAIMS (ANSI 837P)

2310B Loop – If the performing provider rendered services for the claim, please provide us with the NPI of the performing provider at the claim level using the "XX" qualifier and NPI.

2420A Loop – If multiple performing providers rendered services for the same claim, then the NPI of each performing provider must be present on each service line in which services were rendered, as well as the Primary Performing Provider's NPI at the claim level (2310B Loop).

NM103, 04, 08, 09 NM1\*82\*1\* (Segment must be present with the last/first name of the name of the rendering provider as well as the XX qualifier in the NM108 segment and the NPI in the NM109 segment)

PRV03 PRV\*PE\*ZZ (Segment must be present with the rendering provider's taxonomy code)

#### An example is as follows:

NM1\*82\*1\*SMITH\*JOHN\*\*\*\*XX\*[provider's NPI]~

PRV\*PE\*ZZ\*[provider's taxonomy code]~

### PAPER CLAIMS (CMS-1500)

On the CMS-1500, enter the rendering provider's NPI in field 24j. (The billing NPI is required in field 33a.)

BCBSIL always recommends submitting your claims electronically for faster, more efficient processing. Visit the Claims and Eligibility/Claim Submission section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) for more details on getting started with electronic transactions. If you utilize a billing service or clearinghouse, check with your billing agent to make sure they are aware of your electronic preferences.

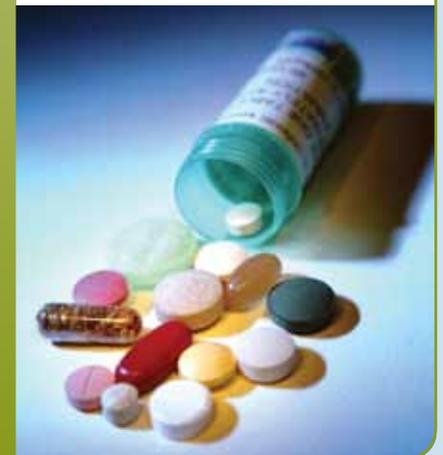
## Reminder! Billing with National Drug Codes (NDCs)

Since October 2010, BCBSIL has required all *home infusion/specialty pharmacy drugs* to be billed with the appropriate National Drug Code (NDC) and NDC-related information on professional electronic (ANSI 837P) and paper (CMS-1500) claims. This NDC information is required in addition to the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) codes.

Effective June 1, 2011, *additional professional providers will be required to include NDC pricing information when billing for drugs on professional claims*. NDC pricing information will be available through the new, secure section of our website, Blue Access for Providers<sup>SM</sup>. While BCBSIL will continue to process claims using the current methodology during the transition period, **all professional providers** should start submitting the NDC *now*.

NDCs provide a more accurate pricing methodology for payment. Use of the NDC will also facilitate better management of drug-associated costs. For additional information, such as **NDC Billing Guidelines (Professional)** for electronic (ANSI 837P) and paper (CMS-1500) claims, visit the Claims and Eligibility/Claim Submission section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider).

Current Procedural Terminology (CPT®), copyright 2008, by the American Medical Association (AMA). CPT is a registered trademark of the AMA.



## Introducing Blue Access Mobile<sup>SM</sup> Web

Our new Blue Access Mobile website at [www.bcbsil.com/mobile](http://www.bcbsil.com/mobile) provides current and prospective BCBSIL members with two “on the go” options for obtaining secure access to some of our most popular information and tools.

### MOBILE WEB

Potential and current members can simply type “bcbsil.com” into their mobile phone’s Web browser to search for an independently contracted participating doctor or hospital, obtain an insurance quote, or look up contact information. Members also may log in to their secure Blue Access for Members<sup>SM</sup> site where they can view their member ID card details and coverage information, check claim status, and more. There is no charge to use Blue Access Mobile Web. However, we advise members to contact their wireless service provider to inquire about any connectivity or Internet usage fees.

### MOBILE APPLICATIONS

Our new Provider Finder<sup>®</sup> Application (App) offers current and prospective members the option to use their mobile phone’s Global Positioning System (GPS) for directions to the nearest independently contracted participating doctor, hospital or urgent care facility. To get started, users will need to search for BCBSIL in the iPhone App Store or Android Market to download the free App to their smartphone. Searching by the following keywords also will return the Provider Finder App: *provider, locator, doctor, health, blue, cross, shield, locate, find a doctor, insurance.*

As a provider with a mobile device, you too can use our Blue Access Mobile tools. In particular, the Provider Finder App can assist you with locating network PPO providers for patient referrals. The App also offers a quick and easy way to search for your own information to confirm that all details are current. If changes are needed, you may visit our Provider website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) and select the Update Your Information icon on the Provider Home page. This will help ensure that members who may be conducting a search will have access to correct information about your practice.

**Note:** Specialists participating in BCBSIL HMOs (HMO Illinois and BlueAdvantage<sup>SM</sup> HMO) are not listed on Provider Finder.

## ANSI Version 5010 and ICD-10: Answers to Frequently Asked Questions

Since early 2010, BCBSIL has responded to industry surveys and inquiries from professional and facility providers regarding the facts and implications of ANSI v5010 and ICD-10. The following is a sampling of some of the questions we’ve received most frequently from providers, along with our answers.

### When will BCBSIL allow trading partners to begin testing for ANSI v5010?

BCBSIL will begin testing ANSI v5010 transactions with a select group of providers, billing agents, clearinghouses and other trading partners during the second quarter of 2011. The list of testing partners will grow as more are identified, contacted and can demonstrate their readiness to exchange ANSI v5010 data. Effective Jan. 1, 2012, BCBSIL will accept *only* ANSI v5010 transactions.

### Will BCBSIL publish Companion Guides for ANSI v5010?

Payer-specific companion guides will no longer be necessary. The new implementation guides for ANSI v5010 are known as Technical Reports Type 3 (TR3s). The Washington Publishing Company (WPC) is an independent publisher of implementation guides recognized by the Centers for Medicare & Medicaid Services (CMS) as the industry standard. To purchase TR3s, visit the WPC website at [www.wpc-edi.com](http://www.wpc-edi.com).

### Is there an end date for filing paper claims?

Though there is not *currently* an end date for filing paper claims, providers who continue to submit CMS-1500 and UB-04 forms must file them using ICD-10 codes, beginning Oct. 1, 2013. This is a key reason why BCBSIL supports the CMS promotion of submitting claims electronically. As always, we strongly recommend that providers submit claims electronically via their practice management system, or through a designated billing agent (billing service or clearinghouse).

### How can I get a list of valid diagnosis codes?

To purchase ICD-10 Coding Books, you can conduct an Internet search for vendors that offer electronic coding, billing and reimbursement products and training resources. Additional information is also available on the CMS website at <http://www.cms.gov/ICD9ProviderDiagnosticCodes/>.

For an expanded list of Frequently Asked Questions (FAQs), visit the Standards and Requirements/ANSI v5010 and ICD-10/Related Resources section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). Additional questions may be submitted to [ansi\\_icd@bcbsil.com](mailto:ansi_icd@bcbsil.com).



### Dates to remember:

**Jan. 1, 2012** – ANSI v5010 becomes the new standard transaction set for all covered entities

**Oct. 1, 2013** – ICD-10 diagnosis and procedure codes replace ICD-9

WPC is an independent third party vendor that is solely responsible for its products and services. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by third party vendors. If you have any questions regarding the services referenced here, you should contact the vendor directly.

## RealMed® Portal Adds Member Liability Estimator

RealMed users now have access to RealEstimate<sup>SM</sup>—a new member liability *estimator*\* (MLE) tool, developed by Blue Cross and Blue Shield of Illinois (BCBSIL) in conjunction with RealMed. Available at no additional charge to current RealMed users, RealEstimate can help provide your practice with greater transparency regarding a member's potential out-of-pocket costs, giving you the option to decide if you would like to collect the estimated member's share at the point of service.

RealEstimate will review the available information submitted (e.g., primary diagnosis, procedures performed, available benefits and contractual allowances). Then, the MLE tool will calculate an *estimated* out-of-pocket cost in real-time for office and outpatient services provided to BCBSIL members. Using RealEstimate can help improve payment accuracy, reduce claim-adjustment requests, and enable printable results for you and your patients.

Remember—this MLE tool is exactly that—an “*estimator*.” RealEstimate provides an *estimate* of the member's liability based on the information available at the time the estimate was processed. Actual coverage and member liability amounts will be determined when the claim is processed. RealEstimate does not provide preauthorization or any guarantee of payment. If the actual dollar amount collected from the member is greater than the amount owed, once the claim has been processed, the provider will be obligated to promptly refund the overpayment to the member.

RealEstimate is available only to registered RealMed users and may only be accessed through the RealMed Web portal. The MLE function is *not* available via BCBSIL Customer Advocates on the phone or through our automated Interactive Voice Response (IVR) phone system. For complete details on exceptions and other limitations regarding the MLE tool, please refer to the BCBSIL Provider Manual.

If you are already registered with RealMed, you may contact your RealMed Client Account Manager for assistance with navigating the new MLE tool. There is also a Quick Reference Card within the RealMed portal for registered users. If you are not a current RealMed user and would like to learn more about RealMed's products and services, contact the RealMed Client Services Center at (877) 927-8000.

\*The Estimator is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, benefits, limitations and exclusions and the terms of the member's certificate of coverage in effect on the date services are rendered. Accumulated amounts, such as deductibles, may change as additional claims may have been processed after the estimate was provided.

RealMed is a registered trademark of RealMed Corporation, an Availity Company. RealMed is an independent, third party vendor that is solely responsible for its products and services, including RealEstimate.



## Provider Learning Opportunities

For details and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider).

### WEBINARS

#### Electronic Refund Management (eRM) Webinar

(All sessions: 2 to 3 p.m.)

May 4, 2011

May 11, 2011

May 18, 2011

May 25, 2011

#### OptiNet Assessment Tool

Online demo for high-tech imaging service providers

May 10, 2011 (noon to 1:30 p.m.)

May 11, 2011 (10:30 a.m. to noon)

May 12, 2011 (noon to 1:30 p.m.)

#### BCBSIL New Provider 101

May 25, 2011 (1 to 2 p.m.)

#### Electronic Alternatives

EFT, ERA, EPS, and EMCs\*

May 25, 2011 (1 to 2 p.m.)

### WORKSHOPS

#### Availity® Learning Session\*\*

May 10, 2011

(9 to 10 a.m. or 10:30 to 11:30 a.m.)

Anderson Hospital

Physicians Office

Building #2, Basement

6800 State Route 162

Maryville, IL 62062

#### RealMed Learning Session\*\*

June 22, 2011 (1:30 to 4 p.m.)

June 23, 2011 (8 to 11 a.m.)

Embassy Suites East Peoria

Hotel & Conference Center

100 Conference Center Drive

East Peoria, IL 61611

\*Electronic Funds Transfer, Electronic Remittance Advice, Electronic Payment Summary, Electronic Media Claims

\*\*These Learning Sessions are hosted by the vendors (Availity or RealMed). You do not have to be a registered user to attend.

Availity is a registered trademark of Availity, L.L.C., an independent third party vendor that is solely responsible for its products and services.

## Medical Policy Updates

Approved new or revised BCBSIL Medical Policies and their effective dates are usually posted on our website the first day of each month. Medical Policies, both new and revised, are used as guidelines for coverage determinations in health care benefit programs for BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients' benefits.

You may view active new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/Medical Policy section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies Disclaimer, you will be directed to the Medical Policies Home page.

You may also view draft Medical Policies that are under development or are in the process of being revised by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies Disclaimer, you will be directed to the Draft Medical Policies page. Just click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

While some information on new or revised Medical Policies may occasionally be published in this newsletter for your convenience, please rely on our website for access to the most complete and up-to-date Medical Policy information.

### New or Revised Policies

Effective Date: **May 1, 2011**  
 Policy Number: **MED207.104bu**  
 Policy Name: **Lyme Disease (Borrelia Burgdorferi)**

Effective Date: **May 15, 2011**  
 Policy Number: **MED208.020**  
 Policy Name: **Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Cancer**

## 2010 HMO Primary Care Physician Survey Results

Results are in from the 2010 HMO Illinois and BlueAdvantage HMO Primary Care Physician (PCP) Survey. BCBSIL received completed questionnaires from 1,508 HMO physicians, which represents a response rate of 30 percent.

The table below shows selected highlights of the results from the 2010 survey. The survey used a 5-point scale, from Excellent to Poor. The percentages reflect combined responses in the top three response categories (Excellent, Very Good and Good), with the exception that results for the Hospital Information questions are based on the top two categories (Excellent and Very Good).

HMO Survey Questions	HMO PCPs
	2010
<b>Survey Response Rate</b>	30%
<b>IPA* Overall Rating**</b>	94%
<b>IPA Utilization Management (UM)**</b>	
• Utilization Review	91%
• Case Management	91%
• Timeliness of UM decisions	91%
• Overall UM Process	90%
<b>IPA Referral Process**</b>	
• Adequacy of Specialist Network	91%
• Quality of Specialist Network	94%
• Overall Process	90%
<b>IPA Claims Payment**</b>	
• Timeliness	89%
• Accuracy	88%
<b>BCBSIL Services</b>	
• Provider Telecommunications Center (PTC) Overall	81%
• NDAS Online/eCare®	94%
• Blue Star <sup>SM</sup> Hospital Report Overall	96%
• Blue Star <sup>SM</sup> Medical Group/IPA Report Overall	95%

Continued next page

HMO Survey Questions	HMO PCPs
	2010
<b>BCBSIL Quality On-Site Audit</b>	
• Knowledge of BCBSIL Quality On-Site Audit staff	96%
• Courtesy of BCBSIL Quality On-Site Audit staff	98%
<b>After-Hours Access</b>	
• Response Time <30 minutes	93%
<b>Hospital Information (Top two category scores)</b>	
• Overall quality of care in primary hospital	82%
• Pharmacy, in terms of providing medication correctly	83%
• Agree that orders written for inpatients are implemented in a timely manner, so that care is not delayed	92%
• Agree that timeliness of imaging and/or lab reports usually meets my needs for clinical decision-making	92%
• Agree that hospital takes appropriate steps to protect the safety of my patients	95%
• Agree that nursing staff have the necessary clinical skills to provide appropriate care in the specific units in which they work	92%

\*denotes Medical Groups and Independent Practice Associations

\*\*HMO physicians were asked to evaluate the IPA on these attributes

This year's survey includes questions regarding the physician's tenure and likelihood to recommend his/her primary admitting hospital. Eighty-six percent of PCPs have been admitting to their primary hospital for greater than five years. Over 95 percent of PCPs would recommend their primary admitting hospital to family and friends.

## MEDICAL RECORDS

In 2010, 40 percent of PCPs utilized an Electronic Medical Records (EMR) and 41 percent anticipated implementing an EMR by 2011. The top two electronic tools utilized by PCPs included electronic referrals (52 percent) and e-prescribing (49 percent).

## CONTINUITY AND COORDINATION BETWEEN MANAGED CARE PHYSICIANS AND HEALTH CARE FACILITIES

In 2010, 88 percent or more of PCPs in the HMO rated the reports they received from hospitals, outpatient surgery/surgi-centers, skilled nursing facilities, and home health care facilities as Excellent, Very Good or Good. At least 90 percent of PCPs rated feedback from general surgeons, cardiologists, orthopedic surgeons, ophthalmologists, and dermatologists as Excellent, Very Good or Good, but only 81 percent of PCPs gave these positive ratings to feedback from behavioral health specialists. New to this year's survey were response options for podiatrists, otolaryngologists, urologists, and gastroenterologists, all of whom received ratings of at least 92 percent on feedback.

Survey results are presented to the HMO Quality Improvement Committee for approval on an annual basis. In summary, there were significant improvements in many of the HMO PCP survey indicators, including several of the indicators regarding facility and specialist feedback to PCPs. We are pleased that these satisfaction rates continue to improve, showing that the MGs/IPAs and their contracting physicians are increasing their communications to better coordinate the HMO member's care.

## Get Answers Faster with Online Claim Inquiry Resolution

Our Claim Inquiry Resolution (CIR) tool is available via a tab in our Electronic Refund Management (eRM) system. By providing a method for online assistance with specific inquiries on **finalized claims**, the CIR tool can help save your staff time by reducing the need for phone calls and written correspondence.\*

Currently, we accept five different types of inquiries through the CIR tool:

- **Medicare/Other Insurance EOB**
- **Duplicate Denial**
- **Additional Information**
- **Corrected Claim**
- **Fee Schedule/Pricing Inquiry**

To assist you with navigating this helpful tool, we've added a new **CIR Tip Sheet** to the Education and Reference Center/Provider Tools/Claim Inquiry Resolution (CIR) Tool section of our website at [www.bcbsil.com/provider](http://www.bcbsil.com/provider). If you have questions or need assistance with CIR, send an email to our Provider Access Channel Specialist team at [PACS@bcbsil.com](mailto:PACS@bcbsil.com).

\*You must be enrolled for eRM in order to gain access to the CIR tool. CIR may not be accessed through our Customer Advocates on the phone. CIR **cannot** be used to obtain Eligibility & Benefit information, Claim Status, Claim Appeal, Predeterminations, or Pended claims. Please refer to the CIR Tip Sheet for additional details.



## Pharmacy Program Updates

### New Preferred Glucose Meter Products

Effective April 1, 2011, Bayer's CONTOUR® and BREEZE®2 products have been added to the BCBSIL formulary, replacing Abbott's Freestyle®, Freestyle Freedom® and Precision Xtra™ as preferred glucose meter products under BCBSIL benefit plans. Roche's ACCU-CHEK® continues to be a preferred product on the formulary. All other meters and test strips will move to the non-preferred copay level.

The preferred glucose meter brands use some of the latest advancements in monitoring technology, which makes it easier for members to test regularly. Blood glucose test strips are a covered pharmacy benefit and, because these meters are preferred, member's out-of-pocket expense for test strips may be lower.

BCBSIL is offering glucose meters to members with diabetes **at no additional charge** to help members manage their condition. An informational flyer that describes all of the available meters and instructions on how to place an order has been posted on our Blue Access for Members<sup>SM</sup> secure website. On the flyer we also advise diabetic members to consult with their doctor before placing an order to help make sure they select the glucose meter that may best fit their needs.

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

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

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FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

# BLUE REVIEW

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