Switch from Paper Checks to Electronic Funds Transfer (EFT)

Imagine: no more opening envelopes, suffering paper cuts, filling out deposit slips, standing in teller lines at the bank or waiting at the drive-through simply to deposit funds. These inconveniences are a reality for many of our independently contracted professional and institutional provider offices throughout Illinois. But it doesn’t have to be that way.

With Electronic Funds Transfer (EFT), you can have your payments transferred directly into your bank account. This alternative to receiving paper checks can help save you time, in addition to reducing the frustration – and the security risk – of lost or misrouted payments.

To start enjoying the convenience and security of EFT, just go to the Electronic Commerce section of our Web site at www.bcbsil.com/provider. Click on the Electronic Funds Transfer (EFT) / Electronic Remittance Advice (ERA) link to access the enrollment forms. For EFT, you will need to fill out an HCSC Electronic Funds Transfer Agreement.

Once you have completed the EFT enrollment materials, just mail your form and signed Agreement, along with an original voided check or letter from your financial institution, to the address indicated on the form. We’ll take it from there!

Note: You have the option of selecting daily EFT payments, or you can remain on your current payment cycle; however you may wish to opt for weekly payments, to lump multiple claims into a larger, single payment.

Choose to Receive Electronic Reporting on Your Processed Claims

For providers receiving claims information via a paper Provider Claims Summary (PCS), there are two options for receiving the same information in as little as 24 hours after the claim has completed processing. These options are called Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS). Once you have signed up for these transactions, you will have approximately 30 days of simultaneous paper and electronic delivery to make sure the new files are a good fit for your practice operations. After this 30-day period, the paper PCS will be discontinued.

The ERA is a HIPAA-compliant file that is generated in the ANSI X12 835 format. You or your billing service will need translation programming to read the ERA. Contact your software vendor to verify compatibility and availability of automatic posting software or programs.
Our Blue goes Green℠ Initiatives are Good for You, Better for the Planet

BCBSIL is committed to eco-friendly business practices. One way we maintain this commitment is by providing you with a variety of electronic resources to help reduce paper and streamline administrative processes in your office.

We invite you to take advantage of these paperless opportunities:

- Sign up for Electronic Funds Transfer (EFT), Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS) to enjoy paperless payments and reporting
- Enroll in NDAS Online for easy access to claims, benefits and eligibility information
- Participate in iEXCHANGE to simplify pre-certification processes
- Share your e-mail address with BCBSIL – Use our online “Pick Paperless” e-mail collection form to receive your Blue Review electronically
- Visit our Web site for a variety of other helpful online resources

Would you like to learn more?
Attend one of our free Blue goes Green eSolutions workshops to find out how you can benefit from participating in the electronic options available to you at BCBSIL.

You’re Invited to Our Blue goes Green℠ eSolutions Workshop

The Network Management Provider Education Team at BCBSIL continues to offer cutting edge workshops that are free to you, our independently contracted providers, to show our appreciation for your participation in our network.

This year, we are focused on engaging your participation in “going green” initiatives at BCBSIL. Our Blue goes Green eSolutions workshop covers electronic options that can help reduce the amount of paper in your office. Electronic transactions can also help save you time and money by simplifying your administrative processes.

We encourage you to make plans to join us at one of the following workshops:

Blue goes Green℠ eSolutions Workshop
March 11, 2009
Holy Family Medical Center
Des Plaines, Illinois

March 25, 2009
FHN Memorial Hospital
Freeport, Illinois

Please visit our Web site at www.bcbsil.com/provider for complete registration information.
Coinsurance is the percentage of a covered charge that is the member’s responsibility to pay after the deductible has been met. Deductibles and coinsurance may vary for each member based upon the terms of their health benefit plans and can be obtained through NDAS Online. PPO and BlueChoice professional providers may not bill covered persons for deductible and coinsurance amounts prior to billing BCBSIL. Copayment is a fixed dollar amount the member is required to pay for covered services at the time care is rendered. The copayment amount may also vary for each member based upon the terms of their health benefit plans and can be obtained by using NDAS online. The copayment is in addition to any coinsurance amount for which the member is responsible.

**BCBSIL Receives Recognition for Ethical Excellence**

We are pleased to announce that, for the eighth straight year, BCBSIL has received a Compliance Best Practice Award from the Health Ethics Trust, a division of the Council of Ethical Organizations. This year’s award recognizes our corporation’s Vendor Governance Program, which is administered by our Corporate Compliance, Corporate Security and Safety, and Strategic Sourcing departments.

Perhaps you remember the headlines not so long ago that made a leading sporting apparel company, a major games manufacturer and a global energy group guilty by association for their vendors’ ethical lapses. These events also make clear the public’s expectation that businesses hold their vendors to the same legal and ethical standards to which they hold themselves and their employees.

While not a supplier of tangible goods like running shoes, board games or petroleum products, the health insurance industry does have an obligation to protect the safety and privacy of its customers. For these reasons, our corporation developed a Vendor Governance Program that requires its vendors to agree to the same legal and ethical standards to which BCBSIL adheres.
Listing of Services for Which Benefit Predeterminations can be Requested

In response to your feedback, we are pleased to announce the addition of a new online resource to help address some of your questions regarding records requests.

To access this new resource, visit the Provider Library section of our Web site at www.bcbsil.com. Click on the Professional Coding Information link, and then select Predetermination Medical Indications and Policies (December 2008).

In addition to a listing of services for which benefit predeterminations can be requested, this new resource provides you with information regarding what records and supporting documentation you may need to send, along with a link to the specific Medical Policy Reference for each procedure for further information.

Note: This is not an all inclusive list. Always refer to the specific Medical Policy for details; or contact the Provider Telecommunications Center (PTC) for additional assistance.

Online E-mail Submission and Paper Newsletter Opt-out Form

You may have noticed this new icon on the Provider Home page at www.bcbsil.com/provider:

Clicking on this icon will take you to an easy to use online form where you can share your e-mail information electronically with us. Taking this step will enable you to receive future issues of the Blue Review via e-mail.

“Losing the paper” will benefit your practice by giving you quicker access to BCBSIL information each month. Receiving an electronic Blue Review will also make distribution easier – just forward the newsletter to your staff, rather than making copies.

Think outside of the mailbox! Sign up today to receive a “green” Blue Review.

Note: Blue Cross and Blue Shield of Illinois 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.

Coming Soon… Consumer Directed Health Plan/BlueEdge Online Tutorial

Consumer Directed Health Plans (CDHPs) are becoming increasingly popular with members who want to take a more active role in managing their health care expenses. Are you familiar with how CDHPs work? Are you prepared to discuss medical budgeting questions your patients may start to ask?

Our new Consumer Directed Health Plan/BlueEdge online tutorial will walk you through the ins and outs of CDHPs to help you understand the differences between the newer plans and traditional models of health insurance. You will also learn how to recognize the different CDHP spending accounts and gain insight into utilization of health care debit cards.

Watch our Web site and upcoming issues of the Blue Review for more details regarding the forthcoming release of this exciting new online resource.
Provider Network Relations Spotlight

In this section of the newsletter, we introduce you to some of the key players on our Provider Network Relations team, briefly describing their areas of expertise and their objectives in providing the best service to our provider community. This issue features two of our Senior Provider Network Consultants, Michelle Brownfield-Nance and Chuck LeVault.

Michelle Brownfield-Nance is a Senior Provider Network Consultant who has been a member of the Provider Network Relations team for seven years. Prior to joining the Provider Network Relations team, Michelle worked for 10 years with the BCBSIL Subscriber Service Division in the Training and Development area. Michelle’s combined experience working with a wide range of internal and external customers gives her the unique ability of “being able to look at both sides” before conducting thorough research and presenting clear results.

Caring people are essential, and Michelle says that one of the best things about BCBSIL is “working with a variety of people who are compassionate in what they do.” Michelle believes her “team” includes her coworkers as well as her customers, because all perspectives are equally important in determining the solutions that will work best for everyone involved.

Currently, Michelle provides assistance to professional providers in the following areas: County 22 (DuPage), County 16 (Chicago) Southwest Suburbs (Orland Park, Tinley Park, etc.) and the Northern Suburbs (Skokie, Evanston, etc.). When working with her providers, Michelle’s main objective is “to serve as a liaison in helping to get matters resolved.” What’s the key to maintaining the highest level of provider customer service? Michelle says that, while many factors come into play, “A listening ear is always important.” Michelle Brownfield-Nance is available via telephone at (312) 653-4727, or you may e-mail her at michelle_brownfield-nance@bcbsil.com.

Chuck LeVault has been a member of the Provider Network Relations team for eight years, where he has served as a Senior Provider Network Consultant for seven years. Currently, Chuck provides service to the Chicago Metropolitan and Northwest Indiana hospitals, including the Advocate Healthcare hospital system, University of Chicago and Sisters of Saint Francis health care systems.

Chuck says that, “My previous 20 years of experience in the Blue Cross and Blue Shield claims and customer service arena have made my transition to a Provider Network Consultant very seamless.” There are always challenges, such as the ever-changing environment of the health care industry; however, Chuck is resolved not to let customer service “take a back seat.” He says he tries to look at things from the provider’s point-of-view in order to determine an effective plan of action. “I also encourage my providers to give me suggestions on how we can make things right collectively. I really love my role and trust that my providers know I am there for them.” Chuck derives great satisfaction from knowing that what he does on a daily basis helps make the providers’ interaction with BCBSIL a positive one, which in turn affects the experience of our members. “I enjoy the face-to-face contact with my providers. It’s very rewarding to see that smile from one of my providers. It confirms I’ve accomplished my goal.” Chuck LeVault is available via telephone at (312) 653-2390, or you may e-mail him at levaultc@bcbsil.com.

New Member ID Card Implementation Delayed

There has been a delay in our plans to phase in the distribution of new member ID cards with the magnetic stripe format. Implementation of this project has required extensive testing of this new technology with our systems to ensure that your transactions go smoothly.

We appreciate your patience as we finalize testing and reschedule dates for deployment.

Watch for updated information in future issues of the Blue Review and the “What’s New” section on the provider page of our Web site at www.bcbsil.com/provider. For any additional questions or if you need more information, you may also contact your Provider Network Consultant.

To find the name of your Professional Network Consultant, please refer to the Professional Provider Network Consultant List in the Provider Library on our Web site.

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.

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Medical Identity Theft May Have Costly Consequences

For years, people have experienced theft of mail, checks and other information; these misappropriated documents have led in some cases to personal identity theft. Unfortunately, a newer type of identity theft – medical identity theft – has also begun making headlines, and provider offices may need to be on the alert regarding potential risks.

When medical identification information is stolen or misused, decisions that health care providers make can be affected. To help protect your practice, you may wish to consider verifying a minimum of two forms of patient identification (particularly a photo ID) at the time of check in to ensure that the patient presenting the ID card is actually the owner of the card.

As this topic gains more recognition, we want our providers to understand that our members are being encouraged to contact their providers to review any service or fee they do not recognize on their Explanation of Benefits. If your patients begin asking, “What do you mean I don’t have any more benefits?” – something might be wrong, and the member should be advised to contact the number on the back of their ID card to confirm coverage and activity.

Awareness is key: Please continue to watch our Web site and future issues of the Blue Review for further updates on this and other topics that may affect your practice.

Wellness Corner…Keep Your Patients Informed

‘Staying Healthy’ Helps Members Help Themselves
To help members of all ages take care and stay well, BCBSIL presents Staying Healthy – our annual preventive care guidelines. This piece communicates to our members the value of preventive health and wellness, with tips on how to maintain healthy living at every age.

Members will find the updated guidelines under their My Health tab when they log on to Blue Access for Members at www.bcbsil.com/member.

Wellness Coaching Program Benefits
HMO Members with Blue Care Connection®
Now all HMO members who have Blue Care Connection are eligible for telephonic wellness coaching to assist them with our existing Weight Management and Tobacco Cessation programs.

Your employees with coverage through BCBSIL can be identified as candidates for the Weight Management and Tobacco Cessation telephonic wellness coaching programs in a number of ways, including

• Worksite wellness events
• Health Risk Assessments
• Self-referral

Once members are identified, they will receive outreach regarding the programs available to them according to their “readiness to change.” A wellness coach will reach out to members to provide personal assistance on setting goals, followed by periodic progress check ups for members who have the greatest need and desire to make health changes.

The online Smoking Cessation and Weight Management programs can assist employees who want to quit smoking and/or lose weight, helping them to reach their goals through a variety of resources.

To participate, members can go to Blue Access for Members at www.bcbsil.com/member where they may click on the Personal Health Manager link and then select either “Stop Smoking” or “Weight Loss.” These programs are not a substitute for the medical advice of a doctor and members who have any questions or concerns are encouraged to discuss them with their doctor.
On the Line with the PTC
IVR Tips for Chiropractic and Behavioral Health Providers

Attention Chiropractic and Mental Health Providers: When calling to request more detailed Chiropractic and Mental Health benefit coverage information, please use the following verbiage when the IVR asks you what type of service you need:

Mental Health Providers:

Chiropractic Providers:
Please say “Chiropractic Services.” Your quote will include: Office Visit, Muscle Manipulation, Orthotics, Physical Therapy, Vitamins, Supports & Pillows, Copay, Deductible, Out-of-pocket, Maximums and Filing Deadline.

For more information, please refer to the Caller Guides and Benefit Collection sheet on our Provider Web site at www.bcbsil.com/provider/illinois_ivr_guides.htm and www.bcbsil.com/PDF/ivr_benefit_sheet.pdf. These resources are housed within the Interactive Voice Response System (IVR) section of our online Provider Library.

You may call our Provider Telecommunications Center (PTC) at (800) 972-8088 for claim status, benefits and eligibility information for BCBSIL members.* Our easy-to-use Interactive Voice Response (IVR) system is available Monday through Friday, 6 a.m. to 11:30 p.m., and Saturday, 6 a.m. to 3 p.m.

*NOTE: For out-of-state member benefits and eligibility, contact the BlueCard Hotline at (800) 676-BLUE (2583).
Have an idea for an article?

We want to hear from you! Let us know if Blue Review continues to meet your standards. Does this publication address your needs? What topics would you like to read about? BCBSIL’s success is dependent on your business as a contracting provider. Blue Review has been created to communicate tools, updates and tips to support your health care practice. Think of Blue Review as a canvas for your Blue Cross and Blue Shield business information.

We invite you to submit your feedback and suggestions for improvements via e-mail, to bluereview@bcbsil.com.