We’re Moving Forward with More Electronic Communications

As a BCBSIL network provider, you are the cornerstone of our business, providing access to health care for more than 6.5 million BCBSIL members across our service area. We are proud of our working relationship and the consistent lines of communication we have developed with you over the years which have increased satisfaction for all of our network participants.

We’re “GOING GREEN”!

Our organization acknowledges our responsibility as corporate citizens to safeguard natural resources and the environment for future generations. As part of this effort, we analyzed the amount of print and paper products we use, and concluded that BCBSIL has to make an attempt to “go green.” To support our Going Green initiative internally, we’re using environmentally friendly products in our day-to-day operations, and are working diligently to reduce our paper consumption. But we also need external support from you to meet this goal.

Watch for our E-mail Campaign

As we increase and enhance our online capabilities, we are embarking on a new initiative to collect the e-mail addresses of the more than 25,000 contracting providers in our networks. Our 2010 provider connectivity strategy requires timelier provider communications and the use of electronic media to address more provider health care needs. Through electronic mail, we can send you the Blue Review newsletter, along with other updates, alerts and resource materials in a matter of seconds.

Watch the Blue Review for the launch date and more details on our e-mail solicitation drive. Currently you can visit our Web site at www.bcbsil.com to access all of our current health care program initiatives.

Correction Regarding Taxonomy Codes on UB-04

In the May Blue Review, on page 1, we requested that paper claim submitters enter their taxonomy code along with the “ZZ” qualifier in Form Locator 57 on the UB-04. Please note that this qualifier and location are incorrect!

The correct information is as follows:
If you are using the taxonomy code to further identify the billing provider, you may enter it in Form Locator 81, along with the “B3” qualifier. For more information on requirements for Form Locator 81, refer to the National Uniform Billing Committee’s Official UB-04 Data Specifications Manual.

This is a competitive marketplace, and we know you are inundated daily with health care industry news and information through a variety of media. Our goal is to convey a timely, thorough, and consistent message, and offer you reliable and relevant communications that increase provider satisfaction levels while controlling administrative costs. We need your support to make this a successful endeavor.
2008 BlueCard® Program We’re Seeking Your Feedback

Your feedback is important to help us develop improvements in our processes and make your interaction with BCBSIL a smooth and simple experience. The BlueCard Provider Satisfaction Survey is one of the primary research tools we use to assess provider office staff satisfaction with the BlueCard Program. The survey, administered twice per year (wave I and wave II), consists of a telephone survey to provider office staff with out-of-area Blue Plan member claims experience.

Starting this year, you will have an opportunity to tell us how we are doing via telephone and/or online. At any point throughout the year, you may receive a call on behalf of BCBSIL seeking input on your experience with servicing out-of-area Blue Cross and Blue Shield members. Our research vendor may invite you to participate in online surveys and collect your e-mail address. If your office is contacted, we encourage you to participate in these surveys. The survey length is approximately 13-15 minutes. We take your feedback seriously, and often incorporate your recommendations into enhancements of our services to you.

If you need information about the BlueCard Program or have suggestions for improvements, there are three ways to do so:

- Talk to your Professional Provider Network Consultant
  Note: To locate the name of your assigned Professional Provider Network Consultant, visit our Web site at www.bcbsil.com/provider and click on “Provider Network Consultant List” in the Provider Library section. These assignments are for the physician community only and not for hospitals or any ancillary facilities.
- Visit us online at www.bcbsil.com/provider. Click on “BlueCard Program” in the Provider Library section.
- Send an e-mail to our Provider Affairs Education Team at www.paet@bcbsil.com.

Thank you in advance for your participation. We appreciate your feedback.

What’s New in the Customer Care Call Center (MSA® Intake)

Effective May 1, 2008, the Customer Care Call Center (CCCC) extended their hours of operation by a half hour. The new hours are from 7:00 a.m. – 5:30 p.m., CST, Monday through Friday. Our after hours service will be available to take calls during non-business hours seven days a week with the exception of a corporate holiday.

In addition to the extension of hours, we have changed our current menu selections to address outpatient services in an attempt to better serve our customers. We currently have a few groups who do have requirements for precertification/pre-notification for outpatient services. We have divided the prompts by providers and members, so please listen carefully.

If the group in which the member belongs does not have outpatient precertification/pre-notification, your call will be directed to the Provider Telecommunications Center (PTC) where you will be able to obtain information on eligibility, benefits and claim status.

If you make an error in selection, you will return to the main menu for the CCCC department which will then address other precertification/pre-notification requirements. Keep in mind that all of our groups have precertification/pre-notification requirements for inpatient services, which include acute hospitalizations, admissions to acute inpatient rehabilitation and skilled nursing facilities (SNFs) or Long Term Acute Care Centers (LTAC). Most groups have precertification/pre-notification requirements for Coordinated Home Care, Skilled Nursing Visits and Private Duty Nursing.

Reminder: When calling to precertify/pre-notify regarding a service requiring notification, please check the telephone number on the back of the member’s insurance identification card, as we are not the Utilization Management vendor for all of our members.
**Medicare Advantage Program Overview**

The Medicare Advantage Program is an alternative to original Medicare Part A and Part B (often referred to as “traditional Medicare”). It offers Medicare beneficiaries several health insurance product options, including health maintenance organizations (HMO), preferred provider organizations (PPO), point-of-service (POS) and private fee-for-service (PFFS) plans. Several Blue Plans offer Medicare Advantage products, allowing providers to render services to out-of-area Medicare Advantage members, as well as BCBSIL members who may join the Medicare Advantage Program. All Medicare Advantage plans must offer beneficiaries at least the standard Medicare Part A and B benefits, and may offer additional benefits. Medicare Advantage plans may also allow in- and out-of-network benefits, depending on the type of product. Providers should confirm the level of coverage for all Medicare Advantage members prior to providing service.

**BCBSIL Offers Blue Medicare Private Fee-For-Service Option**

BCBSIL has launched Blue Medicare PFFS, an employer-sponsored Medicare Advantage PFFS program this year. Because it is a “non-network plan,” there is no specific network that providers must contract with in order to render services to PFFS patients. Patients can obtain services from any licensed physician or provider in the United States who is qualified to be paid by Medicare and accepts the Plan’s terms and conditions of payment. The Plan must provide the same coverage as Medicare Part A and Part B, but may offer additional services. Physicians and providers are reimbursed on a fee-for-service basis.

*Note:* We currently do not have any members enrolled yet in Blue Medicare PFFS.

**Verifying eligibility for Medicare Advantage PFFS members**

1. Ask for the member’s ID card, which will not be a standard Medicare card. Instead, a Medicare Advantage PFFS logo (see below) will be visible on the ID card.
2. Verify eligibility by calling 1-800-676-Blue (2583) and providing the member’s ID number, including the alpha prefix. Be sure to verify if Medicare Advantage benefits apply.
3. If you experience difficulty obtaining eligibility information, please record the alpha prefix and report it to the appropriate Blue Cross and/or Blue Shield Plan contact identified on the member’s ID card.

**Claims Submission and Reimbursement**

Submit claims electronically to BCBSIL. Do not bill Medicare directly for any services rendered to a Medicare Advantage member. You will receive payment directly from BCBSIL. You will be reimbursed the equivalent of the current Medicare payment amount for all covered services (i.e., the amount you would collect if the member was enrolled in traditional Medicare). Refer to the member’s ID card for instructions on how to access the Plan’s terms and conditions.

**Collecting member cost sharing amounts at the time of service**

You can collect any applicable cost sharing amount (e.g.: copay or deductible, etc.) at the time of service. Balance billing may be permitted under some PFFS plans, so refer to the member’s ID card for instructions on how to access the Plan’s terms and conditions.

**For questions regarding Medicare Advantage**

Contact the appropriate Blue Cross and/or Blue Shield Plan at the number included on the member’s ID card if you have any questions regarding the Medicare Advantage program or products.

You can also visit our Web site at [www.bcbsil.com/provider/index.htm](http://www.bcbsil.com/provider/index.htm) to obtain information on our Blue Medicare PFFS Product offered to BCBSIL members. Just click on “Blue Medicare Private-Fee-For-Service,” in the Provider Library section.
Most BCBSIL health care benefit plans include benefits for Mental Health and Chemical Dependency (MHCD) services. BCBSIL utilizes a number of mental health providers for MHCD services for PPO, POS and HMO members with mental health benefits.

Levels of Care Managed
Depending on the member’s health care benefit plan, their coverage includes the following services:

**PPO**
- Inpatient, Residential Treatment Care, Partial Hospitalization and Outpatient Programs (Usually, the member must call prior to a hospital admission, or within two business days of an emergency admission. Failure to call may reduce their available benefits.)
- Chemical Dependency (varies by employer group)

**POS**
- All Levels of Care

**HMO**
- Inpatient, Residential Treatment Care, Partial Hospitalization, and Intensive Outpatient Programs, including individual and group therapy sessions
- Member, PCP or facility must precertify or call IPA immediately for inpatient admissions
- Chemical Dependency

Benefits and Precertification for Mental Health
If you have a member who requires mental health services, please note the following guidelines:

**PPO**
1. Call BCBSIL to verify benefits
2. If inpatient services are required, call the mental health number on the back of the member’s ID card
3. Outpatient authorization varies by the member’s employer group. You can locate a Mental Health provider in the member’s service area through the Provider Finder® on our Web site at www.bcbsil.com

**HMO**
1. The member must have a referral from their Primary Care Physician*
2. Call BCBSIL to verify benefits
3. For inpatient and outpatient services, call the member’s IPA for directions on where to send the member for services

*NOTE: The passing of recent Serious Mental Health (SMI) Legislation allows HMO members “open access” to seek mental health care for non-serious mental health. As a result of the law, members now have the right to see any licensed provider for mental health services. When members seek non-serious mental health treatment out-of-network, the HMO will be liable for those claims, up to 50% of billed charges.

Reminder for HMO IPAs
All levels of care require precertification for HMO members, who have specific benefit days for Mental Health and another benefit for Chemical Dependency. When BCBSIL HMO receives a mental health claim on one of your members, we will contact you for approval. We ask that you verify the approval status with the mental health vendor before denying the claim, and call our customer service unit back with the claim disposition.

Chemical Dependency
It is not necessary for members to contact their primary physician to receive treatment for chemical dependency.

- PPO members can call the Chemical Dependency number on the back of their ID card
- HMO members should contact our Chemical Dependency network through Magellan Health Services, Inc. at 1-800-346-3986. Professional counselors are available to assess the situation and provide direction to the nearest contracted facility. All information is kept in the strictest confidence.
“Plant, Grow and Bloom” Workshop

Independent Blue Cross and Blue Shield plans are proud to provide health care coverage for over 100 million members nationwide. This tremendous growth means we are constantly seeking ways to improve care and service to our members and network providers. Does your office need to know how to service these members more efficiently? If so, this workshop is for you. Allow your knowledge to blossom at our summer workshops. You will gain fresh insight on our products, effective ways of doing business and new program initiatives.

Some of the topics that will be included are:
- Consumer Driven Health Plan (CDHP)
- Medicare Advantage
- Provider Review/Appeals
- Precertification/Pre-Determination
- BlueCard® (out-of-area)
- Refunds/Auto-Recoupments
- Web site Tour, and more!

Come join us by registering today! Visit our Web site at www.bcbsil.com/provider/training.htm to view the agenda and to register for any workshops you are interested in attending.

Upcoming Workshop Include:

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<th>Workshop: Ancillary Workshop - DME</th>
<th>Date: June 4, 2008</th>
<th>Location: Memorial Hospital, Springfield, Illinois</th>
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<tr>
<th>Workshop: Ancillary Workshop - CHC/HIT/Hospice</th>
<th>Date: June 10, 2008</th>
<th>Location: Apria Health Care, Schaumburg, Illinois</th>
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<th>Workshop: New PPO Provider Workshop</th>
<th>Date: June 12, 2008</th>
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<th>Location: St. John’s Hospital, Springfield, Illinois</th>
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<th>Location: OSF St. Joseph Medical Center, Bloomington, Illinois</th>
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<th>Workshop: Summer HMO Administrative Forum</th>
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<th>Location: BCBSIL, Chicago, Illinois</th>
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<tr>
<th>Workshop: Plant, Grow and Bloom</th>
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NPI Corner…

It’s Time to Voice Your Opinion!

Later this month, BCBSIL will be soliciting your feedback on communications received during the transition to an NPI-only environment. A variety of media were used to communicate tools, updates and tips to support your health care practice through the transition. Measuring our success in your eyes will enhance future projects and communications. Please watch for an announcement in the June NPI Times regarding how to participate.

Provider E-mail Hotline Update

We have published the e-mail address, npi@bcbsil.com, as a tool to use when providers have questions regarding NPI and the transition at BCBSIL. Having reached the deadline, this e-mail hotline will no longer be available after June 2008. NPI is now considered “business as usual” and questions should be directed to your Provider Network Consultant or be researched at our Provider Web site.

Remember: Our special NPI Times bulletin, sent to you on a monthly basis, is also archived in the NPI section of our Provider Web site. This archive, “Frequently Asked Questions,” an NPI Glossary and more will continue to be available on our Provider Web site for reference purposes.
Join us for Candid Conversation!

As one of over 25,000 contracting providers in our health care networks, your ongoing feedback is necessary for us to continuously improve our processes and remain responsive to your needs.

That’s why we’re inviting you to participate in one of our “Focus on Provider Strategy Sessions” that we will be conducting on June 24, 2008, at our downtown Chicago headquarters (300 E. Randolph). This session will provide you with an opportunity to make recommendations and share input on the manner in which we present and communicate our products, programs and initiatives.

We just need 2 hours of your time. Choose to join us at one of the following sessions:

Morning:
9:00 a.m. to 11:00 a.m.
(Breakfast will be served)

or

Afternoon:
12:00 noon to 2:00 p.m.
(Lunch will be served)

If you are interested in participating, just send us an email to: bluereview@bcbsil.com. Please indicate which session you prefer to attend.

Medication Therapy Management Program Prime Therapeutics

Have you ever felt uncomfortable about the ability of your Medicare patients to follow your instructions about medications?

BCBSIL has designed and implemented a program that focuses on assisting members with complex medication regimens as part of our Medicare Part D services. It’s called the Medication Therapy Management Program (MTMP).

This program provides select high risk patients with a personal touch. Member support is provided at three levels utilizing call specialists, nurses, and pharmacists. The three levels include:

- **Centralized telephone communication:** Calls are made by specially trained call specialists, nurses and pharmacists with expertise in geriatrics. When appropriate, our clinical pharmacists communicate directly with the prescriber(s) to resolve important patient care issues. Educational materials are also provided in an effort to reinforce important medical and pharmacy concepts, assist in improving organizational skills and to promote better communication with providers regarding medication issues.

- **MTMP Coverage at the Network Pharmacy Level:** In those instances when a network pharmacist has discovered a severe drug-drug interaction or other significant medication safety issues, the pharmacist will help to resolve these issues by communicating directly with the member and prescriber(s).

- **Written communication for Medicare beneficiaries at Long Term Care (LTC) facilities:** Information regarding specific medication issues (e.g.: potential adverse drug events, over/under utilization, medications contraindicated in the elderly, etc.) in the geriatric population at LTC facilities is also offered to providers, as needed.

**What are MTMP’s goals?**
The program is designed to achieve one or more of the following goals:

- Enhance member understanding through education and motivational counseling that promotes the appropriate use of medications and reduces the risk of potentially adverse events associated with the use of medications.
- Increase member adherence to prescription medication regimens.
- Detect potential adverse drug events and patterns of over-use and under-use of prescription drugs.

**Quality outcome results support MTMP services**

Our program has been evaluated by various Quality Improvement Organizations (e.g.: Stratis Health of MN) for its effectiveness and member satisfaction. Results for MTMP members are significantly higher than non-participating members in the areas of treatment outcomes (e.g.: ACEI/ARB for heart failure) and member satisfaction.

**Is there a cost for a member to participate in the MTMP?**

There is absolutely no additional cost to the member to participate in the MTMP. All eligible members are invited to enroll in the program. Those members not wishing to participate have the option to decline any of the services offered. By utilizing an opt-in service model, we have been able to tailor our service based on individual member needs.

**Can I refer a patient to your program?**

Yes, we are glad to take your referrals; however, we can only provide services to those Medicare beneficiaries who meet the following CMS directed MTMP Qualification Criteria:

- Multiple chronic diseases (3 out of the following): asthma/COPD, diabetes, hyperlipidemia, osteoarthritis, depression, heart failure (CHF), hypertension, osteoporosis
- Multiple Part D drugs: > 6 medications to treat chronic conditions noted above
- Drug spend threshold: member must have greater than $1,000.00 per quarter or $4,000.00 per year in anticipated spending on Part D medications

**MTMP (Prime Therapeutics)**

**Contact information:**

**MTMP phone number:**
(866) MTM-ACCESS, (866) 686-2223

**MTMP phone line hours are:**
9:00 a.m. to 5:00 p.m. Central Time, Monday through Friday

**What can I do to get involved?**

We mail out introduction letters to all qualified members and ask them to discuss their participation in the MTMP with their physicians. Please encourage your patients to join. We hope you find that MTMP supports and supplements your efforts to provide quality health care in the Medicare population. Thank you for your support.
Top 5 Ways to Expedite Paper Claims Processing

1 Use the proper version of the claim form
BCBSIL is no longer accepting the old version of the CMS-1500 (version 12/90 and/or HCFA form), and the UB-92 claim form. Claims received on these outdated forms will be returned to you. Please recycle any old forms in your inventory and replace them with the current version of each form immediately. The current versions of these forms are as follows: CMS-1500 (version 08/05) and UB-04.

2 Include all required identification information
In addition to including the appropriate member identification information, such as the Group Policy Number and Alpha Prefix Identification Number, it is important to include your Type 1 and/or Type 2 NPI in all appropriate fields. (NOTE: Your billing NPI must be included in field 33a on the CMS-1500, and in Form Locator 56 of the UB-04.) Additionally, your Taxpayer Identification Number (SSN, EIN, or ITIN) will continue to be required on all claims for tax reporting purposes. Claims that are missing any required information will be returned to you, with a cover letter explaining the reason for return.

3 Provide readable originals
Use only the original, standard red-ink claim form. This form is printed with a special red ink to ensure proper scanning. If the form is not scanned properly, errors or processing delays could occur. Claims that are partially legible, too light, or too dark will be returned to you.

4 Include your Taxonomy Code
While it is not required, including your taxonomy code along with the “ZZ” qualifier on your professional paper claims will help expedite claims processing and ensure proper allocation of payment. On the CMS-1500, use fields 17a, 24j, 32b, and 33b for the taxonomy code that corresponds to the NPI entered in each related field. On the UB-04 form, your taxonomy code may be entered in Form Locator 81 along with the “B3” qualifier.

5 Check out our helpful reference guides
For a printable CMS-1500 or UB-04 User Guide, and an online CMS-1500 tutorial, please visit the Provider Library of our Web site at www.bcbsil.com. Additional information on the CMS-1500 claim form can be found on the National Uniform Claim Committee (NUCC) Web site at www.nucc.org. For complete, detailed information, on the UB-04 claim form, please visit the National Uniform Billing Committee (NUBC) Web site at www.nubc.org.


The BCBSIL PPO Plus Provider Agreement has specific provisions for looking to BCBSIL first for payment of Covered Services.

Paragraph 6 states in pertinent part: “...The PPO Plus Provider agrees to bill only the Plan and not the Covered Person for any service covered under the Covered Person’s Contract, except that the PPO Plus Provider may bill a Covered Person for services not covered under the contract and for any copayment payable under the contracts at any time. Subsequent to receipt of payment from the Plan, the PPO Plus Provider may bill a Covered Person for any deductible or coinsurance amount payable under the contract.”

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

Balance billing the member for amounts other than deductible, coinsurance and non-Covered Services listed on the Provider Claim Summary (PCS) is also in violation of the Agreement.

New Pharmacy Resource on Web site: Lupron Depot Checklist

In order to assist our Specialty Pharmacy and physicians with pre-determinations, a Lupron Depot Checklist is located at www.bcbsil.com/provider/forms.htm. This checklist indicates the appropriate documentation to submit for the specified diagnosis. Please be sure and refer to the Medical Policy for further clarification.

Certified Mail Does Not Expedite Delivery of Your Claims to BCBSIL

Some of our providers are submitting their paper claim forms via Certified Mail, which is often used in conjunction with First-Class Mail service. When you pay additional charges at the Post Office to send items via Certified Mail, you receive a mailing receipt and online access to delivery status. However, it is very important to note that Certified Mail does not ensure that your claims arrive any faster to BCBSIL than they do with regular mail, unless an additional fee is paid for Priority Mail service, which offers delivery in an average of 2 - 3 days.

For additional information on mailing options available to you via the US Postal Service, please visit www.usps.com.

New Account Group

Group Name: Potbelly Sandwich Works, LLC
Group Number: 023855-57
Alpha Prefix: PTN
Product Type: PPO (Portable)
Effective Date: June 1, 2008

Blue

BC

BS
We want to hear from you! Let us know if the Blue Review continues to meet your standards. Does this publication address your needs? What topics would you like to read about?

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

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

Blue Review is a monthly newsletter published for Institutional and Professional Providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. The Blue Review is located on our Web site at www.bcbsil.com/provider.

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

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Editorial Staff: Margaret O’Toole, Marsha Tallerico and Allene Walker.

Visit us online at www.bcbsil.com/provider

Have an idea for an article?

We encourage you to share the content of this newsletter with your staff.