For BlueCross BlueShield of Illinois Institutional & Professional Providers

Volume 5 • May 2003

Visit Our Redesigned Provider Web Site www.bcbsil.com

New and Improved Provider Web Site

Did you know that we have redesigned our Provider Web site and the site is now live? Not only is there a new look to the Provider Web site, it is easy to use. Not only is it easy to use, there is more information to assist with your daily administrative tasks. Log on to www.bcbsil.com to review our new site. Once you reach the BCBSIL Home Page, choose Providers to enter the new redesigned Provider site.

New Features:
- A “What’s New” box on the provider home page to alert providers of new issues, policies and general information.
- Frequently Asked Questions (These questions are gathered from our provider training workshops)
- HMO Appendix D
- HMO Benefit Matrix
- HMO MG/IPA Contact List

Medical Records Requests “Minimum Necessary” Determination

As covered entities participating in the Health Insurance Portability and Accountability Act (HIPAA), Blue Cross and Blue Shield of Illinois (BCBSIL) and our network providers are allowed to share protected health information (PHI) under certain circumstances. Covered entities, including covered entity providers, may disclose, without an individual’s written authorization, protected health information for:
- Treatment activities
- Payment activities
- Health care operations

The majority of claims that are submitted to BCBSIL are non-investigated claims and processed without additional information. In certain cases, however, additional information may be required before payment can be made. An example is the Direct Market Product that is sold to individuals rather than employer groups. When claim activity is inconsistent with the information provided on the individual’s application, further investigation may be required. As one could expect, requests for additional information could range from the very simple, such as a diagnosis code, to several years of medical records and reports.

Prior to BCBSIL requesting additional information in connection with a benefit determination, BCBSIL will make a reasonable “minimum necessary” evaluation. As a covered entity, BCBSIL will request only the minimum protected health information necessary.

Disclaimer
This article is not legal advice and is for informational purposes only. It is not intended to replace advice and counsel from your attorney.
The Provider Affairs Operations/Education/Communications Department is offering free workshops. We will answer your questions and offer helpful tips for processing your claims. These workshops will provide hands-on information for all BCBSIL contracting providers.

Reservations may be made by faxing the enclosed registration form to (312) 938-8021 or log on to www.bcbsil.com to register online. A confirmation or “Request to Reschedule” form will be faxed or e-mailed to you. Note: For workshops held at BCBSIL, you must show photo identification at the registration desk.

Professional Audience: Billers, Office Managers and Physicians
Note: Institutional providers who are responsible for billing professional fees on the HCFA-1500 may wish to attend.

New Provider In-House Workshop—Full Day
June 11, 2003
Blue Cross and Blue Shield of Illinois
300 East Randolph St.
Chicago, Illinois 60601
(312) 653-4019

Agenda
8:30 to 9 A.M.  Registration
9 A.M. to 3:30 P.M.  E-Commerce/Paper Reduction, Inquiry Options, Billing & Reimbursement, BlueCard, HMO, PPO and BlueChoice

BCBSIL In-House Workshop—Half Day
Note: This workshop is for experienced providers.
May 20, 2003
Blue Cross and Blue Shield of Illinois
300 East Randolph St.
Chicago, Illinois 60601
(312) 653-4019

BCBSIL Off-Site Workshop—Half Day
Note: This workshop is for experienced providers.
May 16, 2003
Little Company of Mary
Mary Potter Pavilion—Conference Rooms A & B
2800 W. 95th St.
Evergreen Park, Illinois 60805
(708) 422-6200

June 5, 2003
LaGrange Memorial Hospital
Auditorium
5101 S. Willow Springs Rd.
LaGrange, Illinois 60525
(708) 352-1200

June 18, 2003
Proctor Hospital
5409 N. Knoxville
Peoria, Illinois 61614
(309) 691-1000

Agenda for BCBSIL In-house and Off-site Workshops
8:30 to 9 A.M.  Registration
9 A.M. to 1 P.M.  Overview: E-Commerce/Paper Reduction, Inquiry Options, BlueCard, Products

BlueChoice In-house Workshop—Half Day
June 4, 2003
Blue Cross and Blue Shield of Illinois
300 East Randolph St.
Chicago, Illinois 60601
(312) 653-4019
8 to 8:30 A.M.  Registration
8:30 A.M. to 12:30 P.M.  General Session
The BCBSIL Formulary is periodically updated to reflect changes made by the AdvancePCS National Pharmacy and Therapeutics Committee. These changes include brand name medications being added or deleted from the formulary. Periodic updates to the listing of drugs included on the formulary are published in Blue Review and the complete formulary as well as updates can be viewed or printed from our Web site at: www.bcbsil.com/rx.

**Prilosec Available as a Generic**
The widely prescribed heartburn/ulcer medication, Prilosec, became available as a generic medication in the 20mg strength. The brand drug, Prilosec, is on the third tier for formulary based benefit designs.

**Formulary Additions**
- **Trusopt** Merck & Co. (dorzolamide hydrochloride) - is a 2% topical ophthalmic solution used to lower raised pressure in the eye and to treat glaucoma.
- **Ortho-Est OMJ** Pharmaceuticals (estropipate) - is indicated to treat severe vasomotor symptoms associated with menopause, vulval and vaginal atrophy, hypoestrogenism, and prevention of osteoporosis.
- **Avapro & Avalide** BMS Company (irbasartan & irbasartan/HCTZ) are both indicated for treatment of high blood pressure.
- **Nasacort & Nasacort AQ** Aventis Pharma (triamcinolone nasal spray) are both indicated for treatment of nasal symptoms associated with seasonal and year long allergies.
- **Xyrem** Orphan Medical (sodium oxybate) is indicated for the reduction of cataplexy attacks in patients with narcolepsy.
- **Hepsera** Gilead Sciences, Inc. (adefovir) is an antiviral medication used to treat adults with chronic infections with active hepatitis B virus.
- **Lexapro** Forest Pharmaceuticals, Inc. (escitalopram) is indicated for the treatment of major depressive disorders.
- **Optivar** Muro Pharmaceuticals (azelastine) is a 0.05% ophthalmic solution used for the treatment of itching of the eye associated with allergic conjunctivitis.

**Formulary Deletions**
- **Azopt** Alcon Vision (brinzolamide) is indicated for treatment of elevated intraocular pressure.
- **Cedax** Biovail Corp. (ceftibuten) is an antibacterial medication used for acute bacterial exacerbations of chronic bronchitis, acute bacterial otitis media, pharyngitis and tonsillitis.
- **Desogen** Organon (ethinyl estradiol/ desogestrel) is indicated for the prevention of pregnancy.
- **Lo-Ovral** Wyeth (ethinyl estradiol/ norgestrel) is indicated for the prevention of pregnancy.
- **Vanceril/ Vanceril DS** Shering (beclomethasone spray) was indicated for treatment of asthma and is no longer available by manufacturer.
- **Innohep** Pharmion Corp. (tinzaparin) is indicated for treatment of deep vein thrombosis.
- **Claritin and Claritin D 12/24 hours** Shering (loratidine) is indicated for the treatment of allergic rhinitis and chronic idiopathic urticaria.
- **Adderall** Shire US (amphetamine/ d-amphetamine) is indicated for the treatment of narcolepsy and attention deficit disorder with hyperactivity.
- **Remeron** Organon (mirtazapine) is indicated for the treatment of depression.
- **Beconase** GlaxoSmithKline (beclomethasone inhalation aerosol) - was indicated in the relief of the symptoms of seasonal or perennial allergic and non-allergic rhinitis and is no longer available by manufacturer. Please note, Beconase AQ is still a formulary drug.
- **Rhinocort Nasal Spray** AstraZeneca (budesonide) - was indicated in the relief of the symptoms of seasonal or perennial allergic and non-allergic rhinitis and is no longer available by manufacturer. Please note, Rhinocort AQ is still a formulary drug.

**Generics Now Available**
All generic versions of products are on formulary:
- **Prilosec**—(omeprazole)
- **Remeron**—(mirtazapine)
- **Accutane**—(isotretinoin)

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**BlueCard Provider Satisfaction Survey**

To better serve you, we want to hear from you!

This year the BlueCard Provider Satisfaction Survey will be conducted May through August. An independent research company has been selected to perform the telephone survey using a random sample of providers who have provided health care services to BlueCard members within the past year.

If you receive a call, we are asking that you take the time to participate in this survey. We want to identify both what is working well in the BlueCard Program and areas for improvement.

Blue Cross and Blue Shield of Illinois is committed to meeting your needs. Your responses and comments will help us improve service to you and to our members.
Whenever a service (for example a length of stay) is reviewed by the BCBSIL Medical Management area, the provider or facility requesting the service receives a letter that confirms the decision that was made about the service. If the request is denied, the letter includes instructions about how to submit an appeal about that denial. Providers submitting an appeal are asked to follow the instructions in the letter. If complete material is not sent or if the material is not sent to the person and address shown in the denial letter, the appeal is misrouted and this can lead to considerable delay in the resolution of the appeal request.

Beginning April 7, 2003, the Medical Management area attached a preprinted personalized routing form to every provider denial letter. (See page 5 for a sample form) The form includes information about the patient and the denied services. It is intended to direct the case to the proper area of BCBSIL if the appeal is misaddressed by the provider, or if the appeal is misrouted within BCBSIL initially.

This form should be placed in front of any correspondence or medical records. This front placement will optimize routing of the appeal request. Alteration of this form, or use of a form intended for another patient, will delay our appeal process.

This pilot program will be reviewed within the next few months to see if it is working as intended. If the program must be changed or discontinued after that review, there will be a notice in a future issue of Blue Review.

As we continue to upgrade THIN Online, we are also trying to improve all electronic transactions interacting with Blue Cross and Blue Shield of Illinois (BCBSIL). Over the next few months, both claim status and eligibility will be available on a new, faster, more reliable infrastructure.

This new infrastructure will not only improve the performance and data available on THIN Online, but will allow for direct inquiries from your practice management systems to BCBSIL.

For example, some practice management systems can check patient eligibility prior to the patient arriving for their scheduled appointment or when the patient checks in. Blue Cross and Blue Shield of Illinois through a HIPAA compliant format will be able to communicate with most practice management systems to automate this process creating cleaner claims and faster payment.

Since August 2000, Blue Cross and Blue Shield of Illinois (BCBSIL) has a contractual arrangement with RealMed Corporation to provide online services that assist health care professionals with their everyday office tasks. RealMed is an Internet-based service that does not require the purchase of additional software, hardware or extensive training. You may receive faster and more accurate claims payment by using RealMed for real-time or batch eligibility verification, claim submission, adjudication, payment and other related transactions.

How To Get Started With RealMed

The RealMed service is easy to obtain and implement. It is available on a subscription basis after a one-time setup fee. Any BCBSIL contracting provider office with a standard workstation configuration that meets minimum requirements and that has Internet connectivity can subscribe to RealMed.

If you would like to see a RealMed demo visit RealMed’s Web site at www.realmed.com. In addition, RealMed’s toll-free number is (877) REALMED (732-5633)

RealMed has recently established an office in Chicago. If you are interested in RealMed, call (773) 867-8301 to speak with RealMed’s Vice President of Business Development, John Harter.
BlueCross and BlueShield of Illinois  
Medical Management Appeals Department  
300 East Randolph – 24th Floor  
Chicago, IL 60601

Medical Records Submission Form

For your convenience, we are providing you with a Medical Records Submission Form. The Medical Records Submission Form will allow the appeals department to process your appeal request promptly and efficiently.

The form also serves as your written request for an appeal. To avoid delay of processing, follow these simple steps:
1) Provide the requestor’s name and phone number.
2) Attach the medical records for the dates of service being appealed.
3) Mail the documents to the address above.

<table>
<thead>
<tr>
<th>Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Number</td>
</tr>
<tr>
<td>Services Appealed</td>
</tr>
<tr>
<td>Date of Denial</td>
</tr>
</tbody>
</table>

*Person requesting an appeal must complete this section

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name</td>
</tr>
<tr>
<td>Requested By</td>
</tr>
<tr>
<td>(Please print)</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Today’s Date</td>
</tr>
</tbody>
</table>
Introducing BlueEdgeSM Consumer-Driven Health Plan Product

Responding to employer demand for innovative ways to control rising health care costs and consumer demand for more choice and flexibility in their health plans, Blue Cross and Blue Shield of Illinois (BCBSIL) has created BlueEdge, a consumer-driven health plan product. By letting members decide how health care dollars are spent, BlueEdge empowers them to make careful choices about their health care.

To encourage members to take good care of themselves, the PPO covers preventive and well child care services at 100 percent, without having to first meet the deductible. BlueEdge also provides members with online tools to help them adopt healthy behaviors and be more knowledgeable about their medical care.

BCBSIL plans to launch BlueEdge on July 1, 2003, to both insured and ASO groups of 151+ employees. BlueEdge will be available to other groups in the future.

Highlights of BlueEdgeSM From the Provider Perspective

- Utilizes the regular PPO Network
- If you have a PPO contract with BCBSIL, there is no need to recontract for BlueEdge
- The identification cards and alpha prefixes are the same for BlueEdge as for the regular PPO Network
- Provides out-of-state and international health care benefits through the BlueCard Program

Please watch the Blue Review for more information on BlueEdge.

Account Information New Account Groups

New Account Groups

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Group Number</th>
<th>Alpha Prefix</th>
<th>Product Type</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albertsons</td>
<td>80108, 80114</td>
<td>ATS</td>
<td>POS</td>
<td>June 1, 2003</td>
</tr>
<tr>
<td></td>
<td>80109, 80122</td>
<td>ABL</td>
<td>PPO(Portable)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>80111, 80116</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charles Industreist, Ltd.</td>
<td>014030</td>
<td>XOF</td>
<td>PPO(Portable)</td>
<td>April 1, 2003</td>
</tr>
<tr>
<td>National Automatic Sprinkler Industry Welfare Fund</td>
<td>P14558</td>
<td>SFI</td>
<td>PPO(Portable)</td>
<td>May 1, 2003</td>
</tr>
<tr>
<td>National Automatic Sprinkler Metal Trades Welfare Fund</td>
<td>P14560</td>
<td>NMT</td>
<td>PPO(Portable)</td>
<td>May 1, 2003</td>
</tr>
<tr>
<td>National Equipment Services</td>
<td>015129-31</td>
<td>NQS</td>
<td>PPO(Portable)</td>
<td>May 1, 2003</td>
</tr>
<tr>
<td>Northrop Grumman</td>
<td>9MP200, 9MP300, 9SP000, 9SP200, 9BP100, 9BP200, 9BP300, 9LP100, 9LP200, 9LP300</td>
<td>NGC</td>
<td>PPO(Portable)</td>
<td>July 1, 2003</td>
</tr>
<tr>
<td></td>
<td>95M110, 95M010</td>
<td>NGT</td>
<td>CMM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>95M100, 95M300</td>
<td>ESS</td>
<td>POS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>95S000, 95S200</td>
<td>NRG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key:
CMM = Comprehensive Major Medical
POS = Point of Service (BlueChoice)
PPO = Participating Provider Option (Hospital and Physician Network)
PPO Hospital Network = Participating Provider Option (Hospital Network Only)
PPO(Portable) = BlueCard PPO
HMOI = Health Maintenance Organization of Illinois
HMOI AFHC = HMOI Away From Home Care
Electronic Funds Transfer (EFT) Holiday Schedule

Health Care Service Corporation (HCSC) Corporate and Legal Banking Holidays

<table>
<thead>
<tr>
<th>Holiday</th>
<th>HCSC Holiday</th>
<th>Legal Banking Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorial Day</td>
<td>May 26, 2003</td>
<td>May 26, 2003</td>
</tr>
</tbody>
</table>

EFT Payment Schedule

<table>
<thead>
<tr>
<th>Claims Processed</th>
<th>File Sent to Bank</th>
<th>EFT Payment Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 26, 2003</td>
<td>Closed</td>
<td></td>
</tr>
</tbody>
</table>

Note: Although it is possible for providers to receive Electronic Funds Transfer (EFT), transmit electronic media claims, and retrieve reports at almost any time during the year; it is important to keep in mind that above-mentioned corporate and legal banking holidays delay EFT and claims processing.

Electronic Data Interchange (EDI) System and Report Availability Schedule

<table>
<thead>
<tr>
<th>Claims Received Date</th>
<th>Holiday Observed</th>
<th>rEDI-link Blue</th>
<th>NDM</th>
<th>Processed Date</th>
<th>Payment Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 26, 2003</td>
<td>Memorial Day</td>
<td>Regular Hours</td>
<td>Regular Hours</td>
<td>Closed</td>
<td></td>
</tr>
</tbody>
</table>

HCSC will be closed on Holiday Observed Days. Claims “received” during the holidays will be “processed” the following business day. EMC reports will be available (real-time) during regular hours. However, payment reports, such as ERA and EPS, for claims processed on a business day following the holiday will be available for retrieval the next business day.

Regular Hours:

rEDI-link Blue System: Available Monday - Sunday, 24 hours a day, seven days a week.

Network Data Mover (NDM): Available Monday - Sunday, 24 hours a day, seven days a week.

Provider Terminal System (PTS) Online: Monday - Friday, 6 A.M.- 11:45 P.M., Saturday, 8 A.M. - 3:30 P.M.

Real-time editing is not available from 11 p.m. - 4:30 A.M. (CDT)

Note: Providers utilizing rEDI-link Blue system will receive EMC real-time reports on the day of transmission.

Account Information Labor Groups

Claim Submission, Claim Status, Eligibility and Benefit Inquiry for Labor Groups

Eligibility and Benefit Inquiry

To verify eligibility and benefits for labor account members, call the account’s Health and Welfare local office identified by the contact telephone number on the back of the member’s BCBSIL ID card.

Claim Submission

PPO providers should submit claims for services rendered to labor account members directly to BCBSIL electronically, and not to the labor group.

Claim Status

You may obtain claim status by contacting the BCBSIL Provider Telecommunications Center at (800) 972-8088 or by using THIN Online.
Good News  Faster Crossover Process

Faster Crossover Process for Professional Medicare Supplemental Claims

Medicare Part B Supplemental claims are being submitted daily to BCBSIL from Wisconsin Physicians Services (WPS). Not only are they sent daily, they are sent upon approval for payment rather than after the Medicare imposed 14 day payment holding period. In the past we only received these claims weekly and after the 14 day holding period.

How this Benefits You:

- **Saves you time and money.** It is no longer necessary to submit an electronic or paper Medicare Part B Supplemental claim to BCBSIL. As soon as Medicare approves the claim it will be sent to us.

- **Will not require Explanation of Medicare Benefits (EOMBs),** in most cases. When a claim is “crossed over” all of the information we need for adjudication is on the crossover claim. In the past, when you sent a Medicare Part B Supplemental claim, we asked for EOMBs to see that Medicare approved the service as well as the payment allowance for each line of service. The crossover claim includes all of this information.

We are asking you to experience the new process and see how you can increase administrative efficiencies. There could be situations where a claim does not cross over because the Health Insurance Claim Number (HICN) does not match our membership file, but the percentage of mismatched claims is low. We are currently working to maximize the matched beneficiaries. You will know if the Medicare claim matched our files because on your Medicare Part B Remittance Advice (RA) there will be a message confirming that the claim crossed over. If it did not cross over, then that is the time to submit a claim to us.

We are excited about this new process and hope that you will take advantage of the new faster electronic crossover process and see for yourself how it will eliminate the need to send as many Medicare Supplemental claims to BCBSIL as you have had to in the past.

HMO PCS Update

Effective March 17, 2003, the Medical Group Number, name and address was printed on the HMO Provider Claim Summary (PCS). This enhancement to the HMO PCS will allow you access to this important information so that you can file your claims appropriately. Any Explanation of Benefits (EOBs) and PCSs for HMO claims that are denied using the following ineligible reasons 039, 052, 053, 056, 061 and 728, will now show the Medical Group number, name, address and phone number for the Medical Group on the claim.

Attention  PTC To Close Early

The Provider Telecommunications Center (PTC) will be moving to a new site over Memorial Day weekend. In order to accommodate the transfer of equipment and personnel, the PTC (including the Automated Information System) will close at 2:30 P.M. (CDT), Friday, May 23, 2003, and will reopen at 10 A.M. (CDT), Tuesday, May 27, 2003. We are sorry for any inconvenience this may cause.