National Provider Identifier (NPI) News:
BCBSIL extends dual-identifier acceptance phase beyond May 23, 2007 compliance date

The Centers for Medicare and Medicaid Services (CMS) has recently published a contingency plan for the NPI regulation. This contingency plan provides that health care plans, providers and clearinghouses may have an additional 12 months to implement the NPI regulation provided they can demonstrate a “good faith effort” both prior to and after May 23, 2007.

The CMS guidance offers relief primarily for compliant health care providers and health plans as they work through transaction testing and legacy-identifier-to-NPI “crosswalk” issues. The CMS contingency plan is not an extension for coming into compliance.

Please be advised BCBSIL will be compliant as of the May 23, 2007 effective date. However, after assessing the response and preparedness of our participating provider networks, we have decided to extend our dual-identifier acceptance phase to allow our providers to further test and prepare for an NPI-only environment. Please continue to watch the Blue Review or visit our Web site at www.bcbsil.com for ongoing updates as we continue to assist you with working towards NPI compliance.

New Specialty added to the PPO Network
Orthotics and Prosthetics

BCBSIL is pleased to announce the addition of the following specialty into our PPO Network of contracting providers:
• Orthotics and Prosthetics

This provider specialty will be added to the PPO Network, upon group renewal, starting June 1, 2007. All Orthotic and Prosthetic providers who meet the required credentialing criteria may request a PPO contract by submitting an email to ancillarynetworks@bcbsil.com.

Blue Cross and Blue Shield of Illinois
will be compliant as of the May 23, 2007 effective date.
NPI Electronic Filing Requirements

You heard about it, you read about it, you knew it was coming...
The time has finally arrived for implementation of NPI.

As you know, effective May 23, 2007, the National Provider Identifier (NPI), will be the standard identifier for covered health care providers to use when filing and processing health care claims and other transactions.

When transmitting your claims to BCBSIL, please continue to include your NPI and your legacy or BCBSIL provider number as well.

ANSI 837 Submitters:
For a description of the 837 format requirements for NPI, please visit our Web site a www.bcbsil.com/provider/pdf/npi_filing_requirements.pdf, as well as the Companion Guides located at www.thinedi.com/hipaa/comp_docs.htm. Also, we recommend that you include the taxonomy code where appropriate in PRV03 Segment of your electronic file.

It is imperative that you contact your software vendor and/or billing service to ensure they are working on these enhancements and providing us with the appropriate information.

T0301 Submitters:
For submitters utilizing the T0301 format, this format has been revised to accommodate NPI field requirements. Since your NPI may be required in multiple fields, please refer to our Web site at www.thinedi.com/pdf/guides/section5_field_specs.pdf, for detailed information.

Direct Data Entry for Blue Shield (PCES Transactions):
Screen MSSE3A – Enter the Performing Provider NPI Number (Service Line Level)
Screen MSSE2 – Enter the NPI as well as the Phys or Supplier Blue Shield provider number.

ANSI 835 Receivers:
• If the valid NPI and legacy number is received on the 837, we will return the numbers on the 835. If we are not able to validate the NPI, the 835 will show the legacy or BCBSIL provider number only.
• The 835 file will contain the Tax Identification Number (TIN).

Example of how the 835 will look when the NPI is submitted during claims submission for the provider:

Loop 1000B
N1*PE*Any Hospital*XX*YOUR NPI#nnnnn~
N3*Any Address~
REF*1A*Legacy BC Provider #~ (This segment will not be sent effective May 23, 2007)
REF*TJ*Tax ID #~

Electronic Remittance Advice (835) Update
BCBSIL is pleased to announce that effective April 2, 2007, we began mapping Remittance Remarks Advice Codes to the Claim Adjustment Reason Code values of A1, 16, 17, 96 and 125. This information will appear in the LQ segment of the 835. For more information regarding deactivated, to be deactivated and currently valid codes, please visit the Washington Publishing Company Web site at www.wpc-edi.com.
In an effort to comply with Fairness In Contracting Legislation and keep our contracting providers informed, BCBSIL has designated a column in the Blue Review to notify you of any changes to the physician fee schedules. Be sure to review this area each month.

Effective April 1, 2007, allowances for immune globulins, vaccines and toxoids in the code range 90281 - 90748 were updated.

Providers can request fees by downloading the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm.

Fairness In Contracting

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Coming soon... Hear Our Difference!

Important Changes to the Provider Customer Service Line

Based on provider input and recommendations, BCBSIL is introducing an alternative to touch-tone navigation. We’re implementing an innovative, Interactive Voice Response (IVR) system with speech recognition. This new voice automated telephone system will allow you to conveniently perform self-service inquiry resolution and access key information by speaking your requests. To learn more, such as best practices for using the IVR system, please access the Interactive Voice Response-Automated Phone System Reference Guide at www.bcbsil.com/provider.
After June 1, 2007, BCBSIL will only accept the revised version of the CMS-1500 Health Insurance Claim Form (version 08/05). All claims submitted on the old CMS-1500 (version 12/90) will be rejected.

When filing your claims to BCBSIL, there are several fields on the new form that you must remember to populate. Please include your NPI number and other required information in the following fields:

<table>
<thead>
<tr>
<th>CMS-1500 Form Field</th>
<th>Enter:</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Name of referring, ordering or supervising provider</td>
<td>1</td>
</tr>
<tr>
<td>17a</td>
<td>BCBSIL provider # of the referring, ordering or supervising provider. Include qualifier in the field to the immediate right of 17a.</td>
<td>2</td>
</tr>
<tr>
<td>17b</td>
<td>10-digit NPI # of referring, ordering or supervising provider</td>
<td>3</td>
</tr>
<tr>
<td>24i</td>
<td>ID Qualifier (shaded field) - Performing provider will use OB as State License # Qualifier</td>
<td>4</td>
</tr>
<tr>
<td>24j</td>
<td>Rendering Provider ID # (shaded field) - Performing provider State License # without dash</td>
<td>5</td>
</tr>
<tr>
<td>24j</td>
<td>Rendering Provider ID # (non-shaded field) - Performing provider will enter 10-digit NPI</td>
<td>5</td>
</tr>
<tr>
<td>25</td>
<td>Federal Tax ID # (TIN)</td>
<td>6</td>
</tr>
<tr>
<td>32a</td>
<td>10-digit NPI # of service facility location</td>
<td>7</td>
</tr>
<tr>
<td>32b</td>
<td>Two-digit qualifier immediately followed by the BCBSIL provider number of service facility location</td>
<td>8</td>
</tr>
<tr>
<td>33a</td>
<td>10-digit NPI # of billing provider</td>
<td>9</td>
</tr>
<tr>
<td>33b</td>
<td>Two-digit qualifier immediately followed by the BCBSIL provider number of billing provider</td>
<td>10</td>
</tr>
</tbody>
</table>

The new Guide for Completing the CMS-1500 (version 08/05) has been posted in the Provider Library of our Web site at www.bcbsil.com. This guide provides you with a sample claim form, including fields designated by BCBSIL as required, conditional, or optional. The guide also provides detailed instructions on how to properly complete the form.

Visit our Web site at www.bcbsil.com/provider
Save the Date...  
2007 Workshop Schedule

**What's New at Blue & BlueCard?**  
May 16, 2007  
Northern Indiana Foundation, Michigan City, IN

**BlueCard/Labor Focus Workshop**  
May 23, 2007  
In-house – BCBSIL, Chicago, IL

**What's New at Blue & BlueCard?**  
June 12, 2007  
Blessing Hospital, Quincy, IL

**What's New at Blue**  
June 27, 2007  
Trinity Medical Center, Rock Island, IL

**Magellan Behavioral Health Focus Workshop**  
July 10, 2007  
St. John’s Hospital, Springfield, IL

**Magellan Behavioral Health Focus Workshop**  
July 11, 2007  
In-House – BCBSIL, Chicago, IL

Make sure to go online at [www.bcbsil.com/provider/training.htm](http://www.bcbsil.com/provider/training.htm) to view the schedule and register for our workshops offered at a site near you.

If you are a Billing Service and you would like the Provider Affairs Education Team to conduct a customized workshop at your facility, please send an email to paet@bcbsil.com with contact information or call (312) 653-2644.

### How to Recognize an International Blue Plan Member

Occasionally, you may see identification (ID) cards from Blue members from a foreign country. These ID cards will also contain three-character alpha prefixes. Please treat Blue international members the same as domestic Blue Plan members.

The steps that you follow for domestic Blue Plan members are the same steps that you should follow for foreign Blue Plan members:

1. Verify eligibility and benefits by sending an electronic eligibility (270 transaction) to BCBSIL through NDAS Online, or calling the BlueCard Eligibility® line at (800) 676-BLUE (2573) and providing the three-character alpha prefix.

2. File claims to BCBSIL. We are your focal point for claims collection, payment, and problem resolution for healthcare claims incurred by international Blue Plan members.

3. Follow the same payment collection practice as you do for the domestic members. BCBSIL guidelines allow you to collect member co-payments at the time of service. These members may not have coverage for non-emergency outpatient or physician services. In these instances you should also collect payment for non-covered services only from the members.

Please contact our Provider Telecommunications Center at (800) 972-8088 for further information or visit our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) and click on “BlueCard Program.”

### 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>Crate &amp; Barrel</td>
<td>020200, 020201</td>
<td>BBR</td>
<td>PPO(Portable)</td>
<td>June 1, 2007</td>
</tr>
<tr>
<td>FlexNGate Corporation</td>
<td>013905</td>
<td>FNG</td>
<td>PPO(Portable)</td>
<td>April 1, 2007</td>
</tr>
</tbody>
</table>

Visit our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider)
Quality Site Visit Results

During 2006, Quality Site Visits were performed for Primary Care Physicians in the HMO Illinois, BlueAdvantage HMO, and BlueChoice contracting provider networks. The site visit network results for 2006 have been compiled. The HMOs* of Blue Cross and Blue Shield of Illinois, and BlueChoice, are happy to report continued improvement in Accessibility, Site Review of Physician offices, Quality of Patient Care Documentation, and Medical Record Quality for 2006. There was also a demonstrated improvement in breast cancer screening and cervical cancer screening. Please review the Quality Site Visit standards and Site Visit Comparisons on the Blue Cross and Blue Shield of Illinois Web site at www.bcbsil.com/provider/credentialing/sitevisits.htm.

As always, there continue to be opportunities for improvement. The 2006 site visit results demonstrate the following network opportunities for improvement:

**Quality of Patient Care:**
- Documentation of family medical history
- Documentation of alcohol use
- Documentation of adolescent smoking history
- Documentation of adolescent smoking cessation advice
- Documentation of adult smoking cessation advice
- Documentation of allergy history

**Preventive:**
- Colorectal cancer screening – male and female age 50 and over

In order to improve site visit results in 2007, the HMO and BlueChoice are requesting review and discussion of these results. You can help us with our site visit scheduling by doing the following:

- If you need to cancel a site visit, please let us know five business days prior to the visit.
- If you use electronic medical records, please inform us when we schedule your site visit.

Thank you for continuing to assist us in our Quality Improvement efforts.

Managed Care Web Updates

**HMO and BlueChoice Updated Policies and Procedures on Web.** 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 Web.** 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 data provided is cumulative and is 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.
Your views are important to us, and we would like to know if our newly redesigned *Blue Review* meets your needs.

- **How useful is the information?**
- **Is this publication easier to read?**
- **Are there topics you want us to include in future issues?**

If you have suggestions on how we can further improve the *Blue Review*, or just want to share your feedback, please email us at bluereview@bcbsil.com.

Remember, the *Blue Review* is your newsletter, designed to serve you as a contracting provider. You are an integral part of BCBSIL's success as a leader in the health care industry, and we highly value your opinion.