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Blue REVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

MAY 2010

WHAT'S INSIDE?

Outpatient Claim Submission Reminders for Facility Providers

If you are an institutional provider billing for **outpatient** services, you must include an outpatient HCPCS code **at the service line level**, if applicable, in the following locations:

- **Paper claims**—Form Locator 44 on the UB-04 paper claim form
- **Electronic claims**—Service Line Loop 2400 SV2021 Segment on the ANSI 837I (V4010A1) transaction

Do **not** use HCPCS codes to report hospital outpatient services at the claim level—UB-04 Form Locator 74 (74a-74e) and ANSI V4010A1 Claim Level Loop 2300 HI Segment. *Populating these fields is required **only** when you submit inpatient claims.*

Reminder: ICD-9-CM procedure codes are specified as the HIPAA-standard code set for inpatient hospital procedures, but should not be reported on outpatient hospital claims.

Please refer to the "What's New" or Electronic Commerce "Alerts" section of our Web site at *bcbsil.com/provider* for additional details.

New Solution to Improve Credentialing Process for HMO and Blue*Choice* Select Networks

Blue Cross and Blue Shield of Illinois (BCBSIL) has chosen the CAQH®* Universal Provider Datasource (UPD)® to electronically collect the data we require to credential providers contracted with our **HMO and Blue*Choice* Select networks**. The UPD form utilizes an online credentialing application process that supports our administrative simplification and paper reduction efforts.

The credentialing and recredentialing process entails significant paperwork and administrative time. The UPD will reduce the time required, while producing quality credentialing and demographic information that improves the accuracy and integrity of our provider database.

Providers will complete one standardized application that will meet the needs of all participating health care organizations. UPD's database will collect vital information, such as:

- Education and training
- Experience
- Practice history
- Location
- Disclosure of any issues impacting the ability to provide care
- Other background information

All data submitted by providers through the UPD service is maintained by CAQH in a state-of-the-art data center, located within the U.S. Only the health care organizations authorized by the provider may have access to the provider's data.

Visit the CAQH Web site today at https://upd.caqh.org/oas/ for more information about the application process. You may also contact your assigned Provider Network Consultant with any questions regarding this new procedure.

For additional details, including an implementation date for this new requirement, watch our Web site and future issues of the *Blue Review*.

*CAQH is the Council for Affordable Quality Healthcare, Inc., a not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. Visit the CAQH Web site at www.caqh.org for additional details.

CAQH is solely responsible for its products and services, including the Universal Provider Datasource.

Fairness in Contracting

In an effort to comply with Fairness in Contracting Legislation and keep our independently contracted 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 March 19, 2010, code 90670 was updated.

Effective April 15, 2010, code J0718 was updated.

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form at *bcbsil.com/provider/forms.htm*. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*.

Medical Examinations vs. Therapy Evaluations

A Reminder for Physical, Occupational and/or Speech Therapy Providers

BCBSIL recognizes that CPT codes can be used to designate services rendered by any qualified physician or qualified health care professional. When certain codes are designed for a specific use, however, the codes should only be reported by those providers whose license authorizes them to perform the specific services.

It is not within the scope of practice for Physical, Occupational and/or Speech Therapy providers to bill for medical examinations as represented by the Office Visit CPT codes. If an evaluation is being performed for Physical, Occupational or Speech Therapy, please use the appropriate Therapy Evaluation CPT codes, which are designed for evaluation of therapy-related injuries and/or illnesses.

For a list of appropriate Therapy Evaluation Procedure Codes, please refer to the CPT Codebook.

Coding Alert for the Administration of Xolair

The following article addresses our position on coding for the administration of Xolair.

Xolair (Omalizumab) is a drug prescribed for adults and adolescents (12 years of age or older) with a confirmed diagnosis of moderate to severe persistent allergic asthma, and whose symptoms have been inadequately controlled with other methods, such as inhaled corticosteroids. Please refer to the BCBSIL Medical Policy RX501.058 (Xolair) for additional guidelines and requirements.

The Current Procedural Terminology (CPT®) Codebook states the following under the heading **"Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration):**

A therapeutic, prophylactic, or diagnostic IV infusion or injection (other than hydration) is for the administration of substances/drugs. When fluids are used to administer the drug(s), the administration of the fluid is considered incidental hydration and is not separately reportable. These services typically require direct physician supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intra-service supervision of staff. Typically, such infusions require special consideration to prepare, dose or dispose of, require practice training and competency for staff who administer the infusions, and require periodic patient assessment with the vital sign monitoring during the infusion. These codes are not intended to be reported by the physician in a facility setting."

CPT code 96372 has replaced the previous code 90772 and is described as: "Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular."

Xolair is administered subcutaneously and, due to the high viscosity of the drug, may infuse more slowly than other drugs. It is also recommended that the patient must be observed for 90 minutes after the first injection and 30 minutes after subsequent injections. Both of these factors are included in the above paragraph describing the injections in this section of the CPT Codebook.

BCBSIL is aware of differing opinions among some of the allergists, the coding community and various payers. There have been statements made within the allergy community that CPT code 96401 (Chemotherapy administration, subcutaneous or intramuscular; non-hormonal, anti-neoplastic) is the code of choice. However, BCBSIL does not believe that Xolair meets the requirements of the chemotherapy CPT code of 96401.

BCBSIL has interpreted that CPT code 96372 is the correct code for the administration of Xolair, based on discussions with the American Medical Association (AMA) and leading allergists, immunologists and pulmonologists. Therefore, effective with the date of this *Blue Review* issue, CPT code 96372 should be used on all claims when administering this drug. *If you are currently reporting CPT code 96401, please discontinue use of this code immediately to avoid future refund requests.*

For additional information, please refer to BCBSIL Medical Policy RX501.058 (Xolair), which may be found in the Medical Policies section of our online Provider Library at *bcbsil.com/provider*.

New! Electronic Health Records Available via Availity® CareProfile®

Created with collaborative input by MEDecision,* Availity and BCBSIL, the CareProfile is a user-friendly, electronic health record (EHR) that draws information from claims data. BCBSIL independently contracted providers who are registered with Availity can use this free, online tool to obtain a consolidated view of a patient's health care history.

CareProfile offers the following features:

- Demographic patient information, including date of birth, address and phone number
- Information about the patient's current primary care physician, if applicable, and other providers visited in the past 24 months
- Diagnoses and procedures submitted and reflected in the BCBSIL claim records
- Professional, hospital and emergency room services reflected in the BCBSIL claim records
- Prescriptions filled, including the class of the drug, total fills, and last date filled
- Health status measurement score to help identify a patient's likelihood for serious health complications
- Clinical messages for treatment opportunities over the next 12 months

How it Works

- The CareProfile is created using claim-based data that BCBSIL collects from physicians, pharmacies, labs and other health care providers.
- MEDecision applies robust clinical intelligence and analytics to the data, then summarizes it into a report that highlights treatment opportunities and includes a health status measurement score.
- Availity displays the information in a user-friendly EHR through its portal, which can be easily accessed by any authorized physician at the point of care, by clicking on the CareProfile button at the top of the Availity eligibility and benefits response screen for ACP-eligible members.**
- BCBSIL members also have access to this valuable information via "My Care Profile" in their Personal Health Manager, on our secure Blue Access® for Members Web site at *bcbsil.com/member*.

For additional information, refer to the Availity CareProfile Tip Sheet in the Electronic Commerce section of our Provider Web site at *bcbsil.com/provider*. Registered Availity users may also attend free Availity Webinars about CareProfile and other Availity applications. For Webinar dates and times, click on "Free Training" on any page after logging on to the Availity portal.

Not yet registered with Availity? Visit www.availity.com, or call Availity Client Services at (800) AVAILITY (282-4548) for assistance.

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

*MEDecision is a wholly owned subsidiary of Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company.

**See the Availity CareProfile Tip Sheet for a brief list of exceptions.

Modifier 25 Reminders

CPT codes are used in billing to identify medical, surgical and diagnostic services provided to a patient. Modifiers are used to report a change or modification to a CPT code definition. BCBSIL has noticed an increase in the use of Modifier 25 that may indicate inappropriate or inadvertent use of Modifier 25.

The CPT Codebook defines Modifier 25 as a *"significant, separately identifiable evaluation and management (E/M) service by the same physician on the same day of the procedure or other service."* When using Modifier 25, keep the following reminders in mind:

- Documentation must support significant and separately identifiable preoperative and/or postoperative work, above and beyond the usual care associated with the performed procedure.
- Documentation must support that the patient's symptom, problem or condition required a separately identifiable E/M service.
- The reported E/M service must meet the key components (history, examination, and medical decision making) of the selected E/M service.
- The E/M service must be distinct from the surgical service performed.
- Modifier 25 should only be appended to E/M services and not surgical procedures.
- Modifier 25 is not used to report an E/M that resulted in the decision to perform surgery. Refer to Modifier 57 guidelines for an E/M service which results in a decision for surgery.
- Surgical procedures include preoperative evaluation services necessary prior to performing a procedure. This may include, but is not limited to assessing the site/condition, explaining the procedure, and obtaining informed consent.

Please refer to the CPT Codebook for additional details.

New Account Groups

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

Group Name: **The Walsh Group**
Group Number: **079651**
Alpha Prefix: **WCC**
Product Type: **PPO (Portable)**
Effective Date: **March 1, 2010**

Group Name: **Vought Aircraft**
Group Numbers: **002000-01, 002050, 002061, 002080, 002101, 002121, 002125, 002130, 002131, 002150, 002160-61, 002170-71, 002260-61, 009500-02, 009504-08, 010000-01, 010003, 010005, 030001-05, 039567, 039569, 039571-72, 039576, 039619-21, 039632-33, 039671-72, 077673**
Alpha Prefix: **AVO**
Group Numbers: **002041, 002071**
Alpha Prefix: **AVS**
Group Number: **002100**
Alpha Prefix: **AXV**
Group Numbers: **001712, 002068, 009509-10, 009498-99, 030009-14, 030016**
Alpha Prefix: **AVI**
Product Type: **PPO (Portable)**
Group Numbers: **776592-97**
Alpha Prefix: **XOT**
Product Type: **CMM**
Effective Date: **July 1, 2009**

Group Name: **Veolia Transportation, Inc.**
Group Numbers: **071673-74, 071678**
Alpha Prefix: **TPV**
Product Type: **PPO (Portable)**
Effective Date: **April 1, 2010**

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.

2009 HMO Primary Care Physician Survey Results

Results are in from the 2009 HMO Illinois and BlueAdvantage HMO Primary Care Physician (PCP) Survey. In all, BCBSIL received completed questionnaires from 1,136 HMO PCPs. The response rate was 22 percent. The table below shows select results from the 2009 survey, compared with 2008 results for the same questions.

The survey used a 5-point scale, from Excellent to Poor. The results shown below are based on combined responses in the "Top Three Boxes" (Excellent, Very Good, and Good), with the exception that results for the Hospital Information questions are based on the "Top Two Boxes" (Excellent and Very Good).

HMO Survey Questions	HMO PCPs	
	2008	2009
Survey Response Rate	19%	22%
Independent Practice Association (IPA) Overall Rating *	93%	95%†
IPA Referral Process *		
• Overall Process	89%	89%
• Adequacy of Specialist Network	88%	90%†
• Quality of Specialist Network	93%	93%
IPA Utilization Management *		
• Case Management	92%	93%
• Timeliness	91%	91%
• Overall UM Process	91%	93%
IPA Claims Payment *		
• Timeliness	87%	87%
• Accuracy	86%	88%
Satisfaction with BCBSIL Services		
• Provider Telecommunications Center (PTC) Overall	79%	81%
• NDAS Online (eCare®)	91%	91%
After-Hours Access		
• Response Time <30 minutes	90%	94%†
Hospital Information (Top Two Box scores)		
• Pharmacy, in terms of providing medication correctly	77%	82%†
• Adequacy of the number of nurses	64%	68%†
• Accuracy of processing physician orders	73%	76%
• Quality of discharge plans	73%	74%
• Agree that ER reports for patients not admitted to hospital are received in timely manner before follow-up care	74%	75%

† Statistically significant change (p-value < 0.05) * HMO physicians were asked to evaluate the IPA on these attributes

New to this year's survey are questions regarding Electronic Medical Records (EMRs). In 2009, 28 percent of PCPs utilized an EMR and 38 percent anticipated implementing an EMR by 2011.

HOSPITAL INFORMATION

On this year's survey are questions regarding the physician's tenure and likelihood to recommend his/her primary admitting hospital. More than 86 percent of PCPs have been admitting to their primary hospital for greater than five years. Ninety-seven percent of PCPs would recommend their primary admitting hospital to family and friends.

CONTINUITY AND COORDINATION BETWEEN MANAGED CARE PHYSICIANS AND HEALTH CARE FACILITIES

In 2009, 87 percent or more of PCPs in the HMO rated the reports they received from hospitals, outpatient surgery/surgicenters, 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.

OPPORTUNITIES FOR IMPROVEMENT

Questions with rates of 80 percent or less were seen as areas that may represent potential opportunities for improvement.

In summary, there were significant improvements in many of the HMO Primary Care Physician survey indicators, including several of the indicators regarding facility and specialist feedback to PCPs. BCBSIL encourages providers and practitioners to consistently communicate with the primary care physician so that the PCP can better coordinate care.

2009 PPO Practitioner Survey Results

Results are in from the 2009 PPO Practitioner Survey. Physician specialties represented were: Internal Medicine, Pediatrics, Obstetrics-Gynecology and General Practice, as well as consulting specialties. Consulting specialties include, but are not limited to: Allergy, Cardiology, Dermatology, Gastroenterology, General Surgery, Neurology, Ophthalmology, Otolaryngology, Orthopedics, Psychiatry and Urology.

BCBSIL received 546 completed questionnaires, for a 12 percent response rate. The table below shows the results of the 2009 survey. In 2009, the PPO survey was sent to a sample of physicians in the PPO network, rather than the entire network, therefore prior results are not comparable. Coordination of Care results regarding feedback received from various facilities and key specialists are included.

The survey used a 5-point scale, from Excellent to Poor. The results shown below are based on combined responses in the Top Three Boxes (Excellent, Very Good, and Good), or "Yes" answers.

PPO Survey Questions^	2009
Survey Response Rate	12%
Overall Rating	92%
BCBSIL Utilization Management	
• Pre-certifying Inpatient Admissions	86%
• Authorizing Additional Days	86%
PPO Network	
• Adequacy of Specialist Network	77%
• Quality of Specialist Network	79%
Claims Payment	
• Timeliness	79%
• Accuracy	72%
Satisfaction with BCBSIL Services	
• Provider Telecommunications Center (PTC) Overall	68%
• NDAS Online (eCare)	81%
• iEXCHANGE®	87%
Hospital Information	
• Pharmacy, in terms of providing medication correctly	97%
• Adequacy of the number of nurses	90%
• Accuracy of processing physician orders	95%
• Quality of discharge plans	91%

^ Baseline data in 2009.

New to this year's survey are questions regarding Electronic Medical Records (EMRs). In 2009, 26 percent of PCPs utilized an EMR and 23 percent anticipated implementing an EMR by 2011.

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

In 2009, more than 86 percent of physicians rated feedback from general surgeons, cardiologists, orthopedic surgeons, ophthalmologists, and dermatologists as Excellent, Very Good, and Good; and 79 percent of physicians rated feedback from behavioral health specialists as Excellent, Very Good, and Good. These results will be shared with the appropriate areas of BCBSIL. Providers are encouraged to consistently communicate with each other to improve coordination of care.

BlueCard® Update:

National Provider Directory Enhancements

The Blue Cross and Blue Shield Association (BCBSA) has launched an updated online Blue National Doctor & Hospital Finder, and a Federal Employee Plan (FEP) Online Provider Directory. Blue Cross and Blue Shield (BCBS) members can use the Blue National Doctor & Hospital Finder at http://provider.bcbs.com/ to locate health care providers within the U.S., Puerto Rico, and the U.S. Virgin Islands. FEP members can find participating providers by visiting www.fepblue.org and selecting "Find a Healthcare Provider."

To access the Blue National Doctor & Hospital Finder, providers and non-BCBS members visiting the BCBSA site at www.bcbs.com can click on "Find a Doctor or Hospital," and then select the "Guest" tab to look up out-of-state providers. BCBS members can select the "Member" tab and enter their Identification Prefix to obtain more specific results and see other information regarding network providers.

Recent Blue National Doctor & Hospital Finder tool enhancements include:

- Simplified searches with results returned in as few as two to three clicks
- New "type-ahead" technology that assists users with the spelling of city and specialty names
- Upfront filtering from the results page that eliminates time in searching for provider data, such as affiliations, recognitions, board certifications, etc.
- Ability to search for individuals and groups/facilities simultaneously
- Mobile access through handheld devices

BCBSIL members and providers may also search for out-of-state providers by clicking on the "Find a Doctor" icon on the BCBSIL Home page at *bcbsil.com*.

Place of Service, Date of Service Code Changes Rescinded

In our March *Blue Review*, we included an article on p. 5 titled "New Medicare Instructions for Diagnostic Test Claims." This article referenced Place of Service (POS) and Date of Service (DOS) code changes for Medicare claims, as outlined by the Centers for Medicare and Medicaid Services (CMS) Manual System Change Request 6375 (CR 6375), which has since been rescinded.

Documentation on the CMS Web site states that CR 6375 "will be replaced with another CR in the future pending further policy clarification on date of service and place of service reporting for the interpretation of diagnostic tests that consistently addresses the full spectrum of clinical scenarios."

For ongoing updates on new and changed Medicare policies, you may wish to refer to the Medicare Learning Network (MLN) Matters articles, located in the Outreach and Education section of the CMS Web site at http://www.cms.gov/MLNMattersArticles/.

Medical Policy Updates

Approved new or revised Medical Policies and their effective dates are usually posted on our Web site 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 Medical Policies section of our Provider Library on our Web site at *bcbsil.com/provider*. After reading the Medical Policies Disclaimer, click on "I Agree." You will then have two options, "View all Active Policies" or "View all Pending Policies."

You may also view draft Medical Policies that are under development or are in the process of being revised by selecting "Draft Medical Policies" from our online Provider Library. 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.

IN THE KNOW ✓

'Red Flags' Rule – Enforcement Delayed Until June 1, 2010

Are you aware of your responsibilities when it comes to fighting medical identify theft?

Has a new patient given you identification documents that look altered? Does a patient complain about getting a bill for a service that he or she didn't receive? Is there an inconsistency between a physical exam or medical history reported by the patient and the patient's actual treatment records? These are just some of the "red flag" situations that may be signals of medical identity theft.

To help prevent and mitigate instances of medical identify theft, the Federal Trade Commission (FTC) will begin enforcing the Red Flags Rule as of June 1, 2010.* This Rule requires certain businesses and organizations—including many doctors' offices, hospitals, and other health care providers—to develop a written program to help detect identity theft warning signs in day-to-day operations.

The FTC has developed a variety of resources to assist you with Red Flags Rule preparation and compliance. Visit the FTC Web site at www.ftc.gov/redflagsrule, where you will find the following materials:

- **Fighting Fraud with the Red Flags Rule: A How-to Guide for Businesses**—This guide will help you determine if the Rule applies to your practice, learn how to identify and handle suspicious situations, and find out how to implement a written Identity Theft Prevention Program.
- **Getting Red Flags Ready Video**—This presentation provides an overview of the Rule along with practical tips on spotting identity theft red flags, taking steps to prevent escalation and mitigating damage.
- **Do-it-Yourself Template for Low-risk Businesses**—This online form offers step-by-step instructions for creating your own written Identity Theft Prevention Program so that you can share details with your staff.

If you have any questions about the Rule, you may send an e-mail to RedFlags@ftc.gov.

FREE BROCHURES FOR YOUR PATIENTS

You can help your patients watch for red flags, too! The FTC recently published the free consumer brochure, Medical Identity Theft. The six-page publication explains how medical identity theft occurs, how it differs from traditional identity theft, how to minimize the risk, and how to recover after experiencing a theft. This free brochure is available in hard copy, and providers can order bulk quantities for their patients. To order, visit http://bulkorder.ftc.gov./

*The previous enforcement date was Aug. 1, 2009.

This material is for informational purposes only, and is not the provision of legal advice. If you have any questions regarding this law, you should consult with your legal advisor.

FROM THE MEDICAL DIRECTOR'S LIBRARY

This month David Stein, M.D. focuses his attention on two cardiology-related articles that are noteworthy and very informative.

The first is a brief but important article from Commentary by V. Chopra and Kim Eagle: **"Perioperative Beta-Blockers for Cardiac Risk Reduction-Time For Clarity."** *Journal of the American Medical Association (JAMA)*, 2010, Vol. 303: 551-552. This article provides a concise discussion regarding the debate over perioperative beta blocker usage and the differences between the prior clinical studies on which physicians have been basing their decisions. Presently, the latest American College of Cardiology (ACC) Foundation/American Heart Association (AHA) recommendations have restricted the once broad Class 1 indication for perioperative beta blockage to include only those patients already receiving the therapy or with manifest ischemia preoperatively.

The second is a longer report by the Strategic Planning Task Force of the AHA by Donald Lloyd-Jones et al: **"Defining and Setting National Goals for Cardiovascular Health Promotion and Disease Reduction."** *Circulation*, 2010, Vol. 121: 586-613. The AHA has defined a new system for categorizing cardiovascular (CV) health to help reduce cardiovascular disease and its morbidity and mortality. By developing a list of seven health factors and lifestyle behaviors that can affect CV health, one can quantify and measure these goals. This document represents a first step in defining and setting goals for CV health as well as monitoring it over time in the U.S. population. It should be of interest to every physician, not just cardiovascular specialists.

Online Training Sessions for BCBSIL Providers

Our Provider Relations team is dedicated to providing **complimentary** training sessions for PPO providers, billing services, clinical and administrative staff who are new or already participating in the BCBSIL network. The training schedule for May features a selection of convenient online Webinars—all you need is a telephone and computer to participate.

Register today! Visit our Web site at *bcbsil.com/provider/training.htm* to complete the registration process online. If you have questions or need assistance, e-mail us at *provider_relations@bcbsil.com*. Please note that, due to participant limitations, we encourage your staff to log on as a group.

Eligibility and Benefits Webinar	May 12, 2010 May 19, 2010	9 to 10 a.m.
Electronic Alternatives Webinar (EFT, ERA, EPS and EMC*)	May 12, 2010 May 19, 2010	11 a.m. to noon
Electronic Refund Management (eRM) Webinar	May 5, 2010 May 12, 2010 May 19, 2010 May 26, 2010	2 to 3 p.m.

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

MEDICARE PART D PHARMACY UPDATES

Formulary Changes: First Quarter 2010

For a summary of recent BCBSIL Medicare Part D formulary changes, please refer to the Medicare Part D Updates in the Pharmacy section of our Web site at *bcbsil.com/provider*. This list is updated regularly by our pharmacy benefit manager, Prime Therapeutics.

For a complete listing, and for future inquiries regarding recent Medicare Part D formulary changes for BCBSIL members, please proceed as follows:

1. Go to the Prime Therapeutics Home page at *www.myrxassistant.com*.
2. Type in "lisinopril" (or another drug name) in the Find Drugs section; then select "Search."
3. Follow the directions to select the health plan/type [e.g., BCBS Illinois, Blue MedicareRx (PDP) Individual].
4. Scroll down to the Forms and Related Information section; then select "Formulary Updates.pdf."
5. You can also access the Comprehensive Formulary from this location, as well as other useful Medicare Part D Reference materials.

Member ID Card 'Stripe' Sets New Standard

The new standardized format for Blue Cross and Blue Shield (BCBS) member ID cards includes a magnetic stripe on the back that contains the subscriber's name, birth date, member ID and Group number. Your staff can "swipe" the ID card through a magnetic card reader at the time of registration to conduct eligibility and benefits (ANSI 270/271) transactions.

To protect our members' privacy, *information on the ID card can only be read by a track-three card reader*, which connects to your computer via a Universal Serial Bus (USB) cable. To retrieve the data, you must also have registration/connectivity with an approved third-party vendor portal such as Availity® or RealMed®. **If your office does not have a card reader**, you may purchase one at a business retailer, or perform an online search for "Magnetic Card Reader."

Registered Availity users have access to the CareRead® application, which automatically fills Availity's online transaction pages with the necessary information to retrieve patient records after swiping the member ID card. Visit www.availity.com for more information. For registration and details regarding RealMed capabilities, visit www.realmed.com, or call (877) REALMED (732-5633).

Availity is a registered trademark of Availity, L.L.C.
RealMed is a registered trademark of RealMed Corporation.
Availity, L.L.C. and RealMed Corporation are independent contractors and are solely responsible for their products and services.

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 Web site at *bcbsil.com/provider*.

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