BCBSIL Maintains our Best Service Strategy

In this issue, Ray Angeli, Senior Vice-President of the Subscriber Services Division, our primary member support and claims processing area, shares a few strategies on how BCBSIL is working to provide the best possible service to all of our customers.

Our Subscriber Services Division (SSD), consisting of 21 Full Service Units (FSUs) in 3 states, (Blue Cross and Blue Shield of in Illinois, Texas and New Mexico), is staffed by over 6300 service personnel. This staff handles over 110 million provider claims and answers between 30 and 40 million inquiries per year. Processing this many claims and inquiries is a large job, and we try to provide timely claims disposition while maintaining a high level of customer service.

Service Strategies

Increasing Electronic Claim Submissions

BCBSIL is proud to have a very good working relationship with the network of contracting providers. The electronic capture and submission of claims is working well for most of you. Approximately 86% of all claims we receive, including Medicare crossover, are submitted electronically. Those claims pass through our system quickly and are processed efficiently, with each of the three plans processing their own claims. Well over half of those are auto-adjudicated and paid the same day we receive them.

However, we still receive around 10 million paper claims, which have to be scanned by hand before being submitted through our system. Paper claims create more problems because they do not go through the edits of the electronic claims process. Many paper claims call for additional research, requiring our Customer Service Reps (CSRs) to contact your office to resolve issues or, as a last resort, return the claims. These types of delays hinder the timely processing and payment of the claim.

That is why we have developed a strategy to increase our electronic media claims submission rate. Our Paper Claim Reduction Project Team is working with providers to find solutions that decrease the need to submit claims via paper, and introduce more providers to the ease and efficiency of electronic submissions.

More Automated Services

We are all utilizing technology for more of our health care transactions. BCBSIL is developing new automated and online tools that will allow you to experience even faster service when contacting us. Some of these include:

- **Intelligent Voice Response System (IVR):** We are currently developing a new IVR system which will enable you to check eligibility, claims status and member deductibles through the telephone. The IVR will allow customers a voice response to the questions asked rather than being forced to use a telephone key pad, and the system will act in response to the reply given.

- **Real Time Benefits (RTB):** The RTB pilot project is being developed to improve the quality and ease of obtaining benefits, giving our CSRs access to all group benefit information through one central data base. RTB will connect with IVR to give you a current and accurate description of the member’s benefits, allowing you to verify what is covered, and how much of the deductible and benefits remain for each member.

- **Provider Portal:** We are securing the provider side of our Internet Web site, [www.bcbsil.com/provider](http://www.bcbsil.com/provider) to offer you access to more information on a safe and secure portal. Paper reduction means an increasing amount of our communications will be e-mailed to you and transmitted electronically. On the secure provider portal HMO groups will have access to online eligibility and a process for approving claims. Providers who are enrolled in THIN Online (our electronic claims and information network) will continue to be able to link to that system to verify member eligibility and check claims status.

BCBSIL continues to introduce new health care products into the marketplace. These new products have had a tremendous impact on our membership, resulting in substantial growth. Over the past few years we have gained over ½ million new members. But our success is also measured by the extent to which your expectations as a customer are not only met, but exceeded.

(Continued on page 3)
THIN Online Benefit and Eligibility Enhancements

We are ready to implement the first of many upgrades to the eligibility and benefits functionality available on THIN Online. Starting in October 2004, all transactions for eligibility and benefits will be on a faster, more stable infrastructure. Users will no longer receive error messages stating “System Busy, please try again later.” The new infrastructure can handle over ten times the current volume and users will no longer “time-out” while using the system.

We have also added to the information displayed during an eligibility and benefits search. The effective and cancel dates of each policy will display on the first data screen, allowing users to view and select the active policy. Once you have selected a policy, the cancel date for each dependent will appear on the second eligibility screen.

The final upgrade is to the benefits display where we have added two data elements and changed the look of the screen. The first data element we added is the Employer Group Name. The second, and most important data element addition, is the Alpha Prefix, which you can now view for all local BCBSIL members.

Users will also notice a change to the look of the benefits screen. We added a “Top 10” area as well as HMO group history.

Look for additional enhancements that will allow users to ask for benefits related to a particular service for a specific member to be available mid 2005. Please continue to offer your suggestions on ways to improve the functionality of THIN Online. We appreciate your feedback.

Second Quarter Performance Recognition Program Award Winners

The 2004 Performance Recognition Program was developed to honor those providers that have successfully reduced paper and duplicate paper claim submission. Criteria for awards were based on three categories: High Consistent EMC Rate, Highest level of Paper Claim Reduction, Highest level of Paper Duplicate Reduction. Providers were divided by the type of claim submitted, CMS-1500 or Blue Shield vs UB-92 or Blue Cross. They were then ranked/slotted to a size category based on the average monthly volume of claims received in the last 6 months of 2003. They were further classified into one of 5 geographic regions.

Performance for the first three months of 2004 was compared to the averages for the last 6 months of 2003 to determine winners in all the categories. For a complete list of the second quarter winners, please see “What’s New” on our Web site at www.bcbsil.com/provider/index.htm. BCBSIL recognizes all of your efforts to become paper free and experience bottom-line benefits in efficiency and productivity.

Checking Claim Status

Remember to use the following options to check the status on your claims. If you bill electronically you can:

- Review your electronic reports
- Access our electronic inquiry data base—THIN Online—which has new enhancements that upgrade the functionality. (See article on page 2).
- Track the disposition of your claims as often as you like, in addition to checking to see if the claims were received. All providers can call the Provider Telecommunications Center’s Automated Information System (AIS) at 800-972-8088. If claim status is not available on the AIS, the system will provide the prompt for you to speak with a customer service representative.

Please allow us 30 days to process your claims before contacting our office for status.
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>Cement Masons Local #150</td>
<td>P15537</td>
<td>CXT</td>
<td>PPO (Portable)</td>
<td>October 1, 2004</td>
</tr>
<tr>
<td>Central States Joint Board</td>
<td>P15554</td>
<td>CJB</td>
<td>PPO (Portable)</td>
<td>October 1, 2004</td>
</tr>
<tr>
<td>General Board of Pension and Health Benefits of The United Methodist Church</td>
<td>021232-37, 021242</td>
<td>GBH</td>
<td>PPO (Portable)</td>
<td>January 1, 2005</td>
</tr>
<tr>
<td>HSBC</td>
<td>016240-45</td>
<td>HBB</td>
<td>PPO (Portable)</td>
<td>January 1, 2005</td>
</tr>
<tr>
<td>HSBC</td>
<td>016239</td>
<td>HBB</td>
<td>PPO (Portable)</td>
<td>November 1, 2004</td>
</tr>
<tr>
<td>Plumbers Local 93</td>
<td>P15587</td>
<td>ERS</td>
<td>PPO (Portable)</td>
<td>November 1, 2004</td>
</tr>
<tr>
<td>State Farm Insurance Companies Group Medical Plan</td>
<td>021171-021174</td>
<td>SFZ</td>
<td>PPO (Portable)</td>
<td>January 1, 2005</td>
</tr>
<tr>
<td>Winston and Strawn</td>
<td>016132-36</td>
<td>WSW</td>
<td>PPO (Portable)</td>
<td>August 1, 2004</td>
</tr>
</tbody>
</table>

Key:
- BlueAdvantage HMO = BlueAdvantage HMO
- BlueEdge<sup>SM</sup> Participating Provider Option (PPO) = Consumer Driven Healthcare Product (CDHP)
- BlueChoice Select = Point of Service
- 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

Special National Account Update

**BCBSIL to process PPO claims for State Farm Insurance Group Medical Plan**

Effective January 1, 2005, BCBSIL will administer the State Farm Insurance Companies’ Group Medical PPO Plan. The Group Medical Plan is only offered to State Farm associates (employees, agents and employees of agents, and retirees) and not the general public. BCBSIL’s administration of the State Farm Group Medical Plan does NOT include medical policies that are sold as a line of business by State Farm agents.

All State Farm Group Medical Plan members will be issued a BCBSIL ID card with the standard BlueCard PPO suitcase logo. Please note that the identification number will not be the subscriber’s social security number, but a Unique identification number (UID) assigned by BCBSIL. The alpha prefix for State Farm is **SFZ**.

**Claim Filing**

Claims for all State Farm Group Medical Plan members with BCBSIL ID cards must be filed to BCBSIL. If State Farm incorrectly receives a claim that should have been filed with BCBSIL, they will forward it to us for processing. When this occurs, you will receive your normal PCS response.

BCBSIL Maintains our Best Service Strategy (cont.)

(Continued from page 1)

New members always present new challenges and opportunities for our organization as well as for you, their health care providers. A big factor in helping us retain and increase our membership base is provider satisfaction. That is why we want you to always feel free to contact our staff to resolve your issues and find the information you need. We value your network participation.

Our concept of service strategy means we will continue to focus on you as our customer and develop more tools that enhance our ability to deliver the best possible service we can. We strive to assist you in easing administrative burdens and allow you to spend time on the truly important things, caring for your patients, and our members.
Want to improve your knowledge of BCBSIL’s procedures, products and services and increase your efficiency as a network provider? The Provider Affairs Education Team can help you. Attend one of our free workshops to get important, up-to-date information on claims submission, the reimbursement process, advantages of verifying member eligibility and benefits, out-of-state processing, key resources, BCBSIL news — and much more. Workshops are designed for both the new and experienced provider and will give you the tools to assist in achieving administrative success as a network participant.

Online reservations may be made by logging on to www.bcbsil.com/provider/training.htm. A confirmation or “Request to Reschedule” form will be e-mailed to you.

**Fourth Quarter Workshop Schedule**

Want to improve your knowledge of BCBSIL’s procedures, products and services and increase your efficiency as a network provider? The Provider Affairs Education Team can help you. Attend one of our free workshops to get important, up-to-date information on claims submission, the reimbursement process, advantages of verifying member eligibility and benefits, out-of-state processing, key resources, BCBSIL news — and much more. Workshops are designed for both the new and experienced provider and will give you the tools to assist in achieving administrative success as a network participant.

Online reservations may be made by logging on to www.bcbsil.com/provider/training.htm. A confirmation or “Request to Reschedule” form will be e-mailed to you.

**Professional**

*Experienced Contracting Provider*
Off-site Workshop—Half Day

**October 12, 2004**
Kankakee Community College
817 River Rd.
Kankakee, Illinois 60901
(815) 802-8200

Customer Service Seminar
In-house Workshop—Half Day

**October 20, 2004**
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 12 P.M. General Session

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Now Accepting Medicare B Supplemental Claims Electronically

We are pleased to announce that BCBSIL can now accept Medicare B Supplemental claims electronically. (This applies to batch submission only; we will notify you when we are able to accept Direct Data Entry Medicare B Supplemental claims.) We have created a reference guide that documents the specific requirements for the adjudication of Medicare B Supplemental claims. Go to www.bcbsil.com/provider and visit the Provider Library. You may begin submitting Medicare Supplemental claims immediately upon completion of the requirements.

Most Medicare Supplemental claims do crossover automatically. If for some reason you find the crossover process did not take place, you may submit the Medicare Supplemental claim electronically with the required data.

Please ensure your software and your vendor’s software programs are able to capture and provide the supplemental data required by BCBSIL.

This notification and the specific requirements have been sent to BCBSIL vendors. As soon as we receive notification from vendors that they are prepared to send Medicare B supplemental claims electronically to BCBSIL, we will post their readiness on our provider Web site.
Notice of Medical Policy Activity

The following new or revised Medical Policies have recently been approved and are effective on or after September 17, 2004. These policies can be viewed at www.bcbsil.com. On our Web site, click on “Providers”, then click on “Medical Policies”. After reading the Medical Policies Disclaimer, click on “I Agree”.

The policies listed below can be found in the “Pending Policies” section of the Medical Policy site.

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Policy Name</th>
<th>Brief Description of Change (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME101.045</td>
<td>Skin Contact Monochromatic Infrared (MIRE) Devices</td>
<td>New Policy. Investigational.</td>
</tr>
<tr>
<td>DME104.009</td>
<td>Speech Generating Devices (SGD)</td>
<td>New policy with conditional coverage criteria.</td>
</tr>
<tr>
<td>MED201.011</td>
<td>Alternative Modes of Nutrition in the Outpatient and Home Setting</td>
<td>Change in coverage position statement. This was previously MED201.011 bu Parenteral, Enteral Nutrition (PEN) Therapy.</td>
</tr>
<tr>
<td>SUR712.006</td>
<td>Neuromuscular Electrical Stimulation for Scoliosis</td>
<td>Change in coverage position from conditional coverage to not medically necessary.</td>
</tr>
<tr>
<td>SUR714.003</td>
<td>Implantable Bone Conduction Hearing Aids</td>
<td>Revised/updated policy with conditional coverage criteria.</td>
</tr>
<tr>
<td>RRU1200.011</td>
<td>Physician Standby</td>
<td>Change in coverage position statement. DELETE 1001.010 when this policy has been disclosed.</td>
</tr>
</tbody>
</table>

The following new or revised Medical Policies are being implemented immediately (or have been implemented) as the changes made do not impact current claims adjudication processes. This notification is being made so providers are aware of any changes to Medical Policy.

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Policy Name</th>
<th>Brief Description of Change (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED202.003</td>
<td>Ambulatory Cardiac Event Monitors (AEMs or CEMs)</td>
<td>Policy updated. Change in coverage to allow for some indications.</td>
</tr>
<tr>
<td>MED205.008</td>
<td>Electroencephalograms</td>
<td>Policy updated.</td>
</tr>
<tr>
<td>MED207.088</td>
<td>Functional Intracellular Analysis</td>
<td>Policy updated. Policy name change.</td>
</tr>
<tr>
<td>MED207.092</td>
<td>Cancer Screening of the Cervix</td>
<td>Policy updated.</td>
</tr>
<tr>
<td>RAD601.041</td>
<td>Percutaneous Vertebroplasty and Kyphoplasty</td>
<td>Change in the coverage position statement. Procedure is allowed in some indications.</td>
</tr>
<tr>
<td>RAD603.009</td>
<td>Magnetic Resonance Imaging of the Breast</td>
<td>Change in the coverage position statement. Procedure is allowed for some indications.</td>
</tr>
<tr>
<td>SUR702.003</td>
<td>Intravenous Analgesia or Monitored Anesthesia Care (MAC)</td>
<td>No change in coverage position statement. Updated references.</td>
</tr>
<tr>
<td>SUR703.021</td>
<td>Autologous Chondrocyte Transplantation (ACT)</td>
<td>Policy updated. Change in coverage to allow for some indications.</td>
</tr>
<tr>
<td>SUR716.003</td>
<td>Surgery for Morbid Obesity</td>
<td>Policy updated. Change in coverage position.</td>
</tr>
<tr>
<td>THE801.007</td>
<td>Hyperthermia</td>
<td>No change in coverage position statement. Updated references.</td>
</tr>
<tr>
<td>THE801.021</td>
<td>Infusion and Injectable Therapy in the Home</td>
<td>No change in coverage position statement. Updated references.</td>
</tr>
<tr>
<td>RRU1200.012</td>
<td>Telephone Advice Guidelines</td>
<td>No change in coverage position statement. Updated references.</td>
</tr>
<tr>
<td>THE803.011</td>
<td>Iontophoresis</td>
<td>Updated policy. Investigational for all indications.</td>
</tr>
</tbody>
</table>

Disclaimer: Medical Policies are based on data from peer-reviewed scientific literature, criteria developed by specialty societies and guidelines adopted by other health care organizations. Medical Policies are used as guidelines for coverage determinations. In the event of conflict between a Medical Policy and any plan document, the Plan document will govern.

HIPAA Edit Update—Addenda Version ICD-9 Procedure Codes

When BCBSIL is the primary payer, please continue to submit ICD-9-CM procedure codes for outpatient institutional claims. We are working on the transition from ICD-9 procedure codes to CPT on the UB-92 for outpatient surgery claims. Until you receive notification from us that the transition is complete, continue to send us the ICD-9 procedure codes.
Changes in Rx Home Delivery Services

We have been announcing over the past few months that effective January 1, 2005, BCBSIL will have a new pharmacy benefits manager (PBM), Prime Therapeutics. Prime will provide us with comprehensive pharmacy benefit solutions and services, including claims processing, national pharmacy network management, clinical programs, manufacturer contracting, utilization management for retail pharmacy transactions, reporting and customer service.

BCBSIL’s retail pharmacy network will remain unchanged. Physicians may continue to prescribe medications as they always have, and members will continue to have access to the same pharmacies as they do now.

Home Delivery Service Changes

Please note the varying effective dates for home delivery services through PrimeMail, Prime Therapeutics’ mail service.

PPO and POS/ non-HMO Members

PPO and POS members will be affected by the PBM change as follows:

- Members with Walgreens Healthcare Plus home delivery pharmacy services will change to PrimeMail effective November 1, 2004;
- Members with AdvancePCS home delivery pharmacy services will change to PrimeMail effective January 1, 2005 (i.e. Albertsons, Mitsubishi, Stepan, and Charter employer groups)
- Non-HMO members who are currently utilizing home delivery service will be notified via letter of the PBM changes and be sent a new packet with an order form and instructions.
- Non-HMO members do not need a new prescription for existing prescriptions with remaining refills. Walgreens will be sending prescription history (which tracts remaining refills) to PrimeMail. However, members will need a new prescription for compounds and controlled substances.

Note: Members do not need new prescriptions for remaining refills at retail pharmacies.

There are three ways for members to begin using PrimeMail:

1. Online/fax: Preregister for Prime’s home delivery service online at www.bcbsil.com and download a physician fax form for new prescriptions. When members give you this form to complete, you can fax the new prescriptions directly from your office to PrimeMail.
2. By mail: Obtain new prescription(s) from their physician. Then complete the order form, attach the prescription(s) and mail them to PrimeMail in the envelope provided.
3. Phone preregistration: Call PrimeMail at (877) 357-7463 (select prompt 4) and preregister by phone beginning September 8, 2004 through January 15, 2005.

HMO Members

We expect Walgreens Healthcare Plus will continue to provide home delivery service for HMO members. More information about HMO options will be announced at a later date.

Remember to look for UIDs

Between now and January 1, 2006, existing Blue CrossBlue Shield members are being converted to a Unique Identifying number (UID) and will receive new ID cards. Please remember that BCBS plan UIDs could contain a maximum of 17 characters, consisting of the 3-digit Blue Cross alpha prefix and up to 14 alpha/numeric characters (including a combination of letters and numbers).

What should providers do?

1. Educate your office staff to recognize that the new identification numbers are no longer the same as your patients’ Social Security Numbers.
2. When BCBS members visit your office to receive services, obtain a new copy of their ID card to ensure that you have the member’s correct ID number.
3. At every patient visit, before rendering service, check each member’s eligibility and benefits through THIN Online or by calling our Provider Telecommunications Center at 1-800-972-8088.
4. Always keep track of when a new ID card has been issued for each patient, so you can then update the patient’s records.
5. Update your practice management systems to accommodate member ID numbers that are longer than 12 characters. Electronic claims submitted with incomplete member ID numbers may result in a delay in payment, due to the need for manual claim intervention.

Please confirm the validity of the member’s new ID number before refusing acceptance of any BCBS member’s ID card.
Pharmacy Fraud Initiative Producing Big Results

As part of our commitment to reducing health care costs, Blue Cross and Blue Shield of Illinois (BCBSIL) has instituted a pharmacy fraud initiative which compares a member’s prescription drug claims with the member’s medical claims. The comparison allows BCBSIL’s Special Investigations Department (SID) to identify patterns that are characteristic of fraud schemes such as doctor shopping, double billing and identity theft. The pharmacy fraud initiative, which is a function of the SID’s Intelligence Unit, is already producing major results for BCBSIL and its national accounts.

“The SID has taken an aggressive approach to identify, investigate and refer health care fraud to law enforcement,” according to Robert Walsh, Vice President of Special Investigations & Corporate Security and Safety. “This initiative demonstrates that BCBSIL is leading the industry in this important area.”

For example, a doctor shopping scheme typically involves a member with a high number of emergency room visits at several different hospitals. The member complains of back or neck pain and requests prescriptions for controlled substances such as Oxycontin and Vicodin. The prescriptions are filled at different pharmacies to avoid suspicion given the large quantity of pills being dispensed to the member. The member will either consume the pills or sell a portion of them to others for profit. The absence of any involvement by the member’s primary care physician, the high number of emergency room visits, the use of many different pharmacies to fill the prescriptions and the excessive quantities of pills dispensed to the member are all indicators of pharmacy fraud.

In other doctor shopping cases, the member obtains prescriptions from unethical doctors who sell the prescriptions for cash, but who do not bill the member’s insurance company for an office visit or a medical examination. In such cases, the member’s prescription drug claims are inconsistent with the member’s medical claims history; a clear indication of pharmacy fraud.

By comparing the member’s prescription drug claims with the member’s medical claims history, the Intelligence Unit is also able to identify those members who have proven and ongoing medical conditions, such as cancer, that support their prescription drug claims. In those cases, the member’s prescription drug usage will not be questioned by the SID and the member will not be investigated. Only those members whose prescription drug activity is indicative of pharmacy fraud will be subject to investigation by the SID.

Tara Gurber, Senior Vice President of Audit, Compliance and Security explains that “This initiative clearly demonstrates the value of BCBSIL’s Intelligence Unit which has the ability to proactively search claims for outliers that are indicative of potential fraud.”

BCBSIL’s pharmacy fraud initiative has also attracted the attention of national accounts that do not use BCBSIL as their pharmacy benefits manager. Those national accounts are providing the SID with pharmacy data that the Intelligence Unit can use for comparison with the members’ medical claims histories. With BCBSIL’s acquisition of an interest in Prime Therapeutics, Inc., and the demonstrated success of the pharmacy fraud initiative, BCBSIL expects to increase its market share of the pharmacy benefits management business. In the meantime, the SID will continue to investigate the hundreds of leads that have already been produced by BCBSIL’s pharmacy fraud initiative. Any provider and/or member who participate in or who have participated in a fraud scheme will be referred to law enforcement for criminal prosecution.

Providers who would like to report instances of health care fraud should contact the SID via BCBSIL’s toll free Fraud Hotline: (877) 272-9741.

BCBSIL Adopts New Overpayment Recovery Program

BCBSIL strives to pay all claims accurately and timely. However, there are occasions when payment errors occur (i.e. duplicate payments, non-covered services), and we must request that providers send us a refund. To address this issue, we are introducing a new recoupment process for refunding overpayments made to contracting providers for the BlueChoice, BlueChoice Select and PPO products. This procedure will apply to all claim overpayments requested after October 1, 2004.

Refunds Due BCBSIL

When an overpayment is identified by BCBSIL, a refund request letter will be sent to the payee which explains the reason for the refund and includes a remittance form and return address envelope.

If BCBSIL makes a payment to a contracting provider in error and after a refund is requested, the contracting provider fails to return the overpayment, BCBSIL reserves the right to deduct any such payment from any other payment due the provider from BCBSIL.

If we do not receive a response to our initial letter, a follow up letter is sent asking for payment. If we do not hear from you by telephone or in writing, or you do not return the amount of the overpayment, BCBSIL will recover the overpayment by offsetting current claims payments by the amount due to us. The patient information and recovery amount are explained on the Provider Claims Summary (PCS) and the electronic remittance advice version (ANSI 835 4010A1). Should you have questions or concerns about this policy, please contact the Provider Telecommunications Center at (800) 972-8088.
Would you like to:
- Have your claims paid faster and improve your cash flow?
- Reduce your administrative costs?
- Easily track, trend and correct recurring billing errors?
- Streamline your workflow?
- Reduce your volume of pended and denied claims?
- Speed-up cash posting through electronic payment?
- Submit all claims to all payers from one online portal?

Consider RealMed.

RealMed is an all-payer revenue cycle management solution that augments the practice’s current practice management system and should improve overall workflow. RealMed’s value is based upon the practice’s entire revenue cycle – from the time the patient comes into the office for care until the time payment is received from both the payer and the patient.

RealMed differentiates itself from the rest of the industry by increased speed and richness of information it can pull back from its directly connected payers, including real-time adjudication. With these real-time responses and with diagnostics each step of the way, the practice can address issues quickly and see patterns and trends before they become collection problems.

In addition to being a revenue cycle management solution, RealMed is also a HIPAA solution. RealMed’s web-based solution is completely secure, with the highest levels of encryption available and is certified by the Electronic Healthcare Network Accreditation Commission (EHNAC).

Through its universal, Web-based portal, RealMed provides the following services:

- Eligibility Management
- Claims Submission Management
- Edit/Error Management
- Claims Delivery Management
- Status Management
- Remittance Management
- Secondary Management
- Payment/Lockbox Management
- Patient Statement Management
- Report/Analytical Management

Call RealMed today at (877) REALMED (732-5633) or visit www.realmed.com to find out how you can enjoy these benefits and savings.

Reminder: Network Hospitals for the BlueChoice Product

This is a reminder that effective July 1, 2004, the Hospital Network for the BlueChoice product was revised. To view the complete list of network hospitals for the BlueChoice product, log on to http://www.bcbsil.com/provider/index.htm and check under “What’s New”. Please direct any questions to your Provider Network Consultant.