Reduce the Risk of Medication Errors
Learn How e-Prescribing Can Help

The Electronic Prescribing (e-Prescribing) Pilot launched by Blue Cross and Blue Shield of Illinois (BCBSIL) in April of 2007 has been extended through early 2009. BCBSIL has partnered with Illinois “eRx” vendors to implement the program to help reduce medication errors (over one million errors are made each year and 28 percent of those require hospitalization), enhance process flow and improve patient safety.

Since inception of the pilot program, participating physicians have written over 700,000 electronic prescriptions, writing 49,062 in October 2008 alone. The eRx system, which is designed to help prevent medication errors, detected more than 72,000 potential negative drug interactions, of which nearly 19 percent resulted in a change or cancellation of the proposed prescription. In addition, the system detected more than 500 potential allergic reactions for the month. As a result, physicians changed or cancelled more than 9 percent of prescriptions.

There are many organizations awarding states that demonstrate outstanding e-prescribing performance. For example, the SureScripts Safe-Rx Award honors the top 10 e-prescribing states in the nation along with three physicians within these states who have demonstrated outstanding leadership and commitment to patient safety through their use of e-prescribing technology.

During the next few months you can expect to hear more from us about e-prescribing through phone calls, visits and Web demonstrations. In the meantime, visit the BCBSIL e-Prescribing Web site at www.bcbsil.com/provider/eprescribing.htm to find out more details, request more information and to contact us.

Medicare e-Prescribing Incentive Program

Congress enacted the Medicare Improvements for Patients and Providers Act of 2008 that mandates and provides financial incentives for use of electronic prescribing. This only applies to providers who write a sufficient amount of Medicare prescriptions. Providers must use e-prescribing for a minimum of 50 percent of all patient visits to receive an incentive. The Act allows for hardship exceptions on a case-by-case basis, specifically using the example of a provider who doesn’t have broadband access to the Internet. The average estimated incentive for 2009 alone is between $2,000 and $4,500 per physician. For more information on the E-Prescribing Incentive Program visit: www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp. For more information on Medicare E-Prescribing, visit: www.cms.hhs.gov/E-Prescribing/.

BlueEdge (Consumer Directed Health Plan) Tutorial — Now Available Online!

Consumer Directed Health Plans (CDHPs) are growing in popularity as members learn the advantages of managing their health care benefits while budgeting for their medical expenses. BCBSIL is pleased to offer BlueEdge, our CDHP product that empowers our members with choice and flexibility.

BlueEdge is a Participating Provider Option (PPO) that typically combines a high deductible health plan (HDHP) with a spending account that can be used to cover eligible expenses. It also provides coverage for wellness and preventive care, in some instances without a copayment or deductible.

continued on page 4
Workshop Schedule

The Network Management Education Team is dedicated to providing free educational Webinars and workshops for the BCBSIL contracting provider community. Whether you are new to the network or an experienced provider, our workshops are designed to help improve administrative efficiencies in your office.

Some of the topics include:

- Eligibility and benefit tools
- Consumer Directed Health Plan (CDHP)
- Medicare Advantage
- Pre-certification and predetermination
- BlueCard® Program (out-of-area)
- Refund process ... and more!

Register today! Visit our Web site at www.bcbsil.com/provider/training.htm to view the agenda and to sign up for our workshops.

Upcoming workshops include:

<table>
<thead>
<tr>
<th>Workshop</th>
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<tr>
<td>e-Solutions</td>
<td>March 11, 2009</td>
<td>Holy Family, Des Plaines, IL</td>
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<tr>
<td>New Provider</td>
<td>March 18, 2009</td>
<td>BCBSIL, Chicago, IL</td>
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<tr>
<td>e-Solutions</td>
<td>March 25, 2009</td>
<td>FHN Memorial Hospital, Freeport, IL</td>
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<td>EFT, ERA &amp; EPS Webinar</td>
<td>April 1, 2009</td>
<td>Online</td>
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<td>April 8, 2009</td>
<td>BCBSIL, Chicago, IL</td>
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<td>Managed Care Roundtable</td>
<td>April 15, 2009</td>
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<td>April 29, 2009</td>
<td>Proctor Hospital, Peoria, IL</td>
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<tr>
<td>e-Solutions</td>
<td>May 13, 2009</td>
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Attention NDAS Online Users

Effective March 2, 2009, NDAS Online users will experience a nominal fee increase for specific payer data delivered by Nebo Systems, Inc. and Passport Health Communications, Inc.

This increase will be applied as follows for Medicare and commercial payers:

- Eligibility and benefits data: $0.02 increase per transaction
- Claim status: Five-tiered monthly flat-fee pricing structure, based on volume of transactions.

For further information, you may contact your Nebo Systems sales representative, or go to www.passporthealth.com/questions.htm and complete a request form for a quick response to your questions.

This information is being provided solely as a courtesy to our independently contracted providers. Nebo Systems Inc. and Passport Health Communications are independent third-party vendors which are not owned or controlled by Health Care Service Corporation. If you have any questions regarding this notice, please refer to your agreement with these vendors or contact them directly.

Effective March 1, 2009, Triessent Specialty Pharmacy replaces McKesson for specialty medications that are eligible for coverage/reimbursement under a member’s medical coverage. The Triessent team can be contacted as follows:

Phone: (888) 216-6710 (option 2 or 3)
Fax: (866) 203-6010
TTY: (866) 230-7268

Effective June 1, 2009, there will be a new fee schedule for the medications that are available from Triessent.
FDA Alert: Increased Risk of Death with Antipsychotic Drug Treatment for Dementia

On June 16, 2008, the FDA issued an alert notifying health care professionals that both conventional and atypical antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis. Examples of medications noted in the advisory include:

- **Typical antipsychotics**, e.g., haloperidol (HALDOL®), thiioridazine (MELLARIL®)
- **Atypical antipsychotic drugs**, e.g., aripiprazole (ABILIFY®), olanzapine (ZYPREXA®), quetiapine (SEROQUEL®), and risperidone (RISPERDAL®)
- **SYMMBYX®** (olanzapine/fluoxetine), which is approved for treatment of depressive episodes associated with bipolar disorder, is also included in the agency's advisory.

In April 2005, the FDA informed health care professionals and the public about the increased risk of mortality in elderly patients receiving atypical antipsychotic drugs to treat dementia-related psychosis. At that time, the analyses of 17 placebo-controlled trials that enrolled 5,377 elderly patients with dementia-related behavioral disorders revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo-treated patients. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature.

Atypical antipsychotics are categorized into three drug classes based on their chemical structure. Because the increase in mortality was observed with atypical antipsychotic medications in all three chemical classes, the FDA concluded that the effect was probably related to the common pharmacologic effects of all atypical antipsychotic medications, including those that have not been systematically studied in the dementia population. Therefore, clozapine and ziprasidone, which were not included in the trials, were also included in the warning. Based on this analysis, the FDA requested that the manufacturers of atypical antipsychotic drugs include information about this risk in a Boxed Warning and the Warnings section of the drugs’ prescribing information.

Recently, two observational epidemiological studies, 1, 2 were published that examined the risk of death in patients who were treated with conventional antipsychotic drugs. Both retrospective cohort studies were performed in Canada on very large patient populations (27,259 and 37,241 adults 65 years of age or older). In the first study the researchers found that atypical antipsychotics were associated with increased mortality, compared to no antipsychotic use as early as 30 days and persisting until the study’s end (180 days). In addition, investigators also found that conventional antipsychotic use showed a marginally higher risk of death compared with atypical antipsychotic use.

In the second study, the investigators compared the 180-day all-cause mortality with use of a conventional antipsychotic versus an atypical antipsychotic. They found that the risk of death in the group of patients treated with conventional antipsychotic medications was comparable to, or possibly greater than, the risk of death in the group of patients treated with atypical antipsychotic medications. The causes of death with the highest relative risk were cancer and cardiac disease.

**Considerations for health care professionals**
- Elderly patients with dementia-related psychosis treated with conventional or atypical antipsychotic drugs are at an increased risk of death.
- Antipsychotic drugs are not approved for the treatment of dementia-related psychosis. Furthermore, there is no approved drug for the treatment of dementia-related psychosis. Health care professionals should consider other management options.
- Physicians who prescribe antipsychotics to elderly patients with dementia-related psychosis should discuss this risk of increased mortality with their patients, patients’ families, and caregivers.
- To report any unexpected adverse or serious events associated with the use of these drugs, please contact FDA MedWatch at (800) 332-1088.

**References:**

The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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**The fees will be available after May 1, 2009, and can be requested by downloading the Fee Schedule Request Form at www.bcbsil.com/provider/forms.htm.**

**Coverage**
BCBSIL BlueChoice, BlueChoice Select, PPO, and indemnity plans may provide benefit coverage for injectables, biological or biotechnology drugs that are often at a high cost and may be difficult to obtain. Benefits, when available, are limited to members who meet the BCBSIL Medical Policy criteria. Please refer to our Web site at www.bcbsil.com for a complete list of Specialty Medications provided by Triessent and for further details of the Medical Policy.

**Predetermination**
BCBSIL encourages physicians and Triessent to confirm member eligibility. However, a predetermination is recommended for all specialty injection medications (regardless of who is billing) due to the above referenced Medical Policies. Please refer to our Web site, www.bcbsil.com for the Predetermination form.

**Billing Guidelines**
Physician offices that choose to buy direct from another pharmacy may bill BCBSIL using the appropriate CPT/HCPCS code for the specialty medication, along with the appropriate administration code.

If you have any questions regarding Triessent Specialty Pharmacy, please contact Triessent, or our Provider Telecommunications Center (PTC) at (800) 972-8088.
This month we are introducing “BlueCard Tip,” a new monthly article containing valuable information that may be helpful to providers when servicing out of area Blue Cross and Blue Shield (BCBS) Plan members. We look forward to providing you with these tips to help ensure BlueCard members receive the best service.

**How to Identify BlueCard Members**

When members from other BCBS Plans arrive at your office or facility, be sure to ask for their current BCBS Plan membership identification card. The main identifiers are:

1. PPO in a suitcase logo, for eligible PPO members
2. Empty suitcase logo, for Traditional, POS or HMO members
3. An alpha prefix (the first three positions of the identification number)

**How to Verify Member Eligibility and Benefits**

BCBSIL offers several ways to help you verify member eligibility and benefit coverage.

1. **Electronic:**
   Submit a HIPAA 270 transaction (eligibility) to BCBSIL through NDAS Online.*
   You will receive real-time responses to your eligibility requests for out-of-area members between 6 a.m. and 12 Midnight, CT, Monday through Saturday.

2. **Telephone**
   Call BlueCard Eligibility at: (800) 676-BLUE (2583). The BlueCard Eligibility line is for eligibility, benefit and pre-certification/referral authorization inquiries only.

**NOTE:** Since BCBS Plans are located throughout the country, they operate on different time schedules. You may be transferred to a voice response system linked to customer enrollment and benefits.

For more information about the BlueCard Program:
- For claims and benefit issues:
  - Visit our Web site at: [www.bcbsil.com/provider/ec/ndas.htm](http://www.bcbsil.com/provider/ec/ndas.htm). Click on “Sign up Now” to access the online enrollment form. You may also contact our Electronic Commerce (E-Commerce) Center at (800) 746-4614 for assistance.

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**Pass-through Billing Policy Suspended**

Pass-through billing by physicians will continue to be reimbursed by BCBSIL for the present time. Given the current economic conditions, BCBSIL is sensitive to the possible unintended financial consequences that would have resulted from our recently announced policy prohibiting pass-through billing. Therefore, we have suspended the prohibition at this time and will continue to reimburse physicians who bill for lab services for the present time.

Our goal has always been to obtain lab results for clinical quality and disease management purposes. BCBSIL will continue to pursue opportunities to collect results data and will work closely with our physicians, hospitals and reference labs on that goal.

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**Next Month’s BlueCard Tip: How to Submit BlueCard Claims**

*If you are not enrolled with NDAS Online, join the growing number of providers who take advantage of our online solutions. Sign up today by visiting [www.bcbsil.com/provider/ec/ndas.htm](http://www.bcbsil.com/provider/ec/ndas.htm). Click on “Sign up Now” to access the online enrollment form. You may also contact our Electronic Commerce (E-Commerce) Center at (800) 746-4614 for assistance.
Provider Network Relations Spotlight

In this section of the newsletter, we introduce you to some of the key players on our Provider Network Relations team, briefly describing their areas of expertise and their goals of providing the best service to our provider community. This issue features two of our Senior Provider Network Consultants, Gina Plescia and Mari Salinas.

Gina Plescia is a Senior Provider Network Consultant who has been a member of the Provider Network Relations team for six-and-a-half years. Gina provides service to physicians and medical groups in Northern Lake County, Cook County, Jo Davies County and the Quad Cities. Gina's unique background in sales and marketing has helped her learn to network with various departments to accomplish goals that benefit internal and external customers.

Gina is enthusiastic about working for BCBSIL. "I am so proud to represent such a great company," she says. "We have a dynamite management team. I also really enjoy working with all my providers and fellow co-workers. The best part of my job is when I am able to resolve an issue that helps the providers and our members. I couldn't resolve these issues without the wonderful support I get from my fellow co-workers throughout the various departments at Blue Cross and Blue Shield."

It can be challenging to help keep providers aware of “changes in the health care industry that deal with technology or changes mandated by the government.” However, Gina finds that a personal approach helps transform these challenges into opportunities: "I treat my providers as if they were family. Answering their phone calls and e-mails promptly to help resolve their issues is a very important part of my job as their Senior Network Consultant. If I don’t have the answer, I will get it for them. My job is to provide them with the best possible support." Gina Plescia is available via telephone at (312) 653-4733, or you may e-mail her at gina_plescia@bcbsil.com.

Mari Salinas has been a member of the Provider Network Relations team for two years. Mari provides service to independently contracted hospitals in the Chicago Metro area. Prior to joining the Network Relations team, Mari worked for several years in the claims area at BCBSIL where she served as a liaison for some of the larger Health and Welfare Union Funds. She also worked extensively on the Medicare Secondary Payer Project, which enabled her to work collaboratively with various internal departments, as well as many Blue Cross and Blue Shield clients. These interactive experiences helped tremendously in preparing Mari for her current role, where she specializes in assisting facility providers on complex hospital billing issues and related processes.

Mari is pleased to work for BCBSIL because of the company’s initiative to maintain a leadership role in the health care industry. “I take great pride in working for a company that strives for and excels in providing outstanding customer service. It’s also great to work with so many talented people,” Mari says. “And, last but not least, you have to love what you do – otherwise, it’s just a job!”

In servicing the contracted hospitals in her assigned territory, Mari’s main objective is to respond “as expeditiously as possible.” She also wants providers to know that “no problem is too minor or insignificant. I enjoy visiting with them and discussing their concerns face to face. It makes it more personal. It’s very rewarding when they tell me the issue is resolved. At the end of the day, I hope they see their experience with Blue Cross as a positive one.” Mari Salinas is available via telephone at (312) 653-6688, or you may e-mail her at salinasm@bcbsil.com.

Medical Policy Disclosure Statement

New or revised Medical Policies will be posted in the “Pending Policies” section of the Medical Policy site on the BCBSIL Web site. The new or revised policies will normally be available on the first day of each month. The specific effective or implementation date will be noted for each policy that is posted.

To review these policies, visit our Web site at www.bcbsil.com/provider and select “Medical Policies.” After reading the Medical Policies Disclaimer, click on “I Agree.” The policies that are awaiting implementation can be found in the “Pending Policies” section of the Medical Policy site.

View Managed Care Updates Online

HMO and BlueChoice Updated Policies and Procedures

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 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 cumulative data is normally 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.
Enrolling for Electronic Funds Transfer (EFT), the Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS) is quick and easy. How can you be sure that these paperless services are a good fit for your practice?

Join us in April for a special EFT, ERA & EPS Webinar where the BCBSIL Network Management Provider Education Team will be happy to show you how all three of these earth-friendly electronic transactions can work together to help increase efficiencies in your office.

In this Webinar, you will:
- Discover what each of these transactions are and how you can utilize them
- Take a walk through the enrollment process
- Learn what questions you should ask your software vendor to ensure that your practice management software can “translate” the ERA
- Find out how to locate a compatible software vendor if you do not already have one

Electronic transactions such as Electronic Funds Transfer (EFT), the Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS) can benefit your office in the following ways:

- **Greater convenience** – Paperless transactions help streamline administrative processes and provide increased access to information. No more waiting for mail delivery or standing in long lines at the bank.
- **Improved efficiencies** – Electronic transactions help save time and minimize efforts to track claims and manage resubmissions.
- **Security of information** – EFT helps guard against identity theft by eliminating lost or stolen checks; and the ERA and EPS offer a decreased risk of HIPAA non-compliance by reducing the risk of unauthorized receipt of PHI and SPI.
- **Paper reduction** – Using EFT, ERA and EPS will help reduce clutter in your office… as well as save trees, minimize waste and reduce groundwater contamination.
- **Financial benefits** – In addition to improving cash flow with faster secondary billing, electronic transactions can help eliminate paper conversion and reduce paper storage costs.
- **Faster reconciliation** – EFT allows quicker access to funds, and because the ERA and EPS are received faster, the reconciliation process can begin immediately on receipt of the funds.
- **Faster archival access** – With EPS, historical information can be retrieved much faster than searching through paper records or calling Blue Cross and Blue Shield for Provider Claim Summaries.

Want to learn more? Here’s how:
1. Plan to attend one of our upcoming EFT, ERA & EPS Webinars (see details below)
2. Visit the Electronic Commerce section of our Web site at [www.bcbsil.com/provider](http://www.bcbsil.com/provider) to explore your paperless possibilities at BCBSIL
3. Contact our Electronic Commerce Center at (800) 746-4614 for assistance

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In the Know…
this month's topic for professional and institutional providers:

You’re Invited to an EFT, ERA & EPS Webinar!
New Account Groups

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NOTE: 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.

**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 Jan. 15, 2009, code 55400 was updated.

Effective Feb. 1, 2009, codes 90649 and J7330 were updated.

Effective March 1, 2009, the following code ranges will be updated: A9576 - A9579, J0128 - J9600, P9041 - P9048, Q0163 - Q9967, S0012 - S0183. Please note that not all codes in these ranges will be updated.

Effective March 1, 2009, immunization, vaccines and toxoids in the range 90287 - 90735 will be updated. Please note that not all codes in this range will be updated.

The fee schedules for the BlueChoice Network will be updated on June 1, 2009. Sample fee schedules will be available after March 1, 2009. BlueChoice Tiers will be mailed on or about March 16, 2009.

Annual and quarterly fee schedule updates can be requested by downloading the Fee Schedule Request Form at [www.bcbsil.com/provider/forms.htm](http://www.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.

**Have the opportunity to discuss any concerns you may have, such as security of information**

**Learn about some of the other Blue goes Green™ initiatives at BCBSIL**

Registration is currently in progress and the first session is scheduled for Wednesday, April 1, 2009, from 10 a.m. to 12 p.m. CT.

A special conference number and URL will be provided with your e-mail confirmation once you register. Just use your computer to log in from the convenience of your desk, and then conference in by telephone.

Visit our Web site at [www.bcbsil.com/provider/training.htm](http://www.bcbsil.com/provider/training.htm) for additional EFT, ERA & EPS Webinar dates and times, along with online registration details. If you have any questions regarding the EFT, ERA & EPS Webinar, please e-mail us at PAET@bcbsil.com, or call (312) 653-4019.
Visit us online at www.bcbsil.com/provider

Have an idea for an article?

We want to hear from you! Let us know if Blue Review continues to meet your standards. Does this publication address your needs? What topics would you like to read about? BCBSIL’s success is dependent on your business as a contracting provider. Blue Review has been created to communicate tools, updates and tips to support your health care practice. Think of Blue Review as a canvas for your Blue Cross and Blue Shield business information.

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