



Network News

A newsletter for contracting physicians, hospitals, pharmacies and other health care network providers

Fall 2005

www.bcbsok.com

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Blue Cross and Blue Shield of Oklahoma names Kidd president

C. Wyndham Kidd, Jr., has been named the sixth leader in the 65-year history of Blue Cross and Blue Shield of Oklahoma, accepting the position of president.

Along with the announcement of Kidd's promotion, current Blue Cross and Blue Shield of Oklahoma Chairman, Chief Executive Officer and President Ronald F. King announced his decision to move to the full-time role of director on the board of directors of Health Care Service Corporation (HCSC). Blue Cross and Blue Shield of Oklahoma is in the final stages of completing a merger with HCSC, which operates Blue Cross and Blue Shield Plans in Illinois, Texas and New Mexico.

Kidd has served as Blue Cross and Blue Shield of Oklahoma's executive vice president and chief

financial officer since 2000. Kidd at different times has been responsible for overseeing the company's benefits administration, administrative services, information services, underwriting, finance, health industry relations, medical management and actuarial divisions.



C. Wyndham Kidd, Jr.

for me personally."

King said of Kidd, "He has an outstanding

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2005 Champions of Health honored

Miami physician receives top award for Tar Creek work

A Miami, Okla., physician who assisted families affected by the health care crisis at the Tar Creek Superfund site is the Champion of Oklahoma Health, the highest recognition in the 2005 Champions Health Awards, held Oct. 5 at the National Cowboy and Western Heritage Museum in Oklahoma City.

J. Mark Osborn, M.D., helped form the Ottawa County Health Coalition to educate local health care providers about the dangers of lead poisoning near Picher, Okla. His work led to \$3 million in government appropriations to relocate approximately 50 Picher-area families with young children.

Osborn and 10 other award winners, listed below, were honored Oct. 5.

Champion of Children's Health – "Don't Bug Me" Flu Prevention Campaign, Hillcrest HealthCare System and Tulsa City-County Health Department

Education and Awareness Champion – Men's Health Tune-Up, Craig General Hospital, Vinita, Okla.

Professional Health Champion – John M. Kalbfleisch, M.D., Cardiology of Tulsa

Ageless Hero – Bill Heaton, The Oklahoma Arthritis Network, Laverne, Okla.

Champions continued on Page 5



BlueCross BlueShield of Oklahoma

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Two Oklahoma insurers partner to offer new Medicare Blue PPO

Two of the state's leading insurers, Blue Cross and Blue Shield of Oklahoma and CommunityCare Managed Healthcare Plans of Oklahoma, are joining forces to offer a new health plan option for Medicare-eligible Oklahomans. Medicare beneficiaries in 21 counties throughout central and eastern Oklahoma may choose Medicare Blue PPO, an individual Medicare PPO health plan, effective Jan. 1, 2006.

The new plan will be provided and underwritten by Blue Cross and Blue Shield of Oklahoma and administered by CommunityCare Life and Health Insurance Co.

The pharmacy benefit manager for Medicare Blue PPO is Wellpoint Pharmacy Management.

Medicare Advantage plans like Medicare Blue PPO take the place of traditional Medicare Part A, Part B and Medicare supplemental insurance.

Medicare Blue PPO features a preferred provider organization network including hospitals, doctors and other health care providers in the 21-county service area. Medicare Blue PPO members will receive the highest level of benefits when they seek care within the Medicare Blue PPO network.

"Medicare Blue PPO brings together the resources of Blue Cross and Blue Shield of Oklahoma and CommunityCare to offer new, affordable choices to Medicare beneficiaries in the service area," said Wyndham Kidd, president, Blue Cross and Blue Shield of Oklahoma.

The formularies for Medicare Blue PPO vary from the formularies for Medicare Blue Rx - a Medicare Part D

offering through Blue Cross and Blue Shield of Oklahoma.

Counties in the Medicare Blue PPO service area

"Medicare Blue PPO brings together the resources of Blue Cross and Blue Shield of Oklahoma and CommunityCare to offer new, affordable choices to Medicare beneficiaries in the service area."

Wyndham Kidd

President, Blue Cross and Blue Shield of Oklahoma

include Canadian, Cleveland, Creek, Delaware, Grady, Logan, Lincoln, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Osage, Pawnee, Payne, Pottawatomie, Rogers, Sequoyah, Tulsa, Wagoner and Washington counties.

Enrollment for Medicare Blue PPO begins this fall. For more information, contact your provider relations representative or visit www.bcbsok.com.

Modifier 51 or 76 used to indicate repeat services

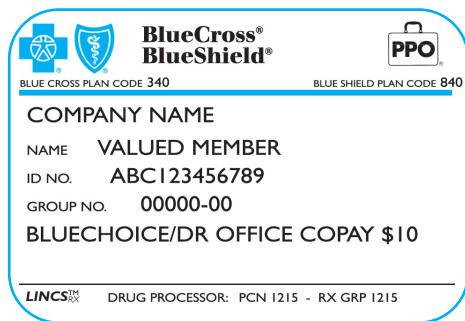
Using modifier 51 or 76 to indicate multiple or repeat procedures will expedite claims processing for Blue Cross and Blue Shield of Oklahoma and Federal Employee Program (FEP) members. Including the modifier is especially important for FEP claims since this claims processing system

requires the addition of the modifier.

If the modifier is not included on the claim, the charges may be non-allowed as duplicate. The use of the modifier is not limited to same claim submission. If the same procedure is submitted on a subsequent claim, it will be necessary to use the modifier.

The use of a modifier is most common with recurring service procedures, such as radiology procedures, physical therapy, occupational therapy or speech therapy claims where the member repeatedly receives the same procedure, or when a member receives multiple injections, such as immunizations.

Members receive new ID numbers



All Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO members have received or will receive upon renewal a new identification card with a new identification number this year.

Because of this, it is important all physicians, hospitals, pharmacies and other health care professionals make a copy of a Blue Plan member's new identi-

fication card and identification number.

When submitting claims for Blue Plan members, use the new identification number to ensure quick and accurate processing and payment.

The member number has traditionally been the member's Social Security number. The new identification card will not include the member's Social Security number.

Network News

Linda Sponsler Executive Editor

Nicole Amend Editor

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HIPAA contingency extended for electronic claims

Blue Cross and Blue Shield of Oklahoma has extended the date required for electronic claims submitted to the company to meet the HIPAA Transaction and Code Set standards to Dec. 1, 2005.

Wayne Wallace, vice president of health industry relations at Blue Cross and Blue Shield of Oklahoma, said the extension allows valued network professionals an additional 60 days after the mandatory compliance date set by the Centers for Medicare and Medicaid Services (CMS) to test and complete the implementation process with Blue Cross and Blue Shield of Oklahoma.

The extension allows valued network professionals an additional 60 days... to test and complete the implementation process with Blue Cross and Blue Shield of Oklahoma.

Wayne Wallace
Vice President, Health Industry Relations

Electronic transactions submitted after Dec. 1 will be required to meet the HIPAA standard formats.

As of Oct. 1, 2005, CMS ended its contingency for submitting claims in the non-HIPAA standard format. All electronic transactions submitted to CMS after Oct. 1 must be in the HIPAA compliant standard formats.

In September 2003, CMS made the decision to continue accepting electronic transactions in formats that did not meet the HIPAA Transaction and Code Set standards. The intention was to allow additional time for providers to

transition to the HIPAA compliant standard transactions.

In accordance with that position, Blue Cross and Blue Shield of Oklahoma also continued to accept non-compliant formats from electronic submitters who were already submitting electronic transactions to the company.

Additional resources that provide assistance in complying with the HIPAA standard formats are located at the Blue Cross and Blue Shield of Oklahoma Web site www.bcbsok.com. To access the HIPAA Transactions and Code Sets Tool Kit for Providers, Trading Partner Testing Information and/or to begin testing with the company, click on the "providers" section of the Web site.

For more information or questions, contact the provider relations department at 1-800-722-3730.

Out-of-state BlueCard® claims filed in Tulsa

Blue Cross and Blue Shield of Oklahoma is pleased to be the host plan for BlueCard members whose policies originate in Plans other than Oklahoma. Because BlueCard claims comprise more than one third of the claims Blue Cross and Blue Shield of Oklahoma receives, a

quick refresher about BlueCard will help with timely and accurate reimbursement.

BlueCard eligibility and benefits are handled directly by the member's home Plan. To facilitate this process, the Blue Cross and Blue Shield Association has established the BlueCard Eligibility and

Benefits Call Center at **1-800-676-(BLUE) 2583**.

To use the call center effectively, the provider must have the current alpha prefix from the member's identification card, which will assure the phone call will be directed to the appropriate personnel at the home plan. Submit all claims to the Tulsa claims processing center at Blue Cross and Blue Shield of Oklahoma, P. O. Box 3283, Tulsa, OK 74102-3283.

A provider should never file a claim directly to the home plan, as this can result in a delay in processing or incorrect payments.

BlueCard is a national program that enables Blue Cross and Blue Shield Plan members to obtain health care services while traveling or living in another Blue Plan's service area. For more information, contact your provider relations representative.

Quality improvement remains top priority

In order to remain compliant with the American Accreditation HealthCare Commission/ URAC accreditation requirements, the Blue Cross and Blue Shield of Oklahoma Quality Assurance/ Quality Improvement (QA/QI) department has several new quality improvement initiatives as well as ongoing clinical studies.

Provider offices may have noticed increased activity from the QA/QI department as it has kicked into high gear with a congestive heart failure (CHF) guideline compliance study, HEDIS (Health Plan Employer Data

and Information Set), PPO high-volume specialists audits and a PPO provider access study.

"The QA/QI nurses have been busy," said Dr. Paula Root, health promotions medical director. "We appreciate all the cooperation physicians' offices have provided and the excellent service they provide for Blue Cross and Blue Shield of Oklahoma members."

Look for more information from the QA/QI department, including the CHF guideline study results, in upcoming issues of *Network News*.

Please note...

The Electronic Data Interchange (EDI) support phone number has changed. For assistance with EDI, call 918-560-2175.

Provider News

National identifiers simplify, improve electronic transactions

Providers encouraged to use Blue Cross and Blue Shield of Oklahoma number when submitting claims through May 2007.

In an effort to reduce administrative burdens on health care providers, the Centers for Medicare and Medicaid Services began issuing new identifiers in May of this year for use in standard electronic health care transactions.

The National Provider Identifier (NPI) is a single provider identifier, replacing the different provider identifiers currently used for each health plan. This identifier, which implements a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA),

must be used by HIPAA covered entities that conduct electronic transactions.

The deadline for mandated NPI assignment and use is May 23, 2007. After this compliance date, health care providers may use only their NPIs to identify themselves when conducting standard transactions with multiple health plans.

When including the NPI number on claims submitted to Blue Cross and

Blue Shield of Oklahoma, providers should continue to include the Blue Cross and Blue Shield of Oklahoma

provider number through May 23, 2007, to ensure quick and accurate payment and that

Visit <https://nppes.cms.hhs.gov> to complete your National Provider Identifier application online.

the claim is not returned.

To view companion documents and additional HIPAA information, visit www.bcbsok.com and follow the provider link at the top of the page.

Physicians ask: When does the OVC benefit apply?

Many physician offices have questioned why a copayment is applied to an office visit in a physician's office, but not to the laboratory or radiology services subsequently provided on the same day. For Blue Cross and Blue Shield of Oklahoma members with an office visit copayment benefit, here is a remedy to avoid a coinsurance being applied to subsequent serv-

ices rendered on the same day.

Blue Cross and Blue Shield of Oklahoma's claims system considers the type of service, place of service and the CPT-4 codes used. If all eligible services rendered to a patient on the date of service by a single provider are submitted on one single claim form, the system will apply the copayment to the evaluation

and management code.

To avoid a coinsurance being applied to subsequent same day services, submit one claim form for all services rendered on the same day, as required in the participating physician agreement.

For more information regarding office visit copayment benefits, contact your provider relations representative.

Helpful tip...

If you have received an incorrect payment, duplicate payment or overpayment, contact your Blue Cross and Blue Shield of Oklahoma provider relations representative, or call 1-800-722-3730, option 5.

Contacting Blue Cross and Blue Shield of Oklahoma before sending payment back can ensure proper credit for the transaction.

Complete credentialing applications ensure timely approval

When completing a credentialing or recredentialing application, ensuring all requested information is included will help make certain the process is completed in a timely manner.

Always review the enclosed checklist of required documentation to assure that everything is included when applications are returned to Blue Cross

and Blue Shield of Oklahoma.

If all required documentation is not included with the application, you may receive notification from Blue Cross and Blue Shield of Oklahoma requesting the documentation, which may delay your credentialing.

For more information, contact your provider relations representative.

Kidd from Page 1

reputation and is committed to continuing the tradition of quality care and service for our members and the communities we serve."

Kidd, a graduate of the University of Virginia, has worked within the Blues system for more than 25 years, holding senior executive-level positions in Colorado,

New Mexico and Virginia before coming to Oklahoma in 2000.

The change in leadership follows a series of successful steps toward the Oklahoma Plan's merger with HCSC. Blue Cross and Blue Shield of Oklahoma's members and HCSC's policyholders both approved the merger in September. The Oklahoma

Insurance Department earlier had approved the merger in a hearing in Oklahoma City. The closing date for the merger was Nov. 1.

King will continue to work closely over the next six months with both Kidd and Ray McCaskey, chief executive officer, HCSC, during transition activities associated with the merger.

Pharmacy News

Medicare selects Blue Cross and Blue Shield of Oklahoma to offer Part D prescription drug plans

The federal Centers for Medicare and Medicaid Services has selected Blue Cross and Blue Shield of Oklahoma to offer prescription drug benefits through the new Medicare Part D program.

The Part D offering, called Medicare Blue Rx, will assist Medicare-eligible individuals in covering the high costs of medications. Blue Cross and Blue Shield of Oklahoma offers three choices of Medicare Part D prescription drug plans: Medicare Blue Rx Basic, Medicare Blue

Rx Basic Plus or Medicare Blue Rx Enhanced. Medicare Blue Rx complements Medicare Part A and Part B coverage, as well as current Medicare supplement insurance, with prescription drug coverage through a large network of pharmacies throughout Oklahoma and across the United States.

Prime Therapeutics is the pharmacy benefit manager for Medicare Blue Rx. The pharmacy network features retail stores, mail order delivery services

through Walgreens Mail Service, long-term care, Indian health services, specialty pharmacies and home IV suppliers.

The formularies for Medicare Blue Rx will vary from the plan purchased.

Enrollment in Medicare Blue Rx begins Nov. 15, 2005. Coverage for the new benefits begins Jan. 1, 2006. For questions regarding the pharmacy network, please contact your provider relations representative or visit www.bcbsok.com.

www.bcbsok.com – useful tool for health care professionals

The Blue Cross and Blue Shield of Oklahoma Web site is a good source for current pharmacy and prescription benefit information.

The pharmacy page has downloadable information featuring the three-tier formu-

lary, prescription quantity limits list, preferred prescription list and the maintenance drug list.

The Web site also contains a health care provider locator, which patients or other health care professionals can use to

find participating providers in the Blue Cross and Blue Shield of Oklahoma network.

For more information, visit Blue Cross and Blue Shield of Oklahoma's Web site at www.bcbsok.com.

Drug formulary update

The prescription drug formulary is updated quarterly by the Blue Cross and Blue Shield of Oklahoma Pharmacy and Therapeutics Committee and applies to members with prescription drug cards with copayments.

Prescription medicines listed on Tier I (generic) or Tier II (preferred name brand) give members the lowest copayment and out-of-pocket expense. Tier III (name brand) requires the highest cost to members.

The following changes have been made to the prescription drug formulary, effective Oct. 1, 2005.

Drugs listed/ moved to Tier III:

- DDAVP tabs
- Oxycontin

The most current and complete formulary listing is available online at www.bcbsok.com.

Champions from Page 1

Health and Medical Media Champion – Sue Hale, *The Oklahoman*, Oklahoma City.

Champion of the Uninsured – Cindra Pribil, R.N., Green Country Free Clinic, Bartlesville, Okla.

Corporate Health Champion – Cardinal Health Incentive Program, Cardinal Engineering, Inc., Oklahoma City

Minority Health Champion – Claire Richard, Project Falummichechi, Oklahoma City

Legislative Health Champion – State Senator Bernest Cain, Oklahoma City

Champion of Health Care in Rural Oklahoma – Jerry Morgan, M.D., Compassion Outreach Center, Ada, Okla.

In addition to the 10 Champions of

Health, four programs were chosen for Awards of Merit and a \$500 grant.

Children's Health - Bedlam Children's Health Partnerships, University of Oklahoma – Tulsa

Education and Awareness - W.A.L.K. (Wellness And Lawton's Kids), Comanche County Memorial Hospital Foundation – Lawton

Professional Health - Ronald O. Gilcher, M.D., Oklahoma Blood Institute – Oklahoma City

Minority Health - Integris Health Hispanic Initiative – Oklahoma City

The Champions of Health awards are sponsored by Blue Cross and Blue Shield of Oklahoma, the Oklahoma State Department of Health, the Oklahoma Hospital Association, the Oklahoma Osteopathic Association and the Oklahoma State Medical Association.

Hospital News

Inpatient hospital claim audit policy revised

Blue Cross and Blue Shield of Oklahoma has revised the inpatient hospital audit policy as a result of a recommendation by the Hospital Advisory Council, represented by Oklahoma hospital executives and senior leadership of Blue Cross and Blue Shield of Oklahoma.

When the first day of an inpatient confinement is Sept. 1, 2005 or after, medical claims for Blue Cross and Blue Shield of Oklahoma underwritten members receiving inpatient services from an Oklahoma in-state network facility will not be submitted for internal audit review unless the admission is for a combined length of stay for more than 25 days. As a result, there will no longer be a minimum claim dollar threshold to trigger a claim audit for the vast

majority of inpatient claims.

Blue Cross and Blue Shield of Oklahoma underwritten members include local fully insured business, local self-funded business, BlueLincs HMO, and Federal Employee Program members receiving inpatient services from an Oklahoma in-state network facility.

This new policy is not applicable to BlueCard members whose participation is assigned to another Blue Cross and Blue Shield Plan other than Blue Cross and Blue Shield of Oklahoma.

“This is yet another example of Blue Cross and Blue Shield of Oklahoma listening to our network providers and taking suggestions seriously to improve the efficiency and timeliness of claims handling and enhance cash flow for the benefit of our network provider partners”

said Wayne Wallace, vice president of health industry relations at Blue Cross Blue Shield of Oklahoma.

For more information regarding this policy change, contact your provider relations representative.

Outpatient hospital services

Non-covered care setting

Some services do not require the level of care involved in the outpatient setting. To avoid claim issues, please refer to your APG Exhibit H to identify those services that group to APG 995 – non-covered care setting.

Wyndham Kidd named President of Blue Cross and Blue Shield of Oklahoma

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