



Network News

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

Winter 2005-2006

www.bcbsok.com

Changes coming to prescription claims processing

Effective July 1, 2006, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will outsource all prescription claims processing to Prime Therapeutics. Prime, our pharmacy benefit manager, is owned by several Blue Cross and Blue Shield Plans across the nation, including Oklahoma. BCBSOK has traditionally processed pharmacy claims in-house and will continue to do so until June 30. We are now working with Prime to facilitate this change for our network pharmacies and to ensure continued, seamless and efficient service to our members. BCBSOK customer service representatives will continue to assist members. Prime will support the pharmacy help desk. Both of these phone numbers are located on the back of the member's BCBSOK card.

The move to Prime requires changes in how pharmacists submit claims. These process updates reflect best practices and are designed to increase member security, maintain timely claims processing and ensure that everyone concerned shares the correct member data.

The changes are as follows:

Physician's DEA number as provider ID, effective Feb. 1, 2006. Pharmacists must submit the physician's DEA number as provider ID. Claims submitted without the DEA number or with other identifiers will be rejected.

New ID format for members, effective April 1, 2006. Prescription claims must be submitted using the new ID format. (Please refer to the examples below.)

Submitting new member IDs

New ID number for BCBSOK:
Submit after omitting the first three alpha characters.

Example number: **YUPS800456789**
Submit as: **S800456789**

Example number: **YUN880123456**
Submit as: **880123456**

New ID number for BlueLincs:
Submit after omitting the first three alpha characters. Omit the asterisk if present.

Example number: **YUZ12345601**
Submit as: **12345601**

Example number: **YUZ123456*01**
Submit as: **12345601**

BCBSOK recently completed a member ID number conversion, in part to eliminate the use of Social Security numbers. Members received new cards reflecting the new member ID numbers.

Reverse unclaimed prescriptions within 10 days. BCBSOK requests that pharmacists reverse any prescription that has not been picked up within 10 days of claim submission.

Ask members for ID cards. Please ask members to show their new ID cards, both for security purposes and to facilitate the processing of the new ID numbers. All commercial members and Medicare Part D members will have a new card with new numbers. Only the new numbers will be accepted for prescription processing.

The transition to Prime Therapeutics will mean lower costs and enhanced claims processing. The submission process changes mentioned above are integral steps in the conversion to Prime Therapeutics and will allow our members uninterrupted service. Contact Gayla Lawson (405-841-9731) or Suzie Omstead (918-592-9425) with questions.

PPO, HMO members' rights and responsibilities

Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO are proud to serve our members and provide the quality health care benefits our members need and deserve. As with any health insurance plan, and particularly a Health Maintenance Organization, the member has certain rights and responsibilities.

The following information also can be found in the member handbook and is communicated to members in the Blue Cross and Blue Shield of Oklahoma member newsletter, *Member News*.

Blue Cross and Blue Shield of Oklahoma PPO members' rights

- Confidentiality of health information.
- Medically necessary and appropriate care and service.
- Courteous and respectful care and

services from Blue Cross and Blue Shield and participating health care providers.

- Information in clear and understandable terms.
- Participation with health care provider in decision-making about treatment.
- To refuse treatment.
- To file complaints when dissatisfied with the care and treatment received.

BlueLincs HMO members' rights

- To receive information about BlueLincs, its services, its practitioners and providers, and members' rights and responsibilities.
- To receive or have arranged by a BlueLincs provider all medically necessary care covered under the member's benefit package.
- To considerate and courteous care

with respect for personal privacy.

- To be informed in clear, understandable language about diagnosis, treatment options and prognosis.
- To be involved in decision-making concerning treatment.
- To discuss appropriate or medically necessary treatment options for conditions regardless of cost or benefit coverage.
- To confidentiality of information concerning treatment.
- To know the identity of all persons involved in care.
- To refuse treatment and to be told of the medical consequences.
- To be informed of research projects involving care and the right to refuse participation in them.

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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.

The following changes have been made to the prescription drug formulary, effective Jan. 1, 2006.

Drugs listed/ moved to Tier II

- Actonel with calcium
- Aldara

- Androgel Topical gel
- Plan B tablet
- Cara 0.5% cream
- Chemet capsule
- Cuprimine capsule
- Dostinex
- Fosamax Plus D
- Travatan
- Zithromax
- Zylet

Drugs listed/ moved to Tier III

- Allegra

- Amaryl
- Canasa 500 mg
- Cerumenex
- Ciprofloxacin
- Flovent
- Humulin
- Novolin
- Vira-a

The most current and complete formulary listing is available on the prescription drug information page at www.bcbsok.com.

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- To file a complaint or grievance and be given due process.
- To designate an authorized representative to act on the member's behalf in pursuing a benefit claim or appeal of an adverse benefit determination.

BlueLincs HMO members' responsibilities

- To work with a primary care physician in maintaining a satisfactory physician/patient relationship.
- To contact the primary care

physician for authorization of care when the member chooses to use HMO benefits.

- To comply with the prescribed medical treatment.
- To provide complete health status information for accurate diagnosis and appropriate treatment.
- To keep appointments for care and give required cancellation notice.
- To read and understand all materials concerning the health benefits.
- To notify the employer and BlueLincs

of any other group coverage, and to cooperate with BlueLincs in its coordination of benefits efforts.

- To pay any required portion of the premium, as well as copayment amounts required under HMO benefits coverage.
- To call BlueLincs HMO whenever the member is unsure of procedures or covered benefits (1-800-580-6202).

For more information, call the service phone number listed on the member ID card or contact a provider relations consultant.

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In this issue find out about changes to prescription claims processing

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