



# Network News

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

## Better, stronger together

*What does the merger of Blue Cross and Blue Shield of Oklahoma and HCSC mean for network providers?*

Blue Cross and Blue Shield of Oklahoma entered an exciting new chapter in its history with the completion of a merger Nov. 1 with Health Care Service Corporation (HCSC). As part of the HCSC family, Blue Cross and Blue Shield of Oklahoma is part of a larger organization, which also operates Blue Cross and Blue Shield Plans in Illinois, Texas and New Mexico.

For more than 65 years, Blue Cross and Blue Shield of Oklahoma has been committed to serving Oklahomans. The company has been and will continue to be dedicated to remaining mission-driven, non-investor-owned and values-based. HCSC operates with a near identical philosophy, so the absolute commitment to serving Oklahomans will not change.

### Local focus remains

In many ways, the transition is transparent to Blue Cross and Blue Shield of Oklahoma members and network health care providers.

### Better and Stronger Together.



Members will maintain access to the same health care provider networks.

Like Blue Cross and Blue Shield of Oklahoma, HCSC is committed to the physicians, hospitals, pharmacists and other health care professionals who provide care for

its members. HCSC operates with the philosophy that local health care provider relations and contracting lead to mutually beneficial relationships between health insurers and those who provide health care. For this reason, Blue Cross and Blue Shield of Oklahoma's dedicated provider relations team will remain in Oklahoma to provide local service.

### Enhanced capabilities

Being part of HCSC allows the Oklahoma Plan to be more competitive and make investments in resources and technology to help better serve members and network health care providers.

Benefits of the transition include a new dedicated provider inquiry unit, automated claims

**Merger continued on Page 4**

## Important information about provider payments

During the transition of claim systems and processes related to the recent merger between Blue Cross and Blue Shield of Oklahoma and Health Care Service Corporation, network health care providers soon will notice changes regarding payments.

Professional network health care providers will receive an extra payment check from Blue Cross and Blue Shield of Oklahoma during the last week of July. *This payment is not a duplicate.* It is

possible that you could receive a check for both Federal Employee Program (FEP) business and non-FEP business on Tuesday and again on Friday during this one week. Beginning Aug. 1, 2006, you will begin receiving a separate check and claims summary for FEP member claims. Please note that this means you may receive three different checks each week beginning Aug. 1. All checks will be mailed on Tuesdays and Wednesdays.

Facility network health care providers will receive a separate check and claim summary for claims processed under FEP beginning the week of Aug. 1, 2006. Please note that you may receive three different checks each week beginning Aug. 1. All checks will be mailed on Thursdays and Fridays.

For more information, contact your provider relations representative or our health industry relations department at (800) 722-3730.

# Network News briefs

## EFT available in late 2007

Electronic Funds Transfer (EFT) will be available in late 2007. EFT will provide a significant financial planning tool as well as a safe, private, convenient way to receive and review payment for claims.

Look for more information in upcoming issues of *Network News*.

## Global surgery guidelines

Global surgery periods are five days before and 10 days after inpatient surgery. No global period will be applied to outpatient or office surgeries.

## Medical policies online

New or revised medical policies, when approved by the medical staff, will be posted on the Blue Cross and Blue Shield of Oklahoma Web site, [www.bcbsok.com](http://www.bcbsok.com). The specific effective date will be noted for each policy that is posted.

To review policies, go to [www.bcbsok.com](http://www.bcbsok.com), select "Health Care Providers" at the top of the navigation bar, and then "Medical Policies" on the left menu bar.

## Nominate a 'Champion of Health'

The 2006 Champions of Health awards program seeks nominations.

The 10 award categories are: Champion of the Uninsured, Education and Awareness Champion, Champion of Children's Health, Champion of Public Health, Minority Health Champion, Professional Health Care Champion, Public Service Health Champion, Champion of Senior Health, Health and Medical Media Champion, and Corporate Health Champion.

Winners will be presented an award and a \$1,000 contribution to their organization or program.

Nomination deadline is Aug. 18. Nomination forms are available at [www.bcbsok.com](http://www.bcbsok.com) or call (866) 876-4376.

# Submit NPI number online

Blue Cross and Blue Shield of Oklahoma's Web site now allows network health care providers to submit their National Provider Identifier (NPI) number online.

Simply go to the "health care providers" section at [www.bcbsok.com](http://www.bcbsok.com). Select "electronic solutions," then "National Provider Identifier information" and finally select the link entitled "View Blue Cross and Blue Shield of Oklahoma's online NPI notification form."

Information needed to fill out the form includes the health care provider's NPI and license number (if applicable), as well as Blue Cross and Blue Shield of Oklahoma primary provider billing number.

Please note, only Type-1 NPIs are accepted through the online form. Type-1 NPIs apply to individual health care providers such as physicians, dentists, nurses, chiropractors and physical therapists. Corporations, hospitals, facilities or groups with Type-2 NPIs can submit information via the Blue Cross and Blue Shield of Oklahoma secure e-mail site. Instructions on submitting information is located on the health care provider Web page at [www.bcbsok.com](http://www.bcbsok.com).

The health care provider Web page also features instructions and related information in applying for NPI. All health care providers who are HIPAA covered entities must obtain and identify themselves using NPI in HIPAA standard transactions. The compliance date for use of NPI is May 23, 2007, at which time only claims with an NPI will be accepted and paid.

When submitting claims to Blue Cross and Blue Shield of Oklahoma, providers should continue to include the Blue Cross and Blue Shield of Oklahoma assigned provider number until May 23, 2007.

The screenshot shows the Blue Cross Blue Shield of Oklahoma website. At the top, there are navigation tabs: Members, Employers, Looking for Insurance, Producers, Locate a Health Care Provider, and Health Care Providers. Below this is a menu with options: Provider Online Services, Electronic Solutions, Customer Service, FAQ - Online Services, Online Services Demo, Apply for Provider Online Services, Pharmacy Information, Forms, and Newsletters. The main content area is titled "NPI Information" and contains text explaining the NPI process and a list of links for more information. A small image of a man in a white coat is visible at the bottom of the screenshot.

*The health care providers page on the Blue Cross and Blue Shield of Oklahoma Web site now lets providers submit their National Provider Identifier (NPI) number online.*

## New service unit dedicated to providers

A special full service unit dedicated to network provider inquiries debuted this past spring.

The new provider inquiry unit ensures providers receive consistent, personalized service each time they speak with a representative.

To date, all provider calls relating to BlueCard® Host claims are handled within the new provider inquiry unit. As other business lines convert to the new claim system, they also will be serviced by this new unit. Look for more information about the provider inquiry unit in upcoming issues of *Network News*.

**The provider inquiry unit's phone number is (800) 496-5774.**

# New generic drugs expected in 2006

In 2006, generic versions of several commonly used brand name prescription drugs are expected to be available.

Patents are set to expire this year for two cholesterol-lowering medications, Pravachol and

**“Generic drugs are usually less expensive than their brand name counterparts due to market competition after patent expiration.”**

– Ron White,  
pharmacy programs manager

Zocor, and the anti-depressant drug, Zoloft. The expiration of these patents enables other pharmaceutical companies to produce generic equivalents of these brand name drugs.

Prescribing generic prescription drugs when clinically appropriate saves money for patients and can help hold down the overall costs of health care. According to the National Association of Chain Drug Stores, generic drugs cost a third the price of brand name drugs. On average, that’s a difference of \$66 for each prescription.

“Patent time for brand drugs allows the manufacturer to recoup the high cost of research and development associated with the FDA approval process. Generic drugs are usually less expensive than their brand name counterparts due to market competition after patent expiration,” said Ron White, D. Ph., pharmacy programs manager, Blue Cross and Blue Shield of Oklahoma. “Generic drugs must meet the same strict FDA standards as brand name drugs.”

For a list of commonly dispensed generic prescription drugs and associated savings, visit [www.bcbsok.com](http://www.bcbsok.com).

## Expected Generic Drugs in 2006

Use	Brand name	Possible generics in 2006
Cholesterol	Zocor <sup>®</sup> , Pravachol <sup>®</sup>	Simvastatin, Pravastatin
Depression	Zoloft <sup>®</sup>	Sertraline
Insomnia	Ambien <sup>®</sup>	Zolpidem
Nausea/ Vomiting associated with chemotherapy	Zofran <sup>®</sup>	Ondansetron

## Forgot password?

*New feature on Provider Online Services Web page allows for easy password retrieval*

Blue Cross and Blue Shield of Oklahoma recently added a forgotten password feature to the Provider Online Services login page.

This feature allows network health care providers, who may have forgotten their password, to utilize a self-service password retrieval system.

To use the system, simply select a secret question and answer the question accordingly. This secret question and answer can then be used to identify an account if a

password is forgotten. After the secret question is answered, a prompt will be given to submit a new password. (Please see below regarding new password requirements.)

### Use strong passwords

In order to increase security to the Provider Online Services page, Blue Cross and Blue Shield of Oklahoma has implemented new password requirements.

Please note, passwords must

conform to the following rules:

- Contain at least one numeric value from 0 to 9
- Contain at least one allowed special character, such as @, #, \$, ^, &, \*, (, etc...
- Contain at least six characters in length
- Cannot be your user ID
- Cannot contain the % character
- Passwords are case sensitive, so “bluecross” is not the same as “BLueCRoss”

# CDHP – What providers should know

Blue Plans across the country are committed to responding to the market demand for products and services that allow employers and their employees to take greater control of their health care decisions.

Consumer Driven Health Plans (CDHP) encourage Blue Cross and Blue Shield members to act as consumers when spending their benefit dollars, much as they do when making any other purchasing decision. Today more than one million Blue members across the country are covered by a CDHP offered by a Blue Cross and/or Blue Shield Plan.

Continued growth and success in the CDHPs requires that all partners in the health care experience be well-informed. Ultimately, the goal is not only to empower Blue Cross members with the tools needed to be smart health care “shoppers,” but also to help health care providers better understand the common features of CDHPs.

Below is information about the distinct features of CDHPs as well as helpful tips that will guide you when processing claims for Blue Cross and Blue Shield members.

## CDHP Key Features

**Deductibles** – Similar to traditional plans (i.e., PPOs), CDHPs offer members access to the Blue Cross and Blue Shield of Oklahoma

network of participating providers and generally are combined with consumer-empowering features, such as employer or employee-funded health savings accounts (HSA) or health reimbursement accounts (HRA) to help members better manage their health care costs.

**Debit Card** – The card allows members to pay for and track out-of-pocket costs using funds from their HRAs or HSAs. Some cards are “stand-alone” debit cards to cover out-of-pocket costs, while others also serve as member ID cards.

## Provider Tips

- Carefully determine the member’s financial responsibility before processing payment. You can access the member’s \*accumulated deductible by contacting the BlueCard® eligibility line at (800) 676-BLUE (2583) or by using Blue Cross and Blue Shield of Oklahoma’s online services for health care providers.
- Ask members for their current member ID card and regularly obtain new photocopies (front and back) of the member ID card. Having the current card will enable you to submit claims with the appropriate member information (including alpha prefix) and avoid unnecessary claims payment delays.
- Check eligibility and benefits by

calling (800) 676-BLUE (2583) and provide the alpha prefix, or use electronic capabilities.

- If the member presents a debit card (stand-alone or combined), be sure to verify the out-of-pocket amounts before processing payment. Providers may forego using the debit card and submit the claims to the local plan for processing. The provider remittance will advise the network health care provider of member responsibilities.
- Providers may use the debit card for all medical services provided in their office. Many plans, however, offer well-care services that are payable under the basic health care program. These services should be billed to the local carrier and should not be applied to the debit card. If you have any questions about the member’s benefits or to request \*accumulated deductible information, please contact (800) 676-BLUE (2583).
- File claims for BlueCard members with CDHPs to Blue Cross and Blue Shield of Oklahoma.

For questions, please contact your health industry relations representative at (800) 722-3730.

*\* Accumulated deductible information is based on claims received to date.*

---

## Merger from Page 1

processing, electronic funds transfer, and enhanced timing and content of Detail of Remittance (DOR) documents.

DORs eventually will be replaced by the Provider Claims Summary (PCS) for each business line. The PCS document not only looks different with its easy-to-read format, but contains more detailed information. Until the conversion is complete in 2007, providers will

receive both documents – DORs for patients in the old claim system and PCSs for those in the new system. During the transition, please be sure to account for both DORs and PCSs to ensure all claims are posted for Blue Cross and Blue Shield of Oklahoma members.

Another system improvement will offer providers the option to submit a check for overpayment to Blue Cross and Blue Shield of

Oklahoma, instead of an immediate automatic retraction. Providers will receive a letter from Blue Cross and Blue Shield of Oklahoma requesting a refund and will be given 30 days to submit the refund, prior to an automatic retraction occurring.

Look for more information about new initiatives and services from Blue Cross and Blue Shield of Oklahoma in this edition and future editions of *Network News*.

# Health promotion introduces new COPD program

Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO are launching a new health promotion program in September to help members with chronic obstructive pulmonary disease (COPD) who want to manage their condition and improve their quality of life.

In the United States, COPD is the fourth largest cause of death, after heart disease, cancer and stroke. More people die from COPD than from diabetes, according to the Centers for Disease Control.

"The goal of this program is to educate members with COPD about their disease and empower them with the tools they need to better control the disease, increase their quality of life while decreasing the number of unnecessary hospitalizations," said Dr. Paula Root, medical director, health care quality and policy, Blue Cross and Blue Shield of Oklahoma.

Members who qualify and enroll in the COPD program will receive a quarterly call from the disease management nurse and quarterly educational materials.

For more information about the program, call (866) 670-6681 or e-mail Vicki\_Bradshaw@hcsc.net.

Other health promotion programs available to members include diabetes, asthma, coronary artery disease and congestive heart failure. Visit [www.bcbsok.com](http://www.bcbsok.com) for more information.



## Prescription drug formulary update

*Cozaar and Hyzaar move from tier II to tier III; Benicar and Benicar HCT added to tier II*

The prescription drug formulary is updated quarterly and applies to members who have prescription drug cards with copayments. The most current formulary listing is available on the prescription drug information page at [www.bcbsok.com](http://www.bcbsok.com).

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

### Drugs listed/ moved to Tier II

Benicar  
Benicar HCT  
Catapres-TTS  
Crestor  
Ethmozine  
Inderal LA Cap  
Innopran XL Cap  
Nitrobid 2%  
ProAir HFA  
Propranolol Solution

Triamcinolone Acetonide Oint, 0.05%  
Viagra  
Welchol

### Drugs listed/ moved to Tier III

Cozaar  
Diamox Sequels  
Hyzaar  
Pacerone 100 mg, 300 mg  
Pacerone 400 mg

## Prescription claims processing conversion postponed

### 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

The shifting of prescription drug claims processing from Blue Cross and Blue Shield of Oklahoma to Prime Therapeutics has been postponed until 2007. Blue Cross and Blue Shield will continue to process all commercial prescription claims and will continue to administer pharmacy payments and remittance for commercial claims until further notice.

The conversion, which was originally scheduled for July 2006, is now planned for mid-2007. An announcement will be distributed prior to the change in 2007 notifying pharmacies of the processing details. Please note there are no changes to BIN, PCN or how pharmacists adjudicate claims online.

Prescription claims still must be submitted using the ID format as shown in the examples at left.

Prime began managing Blue Cross and Blue Shield of Oklahoma's in-state network on July 1, 2006.

For more information, contact pharmacy technical support at (877) 353-0992.

**Precertification and requests for  
out-of-network referrals**

**Blue Cross and Blue Shield of Oklahoma  
and Custom Group Services**

Statewide (800) 672-2378  
Tulsa (918) 560-3595  
Fax (800) 220-4045  
(918) 551-2278

**BlueLincs HMO**

Statewide (800) 580-4454

**In-network referral authorization**

**Blue Cross and Blue Shield of Oklahoma**

Statewide (800) 241-2583  
In-network: Option 1  
OON: Option 2  
Fax (800) 220-4045  
(918) 551-2278

**Custom Group Services**

Statewide (800) 722-3730

**Blue Cross and Blue Shield of Oklahoma  
Health Industry Relations**

Statewide (800) 722-3730  
Tulsa (918) 551-3650

# New e-mail encryption system begins Sept. 13

Beginning Sept. 13, 2006, Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO will change e-mail encryption services from ZixCorp to Tumbleweed.

Please be advised an account on the new Tumbleweed system will be created for network health care providers. If a provider previously set up an account with ZixCorp, this account will not function with the new Tumbleweed system.

Additional information about the new encryption system including instructions and support help will be sent via e-mail to network providers in August.

E-mail encryption is an important step in protecting members' privacy and health information. With the adoption of HIPAA, it is required that all communication containing protected health information (PHI) be secured.

## Network News

*Executive Editor:* Linda Sponsler

*Editor:* Nicole Amend

Network News is published quarterly by the Public Communications Department, Blue Cross and Blue Shield of Oklahoma. Blue Cross and Blue Shield of Oklahoma is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © Registered Marks Blue Cross and Blue Shield Association.

[www.bcbsok.com](http://www.bcbsok.com)

Important information about network  
provider payments.

PRRST STD  
US POSTAGE PAID  
PERMIT NO 2146  
TULSA OK

BlueCross BlueShield  
of Oklahoma  
PO Box 3283  
Tulsa OK 74102-3283

