BlueCross BlueShield of Oklahoma

SUMMER 2008

Network News

For contracting physicians, hospitals, pharmacies and other health care network providers

New president of Blue Cross and Blue Shield of Oklahoma announced

Bert Marshall has been named president of the state's largest private insurer, Blue Cross and Blue Shield of Oklahoma.

Marshall came to Blue Cross and Blue Shield of Oklahoma in 1996, most recently serving as vice president of external operations. At different times Marshall also has overseen GHS Property and Casualty, BlueLincs® HMO, corporate communications, government relations and the Oklahoma Caring Foundation.

Before joining the not-for-profit insurer, Marshall was vice president and director of operations for another Oklahoma insurance company, with responsibility for its group accident and workers' compensation program. In 1991 he entered a private practice with a law firm specializing in insurance and government relations. Previously, he worked for the Oklahoma Insurance Department, where he served as a staff attorney until being named general counsel and later deputy insurance commissioner.

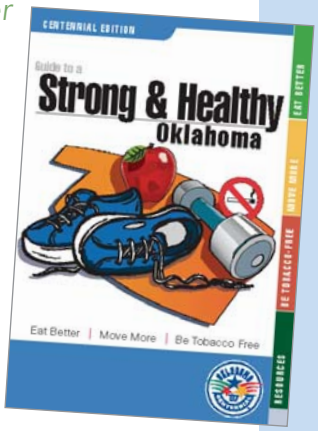
"It is my privilege to take the helm at this important time in Blue Cross and Blue Shield of Oklahoma's 68-year history," Marshall said. "I look forward to the coming years and following in the footsteps of strong leaders who have not only been my mentors, but my friends."

Marshall earned an economics degree from the University of Oklahoma and his juris doctorate from the University of Oklahoma College of Law. He is a member of the Oklahoma Bar Association and Oklahoma County Bar Association and also serves on the boards of The State Chamber, Oklahoma High Risk Pool and the Life and Health Insurance Guaranty Association.

In the community service arena, Marshall serves on the boards of Central Oklahoma Habitat for Humanity and United Way of Central Oklahoma.

Strong & Healthy guidebooks available

A great resource to encourage your patients to live healthier



As a sponsor of Gov. Brad Henry's Strong and Healthy Oklahoma, Blue Cross and Blue Shield of Oklahoma is helping lead the effort to encourage Oklahomans to eat better, move more, and be tobacco free. A pocket-sized guidebook to help Oklahomans make better health choices is available as part of this initiative.

The *Guide to a Strong and Healthy Oklahoma* provides simple, fun and creative ways to make healthy choices everyday. The guide also includes a list of health improvement resources that citizens can access in their communities.

To request free copies of the guidebook for your medical office, call (918) 551-3339 or send an e-mail to namend@bcbsok.com. Guides are also available through local county health departments. For more information on a Strong and Healthy Oklahoma, visit www.strongandhealthy.ok.gov.

News & Updates

Hospital billing reminder

When submitting the CMS-1500 (08/05) claim form for medical services or the professional component of hospital services rendered by an employed professional, hospitals should include the billing provider National Provider Identifier (NPI) in **Box 24j (Rendering Provider ID number)** and **Box 33a (Billing Provider NPI)**.

Availity transition updates

90-day retention notice for ERA and EPS electronic files

With the migration of our electronic remittance advice (ERA) and electronic payment summary (EPS) files to Availity, the retention period for reinserts/reloads will be 90 days. We encourage health care providers to download electronic files and save/store them in a safe place for recall, as files older than 90 days will no longer be available.

If you have any questions, please contact the Electronic Commerce Center at (800) 746-4614.

New claim appeal and reconsideration form available

Blue Cross and Blue Shield of Oklahoma has implemented a new form for provider claim appeal and reconsideration. This document should be used to submit all refund disputes, corrected claims, medical records (for both responses to requests and voluntary submissions), appeals and any other type of claim review request. To help expedite this process, be sure to complete all fields pertinent to your request.

The Provider Claim Appeal and Reconsideration form can be found at www.bcbsok.com/providers.html. Select "Forms" and scroll down to the "Health Care Provider" form section.

Introducing the Oklahoma Provider Access and Servicing Strategy Unit

During the first quarter of this year, Blue Cross and Blue Shield of Oklahoma established a team to partner with the Provider Inquiry Unit and Health Industry Relations, our provider network area, to promote satisfaction from our nearly 12,250 contracting physicians, hospitals, and ancillary health care providers statewide. This team is called the Provider Access and Servicing Strategy (PASS) Unit.

PASS is comprised of a number of provider specialty positions that are dedicated to providing unsurpassed service to our providers through enhanced provider education, communication and more focused provider servicing.

The PASS Unit departmental strategy involves servicing providers through:

- **Enhanced education** by conducting on-site workshops and focus-topic seminars at locations convenient to providers, facilitating Webinars (Web-based training modules) for the convenience of staying up-to-date with our current processes and guidelines from the convenience of your own office, as well as hot-topic training for Blue Cross and Blue Shield internal provider servicing departments.
- **Increased communications** to providers via the provider newsletter, *Network News*. Future enhancements to our provider Web site are forthcoming.
- **Technical coordination** through facilitation of technological solutions and enhancements that promote a higher service level to providers. We are in the process of implementing additional electronic provider access channels in Oklahoma.
- **Provider services central support** with resources dedicated to resolve complex inquiries and coordinating process improvements.
- **Root cause analysis and elimination** through tracking, profiling, and trending provider claim and inquiry activities.

With these outlined strategies and initiatives underway, PASS is determined to raise the bar on Blue Cross and Blue Shield of Oklahoma provider satisfaction within the health care provider community.

BlueLincs HMO referral process changes

To help simplify the referral and authorization process and improve efficiencies in processing requests, BlueLincs® HMO will only accept referral and authorization requests by fax effective Sept. 1, 2008. *Referral and authorization requests by phone will no longer be accepted after Sept. 1.*

A BlueLincs HMO Referral/Authorization form is available online at www.bcbsok.com. Click on "Health Care Providers" and select "Forms." **Completed forms should be faxed to (918) 551-2211.**

If you have questions, please call the customer service phone number listed on the back of the BlueLincs member's ID card.

Reminder to include onset and/or occurrence date on claims

Blue Cross and Blue Shield of Oklahoma requests that health care providers include the date of the member's current illness and/or occurrence code and the associated date when submitting claims that may need this additional information. Including this data during claim submission will help eliminate the need to contact the Provider Inquiry Unit if the claim denies unexpectedly.

When submitting the CMS-1500 (08/05) form, the date of current illness (also known as the onset date) should be entered into Box 14 to indicate the first date of symptoms, illness, accident or injury, or last menstrual period (LMP) for pregnancy. The first date, if the patient has previously encountered the same or similar illness, should be entered into Box 15.

When submitting the UB-04 form, the occurrence code and associated date should be entered in fields 31-36. This defines a significant event related to the claim. The most commonly recognized occurrence codes are listed below.

Definition	Occurrence Code
Auto Accident	01
Accident – Employment Related	04
Other Accident	05
Last Menstrual Period (LMP)	10
Onset of Symptom/Illness	11
First Day of Medicare Coordination Period for End Stage Renal Disease (ESRD)	33

Getting the right payments to the right place

Blue Cross and Blue Shield of Oklahoma would like to assist our contracting providers to ensure claims are paid directly to them. Below is a reminder of the required fields and corresponding values that must be submitted according to the national standard. Although these fields are often reserved for filing claims with Medicare, we use the values to direct any payments to the contracted provider.

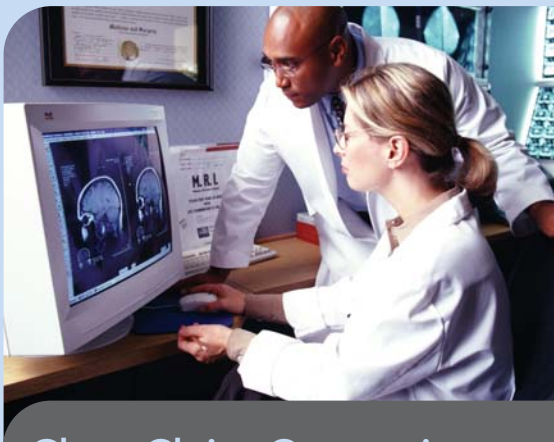
EDI requirements for submitting Blue Cross and Blue Shield of Oklahoma electronic claims to pay the provider are listed below.
T0301 FORMAT:
EAO-36.0 — Provider Assignment Indicator. Valid values are: A, B, N and P. Provider should file with "A" (assigned) to ensure payment to provider's office.

ANSI 837
PROFESSIONAL

Loop 2300: CLM07 — Assignment Code. Valid values are: A, B, C and P. Provider should file with FORMAT "A" (assigned) to ensure payment to provider's office.

CLM08 — Assignment of Benefits Indicator. Valid values are: Y (Yes) and N (No). Provider should file with "Y" (Yes) to ensure payment to provider's office.

NOTE: For paper claims (non-electronic) filed to Blue Cross and Blue Shield of Oklahoma on behalf of a contracted provider, please remember to check "YES" in Box 27 (Accept Assignment) of the CMS 1500 claim form to ensure payment is sent directly to the contracted provider.



Clear Claim Connection

Blue Cross Blue Shield of Oklahoma recently implemented Clear Claim Connection™ (C3*). C3 is a Web-based code auditing reference tool designed to deliver understandable definitions on Blue Cross and Blue Shield of Oklahoma payment policies, rules and edit rationale. Utilizing C3 can increase administrative efficiency by reducing manual inquiries, claim appeals, and misunderstandings about Blue Cross and Blue Shield of Oklahoma's edits.

Physicians, facilities, and office staff that are registered with Availity can use C3 by logging on to www.availity.com. If you are not a current Availity user, you may also register at this site.

Provider Access and Servicing Strategy (PASS) will integrate demonstrations and question-and-answer sessions into future workshops.

Clear Claim Connection is a trademark of McKesson Information Solutions, Inc., an independent contractor.

Claims inquiries? Call PIU

The Provider Inquiry Unit (PIU) handles most provider inquiries about claims status, eligibility, benefits, and claims processing issues for Blue Cross and Blue Shield of Oklahoma members. **Contact the PIU at (800) 496-5774.**

For Plan 65, BlueLincs HMO and select Custom Group Services inquiries, please call (800) 722-3730.

Online resources for electronic commerce

Blue Cross and Blue Shield of Oklahoma is continuing to enhance our online educational resources on claims filing, making it easier for health care providers to best serve our members. Find up-to-date information, including the answers to many common questions about electronic commerce at www.bcbsok.com/providers.html. Select "Electronic Commerce/Solutions" and then "Alerts."

The Electronic Commerce Alerts page informs providers when electronic data interchange (EDI) transaction issues occur and how these issues were resolved. We encourage providers to visit this page often to become familiar with the information available.

For more information or questions, contact our Electronic Commerce Center at (800) 746-4614.

Medical records process for BlueCard claims

Based on the feedback from physicians and other professional providers, we have made improvements to the medical records process. Blue Cross and Blue Shield of Oklahoma now has a much more efficient process allowing us to send and receive medical records electronically to all Blue Cross and/or Blue Shield Plans. This new method significantly reduces the time it takes to transmit supporting documentation for BlueCard® claims and eliminates lost or misrouted records.

Continue to submit your medical records to Blue Cross and Blue Shield of Oklahoma only when requested. If you receive requests for medical records from other Blue Plans prior to rendering services as part of the pre-authorization process, submit them directly to the member's Plan that requested them.

RightFax – new method to submit medical documentation

When filing claims electronically to Blue Cross Blue Shield of Oklahoma, health care providers previously were unable to submit attachments required for benefit determination. In response to this requirement, we have developed RightFax numbers for providers to submit medical records, certificates of medical necessity (CMN) and other required documentation.

To be sure the document you submit through RightFax is attached to the correct claim, please include the following information on your submission:

- Member ID number
- Member's full name
- Date of service
- Provider information (i.e. provider name and National Provider Identifier number

RightFax Directory	
Federal Employee Program (FEP)*	(918) 551-2052
All Other Memberships	(918) 549-2358

* FEP member ID numbers begin with an "R" and are followed by eight digits.

Give your patients our Coordination of Benefits questionnaire

Blue Cross and Blue Shield of Oklahoma offers an online Coordination of Benefits (COB) questionnaire to help reduce the number of claims rejected for the purpose of investigating other insurance.

Obtaining COB information is especially problematic when rendering services to out-of-area BlueCard® members. Our COB questionnaire is recognized by all Blue Cross and Blue Shield (BCBS) plans when sharing COB information collected from members. Members should be instructed to send the completed information to their BCBS plan. The member's plan will update the shared membership database with this information to expedite claim processing.

To avoid having your claims denied for COB, please download the form and give it to all BCBS members you serve, including those from other BCBS plans. This form can be found at www.bcbsok.com/providers.html. Select "Forms" and scroll down to the "Health Care Provider" form section.

Medical policies located online

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

To review medical policies, visit the health care providers section at www.bcbsok.com and select "Medical Policies" on the left menu bar. 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.

CFC-propelled albuterol inhalers to be eliminated by year-end

Chlorofluorocarbon (CFC)-propelled albuterol inhalers will not be available in the United States after Dec. 31, 2008, and are in the process of being phased out of production. Under an international environmental treaty, the Montreal Protocol on Substances that Deplete the Ozone Layer, the United States has agreed to phase out production and importation of ozone-depleting substances including CFCs. No CFC-propelled albuterol inhalers may be produced, marketed or sold in the United States after year-end.

As the compliance date draws nearer, the availability of generic albuterol inhalers will diminish as supplies decrease. As a result, members using a generic albuterol inhaler should contact their physician about switching to a hydrofluoroalkane (HFA)-propelled albuterol inhaler.

Three HFA-propelled albuterol inhalers are approved by the U.S. Food and Drug Administration including Proair HFA, Proventil HFA and Ventolin HFA.* In addition, a HFA-propelled inhaler containing levalbuterol, a bronchodilator very similar to albuterol, is available as Xopenex HFA.* Both Proair HFA and Xopenex HFA are available on the Blue Cross and Blue Shield of Oklahoma formulary.

Albuterol inhalers are used to treat bronchospasm (wheezing) in patients with asthma and chronic obstructive pulmonary disease, including chronic bronchitis and emphysema.

**Third-party brand names are the property of their respective owners.*

Heart failure drug Digitek recalled

Digitek, a drug used to treat heart failure and abnormal heart rhythms and a generic for the popular drug, Lanoxin, is the subject of a nationwide Class I recall initiated by the manufacturer. The voluntary recall is due to the possibility that tablets with double the appropriate thickness may contain twice the approved level of active ingredient. Actavis manufactures the products for Mylan Pharmaceuticals and the products are distributed by Mylan and UDL under the Bertek and UDL labels.

The existence of double strength tablets poses a risk of digitalis toxicity in patients with renal failure. Digitalis toxicity can cause nausea, vomiting, dizziness, low blood pressure, cardiac instability and slow heart rate. Several reports of illnesses and injuries have been reported to the FDA.

As a Class I recall with the potential for causing serious adverse health effects, Blue Cross and Blue Shield of Oklahoma began in May to notify all members and their prescribing physicians who may be affected by the recall based on historical claims information. Because Digitek is a trademarked generic for Lanoxin whose generic name is digoxin, the name "Digitek" may not appear on the prescription label and only the name "digoxin" may be listed. No member requirement for cease of use or return of the medication has been explicitly stated in the recall notice, but we have alerted members of the potential for the double strength tablets and advised them to contact their health care provider if they have any questions about their medication and the recall.

Prescription drug formulary

The prescription drug formulary is updated quarterly for Blue Cross and Blue Shield of Oklahoma and BlueLincs® HMO members with a three-tier drug plan. To view the most current formulary, visit www.bcbsok.com and click on "Health Care Providers" then click "Pharmacy Information."

The following changes have been made to the formulary:

Drugs listed/moved to Tier II
Agenerase
Aptivus
Atripla
Celebrex
Chantix
Combivir
Crixivan
Droxia cap, 200, 300, 400mg
Emtriva
Epivir
Epzicom
Exelon transdermal patch
Ganciclovir
Invirase
Isentress
Kaletra
Lexiva
Nexium
Norvir
Prezista
Rescriptor
Reyataz
Selzentry
Sustiva
Trizivir
Truvada
Valcyte
Videx EC 125 mg
Videx soln
Viracept
Viramune
Viread
Zerit
Ziagen

Drugs listed/moved to Tier III
Aciphex
Adderall XR
Fosamax
OrthoEvra Weekly Patch
Soriatane
Symbicort
Trileptal
Vivelle Patch
Zyrtec
Zyrtec-D

Medicare Part D update

MTMP: Helping members with medication regimens

Have you ever felt uncomfortable about the ability of your Medicare patients to follow your instructions about medications? As part of our Medicare Part D services, Blue Cross and Blue Shield of Oklahoma has designed and implemented a program that focuses on assisting members with complex medication regimens called the *Medication Therapy Management Program (MTMP)*.

This program provides select high risk patients with a personal touch. Member support is provided at three levels utilizing call specialists, nurses and pharmacists. The three levels include:

- Centralized telephone communication. Calls are made by specially trained call specialists, nurses and pharmacists with expertise in geriatrics. When appropriate, our clinical pharmacists communicate directly with the prescribing provider to resolve important patient care issues. Educational materials also are provided.
- **MTMP** coverage at the network pharmacy level. In those instances when a network pharmacist has discovered a severe drug-drug interaction or other significant medication safety issue, the pharmacist will help to resolve these issues by communicating directly with the member and prescribing provider.
- Written communication for Medicare beneficiaries at Long Term Care (LTC) facilities. Information regarding specific medication issues (e.g. potential adverse drug events, over/under utilization, medications contraindicated in the elderly, etc.) in the geriatric population at LTC facilities is also provided to providers as needed.

What are MTMP's goals?
The program is designed to:

- Enhance member understanding through education and motivational counseling that promotes the appropriate use of medications and reduces the risk of potentially adverse events associated with the use of medications.
- Increase member adherence to prescription medication regimens.
- Detect potential adverse drug events and patterns of over-use and under-use of prescription drugs.
- Promote improved communications with providers regarding medication issues.

What quality outcome results support MTMP services?
Our program has been evaluated by various quality improvement organizations for its effectiveness and member satisfaction. Results for MTMP members are significantly higher than non-participating members in the area of treatment outcomes and member satisfaction.

Is there a cost for a member to participate in MTMP?
There is no additional cost to the member to participate in the MTMP. All eligible members are invited to enroll in the program. Those members not wishing to participate have the option to decline our services. By utilizing an opt-in service model we have been able to tailor our service based on individual member needs.

Can I refer a patient to the program?
Yes, we are glad to take your referrals; however, we can only provide services to those Medicare beneficiaries who meet the following CMS-directed MTMP qualification criteria:

- Multiple chronic diseases (3 out of the following): asthma/COPD, diabetes, hyperlipidemia, osteoarthritis, depression, heart failure (CHF), hypertension, osteoporosis
- Multiple Part D drugs: six or more medications to treat chronic conditions noted above
- Drug spend threshold: member must have greater than $1,000 per quarter or $4,000 per year in anticipated spending on Part D medications

MTMP (Prime Therapeutics) contact information:
MTMP phone number: **(866) MTM-ACCESS, (866) 686-2223**
MTMP phone line hours: 9 a.m. to 5 p.m. CST, Monday – Friday

What can I do to get involved?
We mail out introduction letters to all qualified members and ask them to discuss their participation in the MTMP with their physicians. We hop you will encourage your patients to join and that MTMP supports and supplements your efforts to provide quality health care in the Medicare population.

HCSC acquires MEDecision

Health Care Service Corporation (HCSC) has acquired MEDecision, one of the country's leading providers of health information technology. Blue Cross and Blue Shield of Oklahoma is a division of HCSC.

MEDecision has been an HCSC vendor since 2005, providing a foundational piece of our Blue Care® Connection health care management platform. MEDecision's technology solutions include a collaborative platform for managing case, disease and utilization records, and an information exchange service that links Blue Cross and Blue Shield of Oklahoma and other payers with physicians, hospitals, laboratories and patients.

MEDecision will become an independent operating unit within HCSC and will continue to service other health benefits companies as a dedicated health care technology firm. For more information, visit www.MEDecision.com.

Aggregate data provides baseline for performance based recognition

Last year Blue Cross and Blue Shield of Oklahoma began analyzing claims data for a new performance based recognition program for its network health care providers.

"Performance based recognition is our response to an industry-wide push to improve the quality and cost-effectiveness of health care by focusing on outcomes," said Dr. Joe Nicholson, chief medical officer, Blue Cross and Blue Shield of Oklahoma. "While we're still in the early stages of this program, the ultimate goal is to recognize those physicians whose patients consistently experience positive outcomes in order to emphasize quality of care and minimize any potential complications."

In the initial phase of the program, Blue Cross and Blue Shield of Oklahoma evaluated members' claims data from Oct. 31, 2005 to Sept. 30, 2006, resulting in the following aggregate data for all network physicians regarding four specific indicators related to diabetes and coronary artery disease:

- Hemoglobin A1c testing for diabetics – 60.51 percent
- Lipid panel for diabetics – 68.56 percent
- Hepatic enzyme monitoring for statin use – 47.16 percent
- Lipid panel for coronary artery disease – 64.02 percent

The numbers show the percentages of Blue Cross and Blue Shield members who received specific tests out of the total number of members whose claims indicate that such tests should be performed.

"This aggregate data provides us with baseline performance measures that will help us move forward with our plans to report physicians' own individual data to them beginning next year," said Dr. Paula Root, medical director, Blue Cross and Blue Shield of Oklahoma.

Root added that the original plan was to begin reporting individual data to physicians this year, but that phase was delayed to allow more time to refine the reporting requirements. The revised report design will show providers their own data compared to the average rates for all Blue Cross and Blue Shield of Oklahoma network physicians beginning in 2009.

The performance based recognition initiative was first announced to Oklahoma physicians last year. Blue Cross and Blue Shield used feedback received from physicians during a series of small group meetings to select the initial four indicators that were measured.

Additional indicators will be measured in 2009, as the performance based recognition program continues its phased implementation. Watch for additional details about this program in future issues of *Network News*.

Standards help ensure access to health care

Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO work to ensure our members have access to the health care providers they need, when they need them.

The following standards are in place to help members access their network health care providers.

- Routine health evaluation appointments available within 30 working days.
- Sick non-urgent appointments available within five working days.
- Urgent appointments (sudden onset of symptoms) available within 24 hours, or the patient is referred to urgent care services.
- In an emergency situation, members should seek care from the nearest facility and, for BlueLincs members, call their primary care physician within 48 hours of the incident or arrange for follow-up care.
- For chronic condition follow-up, appointment available within 30 days.
- For an initial specialist care referral, appointment available within 14 working days.
- For urgent specialist care referral, appointment available within 24 hours.
- Clinic waiting time should be no longer than one hour. Wait time is measured at the start of the scheduled appointment.

Be Smart. Be Well.™

Mental Health is the latest topic on Be Smart. Be Well. – a Web site designed by Blue Cross and Blue Shield of Oklahoma to help build consumer awareness of largely preventable health and safety issues.

Visitors to the site will learn from real stories about individuals whose lives were affected by mental disorder, delivered through first-person video documentaries. The site also includes archives of our previous topics – traumatic brain injury and drug safety.

We urge you to visit www.besmartbewell.com today, and invite you to post a link to it on your Web site so your patients may benefit from this comprehensive resource.

WHAT'S INSIDE

Network News

Network News is a quarterly newsletter for institutional and professional providers contracting with Blue Cross and Blue Shield of Oklahoma. We encourage you to share the content of this newsletter with your staff.

Network News is published by:
Blue Cross and Blue Shield of Oklahoma
Corporate Communications
PO Box 3283
Tulsa, OK 74102-3283

Executive Editor: Linda Sponsler
Editor: Nicole Amend

BlueCross BlueShield of Oklahoma

www.bcbsok.com

PRSRT STD
US POSTAGE PAID
PERMIT NO 2146
TULSA OK

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