



# Network News

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

## CMS-1500 (08/05) tutorial available online

Blue Cross and Blue Shield of Oklahoma is pleased to introduce a new tutorial for completion of the CMS-1500 (08/05) claim form. This tutorial, which is located in the health care providers section of our Web site at [www.bcsok.com](http://www.bcsok.com), gives providers and their office staff instructions on:

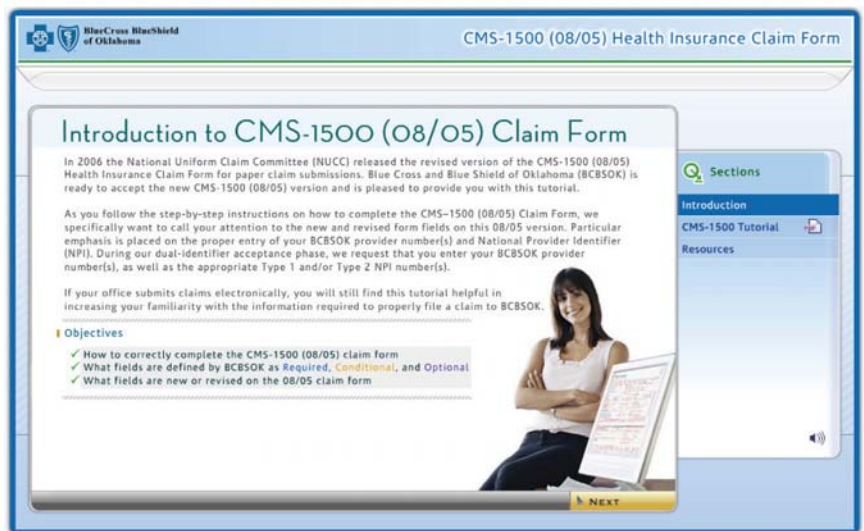
- How to correctly complete the CMS-1500 (08/05) claim form
- What fields are defined by Blue Cross and Blue Shield of Oklahoma as required, conditional and optional
- What fields are new or revised on the CMS-1500 (08/05) claim form

Type 1 and/or Type 2 NPI number(s), unless they have been approved by us to submit only their NPI.

For additional convenience, we developed a case scenario to use as an example when completing each field on the form.

If health care providers submit claims electronically, they will still find this tutorial helpful in increasing their familiarity with the information required to properly file a claim to Blue Cross and Blue Shield of Oklahoma.

Just follow the step-by-step instructions, paying special attention to the new and revised form fields on this CMS-1500 (08/05) version. Particular emphasis is placed on the proper entry of Blue Cross and Blue Shield of Oklahoma provider number(s) and National Provider Identifier (NPI). During our dual-identifier acceptance phase, we request that providers enter their Blue Cross and Blue Shield of Oklahoma provider number(s), as well as the appropriate



## “How to Complete” guide answers questions on UB-04

Blue Cross and Blue Shield of Oklahoma continues to enhance our educational tools to make it easier for health care providers to serve our members. Our new guide for completing the UB-04 claim form provides a sample claim form, including fields designated by Blue Cross and Blue Shield of Oklahoma as required, conditional or not required/not used. The guide also provides detailed instructions on how to properly complete the form.

The UB-04 “How to Complete” Guide is located in the health care providers section of our Web site at [www.bcsok.com](http://www.bcsok.com). Click on “National Provider Identifier,” then click “Educational Resources.”



## Returning requested medical records

There are times when Blue Cross and Blue Shield of Oklahoma will send a letter to a health care provider requesting medical records. When the provider returns medical records to Blue Cross and Blue Shield of Oklahoma, please attach the request letter along with the requested records. The bar code on the request letter is scanned into Blue Cross and Blue Shield of Oklahoma's computer systems, which allows the returned records to be easily cross-referenced and attached to the specific claim(s).

The placement of the request letter in the mailing or faxing is very important. **The request letter should be returned as the first item in the packet or the first page of the fax.** The medical records should follow the request letter. If there is a need to send an appeal or other correspondence to Blue Cross and Blue Shield of Oklahoma, it should be sent separately from the requested medical records. By following these tips, providers can help Blue Cross and Blue Shield of Oklahoma expedite the processing of their claims.

## Celebrex step therapy program

Effective Sept. 1, 2007, a step therapy/prior authorization program now applies to Blue Cross and Blue Shield of Oklahoma members initiating a new prescription for Celebrex, a COX-2 inhibitor drug.

The Celebrex step therapy/prior authorization program encourages the use of safe and effective alternative medications for the treatment of arthritis pain. Clinical studies show that for a majority of patients, nonsteroidal anti-inflammatory drugs (NSAIDs) such as naproxen and ibuprofen may be clinically sound therapeutic options for most patients. Celebrex may be an appropriate treatment for patients who are at risk of developing an adverse gastrointestinal (GI) event when using a NSAID. Celebrex also may be appropriate for those patients who have experienced a treatment failure with a non-selective NSAID. Unfortunately, the majority of patients – who have little or no risk for a GI event – continue to take Celebrex when an equally effective and less expensive NSAID is available.

“Blue Cross and Blue Shield of Oklahoma works with health care

providers and professionals to develop our step therapy and prior authorization programs,” said Ron White, D.Ph., pharmacy programs director, Blue Cross and Blue Shield of Oklahoma. “These programs are a key part of providing well-defined, cost-effective and therapeutically appropriate pharmacy benefits to our members.”

A prescription claim for Celebrex will be approved if the member is 50 years of age or older. If a member does not meet the age requirement, it may be necessary for physicians to complete and submit a prior authorization form to determine if continued benefits are available for Celebrex. A prior authorization form can be obtained by contacting the Blue Cross and Blue Shield of Oklahoma customer service phone number listed on the back of the member's ID card.

Members who have utilized Celebrex within 120 days prior to the program's implementation may continue to fill their prescription for Celebrex without prior authorization.

View the Celebrex step therapy process chart at [www.bcbsok.com/stepTherapy.html](http://www.bcbsok.com/stepTherapy.html).

## Tyson identification number to be unique

Beginning Jan. 1, 2008, employees of Tyson Foods, Inc., with Wellmark Blue Cross and Blue Shield health coverage will be issued new eight-digit identification numbers. Members can be easily identified by the unique alpha prefix of **TYS**.

Typically, Wellmark identification numbers are composed of nine digits. Wellmark is updating its electronic programs to accommodate the unique identification number. Until that time, if you are unable to access information using the new number, use the Tyson member's current Wellmark identification number, which is the Social Security number.

# Prime Therapeutics to provide expanded pharmacy benefit management services

## *Group plan members to receive ID cards in March*

Beginning April 1, 2008, Prime Therapeutics will provide complete pharmacy benefit management services to Blue Cross and Blue Shield of Oklahoma, adding both pharmacy claims processing and prescription drug mail order services to the services Prime already performs for the Oklahoma insurer.

As a part of this effort, all group health plan members will receive new health plan ID cards in late March, and these group members will be asked to show their new ID card to their pharmacist on their next visit after April 1. Please note that all individual health plan

members will continue to use their existing health plan ID cards.

"Since 2003 Prime Therapeutics has worked with Blue Cross and Blue Shield of Oklahoma, pharmacies and the state's health care provider community to effectively administer prescription drug benefits for our members," said Ron White, D.Ph., director of pharmacy programs, Blue Cross and Blue Shield of Oklahoma. "We look forward to taking these next steps for Prime to become our complete pharmacy benefits manager."

"Prime welcomes the opportunity

to provide full pharmacy benefit management services to Blue Cross and Blue Shield of Oklahoma," says Tim Dickman, president and chief executive officer, Prime Therapeutics. "The expansion of this partnership provides a great opportunity for Prime to further demonstrate our exceptional pharmacy expertise and commitment to providing the highest quality of care for members."

Prime is a Blues-focused company that provides clinically-based, cost-effective pharmacy solutions for its clients and their health plan members.

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## 2008 BlueCard Program satisfaction survey coming up

### *Your opinions help us serve you better*

As we continue to evaluate our performance and make improvements to BlueCard® claims processing, customer service and electronic transactions, your feedback helps us set priorities and streamline operations. In 2008, we will conduct ongoing provider satisfaction surveys to receive timely feedback on your satisfaction with serving out-of-area members. If your office is contacted, we encourage you to participate as your opinions are important to us.

Our research vendor may call your office and ask to speak to a staff member with the most knowledge regarding BlueCard claims filing and/or billing. Please inform the appropriate staff member to anticipate being contacted by our vendor.

On behalf of all Blue Cross and Blue Shield members, we thank you for participating in our network. Thanks to providers like you, Blue members have in-network access to more than 90 percent of hospitals

and more than 85 percent of physicians around the country.

One of our top goals is to keep Blue members and providers satisfied with the service we provide. Your feedback helps us focus on the initiatives that make a difference to you.

For more information about the BlueCard Program or if you have suggestions for improvement, contact your provider relations representative, visit us online at [www.bcbsok.com](http://www.bcbsok.com) or call our *Provider Inquiry Unit* at 1-800-496-5774.



## Prescription drug formulary changes

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](http://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

Actonel 75 mg  
 Alkeran tab  
 Arimidex tab  
 Aromasin tab  
 Biltricide  
 Breatherite  
 Casodex tab  
 Ceenu cap  
 Cystagon  
 Divigel  
 Emcyt cap  
 Fareston tab  
 Femara tab  
 Iressa tab  
 Leucovorin tab, 10 mg, 15 mg  
 Leukeran tab  
 Levemir  
 Mesnex Tab  
 Myleran Tab  
 Natacyn Ophth Soln  
 Nilandron tab  
 Seroquel XR  
 Stromectol  
 Symbicort  
 Tabloid tab  
 Teslac tab  
 Trexall tab, 5, 7.5, 10, 15 mg

### Drugs listed/moved to Tier III

Augmentin 250 mg chew, 125/5 & 250/5 suspended  
 Actonel with Calcium  
 Alex  
 Blephamide & Blephamide SOP  
 Cosopt  
 Fosamax Plus D  
 Ogestrel  
 Zyrtec

## Pevnar vaccine required for day care attendance

The revised Oklahoma State Department of Health immunization regulations, effective June 25, 2007, require that children 2 months of age and older should receive the pneumococcal conjugate vaccine



(PCV). Pevnar, the first pneumococcal conjugate vaccine, is once again available after a temporary shortage. The immunization schedule for Pevnar begins at 2 months and continues at 4, 6 and 12-15 months. It is important for infants to receive all four doses. This immunization must be administered before and while enrolled in a day care center or an in-home day care.

## Physician administrative staff satisfaction survey results

Blue Cross and Blue Shield of Oklahoma (BCBSOK) values the opinions of its network health care providers and their administrative staff. Over 3,100 surveys were mailed to physicians' administrative staff to gain insight into their perceptions of BCBSOK and BlueLincs® HMO. Highlights of the results are listed below.

Survey Question	Response		
Professionalism of provider representatives	91%		
Knowledge of provider representatives	89%		
Credentialing process timeliness satisfaction**	81%		
Survey Question	BCBSOK	BlueLincs® HMO	
Ease of filing claims satisfaction**	87%	85%	
Claims processing accuracy satisfaction**	79%	78%	
Claims processing timeliness satisfaction **	75%	73%	
Survey Question	BlueChoice® PPO	BluePreferred® PPO	BlueLincs HMO
Contractual agreements are fair*	90%	88%	82%
Reimbursement is fair compared to other plans	87%	87%	81%
Ease of verifying benefits**	72%	70%	68%
Overall satisfaction with health plan	80%	79%	67%

\* Percent selecting "agree" or "somewhat agree"

\*\* Percent selecting "excellent" to "good"

# Medicare Part D Update

## *eDispense vaccine manager operational for ZOSTAVAX*

Physicians now have an option for easy online access to submit claims for ZOSTAVAX (when administered from their office supply) to Prime Therapeutics (Prime) for Medicare Part D coverage. This new service, called eDispense Medicare Part D vaccine manager, allows physicians to submit a real-time claim from their office system to verify the members coverage and coverage level prior to administering the vaccine. This service, which is administered by Dispensing Solutions, Inc. (DSI) is currently only available for ZOSTAVAX (due to the unique storage requirements).

When seeing a patient who is a candidate for ZOSTAVAX, the physician or the physician's office staff submits a claim for ZOSTAVAX, which is converted to a pharmacy NCPDP 5.1 claim and forwarded to Prime. Prime then processes it as a network pharmacy claim and returns verification of coverage and the member's financial responsibility (co-payment or coinsurance) to the physician's office. With this information the physician can discuss the vaccination and coverage level with the patient prior to administration, and the patient can decide whether to receive the vaccine. If the patient agrees to the vaccination, the ZOSTAVAX is administered, and the physician collects the co-payment, as transmitted with the processed claim, from the member. The physician will receive the remainder of the (contracted) cost of ZOSTAVAX via payment from DSI.

Physicians can participate by enrolling in the eDispense network at <http://enroll.edispense.com> and completing the brief enrollment process. Physicians can contact DSI with any questions at 1-866-522-EDVM (1-866-522-3386). Please refer to the attached EDVM brochure for additional information.

DSI is working with the Blue Cross and Blue Shield of Oklahoma on the physician enrollment process, which is already underway.

In addition to this new online service, ZOSTAVAX remains on our Medicare formularies, and it can also be obtained through either of the following methods:

- By prescription at any pharmacy provider willing and able to handle the product. The vaccine should then be delivered to the physician's office immediately for administration to maintain product integrity and efficacy. After removal from the freezer, reconstitution and drug administration should occur with a 30-minute time frame.
- Administered from physician supply, with reimbursement requested through the standard paper claims process by either the physician or member.

Through eDispense Medicare Part D vaccine manager, physician providers have a new online tool to obtain coverage of ZOSTAVAX for their Medicare Part D patients. This means increased access to vaccines (ZOSTAVAX) for your members.

## Wal-Mart Value Plan offers a health care credit

Effective Jan. 1, 2008, Wal-Mart Stores, Inc., improves the Value Plan for its employees with a new health care credit feature.

The health care credit is an up-front medical allowance that pays for covered expenses before meeting the annual deductible. The credit does not cover routine services and other services not covered by the Value Plan.

Wal-Mart associates can choose a \$100, \$250 or \$500 health care credit. Each individual covered by the Value Plan has a separate health care credit. After the health care credit has been exhausted, claims apply to the annual deductible. Once the annual deductible has been met, the Value Plan will pay coinsurance benefits.

Health care providers will not have to collect all of the member's deductible, depending on the amount of the credit and deductible level. Claims for a Wal-Mart employee can be submitted to Blue Cross and Blue Shield of Oklahoma for processing through the BlueCard® program.

For more information on a Wal-Mart employee's coverage, call the phone number listed on the back of the member ID card.



# 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 receive 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.
- 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.

*Continued on page 7*

## PPO, HMO patient satisfaction survey results

Survey Question	BlueChoice® PPO	BluePreferred® PPO	BlueLincs® HMO
Overall satisfaction with provider	96%	95%	96%
Overall quality of service*	96%	96%	96%
Overall quality of medical care*	96%	96%	96%
Overall wait time satisfaction for provider visit*	86%	85%	87%
Definitely or probably would recommend provider to family and friends	95%	94%	93%
Overall satisfaction with health plan service	92%	94%	89%
Claims processing accuracy satisfaction*	94%	97%	94%
Claims processing timeliness satisfaction*	94%	95%	91%
Knowledge and ability of customer service representative*	92%	93%	93%
Completeness and accuracy of customer service representative*	92%	93%	92%

Member satisfaction with health care providers remains high, according to a fall 2007 report based on second quarter results of the Blue Cross and Blue Shield of Oklahoma patient satisfaction survey.

More than 4,600 members were mailed surveys about their experience with their health plan and health care provider. Surveys are used to monitor and improve the quality of health plan and provider services our members receive.

Highlights of the results are listed at left.

\* Percentage of members who rate "excellent" to "good"

# Disease management programs show improvements for members' health

An annual review has been conducted of Blue Cross and Blue Shield of Oklahoma's disease management programs. The review showed continued improvement in clinical outcome measures for members with chronic conditions such as asthma, diabetes, coronary artery disease and congestive heart failure.

Highlights of the annual report results are listed below.

## Asthma

For the second year, the use of asthma medications held steady with 69 percent of members in the care managed population using appropriate medications. Appropriate asthma medication usage for members in the general managed population was reported at 62 percent.

## Diabetes

The diabetes program has completed its ninth year and continues to show statistically significant improvement in American Diabetes Association-recommended testing for Hemoglobin A1c, LDL cholesterol, dilated eye exam and urine microalbumin. In addition, 61

percent of members had control of their HbA1c levels below 7 percent. The urine microalbumin screening, which was the focus of a targeted intervention in late 2005, increased from 34 percent to 63 percent.

## Coronary Artery Disease (CAD)

The CAD program completed its third year for commercial health plan members and its first year for Federal Employee Program members. Both blood pressure control and LDL cholesterol testing showed improvement. The use of anti-platelet agents for members of the care managed population increased from 38 percent to 39 percent; while the use of beta-blockers increased 55 percent to 64 percent.

## Congestive Heart Failure (CHF)

The CHF program sustained its performance level for ACE inhibitor use and beta-blocker use with no statistically significant difference from 2005 to 2006 in the care managed group.

## Chronic Obstructive Pulmonary Disease (COPD)

The COPD program began in October 2006 and was not included in this annual review.

## New disease management programs

Blue Cross and Blue Shield of Oklahoma recently launched several new disease management programs for chronic conditions such as gastroesophageal reflux disease or GERD, migraines and hypertension.

Members who participate in these programs will receive information about their condition that can help decrease the intensity and frequency of their symptoms, enhance self-management skills, minimize missed days at work and enrich the members' quality of life.

For more information about our disease management programs, visit [www.bcbsok.com](http://www.bcbsok.com) or contact Vicki Bradshaw at (405) 316-7189 or e-mail [Vicki\\_Bradshaw@hcsc.net](mailto:Vicki_Bradshaw@hcsc.net).

## Members' rights and responsibilities *continued from page 6*

### 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 or give required cancellation notice.
- To read and understand all materials concerning 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 customer service phone number listed on the back of the member ID card or contact your provider network representative.

# BlueLincs names new Tulsa-area network mental health provider

Effective Jan. 1, 2008, BlueLincs® HMO's Tulsa-area mental health network changed from St. John Health Systems to Magellan Health Services.

To become contracted or to verify if you are contracted with Magellan, contact Magellan customer service at 1-877-794-0678.

If you are **not** contracted with Magellan and you have a patient whose care continues into 2008, Magellan will work with you to transition care to a Magellan contracted provider. Patients will be

allowed to stay with their current provider for up to 30 days (through Jan. 31), if their treatment **began prior** to Jan. 1. During this 30-day period, claims will be processed according to the 2008 benefit payment schedule.

If treatment continues past Jan. 31, and you remain non-contracted with Magellan, patients will need to change to a contracted Magellan provider in order to continue to receive benefits.

For more information, contact Magellan customer service at 1-877-794-0678.

## 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.

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