BlueLINK℠

News from Blue Cross and Blue Shield of North Carolina

Winter 2005

Volume No. 10, Issue No. 4

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bcbsnc.com

BlueCross BlueShield of North Carolina

RealMed Improves Patient Registration and Increases Cash Flow

(P) (F) (A)

Practices, like any other business today, are asking their staff to do more in an effort to maximize revenue and reduce operating costs. Michael Landers recently contributed an article to the Medical Group Management Association's publication, *Connexion*, titled "First Spin in the Revenue Cycle: Good Front-End Practices Make the Difference," in which he emphasized the multiple benefits that registering patients accurately (i.e., checking payer eligibility) on the front-end can provide. Whether your practice is struggling to do more with less or you are just interested in increasing your cash flow by improving front-end processes, RealMed can help.

realmed
your fastest path to payment

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RealMed Improves Patient Registration and Increases Cash Flow *(continued from page 1)*

Capturing accurate patient information at the time of registration ensures proper billing to the payer and patient, but this step is often skipped or done haphazardly due to time constraints and other responsibilities that registration personnel undertake. The result typically includes denials from payers, delays in payment, and inaccurate patient statements. Consequently, days in accounts-receivable increase and cash flow decreases.

Web-Based Tool

RealMed is a Web-based tool that can help manage your complete revenue cycle beginning with properly registering patient information and comparing that to the payers' records. Providers across North Carolina are using RealMed to check eligibility against payers such as Blue Cross and Blue Shield of North Carolina, the State Health Plan, the Federal Employee Program, Medicaid, Medicare, United Healthcare, Cigna, Aetna, and many others.

Eligibility checks can be done by importing batch files from your practice management system or by individually checking eligibility when the patient arrives at your practice. Either way, you can instantly retrieve information about the patient's coverage and fix patient information that is incorrect or inconsistent with the payer's records. When the eligibility information is correct, the practice can accurately bill both the payer and the patient and eliminate many of the causes – up to 60 percent – of claim denials.

Because most practices do not check patient registration information up front, there may be a learning curve for staff as responsibilities shift from the "back of the house" to the registration area. However, the long-term effects of the new front-end processes should include saving money as a result of fewer denials and less follow-up time with payers.

For more information about the many benefits that RealMed offers, including reducing eligibility errors, please call Jeff Dolan with RealdMed at **919-806-4405**.

ADHD Chart Review Shows Need for Assessment of Co-Morbid Conditions

According to a recent chart review conducted by Blue Cross and Blue Shield of North Carolina (BCBSNC), physicians often fail to assess for four conditions that are commonly co-morbid with attention deficit hyperactivity disorder (ADHD).

Disorder	Prevalence in Children with ADHD
Oppositional Defiant Disorder	35%
Conduct Disorder	26%
Anxiety Disorders	26%
Depression	18%

Source: American Academy of Pediatrics

Assessment of co-existing mental health conditions when diagnosing ADHD is particularly important for the assessment of bipolar disorder. While not the most common co-morbid condition, recognizing this form of depression has important treatment implications since the most common treatment for ADHD (stimulants) can trigger a manic episode in children with bipolar disorder if they are not put on mood stabilizers first.

ADHD Medical Chart Review

In late 2003, BCBSNC released clinical practice guidelines around the diagnosis of attention deficit hyperactivity disorder. To assess whether practice patterns changed following the release of the guidelines, BCBSNC conducted a chart review. A random sample of medical charts was reviewed for children who were newly diagnosed with ADHD by a primary care physician during a three-month period, which was six months prior to and six months after the release of the guidelines (April 15 through July 14 of 2003 and 2004).

A total of 42 pre-test and 48 post-test charts of 50 sampled charts for each period were included in the analysis. Charts with no medical history prior to the date of diagnosis were excluded from analysis. Eight charts from the earlier time period and two charts from the later time period were excluded, leaving a total of 42 pre-test and 48 post-test charts.

Charts were scored on six diagnostic criteria (see Table 1). Out of a possible six points, the average score was 4.8 points. Pre-test charts had an average score of 4.6, and post-test charts had an average of 5.0 points. However, this difference in overall scores was not statistically significant (p=.09).

The most points were lost on assessment of co-existing mental health conditions. Well over half of the sampled charts (65.6 percent) lost at least partial credit on this criterion (not shown). A large number of points also were lost on direct evidence of symptoms from parents/caregivers and from the teacher/school (27.2 percent and 22.8 percent, respectively).

Table 1. ADHD Medical Chart Review Scores: Pre- and Post-Test

	PRE n=42	POST n=48	OVERALL n=90
AVERAGE SCORE (out of a possible 6)	**4.6**	**5.0**	**4.8**
TOTAL POINTS LOST PER DIAGNOSTIC CRITERION	Points Lost (% Possible Points)	Points Lost (% Possible Points)	Points Lost (% Possible Points)
A Child was 6 to 12 years of age at diagnosis. *(Score 1 if Yes, 0 if No)*	9.0 (21.4%)	3.0 (6.3%)	12.0 (13.3%)
B Child presented with at least one of the following: • Inattention • Hyperactivity • Impulsivity • Academic underperformance • Behavior problem *(Score 1 if at least 1 Yes, 0 if all No)*	1.5 (3.6%)	1.0 (2.1%)	2.5 (2.8%)

Information Required on Medicare Advantage Claims

Blue Cross and Blue Shield of North Carolina (BCBSNC) recently implemented a new review process for Medicare Advantage claims. This new review process checks to confirm that the Medicare assignment field (HCFA-27) is completed correctly on the HCFA-1500 claim form. BCBSNC participating providers have agreed to "accept assignment" and must indicate "Yes" in the Medicare assignment field in order to receive direct reimbursement.

To ensure prompt processing of your Medicare Advantage claims, please review your claims upon submission to make sure that the Medicare assignment field is filled in correctly. Claims received by BCBSNC that do no have the Medicare assignment field completed will be returned to the provider for resubmission with the appropriate Medicare assignment indicator.

Table 1. ADHD Medical Chart Review Scores: Pre- and Post-Test *(continued from page 3)*

TOTAL POINTS LOST PER DIAGNOSTIC CRITERION	**PRE** Points Lost (% Possible Points)	**POST** Points Lost (% Possible Points)	**OVERALL** Points Lost (% Possible Points)
C Child showed functional impairment in school or social performance. *(Score 1 if Yes, 0 if No)*	2.0 (4.8%)	4.0 (8.3%)	6.0 (6.7%)
D Direct evidence was obtained from parent /caregiver on: • Core symptoms in various settings • Age of onset • Duration of symptoms • Degree of functional impairment *(Score 1 if all Yes, 0 if all No, else 0.5)*	10.5 (25.0%)	14.0 (29.2%)	24.5 (27.2%)
E Direct evidence was obtained from the child's teacher/other school professional on: • Core symptoms in various settings • Duration of symptoms • Degree of functional impairment • Associated conditions *(Score 1 if all Yes, 0 if all No, else 0.5)*	12.5 (29.8%)	8.0 (16.7%)	20.5 (22.8%)
F The diagnosis assessed for associated co-existing conditions: • Oppositional defiant disorder • Conduct disorder • Anxiety disorder • Depressive disorder *(Score 1 if all Yes, 0 if all No, else 0.5)*	21.5 (51.2%)	17.5 (36.5%)	39.0 (43.3%)

* Evidence in the chart had to be on or before the date of diagnosis to be included in scoring. *

PA/QL Programs Expanded to Blue Advantage

Effective January 1, 2006, we will expand our prescription drug prior approval (PA) and quantity limitations (QL) program to include our Blue Advantage® line of business. This is in addition to our HMO and group PPO products, Blue Care® and Blue Options℠, which already require PA and QL on certain prescription drugs.

The prior approval program applies to specific drugs that are prescribed for a narrow list of conditions. The PA program requires that BCBSNC obtain the diagnosis and certain necessary clinical information from the prescribing physician before the drug is approved for payment. Drugs that currently require prior approval include growth hormones, botulinum toxins, certain antifungals, Celebrex, disease-modifying antirheumatic drugs (DMARDs) and antipsoriatics, drugs for weight loss (Xenical, Meridia), and Xolair, which is a treatment for severe allergic asthma.

The quantity limitations program is a concurrent drug utilization program that encourages the appropriate use and dosage of a prescribed drug based upon the U.S. Food and Drug Administration's approval or medical literature supporting their appropriate use. Drugs currently subject to quantity limits include triptans (e.g., Amerge and Imitrex), Stadol NS (butorphanol), Toradol tablets (ketorolac), proton pump inhibitors, and hypnotics.

Requests for prior approval for any of these prescription drugs or requests for quantity limit considerations for patients that need to exceed the dosage limits should be directed to our Medical Resource Management Department at **1-800-672-7897**. You can also refer to our Web site at ***bcbsnc.com*** for the most up-to-date information and to download fax forms to use to request prior approval and quantity limitations considerations.

New Disease Management Program Available for FEP Members

Our Federal Employee Program (FEP) Service Benefit Plan members now have the opportunity to enroll in a diabetes management program. All eligible members will receive an invitation to learn more about and to enroll in this free and confidential program.

Participating members will receive a quarterly diabetes newsletter and a special diabetes calendar filled with health tips and reminders. Those who choose to enroll in our program by completing a short health survey will get the added advantage of being able to work with a personal health coach as well as a choice of books from the American Diabetes Association. Members can also receive a free glucometer from Edgepark Surgical, Inc.

Please encourage your FEP Service Benefit Plan patients to enroll in the program, if appropriate. If you would like to speak with someone now regarding this program, please call Jan Calland, diabetes program manager, at **919-765-1044**. We look forward to your call!

2006 Blue Advantage Benefit Changes

Effective January 1, 2006, we will be making some changes to the Blue Advantage® benefits, including offering more plan choices for individual members to choose from. Please review the table below, which describes the changes in detail:

Blue Advantage Coverage Change	What This Means to You
Diagnostic Services: ◉ MRIs, CT & PET scans: Deductible and coinsurance will be charged for these services, regardless of location.	◉ In an effort to simplify Blue Advantage benefit design and help address rising costs, no matter where members go (office, hospital outpatient setting, etc.), MRIs, CT and/or PET scans will be subject to deductible and coinsurance.
Prescription Drugs: ◉ Certain drugs will require prior approval and may have quantity limitations. ◉ Certain self-injectable drugs will not be covered in an office setting. ◉ Diabetic supplies will be covered in a pharmacy setting at 75 percent.	◉ Members or their physicians will need to obtain BCBSNC approval before having certain prescriptions filled or if they need to exceed quantity limits for certain prescriptions. The list of drugs and criteria are provided online at ***bcbsnc.com*** under "Find a Drug." ◉ Members must purchase certain self-injectable drugs at a pharmacy using the prescription drug benefit. Physicians cannot submit the cost for self-injectable drugs under the medical benefit. ◉ Diabetic supplies, which have previously been covered in a medical setting only, will now be covered under a members' pharmacy benefits.
Chiropractor Copayments: ◉ Members will be responsible for paying a primary care copayment for chiropractic services.	◉ Due to a recent North Carolina state legislative change, Blue Advantage members will pay a primary copayment for chiropractic services rather than a specialist copayment.
Maximum Child Dependent Age: ◉ Subscriber's or subscriber spouse's unmarried dependent children can be covered under policies until their 26th birthday.	◉ Blue Advantage previously covered unmarried dependent children from age 19 to their 26th birthday if they attended a licensed or accredited school as a full-time student. Now, unmarried child dependents can be covered until their 26th birthday, whether they are a full-time student or not.

BCBSNC Transition to New Member ID Numbers Complete

The transition to new member ID numbers that are not based on the subscriber's Social Security number (SSN) will be complete by December 31, 2005. All members will now have a new ID card with their new member ID number.

Most members have a new ID number that includes a 3-alpha character prefix followed by a W + 8 numbers (ex. W12345678). However, a limited number of members have been assigned an ID number that contains the 3-alpha character prefix followed by 9 numbers (not the SSN). Members with the 9-digit numeric format will have a 3-alpha character prefix followed by four zeros + 5 random numbers (ex. YPP000012345).

Now that the transition to the new ID number for all members is complete, all claims for services rendered going forward should be submitted with the new member ID number. To ensure that the member gives you the most current ID card, you may want to request the card at every visit. Please make copies of the member's ID card and pass this key information on to your billing staff.

Provider Workshops: Talking to Your Patients About Their Weight

As part of our Healthy Lifestyle Choices[SM1] initiative, BCBSNC will offer four free provider workshops throughout the state. The workshops are designed to support providers with counseling patients on obesity. Featuring Donald Hensrud, M.D., MPH associate professor of Preventive Medicine and Nutrition and director, Executive Health Program, Mayo Clinic, the workshops will focus on the following topics:

- Initiating an obesity discussion in a 15-minute visit
- Promoting better eating habits
- Encouraging physical activity
- Understanding BCBSNC's Healthy Lifestyle Choices program

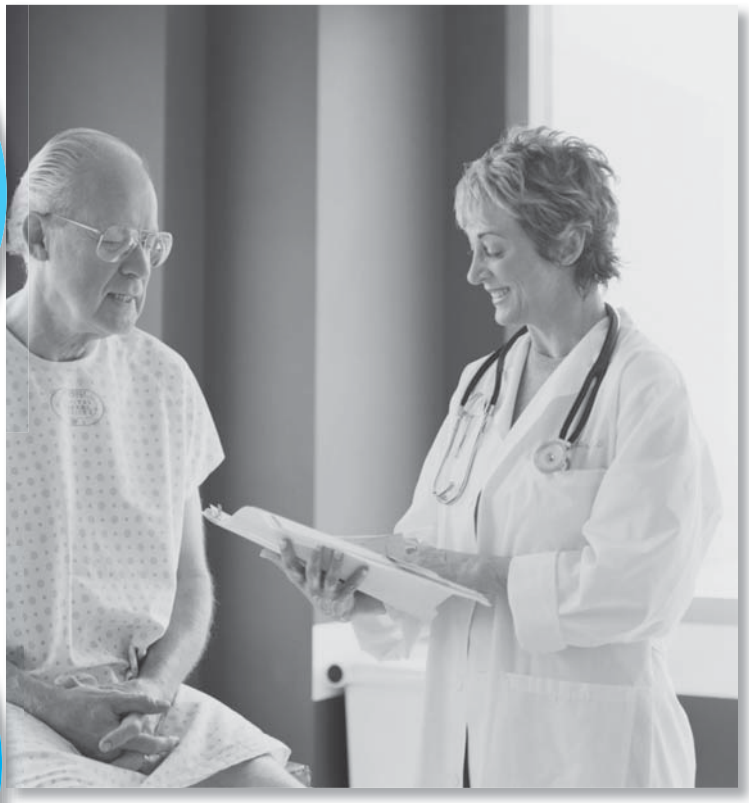
Two CME credits will be given. For additional information, please contact Nan Major at **813-641-0709**. To reserve a space, please e-mail your name, practice name, address, phone number and the date and location of the workshop that you wish to attend to ***cmecert@aol.com***. You can also fax this information to **813-641-9286**. Workshop dates and locations are:

Cary
Feb. 11, 2006
8 a.m. – 10 a.m.
Embassy Suites
919-677-1840
Breakfast Provided
RSVP by Feb. 1

Charlotte
Feb. 24, 2006
11:30 a.m.–1:30 p.m.
Hyatt SouthPark
704-554-1234
Lunch Provided
RSVP by Feb. 15

Wilmington
Feb. 10, 2006
8 a.m. – 10 a.m.
Hilton Riverside
910-763-5900
Lunch Provided
RSVP by Feb. 1

Winston Salem
Feb. 25, 2006
11:30 a.m.- 1:30 p.m.
Graylyn Conference Center
800-472-9596
Breakfast Provided
RSVP by Feb. 15



BCBSNC members enrolled in one of our Member Health Partnerships[SM1] programs may be eligible for six medical nutritional therapy visits. Members must be actively enrolled in Blue Care® (HMO), Blue Options[SM] (PPO) or Blue Advantage® (PPO) in order to be eligible for the programs. To determine if a Blue Care, Blue Options, or Blue Advantage member is eligible for benefits, please call the BCBSNC Customer Service toll-free number listed on the member's BCBSNC ID card, or contact the Provider Blue Line[SM] at **1-800-214-4844**.

State Health Plan Benefit Changes

In August 2005, the State Health Plan confirmed benefit changes to be effective retroactive to July 1, 2005. The benefit changes are as follows:

Previous Benefit Prior to July 1, 2005	New Benefit Effective July 1, 2005
Screening Mammograms once every 2 years for women ages 40-49 and once every year for women 50 and older	**Screening Mammograms** once every year for women ages 40 and older
Coinsurance member pays 20 percent, up to $1,500 maximum each Plan year; member pays up to $4500 maximum for each employee/children or employee and family contract per Plan year	**Coinsurance** member pays 20 percent, up to $2,000 maximum each Plan year; member pays up to $6000 maximum for each employee/children or employee/family contract per Plan year
Inpatient Hospital Care $100 inpatient admission copayment	**Inpatient Hospital Care** $150 inpatient admission copayment
Outpatient Hospital/Ambulatory Surg Facility $50 copayment for outpatient hospital and ambulatory surgical facility services over $500 per episode of care	**Outpatient Hospital/Ambulatory Surg Facility** $75 copayment for outpatient hospital and ambulatory surgical facility services over $500 per episode of care
Emergency Room $100 copayment for each visit unless patient is admitted, or if patient is in an observation unit (not to exceed 23 hours)	**Emergency Room** $200 copayment for each visit unless patient is admitted, or if patient is in an observation unit (not to exceed 23 hours)
Prescription Drugs Not subject to deductible and coinsurance Copayments for each 34-day supply: • $10 generic • $25 preferred brand without generic • $35 preferred brand with generic • $40 nonpreferred brand Copayment limit of $2,500 per person per Plan year	**Prescription Drugs** Not subject to deductible/coinsurance Copayments for each 34-day supply: • $10 generic • $25 preferred brand without generic • $40 preferred brand with generic • $50 nonpreferred brand Copayment limit of $2,500 per person per Plan year

State Health Plan: New Claim vs. Corrected Claim

We continue to receive claims stamped "corrected claim" that are actually new claims. A corrected claim should only be submitted for a claim that has been paid or denied as indicated on your Notification of Payment (NOP). If we mail a claim back to you requesting missing or incomplete information, please do not stamp "corrected claim" on it when you resubmit. Stamping "corrected claim" or changing the bill type on a claim that has never been processed does not expedite processing, but actually will delay processing, as the claim has to be rebatched and forwarded to the State Health Plan Claims Department.

When you submit a "corrected claim," professional providers need to stamp or write "corrected claim" on an area of the claim so that it is clearly visible. Institutional providers should use the appropriate bill type, as listed below, to indicate that they are filing a corrected claim:

o Bill Type 115 – Late charges only

o Bill Type 116 – Adjustment to a prior claim

o Bill Type 117 – Replacement of a prior claim

GE Health Care Preferred

GE Health Care Preferred is a medical care benefit option available to eligible GE employees, retirees under 65 and their family members. Medical care benefits are administered by selected health care organizations.

Important Provider Information

All GE Health Care Preferred members are receiving identification cards similar to the one shown below. This card contains the "PPO" logo providing members with access to the BlueCard® PPO program.

Please make the member's new ID number part of your records, including the new prefix, GEP.

As a participating provider, you should file all claims for GE participants to Blue Cross and Blue Shield of North Carolina. Claims with dates of service on or after January 1, 2006, should be filed with the new prefix "GEP." The member should not file claims when seeing a participating provider.

Important Information Regarding GE Health Care Preferred (group number 39029):

- **Inpatient Admissions:** Subject to $150 copayment (two per family per calendar year). All inpatient admissions require preadmission certification, except maternity. Emergency admissions must be certified by the end of the next business day. For preadmission certification, call **1-888-217-5224**.
- **Emergency Room (ER):** Visits are subject to $50 copayment (waived if member is admitted to hospital). ER visits for non-urgent care are covered at 80 percent of the cost, after the member's deductible is met.
- **Office Visits:** Office visits to primary physicians or for routine OB/GYN services are subject to a $15 copayment. Office visits to specialists are subject to a $25 copayment.
- **Well Child Visits:** Copayment is waived for children up to age six.

Benefits not administered by Blue Cross and Blue Shield of Alabama:

- **Vision Care:** 1-800-433-9375
- **Dental:** 1-888-529-8474
- **Prescription Drugs:** 1-800-355-4379
- **Mental Health/Substance Abuse:** 1-800-442-4227

BlueCross BlueShield of North Carolina

BCBSNC Network Management Field Offices

BCBSNC Network Management is responsible for developing and supporting relationships with the provider community. Network Management staff are dedicated to serve as a liaison between you and BCBSNC and are available to assist you with a variety of issues, including:

- Questions regarding BCBSNC contracts, policies and procedures
- Changes to your organization including:
  - Opening/closing locations
  - Change in name or ownership
  - Change in tax ID number, address or phone number
  - Merging with another group
- Educational needs

BCBSNC Network Management field offices are located throughout the state and are assigned to support the provider community by specific geographical region. To find the Network Management office that serves your area, please refer to the accompanying map. Here is a listing of our Network Management offices and their respective contact information:

Charlotte Office
P.O. Box 35209
Charlotte, NC 28235

Phone:
(704) 561-2740
(800) 754-8185

Fax:
(704) 676-0501

Greensboro Office
The Kinston Building
2303 W. Meadowview Rd
Greensboro, NC 27407

Phone:
(336) 316-5374

Fax:
(336) 316-0259

Raleigh Office
2501 Aerial Center Drive
Suite 225
Morrisville, NC 27560

Phone:
(919) 469-6935

Fax:
(919) 469-6909

Hickory Office
P.O. Box 1588
Hickory, NC 28601

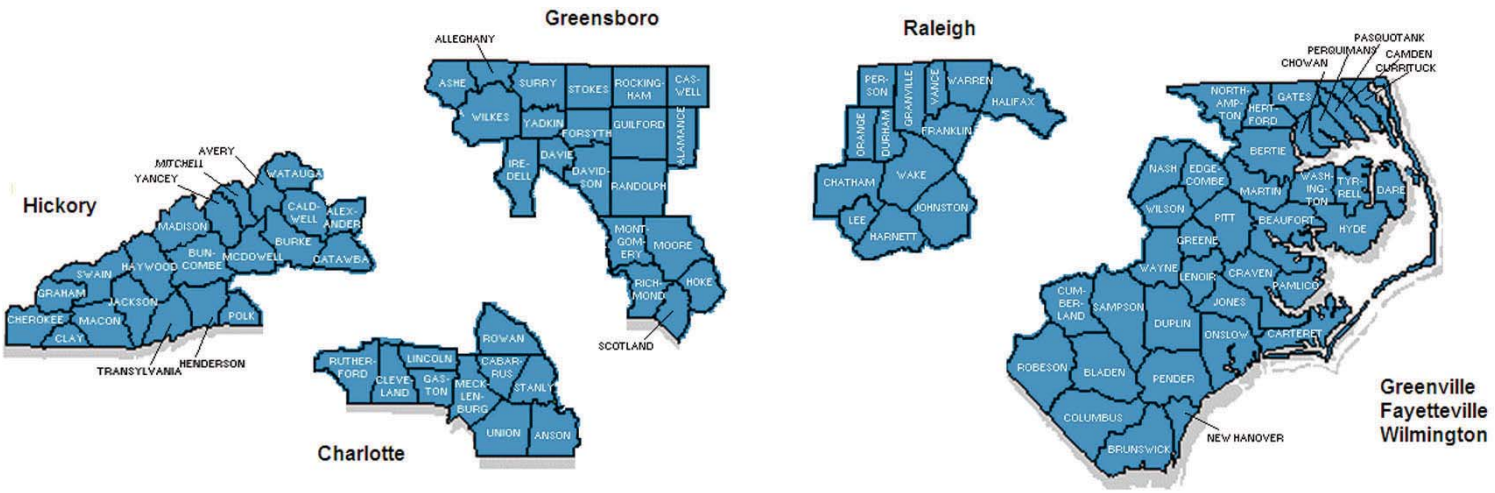
Phone:
(877) 889-0002
(828) 431-3127

Fax:
(828) 431-3155

Greenville/Fayetteville/ Wilmington Offices
2005 Eastwood Road
Suite 201
Wilmington, NC 28403

Phone:
(877) 889-0001
(910) 509-0635

Fax:
(910) 509-3822



EDI Services: Updates and Reminders

Blue Cross and Blue Shield of North Carolina's EDI Services provides and supports electronic transactions for claims processing, inquiries and remittances. Whether working directly with health care providers, or with their clearinghouses, vendors, or billing services, EDI Services provides accurate and fast electronic transactions that support improved security, reporting and tracking. Speak to your vendor or clearinghouse to make sure that you are utilizing all available electronic transactions to conduct your business efficiently. For more information about EDI Services, please contact your regional BCBSNC EDI field consultant. A list of consultants and their contact information is available online at ***bcbsnc.com*** on the EDI Services page, which is part of the "I'm a Provider" section.

New Blue *e* Services

The following projects have delivered new or modified services on Blue ***e***SM within the last several months. Job aids providing more detail about these services are available online at ***bcbsnc.com*** from the Blue ***e*** home page. Click on the "Help" button on the Blue ***e*** home page to see a list of available job aids.

Blue *e* Automated Password Reset

New functionality on Blue ***e*** allows users to reset their passwords, shared secrets or code words without contacting their local help desk or BCBSNC EDI Services. While first-time Blue ***e*** users still need to be set-up by BCBSNC staff or their local help desk (for providers administering their own Blue ***e*** security), existing users can reset or change their own passwords, shared secrets and code words, and manage all subsequent changes by themselves. For more information and a complete set of instructions on how to reset your own password, just download the "Automated Password Reset" job aid from the Blue ***e*** home page.

Blue *e* Extended Hours of Service

Blue ***e*** hours of availability have been extended – and some transactions are now available 24 hours a day, seven days per week. The following schedule of availability is organized by transaction:

Member Name Search Inquiries:	24 hours a day, seven days per week
Health Eligibility Inquiries:	24 hours a day, seven days per week
Medicaid Eligibility Inquiries:	24 hours a day, seven days per week
Claim Status Inquiries:	*Monday – Friday* 6:00 a.m. to 1:00 a.m. *Saturday* 7:00 a.m. to 3:00 p.m. *Sunday* 8:00 a.m. to 12:00 p.m.
Admission Notification:	*Monday – Friday* 6:00 a.m. to 11:00 p.m. *Saturday* 7:00 a.m. to 3:00 p.m. *Sunday* 8:00 a.m. to 12:00 p.m.
HIPAA Claim (837) Denial Listing:	24 hours a day, seven days per week

Customer Service Enhancements on the Way to Serve You Better

We will be implementing a new speech recognition system on most of our member and provider customer service lines this spring. The current phone numbers that you use will not change. However, the new system will ask you to speak the answers to short and simple questions rather than requiring that you "press 1" or "press 2." The questions will ensure that your call gets routed to the appropriate representative.

Remember, in order to experience more efficient customer service and to avoid unnecessary transfers and wait times, you will need to provide the necessary patient information when the new system requests it. We've designed the system based on your feedback and suggestions, so we are confident that these enhancements will help to make your telephonic interactions with BCBSNC more pleasant and efficient.

In the spring issue of *Blue Link*, we will provide you with detailed information about how the new system will work. Stay tuned!

NPI Transition Plan for BCBSNC Providers

Blue Cross and Blue Shield of North Carolina is preparing its systems and processes to collect and accept national provider identifiers (NPI) as required for the processing of electronic transactions.

All health care providers are eligible to receive NPIs. All HIPAA-covered health care providers, whether they are individuals (such as physicians, nurses, dentists, chiropractors, physical therapists or pharmacists) or organizations (such as hospitals, home health agencies, clinics, nursing homes, residential treatment centers, laboratories, ambulance companies, group practices, health maintenance organizations, suppliers or durable medical equipment, pharmacies, etc.) must obtain an NPI for use to identify themselves in HIPAA-standard transactions. Once an individual provider receives an NPI, it will not change regardless of their practice or location.

Obtaining and Sharing Your NPI

Providers and suppliers may now apply for their NPI on the National Plan and Provider Enumeration System (NPPES) Web site at ***https://nppes.cms.hhs.gov***. The NPPES is the only source for NPI assignment. Applying early will facilitate the testing and transition processes to minimize the possibility of any interruption in claims payments. Providers should apply for their NPI(s) as soon as possible.

The NPI will replace health care provider identifiers in use today in standard health care transactions as of May 23, 2007. The application and request for an NPI does not replace the enrollment process for BCBSNC. Only enrolling with BCBSNC authorizes you to bill for services rendered to BCBSNC members.

BCBSNC Collection Process

Beginning in late 2005 and through mid-2006, BCBSNC will request NPI information by mail from providers. Providers will receive their current BCBSNC provider number(s) and a listing of associated providers. The group providers will be requested to provide an NPI that replaces the existing BCBSNC provider number. This will facilitate a smooth transition between the current provider number and the NPI.

Providers with access to Blue ***e***, BCBSNC's online provider portal, will be able to log on and provide their NPI through a new secure Blue ***e*** collection application currently being developed. Providers will be notified through Blue ***e*** when this application is available for use.

NPI Transition Plan for BCBSNC Participating Providers

BCBSNC's implementation involving acceptance and processing of transactions with the NPI will occur in separate stages as shown in the table below:

Stage	BCBSNC Implementation Plan
May 23, 2005 - January 2, 2006	Providers should submit BCBSNC member claims using only their existing BCBSNC provider number. They should not use their NPI numbers during this time period. BCBSNC claims processing systems will reject any claim that includes an NPI during this phase.
January 2006 - October 2006	BCBSNC systems will accept HIPAA 837 with an NPI, but an existing BCBSNC provider number must be on the claim. BCBSNC's claims processing system will reject any claim that includes an NPI.
October 2006 - May 22, 2007	BCBSNC's systems will accept an existing BCBSNC provider number and/or an NPI on HIPAA 837 claims. If there is any issue with the provider's NPI and no BCBSNC provider number is submitted, the claim will be rejected. If both the BCBSNC provider number and the NPI are submitted on the HIPAA 837 and either number does not match information collected, the claim will be rejected. The provider will be requested to either submit a corrected claim or contact BCBSNC to correct our records. This is critical to ensure payment is issued under the correct NPI to meet accounts receivable expectations.
May 23, 2007 - Forward	BCBSNC systems will only accept NPI numbers for electronic transactions.

BCBSNC will continue to update its Web site at ***bcbsnc.com*** with information pertaining to NPI as it becomes available.

New Prefixes for 2006

P F A Rx

Effective January 1, 2006, you should file all claims for BB&T, Clariant, Cooper Industries, SAS, and US Airways participants to Blue Cross and Blue Shield of North Carolina. For dates of service on or after January 1, 2006, claims should be filed with the following new prefixes:

US Airways – UUS & WUS (Classic Blue®)
Clariant – CZY & CZW (Classic Blue)
BB&T - BZZ
SAS – SAD

Please be sure to request the newest copy of the member's ID card. Please make the member's new ID number part of your records, including their new prefixes. The member should not file their own claims when seeing a participating provider.

Online Claims Resource Now Available for Ambulatory Surgery Centers

P F

For all ambulatory surgery center claims received on or after December 10, 2005, Blue Cross and Blue Shield of North Carolina (BCBSNC) is pleased to announce the implementation of Clear Claim Connection (CCC). Information on this application is made available to all Blue ***e*** contracting providers through your current Blue ***e*** application and will utilize version 35 of the ClaimCheck software.

CCC is designed to make ClaimCheck claims payment policies, related auditing rules, clinical edit clarifications and source information easily accessible and available for viewing via a Web site for contracting providers and staff. CCC is a tool that provides information on how combinations of codes (including modifiers) will be bundled and/or unbundled, and whether or not the codes are in conflict with the age and gender information that is entered.

Addresses Multiple Surgical Procedures

CCC does not take into account many of the circumstances and factors that may affect adjudication and payment of a particular claim, including, but not limited to, a member's benefits and eligibility, the medical necessity of the services performed, the administration of BCBSNC's utilization management program, the provisions of the provider's contract with BCBSNC, or the interaction in the claims adjudication process between the services billed on any particular claim with services previously billed and adjudicated.

Please remember that the first line billed on the claim will be designated as the primary procedure and will be processed at 100 percent of the allowable charge. Subsequent secondary procedures will be reviewed utilizing the CCC software, and if eligible, they will be reimbursed at 50 percent of the allowable charge pursuant to the member's health plan.

If you have any questions regarding Clear Claim Connection, please contact your local BCBSNC Network Management office for more information.

Primary Care Sites Sought for Chronic Disease Collaboratives

The North Carolina Division of Public Health, Medical Review of North Carolina, and the North Carolina Community Health Center Association are planning the third state-based chronic disease management collaborative. The program will launch in January 2006 with the goal to improve the quality of care in primary care settings for diabetes, cardiovascular health, cancer screening, and health promotion.

We are seeking primary care locations, including private physician offices, community and rural health centers, and hospital or local health department affiliated clinics, which are interested in forming teams to participate in the collaborative. Team participants will learn evidenced-based chronic disease care and proven techniques in quality improvement, test a series of small-scale changes to improve patient care delivery, attend three 2-day learning sessions, and participate in monthly teleconferences.

If you wish to join or would like a brochure about the collaborative, contact Marti Wolf at **919-469-5701** or ***wolfm@ncphca.org***. Information is also available online at ***www.ncchca.org***.

Our Provider Satisfaction Survey Extended to December 31, 2005

BCBSNC has extended our provider satisfaction survey to December 31, 2005. Please join with the other North Carolina providers who have shared their opinions about the job we're doing. You could win a $50 American Express gift certificate just by participating in the survey.

For each completed survey response received, Blue Cross and Blue and Shield of North Carolina will donate $1 to Be Active North Carolina, which is a statewide initiative to increase the physical activity levels of all North Carolinians.

Just go to ***bcbsnc.com*** and select "I'm a Provider," then click on the "Provider Survey" link - it's that easy. Let us hear from you today!

BlueCross BlueShield of North Carolina

The Pharmacy Connection

Blue Cross and Blue Shield of North Carolina Medicare Prescription Drug Coverage – Standard and Plus Plans Formulary:

Effective January 1, 2006, BCBSNC will be offering a Medicare Part D Plan, Prescription Drug Program.

Blue Cross and Blue Shield of North Carolina (BCBSNC) prescription drug program members have a choice of two BCBSNC Part D formularies. These new formularies are the Blue Cross and Blue Shield of North Carolina Standard Plan formulary and the Blue Cross and Blue Shield of North Carolina Plus Plan formulary.

If you would like a copy of the new BCBSNC Part D formularies, please contact BCBSNC Customer Services at **1-888-298-7552**.

Blue Cross and Blue Shield of North Carolina 2006 Clinical Formulary

The 2006 clinical formulary for BCBSNC commercial members is now available. If you would like a copy of the 2006 clinical formulary, please contact BCBSNC Customer Services at **1-800-214-4844**.

Updates to BCBSNC Participating Laboratory List

Participating network physicians have contractually agreed that when the need arises for a BCBSNC patient to receive other professional services – such as reference laboratory services – they will refer our members to other participating network providers. To confirm that a lab is participating, please refer to this list or contact BCBSNC Customer Service for the most up-to-date information.

If you are currently using the services of a nonparticipating reference laboratory, please encourage them to contact BCBSNC for more information about how to become a contracting provider in our networks. Reference labs that would like to participate in our networks can complete an application, which can be downloaded at ***bcbsnc.com***.

The following list of contracted reference laboratories are participating in all BCBSNC products as of November 15, 2005:

- Alfigen Inc.
- Ameripath Consulting Pathology Services
- Carolinas Medical Center Lab
- Caroliona Medical Labgroup, Inc.
- Clinical Data, Inc.
- Clinical Laboratory Services
- Coastal Carolina Pathology
- Dianon System
- Dominion Diagnostics, LLC
- Fulllerton Genetics Center
- Gene Care
- Genzyme Genetics
- Greensboro Pathology Associates
- H P R H Reference Lab
- Harris Histology Relief Service
- Horizon Laboratory Corporation
- Lab Corp of America
- Liposcience, Inc.
- Macon County Health Department Lab
- Meridian Laboratory Corp.
- Michael Friedberg, MD
- Mission St. Joseph's Reference Lab
- Nextwave Diagnostic Laboratories
- Pathologists Medical Lab
- Piedmont Pathology Associates
- Presbyterian Laboratory Services
- Quest FKA SBCL
- Rex Laboratory Outreach
- Sciteck Clinical Laboratories, Inc.
- Select Diagnostics Inc.
- Skin Pathology Associates PC
- Spectrum Laboratory Network
- Spruce Pine Reference Lab
- The McDowell Hospital
- Triad Clinical Laboratory
- U. S. Labs
- Westcare Health System - Harris Regional Hospital
- Westcare Health System - SwainCounty Hosptial
- Wilkes Regional Hospital
- Wilkesboro Clinical Lab

BlueCross BlueShield of North Carolina

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Medical Policy Updates Available Online

PFA

Did you know that Blue Cross and Blue Shield of North Carolina medical policies are available online? Did you also know that because medical guidelines are based on constantly changing medical science that we review and update the policies twice a month?

As part of this review process, updated medical policies are available for your convenience and reference as an online resource on our Web site at ***www.bcbsnc.com***. Just visit the "I'm a Provider" section and click on "Medical Policies" to view the complete list of Blue Cross and Blue Shield of North Carolina medical policies and recent updates. Each listing includes the name of the policy and a general explanation of the update. You can also view an individual policy in its entirety by selecting it within the medical policy search function.

If you have any questions about how to locate our medical policies online, please contact your local BCBSNC Network Management representative.

BlueCross BlueShield of North Carolina

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