Welcome and thank you for joining us – We’re glad that you are here!

Health Insurance Institute

An independent licensee of the Blue Cross and Blue Shield Association

Your plan for better health™ | bcbsnc.com

BlueCross BlueShield of North Carolina
Have you seen the button chair? It’s on loan to us from the BCBSNC Foundation.
The BCBSNC Foundation

- Established in 2000, the Blue Cross and Blue Shield of North Carolina Foundation (BCBSNC Foundation) is a separate, independent, private, charitable foundation with the mission of improving the health and well-being of North Carolinians. Its focus is improving the health of vulnerable populations, supporting physical activity and nutrition programs, and helping nonprofit groups strengthen their organizational capacity.
The Button Chair

• The Button Chair was created in 1998 as a tribute to all women – as well as their families, friends and support networks – who have battled breast cancer in North Carolina. Every button represents a unique story of courage and strength, each having belonged to a breast cancer survivor or someone who lost their battle with the disease.
A gold rounded ball with a red star in the center is from a World War II uniform.

The diamond represents the strength of each of the women.

One woman heard of the project while she was in the store of the chair designer’s mother and drove back the next day, over 45 minutes away, in order to place one red button by the store-office door.

A Navy uniform pin from long ago.

NCSU Coach Kay Yow graciously offered a button from her Olympic jacket.

A peach and turquoise button, about the size of a silver dollar, was handmade in Asheville to specifically represent one woman.

A woman donated her pink lucky rabbit’s foot, which she took with her to surgery while she successfully fought off the disease.
A little about us, Blue Cross and Blue Shield of North Carolina

– Your plan for better health
Fast facts

• We serve over 3.7 million members, including approximately 815,000 served on behalf of other Blue Plans
• We are 4,900 employees
• We partner with 36,000 in-network providers
  – 30,000 use online services
• We process 46.1 million claims per year
• We answer 23,000 phone calls per day
  – calls from 13,200 members and 9,800 providers
What we’re about?

- Blue Cross and Blue Shield of North Carolina is a leading health services company. We deliver quality products, information, and services to help our customers improve their health and well-being.

<table>
<thead>
<tr>
<th>Health</th>
<th>Service</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease incidence reduction</td>
<td>Good products – easy to understand, use and administer</td>
<td>Product</td>
</tr>
<tr>
<td>Chronic condition management</td>
<td>End-to-end service experience management</td>
<td>Technology</td>
</tr>
<tr>
<td>Influence of desired health behaviors and choices</td>
<td></td>
<td>Administration</td>
</tr>
</tbody>
</table>
BCBSNC initiatives are leading positive change

• BCBSNC provides incentives, education and customized support programs to help North Carolinians live healthier lives.
• We offer innovations related to technology, health care quality, obesity prevention and treatment, accessibility of low-cost drug options and more.
• We believe that improving health information technology is a cornerstone of health care reform.
What we believe

- All Americans should have health insurance.
- Dealing with rising health care costs is central to health care reform.
- The most effective way to improve our health care system is to build on the employer-based system, which provides coverage to more than 160 million people today.
- Government needs to play a role – to assist Americans who today cannot afford health insurance on the private market.
- Improving health information technology is a cornerstone of health care reform.
What we believe

• Paying doctors and hospitals for quality and health outcomes, rather than for the quantity of procedures they perform.

• Private-sector health insurance is better able to bring innovation and quality improvements to health care.

• A government-run health insurance plan is not necessary to achieve the goals of meaningful health care reform.

We’re serious about health care reform
Visit us on the Web to learn more about how together we can make it work @ http://www.nchealthreform.com/
Have you visited us on the Web? There’s a lot of useful information available for providers, their staffs and BCBSNC members.

bcbsnc.com – check us out!
Health care partner

Maximizing members health

* See resources and information for Blue Medicare HMO™ and Blue Medicare EPO™ providers
* Diagnostic imaging management program
* See our new television ad online!
* Important news affecting our providers

Provider resources

Some of the most widely used resources:
- Convenience locations
- Electronic solutions
- Contact information
- Apply for credentials
- Provider enrollment applications
- Medical policies
- Prior Plan Approval
- Access to Care Standards
- Centers of Excellence
- Drug Information

Available on the Web

Online resources – bcbsnc.com/providers/

Important News

We have collected and categorized the most frequently asked questions, product updates, and company information that may be of interest to you. Please visit the sections below to find what you're looking for.

Latest Provider News

May 11, 2008 - EOB Explanation

Medical policies

Medical policy consists of medical guidelines, including coverage policies, payment guidelines, and evidence-based guidelines.

Medical policy search

Type the policy name, number, CPT code, or keyword and then click search to begin.

Alphabetical Index

Categorical Index

Diagnostic Imaging Management Policies

BlueLink

News from Blue Cross and Blue Shield of North Carolina

Information Program (BlueCan) now using new processing system

To expand the exchange of information between our provider network, BlueCross BlueShield of North Carolina is implementing a new processing system, the Information Program (BlueCan). The information program provides a consistent and accurate system for communicating patient information.

Important updates:

1. New design and layout
2. Increased data accuracy
3. Enhanced user experience

Contact information:

1-800-BLUE-300 (1-800-258-3300)

bcbsnc.com

BlueCross BlueShield of North Carolina

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BCBSNC formulary information

• The most up-to-date formulary information for BCBSNC commercial plans can be found on the “Prescription Drug Search” located on our Web site at bcbsnc.com.
  – Just type in the name of the drug you are looking for, and you will find information on that drug’s tier value, generic availability, average ingredient cost and other important information.
  – To compare tier and average cost information between drugs in the same or similar therapeutic class, click on the field labeled “Review Options.”
Prior review

• The prior review list is maintained and available on the BCBSNC Web site at bcbsnc.com/providers/ppa.

• The prior review list is considered as “notice of a change.” It is important to check the list quarterly.

• It is simple to use, just enter in the code that you need to know about, then click the Search button. If the code is available for review, it will be highlighted within the text.

• BCBSNC updates the list in advance to allow 90 days notice for existing codes.
Updates to medical policies available online

- BCBSNC Medical Policies consist of medical guidelines, including diagnostic imaging management policies, payment guidelines and evidence-based guidelines.
- Medical guidelines are based on constantly changing medical sciences. Therefore, policies are periodically updated and reviewed.
- The updates to medical policies are available online at bcbsnc.com/providers/medicalpolicy/updates.
Online member services

• BCBSNC provides online services for members, including access to exclusive features designed to promote better health.

• BCBSNC members can register or log in to our Member Services site bcbsnc.com/memberservices to access their account information or take part in programs designed to encourage healthy living and reward physical activity.

Available member options include:
• Find a doctor
• Get details of their health plan
• Check claims 24/7
Print Verification of Coverage (VOC)

• We’ve added to the My Member Services page on our Web site, tools that allow our members to download and print interim proof-of-coverage when awaiting a new or replacement BCBSNC member ID card.

Manage Your Account
Request an ID card, change your contact information and more.

Benefits and Claims
View your claims, check your benefits, download forms and more.
The Print Verification of Coverage provides necessary member data for service eligibility:

- Subscriber name and ID
- Member names and IDs
- Group number
- Product
- Effective date
- In-network member responsibility
- Dental coverage indicator
- Claims filing addresses
- Customer service phone number

Verification of Coverage

Providers: Please accept this interim Verification of Coverage in lieu of a BCBSNC ID card until the member receives a new card. For additional questions regarding eligibility, benefits or other issues, please call 1-888-206-4697.

Subscriber Name: John Smith
Member Name: Jackie Smith
Group Number: 012345
Product: Blue Advantage
Effective Date: 01/01/09

In-Network Member Responsibility:
- Primary Care: $20
- Specialist: $40
- Urgent Care: $40
- ER: $40
- Dental Coverage: Yes

Address(es) for Claims Filing:
- Medical: BCBSNC, PO Box 35, Durham, NC 27702-0035
- Dental Blue: BCBSNC, PO Box 2100, Winston-Salem, NC 27102

Providers should send claims to their local BlueCross BlueShield Plan.

This Verification of Coverage form is provided as a courtesy until your ID card arrives in the mail. Possession of this form does not guarantee benefits. Eligibility and benefit determinations are made at the time a claim is received for processing. Please note that any changes to this policy initiated by the subscriber within 24 hours prior to printing this form may not be reflected.

* If applicable, out-of-network copay for out-of-network services is the same as in-network copay.
Spanish speaking patients

Servicios para el afiliado

Registro en bcbsnc.com/memberservices para manejar su plan de seguro médico y tomar el control de su salud de manera fácil y rápida. Una vez se inscriba como afiliado, podrá aprovechar muchos programas personalizados y recursos informativos que le ayudarán a alcanzar sus metas de salud, recibir descuentos para productos y servicios relacionados con la salud y mantenerse motivado con los premios que puede recibir por hacer actividad física. Adicionalmente, podrá administrar su plan de salud 24 horas al día, 7 días a la semana. Todo está a su alcance, visite hoy bcbsnc.com/memberservices!

Servicios para el afiliado

- Programas de salud
- Recursos de salud
- Descuentos y premios
- Administración de su cuenta a través de Internet

Web site: bcbsnc.com/azul/

Visite bcbsnc.com/memberservices

AVISO. La sección de afiliados -Member Services- de nuestro sitio Web está disponible únicamente en inglés.

Spanish-speaking customer service
1-877-258-3334
Finding an interpreter

• In North Carolina, providers can locate an interpreter to assist in communicating with Spanish-speaking and other foreign language-speaking patients through CATI (Carolina Association of Translators and Interpreters).

• CATI is an association of working translators and interpreters in North Carolina & South Carolina and is a chapter of the American Translators Association.

• CATI provides contact information of translators and interpreters within North Carolina at www.catiweb.org/index.htm.
H1N1 and pandemic preparedness
2009 H1N1 vaccine

• With the addition of the H1N1 influenza virus to the usual seasonal flu concerns this year, we realize that this flu season is going to be different from what we've all experienced in the past. But, our goal remains the same: We want our members to stay healthy this flu season.
2009 H1N1 vaccine

- Administering providers should report H1N1 vaccines using the appropriate codes:
  - G9141 – Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)
  - 90470 – H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
  - G9142 – Influenza A (H1N1) vaccine, any route of administration
  - 90663 – Influenza virus vaccine, pandemic formulation H1N1
2009 H1N1 vaccine

- Flu shots are available to eligible BCBSNC members with preventive care benefits, subject to the member's copayment, coinsurance and/or deductible, if applicable.

  In-network physicians' offices, members have no copayment if the flu shot is the only service received.

  In-network CVS Minute Clinics, members have no copayment if the flu shot is the only service received.

  In-network ERs and urgent care centers, benefits are subject to applicable ER or urgent care copayment, coinsurance, and/or deductible.
Pandemic preparedness

• BCBSNC has identified the mission-critical people, processes, equipment and technology needed to maintain business continuity. In the event business is disrupted, critical functions can be transferred in and among BCBSNC locations, as well as, some employees working from home.

• Also, BCBSNC contracts with a third party for additional technology and work-area recovery support.
Pharmacy, medication and injectables
Medication Dedication / 90 days supply

- Medication Dedication is the BCBSNC medication adherence program.
- We’ve targeted the conditions of high blood pressure, high cholesterol, congestive heart failure and diabetes. Our goal is to improve member health through improved medication adherence.
- Providers are encouraged to write 90 day scripts whenever possible.
- Program includes **generic copay waiver through 12/31/09**, for drugs used to treat the four targeted conditions.
Prescription for Simponi (golimumab) on or after October 1, 2009

- Effective October 1, 2009, Simponi (golimumab) is considered a restricted access drug that requires a physician to certify in writing that the patient has previously used an alternative nonrestricted access drug or device and the alternative drug or device has been detrimental to the patient’s health or has been ineffective in treating the same condition and, in the physician’s opinion, is likely to be detrimental to the patient’s health or ineffective in treating the condition again.

Prescribers of the medication can download a copy of the certification form online at www.bcbsnc.com
Proton pump inhibitors (PPIs)

• We previously notified you that effective October 1, 2009, new users of the Proton Pump Inhibitors (PPIs) would be required to try two preferred products before a non-preferred product drug would be covered.

• We wish to clarify by stating that users of nonpreferred PPIs (such as Prevacid, Zegerid) will continue to be required to try only one of the preferred PPI options (omeprazole, pantoprazole, and Nexium) before the non-preferred drug will be covered. These drugs are most commonly used to treat acid reflux disease or heartburn.
• Electronic prescribing (ePrescribing) is an efficient, economical and secure way of using health care technology (e.g., computers or personal digital assistants) to improve prescription accuracy and patient safety, while increasing the use of more cost effective drugs by providing patient specific drug information at the point of care.

  – ePrescribers electronically and securely incorporate patient medical information with health plan formulary, patient eligibility and medication history at the point of care.

  – The result is a safe and efficient process with more accurate medication orders being electronically sent to the patient’s pharmacy of choice.
eDispense™

• eDispense™ Part-D Vaccine Manager, a product of Dispensing Solutions, Inc., (DSI) makes available through it’s secure online access, real-time claims processing for in-office administered Medicare Part-D vaccines.

• Services offered with eDispense™ allow providers to verify member’s Medicare Part-D vaccination coverage and submit claims quickly/electronically – to our pharmacy benefits manager medco® – accessed directly from providers in-office Internet connection.
eDispense™

- Signing up for eDispense™ is easy, just go to Dispensing Solutions’ Web site and complete a simple one-time online enrollment application at enroll.edispense.com.
- You will need your:
  - Tax identification number
  - National provider identifier (NPI)
  - Medicare ID number
  - Drug enforcement administration (DEA) number
  - State medical license number
eDispense™

• Providers can contact Dispensing Solutions for assistance with enrollment and claims by calling their customers support center at 1-866-522-EDVM (3386).

• Because medco® is the Medicare Part-D pharmacy benefits manager for Blue Medicare HMO℠ & Blue Medicare PPO℠ products and BCBSNC products, eDispense™ can be used for Part-D electronic transactions for both BCBSNC and PARTNERS Medicare Part-D eligible vaccine claims.
Improving member’s health
Provider toolkits

*bcbsnc.com/providers/toolkit*

- Preventive health topics:
  - Adult obesity
  - Childhood obesity
  - Tobacco cessation (including Spanish materials)
  - Stress management

- Screening topics:
  - Chlamydia screening
  - Colorectal cancer screening
  - Depression screening
  - Mammography screening

Toolkit contents include assessment tools, clinical guidelines, and patient education materials and worksheets.
Benefits for Nutrition Counseling

• Nutrition counseling is a covered benefit for BCBSNC members.
• Nutrition counseling is available for both adults and children.
• Through nutrition counseling your patients can get help with weight loss, eating healthy and becoming more physically active.
• The nutrition counseling benefit is available to commercial members (Blue Options and Blue Advantage) actively enrolled in our Member Health Partnerships (MHP) program.
• Members can enroll in MHP by calling 1-800-218-5295.
• When members enroll in MHP, they receive up to six nutrition counseling visits per year with copays waived if they go to a credentialed, licensed registered dietitian in an office-based setting.
How to find a network dietitian

1. Enter zip code or county
2. Select “Nutrition” in specialty field
3. Click on Find a Doctor Now
Tobacco Cessation Counseling Codes

- Choice of code depends on time spent with the patient. These codes will be reimbursed in addition to other E & M services provided on the same day.

<table>
<thead>
<tr>
<th>Code</th>
<th>Time spent with patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>99406</td>
<td>Intermediate visit 3-10 minutes</td>
</tr>
<tr>
<td>99407</td>
<td>Intensive visit 10 or more minutes</td>
</tr>
</tbody>
</table>

Since 2005, tobacco cessation counseling has more than quadrupled!
Policy, administrative and billing
New member liability collection policy for Blue Options℠ deductible and coinsurance only products – beginning October 1, 2009

• Under the terms of the new policy, providers have the option to collect from a member enrolled in a non-copayment plan, the estimated patient responsibility for applicable coinsurance and/or deductible amounts.

• Collection of a member's estimated patient responsibility may be collected at the time of service when the member is enrolled in one of the BCBSNC Blue Options℠ deductible and coinsurance only products (products without copayments).
New policy for serious adverse events

1. The error event must be preventable
2. The error event must be within the control of the hospital
3. The error event must be the result of a mistake made by the hospital
4. The error or event must result in significant harm
5. Non-payable event determinations should incorporate some element of case-by-case review and determination
New policy for serious adverse events

• Under this new policy hospitals are expected to implement the following actions if a Never Event occurs within their facility:
  – Confidently report the event to the North Carolina Center for Hospital Quality and Patient Safety, and
  – Not bill or request reimbursement from BCBSNC, the employer or member for costs directly related to the event

Surgical events
Product or device events
Patient protection events
Care management events
Environmental events
Criminal events
Effective December 1, 2009, Present on Admission indicator required for UB-04 inpatient claims

- The Present On Admission (POA) indicator is required for all claims involving inpatient admissions to general acute care hospitals.
- POA is defined as present at the time the order for inpatient admission occurs.
- POA is assigned to the principal and all secondary diagnoses.
- Any diagnosis that is not POA is considered to be a Hospital Acquired Condition (HAC).
Effective October 1, 2009, all appropriate CPT and HCPCS are required at the line level of the UB-04

• As of October 1, 2009, BCBSNC requires all appropriate CPT and HCPCS codes to be included at the line level of the UB-04 when used to report outpatient and ambulatory surgery center services.

• UB-04 outpatient claims must be billed with both revenue codes and appropriate CPT or HCPCS codes when applicable codes exist.
Top reasons that can delay a claim

- Missing or **invalid NPI** (national provider identifiers [for individual and/or group])
- Missing, **invalid or incomplete member ID** (always include the complete member ID including applicable alpha prefixes and numeric suffixes as they appear on the member’s current ID card)
- Missing **patient’s date of birth**
- Missing or incorrect **number of units**
- Missing or **invalid place-of-service code** (filing one digit code instead of a two-digit code)
- Missing **onset date of symptoms**
- Missing or **incomplete specific diagnosis**
- Missing **primary payor’s EOB information** if BCBSNC is secondary
- Missing **admission and or discharge dates** for inpatient claims
Warehouse requisition no longer available

- Due to a reduction in the forms offerings, BCBSNC eliminated the Provider Warehouse Requisition (B117 Form) in 2007.
- The requisition form is no longer accepted by Moore Wallace and all copies in circulation should be destroyed.
- Needed forms are available for copying from the Blue Book™ Provider e-Manual and on the BCBSNC Web site for providers.
Medical records

• Routing code
BCBSNC needs your correct information

- BCBSNC routinely updates the online provider directory with addresses, phone numbers and current lists of all providers at a participating facility or practice, so that our members can quickly locate health care providers and schedule appointments.

- If you think that your information may be in need of updating, please let us know by contacting your regional Network Management representative or have your staff complete and return a provider demographic form that can be found on the “providers” page on our Web site at bcbsnc.com/providers/.
Inter-Plan Programs reminders (BlueCard®)
PPA & radiology management services

• **BlueCard** members from non-North Carolina BC and/or BS Plans are not included in the BCBSNC radiology management program administered through American Imaging Management (AIM). However, it’s important to always verify a member’s eligibility and prior authorization requirements, as a member may be enrolled in a benefit coverage plan that includes authorization prior to receiving certain radiological services.

• To verify:
  – Call the number on the member’s identification card
  – Call **1-800-676-Blue**
  – **Blue e**

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Bundling rules

- Just like other claims filed to BCBSNC, BlueCard® claims should never be split billed or filed in partial increments:
  - Claims should be filed utilizing valid CPT and/or HCPCS codes
  - Claims are reviewed to determine eligibility for payment
  - If services are considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, they are not eligible for separate reimbursement.
COB collection form

• All Blue Plans have placed COB questionnaires on local Web sites, where they can be accessed, printed and presented to members believed to have COB.

• Members believed to have other coverage should be given a copy of the questionnaire for completion.

• Providers can download and print a copy of the COB questionnaire by accessing the Links section on Blue e℠ or on our Web site bcbsnc.com.

• The mailing address for the member’s plan can be found on the back of their member ID card, or by calling the customer service number also listed on the back of the card.
Blue Medicare Medicare HMO℠ and Blue Medicare Medicare PPO℠
Blue Medicare HMO<sup>SM</sup> and Blue Medicare PPO<sup>SM</sup> plans

- BCBS Association symbols and BCBSNC text
- Blue Medicare HMO and PPO alpha prefix: YPWJ, YPFJ

Blue Medicare HMO<sup>SM</sup> and Blue Medicare PPO<sup>SM</sup> ID cards are readily recognizable but remember that the cards include both BCBSNC and PARTNERS information. Therefore it’s important to review the cards carefully and take note of the Blue Medicare HMO<sup>SM</sup> and Blue Medicare PPO<sup>SM</sup> alpha prefixes and PARTNERS health plan information.
Blue Medicare HMO℠ and Blue Medicare PPO℠ plans

Claims mailing address – if not filing electronically

The cards display PARTNERS claims mailing address and telephone service lines.

Reminder: For fastest claims processing, always file electronically!
Blue Medicare HMO℠ & Blue Medicare PPO℠

• Only providers directly contracted with PARTNERS are considered as in-network for Blue Medicare HMO℠ and Blue Medicare PPO℠.
  – BCBSNC participating providers that are not contracted with PARTNERS can provide services to Blue Medicare PPO℠ members as part of the member’s PPO out-of-network benefits.
  – Blue Medicare HMO℠ members have no out-of-network benefits (except for emergency care).
  – Claims submitted to BCBSNC for Blue Medicare HMO and PPO members in error will be returned to the submitting provider or electronic clearinghouse. This includes both paper and electronic claims.
Blue Medicare product offerings

**Blue Medicare Rx™**

**Blue Medicare Supplement™**

Products offered by BCBSNC

Products offered by PARTNERS as a BCBSNC company

**Blue Medicare HMO™**
Offered by PARTNERS National Health Plans of North Carolina, Inc.

**Blue Medicare PPO™**
Offered by PARTNERS National Health Plans of North Carolina, Inc.
Medicare Advantage PPO network sharing

• Effective 01/01/10, Blue Medicare HMO℠ and Blue Medicare PPO℠ providers begin providing care to BlueCard® eligible Medicare Advantage members covered by Blue Cross and Blue Shield Plans (out-of-state Plans other than North Carolina) and file claims to the BCBSNC BlueCard® department.

• Blue Card® eligible MA claims will be sent to the out-of-state member’s home Plan for benefits application and then returned to BCBSNC for the applicable benefits issuance to the provider.
Medicare Advantage PPO network sharing

- Starting 01/01/10, all claims for BlueCard® eligible Medicare Advantage members covered by an out-of-state Blue Cross and Blue Shield Plan should be filed to the BCBSNC BlueCard® department, when services have been provided by a BCBSNC and/or PARTNERS Blue Medicare HMO and/or PPO contracted provider.

Claims for BlueCard eligible out-of-state members should be sent to the BCBSNC BlueCard department and never filed directly to the member’s home plan.
Compliance training

• On December 5, 2007, CMS issued a Final Rule clarifying requirements for Medicare subcontractors, including Medicare Advantage providers. This rule requires that all such providers participate in a compliance program. In general, you will need to do the following:
  – All of your employees working under our contract agreement with you must complete annual Medicare compliance training.
  – All personnel working under our contract agreement with you must be informed about our Special Investigation Unit’s (SIU) hotline number for reporting suspected fraud, waste or abuse of noncompliance with Medicare rules.
  – Any of your subcontractors working under our contract agreement with you must be made aware of these requirements, take the compliance training, and be informed of our fraud hotline number.
Compliance training

- Our vendor, LearnSomething, Inc. will administer the online mandatory training. We have arranged a discount rate of $14.95 per person. You will need to enroll through the Web at bcbsnc.com/providers for the training course.
  - Bulk rates are also available through the vendor.
  - If your organization has completed a CMS-approved training through another organization, you may not have to retake the training. We just need a record of completion or the attestation form. If the course was completed through our vendor, but sponsored by another organization, you do not have to submit the attestation form.
Updates for Blue e℠
The Creation of Operations Service Advisors

• Provide greater efficiency and “one face of operations
  – Combined two previously existing roles
  – Former Provider Service Unit Consultant, who managed claim related tracking and follow up
  – Former eSolutions Consultant who managed connectivity

New Role: Operations Service Advisor manages the combined services
OSA Consultants team with Network Management Consultants to provide comprehensive service
Operations Service Advisory Team

- **OSA Regional Consultants**
  - Four Regions: 800 number available soon

  - Region I West
  - Region II Triad,
  - Region III Triangle,
  - Region IV East

Support for services such as Blue e, onsite or regional training, HIPAA transaction enrollment

Your OSA Consultant will work with you to automate business processes in order to reduce administrative costs
Operations Service Advisory Team cont

• OSA Operational Consultants.
  – Resource as Subject matter expert for specific topics
  – Teams with the Network Management Consultant to provide comprehensive HealthCare system specific support

Your OSA Consultant will work with you to automate business processes in order to reduce administrative costs
Blue e Home Page Redesign

• Tabs across the top for easier navigation
• Standardized Colors and appearance
• Improved access to News and Training Materials

Same functionality, with a different look and feel
Overview

The Blue e home page and navigation upgrade allows users to move through the Blue e application with ease, as well as improving access to news and training materials. The illustration of the new home page below displays some of the major changes of the upgrade.

- **What’s New headlines** listed on home page
- **Navigation Bar**
- **All Blue e transactions are only one click away from the home page, each listed under its business area.**
- **A dropdown list of all training videos**
Blue e eligibility enhancement

- Blue e eligibility benefit categories have been redefined
- New tabbed categories include:
  - Abortion
  - Emergency and Urgent Care
  - Preventative and Wellness

Two have been removed
- Psychiatric Services – use Mental Health/Substance Abuse
- Surgery related – use Hospital Services

Others have been renamed to make them clearer
For Example Medically Related Transportation has been renamed Ambulance
Eligibility Service Type Categories Change

Starting this September 19, the Service Type Categories that display on the Eligibility response (Benefits Tab) will contain three new categories:

- Abortion,
- Emergency/Urgent Care, and
- Preventative/Wellness

Other categories will be renamed to make them clearer. For example, "Medically Related Transportation" has been renamed to "Ambulance", and "Reproduction Services" has been renamed to "Infertility/Sexual Dysfunction".

Two categories will be removed: "Psychiatric/Psychological Services" (use "Mental Health/Substance Abuse") and "Surgery Related Services" (use "Hospital Services").

Below is a table listing all of the Service Type Categories that will be in effect after September 19, 2009, with comments explaining if the value is new or renamed.

<table>
<thead>
<tr>
<th>Category</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>New</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Formerly &quot;Medically Related Transportation&quot;</td>
</tr>
<tr>
<td>Dental Services</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td></td>
</tr>
<tr>
<td>DME</td>
<td>Formerly &quot;Durable Medical Equipment&quot;</td>
</tr>
<tr>
<td>Emergency/Urgent Care</td>
<td>New</td>
</tr>
<tr>
<td>General Benefit Information</td>
<td></td>
</tr>
<tr>
<td>Home Health/Hospice</td>
<td>Formerly &quot;Home Health/Intervention Care&quot;</td>
</tr>
<tr>
<td>Hospital Services</td>
<td>Use instead of the discontinued &quot;Surgery Related Services&quot;</td>
</tr>
<tr>
<td>Infertility/Sexual Dysfunction</td>
<td>Formerly &quot;Reproduction Services&quot;</td>
</tr>
<tr>
<td>Maternity/Newborn</td>
<td></td>
</tr>
<tr>
<td>Mental Health/Substance Abuse</td>
<td>Formerly &quot;Substance Abuse Treatments&quot; Use instead of the discontinued &quot;Psychiatric/Psychological Services&quot;</td>
</tr>
<tr>
<td>Nursing Care</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
</tbody>
</table>
Notification of Payment Paper Suppression

• In supporting “Going Green” we plan to stop “printing and mailing the paper” Notification of Payment

How will I receive this information?

• Blue e access
  – Notification of Payment is available via Blue e Remittance inquiry for 12 months
  – HIPAA 835 Batch Remittance also provides this information
  – You may also elect EFT via Blue e which electronically deposits your payment into your bank account
  – Requires a special Blue e user ID and password Talk to us today !!

Sign up for Paper Supression today !!
See us at the table in the back of the room
HIPAA 5010 What is it?

• HIPAA was enacted by Congress in 1996
  – HIPAA required the implementation of standards to
  – Regulate electronically maintained or transmitted individual
    health information.
  – Reduce healthcare costs
  – Improve efficiency of health systems
  – Protect security & confidentiality of electronic health
    information

One Component of HIPAA was
Administrative Simplification
Administrative Simplification’ has multiple parts:

- Privacy & Security
- National Identifiers
- **Transaction & Code Sets**

HIPAA 5010 is about the **Transaction & Code Sets**
HIPAA 5010 is the new version of the HIPAA Transactions.
We currently use version [4010A1](#)
ICD 10

• CMS also has mandated the migration to a new version of international classification of disease coding (ICD10)
  – Replaces 30 year old schema
  – Supports implementation of Electronic Health Records

Supports CMS anti-fraud and abuse activity by more specifically defining diagnosis and treatment information
Supports comprehensive reporting of quality data

Allows US providers to compare data with international peers to track incidence of disease and treatment outcomes
**How Does IDC10 fit in?**

- Version 5010 accommodates the use of ICD10 code sets and is a pre-requisite for the forthcoming ICD implementation.
- BCBSNC will offer a dual use period to accommodate provider and Trading Partner testing and migration activity beginning 1/1/11.
- We will require provider and Trading Partner compliance against 5010 rules as of 1/1/12.

CMS indicates that there will be no extension/contingency period as was done for 4010 implementation.
HIPAA 5010  What is it?  continued

• CMS mandates migration 4010 to version 5010 by a deadline of 12/31/11
  – Payers must be ready for dual use by 12/31/10
    Version 5010 includes changes to structural, technical and data content of transactions
    Technical reports are used instead of Implementation Guides (TR3 v IG) to relay this detail
HIPAA 5010 What is it? continued

• Providers are encouraged to begin their preparation for 5010 migration now

• Migration to 5010 will be more complex than 4010 because
• Trading Partners are using more standard transactions than
• when we moved to 4010

Claims, inquiries, and remittance
ICD 10

ICD9

- 3-5 Characters
- 13,000 codes
- Limited detail and specificity
- For use in US practice only

ICD10

3-7 Characters
68,000 codes

Extensive detail and flexibility for use in describing disease states
For use in US and most international locales
ICD10 - Impacts

• Industry implementation and compliance with use of ICD10 is expected on **10/1/2013**

• HIPAA version 5010 implementation is a prerequisite of ICD10 implementation

Unlike the dual use options for 5010 migration, ICD10 implementation will occur as of a single date

All claims with Dates of Service prior to 10/1/13 use ICD9, all after use ICD10
ICD 10 - Resources


http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

http://www.aapc.com/ICD-10

Visit these resources to begin to prepare for this mandated migration

Communicate with Your vendor about readiness preparation
Questions ??