

BlueNewssm *for Providers*



South Carolina

A Quarterly Newsletter from Provider Relations and Education, BlueCross BlueShield of South Carolina

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A man may die, nations may rise and fall, but an idea lives on. Ideas have endurance without death.
John F. Kennedy



South Carolina

Moving Forward with Health Care Reform

We know you and your patients have many questions about the health care reform law enacted in March. While we wait for regulations from the Department of Health and Human Services (HHS), we are diligently working to review and comply with the law.

As we gather information, we will publish "Health Care Reform" bulletins. We will post these on our Web site. Simply click on the "Provider" tab on the home page, and then click on the "Health Care Reform" link on the right side of the Provider home page. We will post the bulletins there for you to download and read.



Keep in mind that there is still a lot of work to do, especially as the government writes and issues regulations. We are studying these provisions and will pass along information when it is available.

If you have any questions regarding the information in this newsletter, please e-mail us at Provider.Education@bcssc.com.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

Did You Know?

The health care reform law will reduce the amount that Medicare Part D enrollees must pay for their prescriptions when they reach the coverage gap. The government will gradually phase in different levels of subsidies for brand-name and generic drugs for the gap beginning in 2011.

- In 2010, Part D enrollees who enter the coverage gap will receive a \$250 rebate.
- Beginning in 2011, Part D enrollees who reach the coverage gap will receive a 50 percent discount on the total cost of their brand-name drugs in the gap, as agreed to by pharmaceutical manufacturers.

Profile Administrator Steps

Has your office set up an administrator for My Insurance ManagerSM? A profile administrator is someone in your office who will manage the profiles for other office staff. The profile administrator will be able to approve, create, deactivate and restore user profiles. He or she will also be able to view reports and reset passwords.

Once your office decides who should be the administrator, follow these steps to modify an existing profile:

1. Log onto My Insurance ManagerSM as usual. Click Modify Profile.
2. Verify your Username and Password.
3. Next, click the link that says Convert to a profile administrator.
4. Read and accept the terms and conditions.
5. Choose all locations you will need access to.
6. Verify claim information in order to validate your access.
7. If you validated correctly you will be logged in as the profile administrator!

Our provider advocates are available to assist your office if you have questions about completing the process.



South Carolina

Blue is **STILL** the new
Green!



Paperless providers receive their electronic payments three to four days faster than providers who choose paper checks, while saving a trip to the bank. They also never worry about holidays throwing accounts receivable off track. When paperless providers are out of the office or enjoying time off, we're on the job, depositing payments directly to their accounts even if the bank is closed.

In-network paperless providers also enjoy [My Remit Manager](#), an online tool used to search remits by patient, account number and check number. My Remit Manager highlights any denied claims or claims with errors, allowing providers to spot problems instantly. Users can also find patient information across several remits.

Electronically File All Medicare Claims!

We recently experienced a spike in the number of Medicare claims filed on paper. Please file all Medicare Advantage, Part D and secondary claims electronically.

If you are experiencing problems filing your Medicare claims, please contact us and we will gladly assist you.

How Satisfied Are You?

You may have recently received a survey from our Provider Relations department asking for your thoughts and feedback on our levels of service.

The survey asked your input on our claim processing timeliness, service and the efficiency of our electronic tools.

We will use feedback from these surveys to improve and enhance our systems and processes in order to raise the bar on provider satisfaction.

If you want your voice to be heard, now is the time to speak.

If you haven't done so already, take a few moments to complete the survey. It should take just a few minutes to answer the 10 questions.

We value our relationship with you and we value your opinion!



The Blue Cross and Blue Shield Association Creates a National Consumer Cost Tool

The Blue Cross and Blue Shield Association is working with Blue plans to implement a National Consumer Cost Tool in the upcoming months. Currently, there is no consistent, user-friendly national approach for Blue members to get cost estimates for medical procedures/services. Members may be unaware of costs until their bills arrive after they are treated. The availability of cost estimates in a "shopping tool" is a key step to assist members in health care financial planning and decision making.

The National Consumer Cost Tool will enable all BlueCross BlueShield members to get:

- Total estimated costs of medical treatments/services based on Blue plans' negotiated arrangements
- Total estimated out-of-pocket (OOP) expenses

With the National Consumer Cost Tool, Blue plans will be able to have the flexibility to customize member and account displays. Access to the cost estimation information will be exclusively available through a plan's online customer service site. Plans can use the Tool for local as well as National Account members.

The all-plan implementation of the National Consumer Cost Tool is an opportunity to achieve competitive parity and leadership through availability of Blue cost estimates wherever a member seeks care.

Personal Health Records and Your Patients

The changing health care environment includes significant opportunities for improving care by providing patients with increased access to and management of their health information. One example of this consumer empowerment is the increasing use of personal health records.

A personal health record, or "PHR," is an electronic tool your patients can use to store and manage their health and medical information. Generally Web-based, a PHR may include information about health and medication history, the family's medical history and other pertinent information, such as where they live, emergency contact information, allergies and travel destinations that may be subject to health precautions.

The PHR allows patients to better manage their care and supports more effective communication with their physicians and other health care professionals. It is important for you to know details about previous medical conditions or treatments in order to offer the best possible care. A Web-based PHR can help your patients keep more complete, up-to-date records of dates of care, specific treatments, tests and medications. If they choose, patients may be able to print or electronically share information from their PHR with their health care professionals and physicians so they have a more complete picture of medical conditions, medications and previous care. With better information, you and your patients can make more informed care decisions.

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Becoming Familiar with Anesthesia Guidelines

There are three modifiers anesthesiologists or nurse anesthetists can file indicating they have added time limits when the physical status of the patient presented a serious health risk. They must place these modifiers in the second modifier field of the claim form.

BlueCross will only pay risk factors if the physician (modifier AA on the primary anesthesia code) administers the anesthesia personally. There will be no separate reimbursement for risk factors for CRNAs or anesthesiologist supervision of CRNAs, even if they report it separately.



Risk Modifiers

- P-3 Add one time unit when a patient has a severe systemic disease, such as uncontrolled diabetes or hypertension requiring medication.
- P-4 Add two time units when a patient has a severe systemic disease that is a constant threat to life, such as severe respiratory or cardiac disease.
- P-5 Add three time units when the patient is not expected to survive for 24 hours with or without the operation, such as multiple severe trauma or severe head injury.

We do not provide anesthesia benefits for:

- The administration of anesthesia for non-covered services, such as cosmetic surgery.

We do not provide separate benefits for the following if in conjunction with other surgical or medical services:

- Pre-operative anesthesia consultation
- Transesophageal cardiography
- Emergency intubation
- The administration of anesthesia by the attending surgeon or surgical assistant, except as outlined above
- Anesthetics

Providing Service to Billing Companies

We strive to provide the best service at all times to our providers and those who act on behalf of them. This illustrates how we assist billing companies who contact us on behalf of our providers.

When you call us, our representatives will first ask if you have a **billing agreement** with the service provider. If an agreement is on file, then we will assist you with basic information. Here is a list of information that we may provide:

1. The current status of a claim (if a claim processed, denied or is in processing)
2. The date the claim processed or denied

Basic benefit information (covered, or not covered, deductible, coins, etc...) If you request additional information beyond the information above, we will refer you back to the service provider. Also, remember to check with your service providers to determine if you can get the additional information from their remittance advices.

Screening Colonoscopy Guidelines

For a diagnostic colonoscopy, applicable copayment, coinsurance and deductibles apply depending on the member's plan of coverage.

If you schedule a colonoscopy as a diagnostic procedure in response to symptoms indicating disease or as surveillance for prior documented disease, you should document the procedure as such. For members who have a preventive benefit plan, we cover a screening colonoscopy at 100 percent. Please note that these claims must have a V7 or V2 primary diagnosis code and the appropriate CPT code. See the Current Procedural Terminology (CPT) Manual for details.

As you discuss colonoscopy with your patients who are BlueCross members, please keep these coverage distinctions in mind. We want your patients to make well-informed health care decisions and understand how much they will have to pay.

New Alpha Prefix for Employees

January 1, 2010, Blue Cross Blue Shield of Arkansas became the Home Plan for all Walmart associates nationwide (except Hawaii). The local PPO network will continue to be in-network.

Walmart associates received new insurance cards. Their alpha prefix is now WMW. It is very important for you to get copies of these new insurance cards and use the new alpha prefix, WMW, to file claims for any date of service after January 1, 2010. Please do not use alpha prefixes MRT, WLA and WMR for dates of service after January 1, 2010.

For more information about this change, please log into [My Insurance Manager](#)SM and submit your question through "Ask Provider Services," or e-mail provider.education@bcssc.com.

Blue Cross Blue Shield of Arkansas is an independent licensee of the Blue Cross and Blue Shield Association.

Important NIA News and Updates

Our National Imaging Associates (NIA) relationship is growing! On behalf of BlueCross, NIA handles preauthorization for certain imaging services. NIA is an independent company.

Effective May 1, 2010 members with the alpha-prefix LJJ will also use NIA for precertifications for certain advanced imaging services when performed and billed in an outpatient or office location.

Also, Urgent Care providers should get prior authorizations for any non-emergency MRIs, MRAs, CTs and PET scans they conduct for members whose alpha prefixes are on the matrix on our Web site. Retro-authorizations are available.

There are two ways to get authorizations. Go to www.RadMD.com or call the toll-free number, 866-500-7664.

Web site hours of operation are Monday through Friday, 5 a.m. to 12 a.m. EST and Saturday 8 a.m. to 1 p.m. EST.

For more information on our relationship with NIA, visit our Web site.

iScribe Transitions to Allscripts

You've probably heard by now that iScribe is getting out of the electronic prescribing business. To minimize impact to existing users, Caremark is migrating all of existing iScribe users to Allscripts e-prescribing. Caremark will continue to fund software and support fees for anyone who signed up through the Silverscript MVP program.

iScribe and SilverScript are products of Caremark. Caremark is an independent company that does not provide BlueCross BlueShield of South Carolina products or services. Caremark is solely responsible.

The Allscripts ePrescribe tool is a Web-based software solution that is safe, secure, requires no downloading, no WiFi connectivity and no new hardware.

Offered at no cost, current iScribe users will have full access to Allscripts ePrescribe Enterprise Edition, accessible by Internet on most smartphones (iPhone, iTouch, BlackBerry), netbooks, laptops, desktop computers, and is also compatible with current users' Tungsten TX handhelds.

Both Caremark and Allscripts are deeply committed to ensuring that as many physicians as possible complete a smooth transition and continue e-prescribing at the same or higher levels than today.

If you have any questions regarding the information in this newsletter, please e-mail us at Provider.Education@bcssc.com.

Skilled Nursing Facilities

Please be sure to file appropriate bill type and level of care on all claims. Without this important information your claims will delay processing. You can write or print it anywhere after the charges between boxes 1-25 or in the remarks field found in box 80 on the UB-04 claim form.

If you have questions on how to file claims, contact Provider Education. If you have contracting questions, contact Steve Crout for assistance.

Suggestions, Please!



What More Can We Say?

This newsletter is for you. If there is a topic you would like for us to cover, let us know! We are committed to finding better ways to serve you.



Understanding FEP Dental Benefits

This is how the Preferred Dental Network operates:

BlueCross BlueShield of South Carolina has negotiated a discount for covered services with contracted providers for all of our members, including FEP. Once FEP pays its portion for a service, the member must pay the remaining balance up to the discounted fee (the maximum allowed amount). Here's an example of how this works*:

Dr. Tree is a member of the Preferred Dental Network. Sally Flower sees Dr. Tree for a comprehensive oral evaluation. Dr. Tree files a claim with a total charge of \$40 for the oral evaluation. The Federal Employee Program's maximum allowed amount for that service is \$30.

Standard Option: If Sally Flower has the Standard Option, FEP pays Dr. Tree \$9 and Sally pays the difference between the \$30 maximum allowed amount and the \$9 FEP paid. Sally owes Dr. Tree \$21.

\$30 (maximum allowed amount) - \$9 (amount FEP paid) = \$21 (amount member owes)

Basic Option: If Sally has the Basic Option, she pays Dr. Tree a \$20 copayment. FEP pays the remaining balance up to the maximum allowed amount. In this case, FEP pays Dr. Tree \$10.

\$30 (maximum allowed amount) - \$20 (member copayment) = \$10 (amount FEP pays)

Are Your BlueCard® Claims Not on File?

Did you recently discover that your BlueCard claim was not on file? You know you filed it, so where did it go? Did you file it to the right place? Let's explore what might have happened:

If you file directly to the member's home plan, your claims could possibly reject or delay in processing. Also, if you contact BlueCross BlueShield of South Carolina to check the status of a claim that you filed directly to the home plan, we would not be able to give you information because the claim would not be on file with us.

File BlueCard claims to your local BlueCross office to ensure they are processed and resolved timely. The local office will ensure the proper benefits are applied and proper payment is made.

Reminders:

1. You can verify eligibility and benefits online or by calling 800-676BLUE (2583).
2. Always include the member's alpha prefix with the identification number when filing claims.
3. Local plans generate provider remittances and payments. Home plans generate Explanations of Benefits.
4. Providers in South Carolina who contract with the BlueCross plans in North Carolina or Georgia should file claims for North Carolina or Georgia members directly to those plans. File claims for all other BlueCard members to BlueCross BlueShield of South Carolina.

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Provider Spotlight

In each issue we recognize exceptional providers whose hard work exceeds standards. We are not alone in our quest to move forward in our business practices, strategic planning and company initiatives. So this month, we take our hats off to the following providers:

Coastal Pathology Laboratories Charleston, SC

This group filed almost 3,000 electronic claims and 0 paper claims in one month. Their current EMC rate is 100 percent!

Doctors Care North Aiken

This group filed almost 7,000 claims electronically and their current EMC rate is 100 percent!

Conway Healthcare LLC Conway, SC

This practice has an EMC rate of 100 percent due to the 900 electronic claims it filed in one month.



Great Job!

Palmetto Baptist Medical Center Columbia, SC

This facility filed over 9,000 claims in one month. Less than 200 of them were paper! Its EMC rate is 97.8 percent.

Spartanburg Regional Spartanburg, SC

This facility's EMC rate is currently 98.2 percent because of the almost 6,000 claims it filed in one month. Less than 100 claims were hard copy.

These providers have figured out that they can file any claim electronically. You can submit professional, institutional, secondary and corrected claims either through your vendor or through our Web site. If you would like us to help you increase your EMC rate, contact your Provider Education representative.

We congratulate these providers and encourage them to continue to move forward!



Curriculum Available

We are wrapping up the first "semester" at Palmetto Provider University. The classes were successful and our providers learned so much. We still have a few sessions left. If you or your staff are interested, go to our Web site to sign up for Claims Filing, BlueCard or our Comprehensive Review webinar.

<http://www.southcarolinablues.com/providers/educationcenter/workshops/palmettoprovideruniversity.aspx>

Recently Posted News

We posted the 2010 Benefit Update Meeting Presentation under the Education Center on www.SouthCarolinaBlues.com. We've also posted the 2010 Provider Manual and bulletin updates on dental benefits, NIA prefixes and urgent care preauthorizations. Continue to check our Web site and even add us to your RSS Feed!

Meet Our New Upstate Provider Advocate!



LaShaunda Kaufman recently joined our staff as the Upstate provider advocate. She has previous experience in provider relations from within the company. We are very excited to have her on our team and think you'll be just as pleased to have her advocate on your behalf. She looks forward to meeting her new providers really soon!

Welcome Lashaunda!



Side Note

Provider Education and Relations recently committed to giving back to our communities. Each month the department completes a service project. Recently, we prepared Haiti Relief packets and shared in arts and crafts with youth from a local group home.

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