

# BlueNews<sup>SM</sup> for Providers

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## S.C. BlueCross Opens Its First Health Insurance Retail Store

As the health insurance market increasingly becomes consumer-driven, BlueCross BlueShield of South Carolina has found a way to interact more closely with its customers by opening its first retail outlet. The store held its grand opening on January 23 in Mount Pleasant, S.C. at 615 Johnnie Dodds Blvd., Suite 102, in The Plaza at East Cooper Shopping Center.

The 1,800 square foot SC BlueStore<sup>SM</sup> officially opened with a ribbon cutting ceremony at 10:30 a.m., January 23. The event featured comments by BlueCross executives and was attended by representatives from the Mount Pleasant city council, the Charleston Metro Chamber of Commerce and other dignitaries.

BlueCross will offer insurance for individuals, both under age 65 and over age 65, as well as children's policies at the store.

Shoppers also can attend wellness seminars and use a wellness station to check blood pressure, experience a chair massage and enjoy refreshments.

"Our SC BlueStore is



designed to provide a comfortable and informative space for a customer to discuss insurance," said BlueCross BlueShield Division President David Pankau. "Cutting through the confusing world of insurance terminology, we plan to provide clear and concise information to help them select the health insurance plan that is right for them. This will be a much more satisfying personal experience in a convenient retail setting."

BlueCross personnel and independent agents staff the store which is open from 9:30 a.m. to 6:30 p.m. Tuesdays through Fridays and 8:30 a.m. to 4:30 p.m. on Saturdays.

BlueCross offers health insurance for children, adult individuals, families, senior citizens and employer groups.

The company recently introduced Blue Spectrum<sup>SM</sup>,

a rebranding of the company's health insurance plans that also adds new, lower cost plans. All BlueCross members benefit from BlueCross' preferred provider (PPO) network, the largest in the state, and the BlueCard<sup>®</sup> network that allows in-network access to providers in other states served by other Blue Cross and Blue Shield companies.

Headquartered in Columbia, S.C., BlueCross BlueShield of South Carolina ([www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)) is an independent licensee of the Blue Cross and Blue Shield Association. BlueCross BlueShield of South Carolina and its family of companies include more than 20 subsidiaries involved in health insurance services, U.S. DoD health plan and Medicare contracts, and other insurance and employee benefits services.



## Free Breakfast for Columbia Skin Clinic



The staff members at Columbia Skin Clinic are the first recipients of our Coffee and Donuts Trivia Game.

They submitted correct

answers to the trivia questions found in our last newsletter. Shonda Ball, the office's provider representative, delivered breakfast to the office and was greeted with cheers

and smiles!

Thanks to Columbia Skin Clinic for taking the time to read our information-packed newsletter and for answering those not-so-easy trivia questions!

Want to win free breakfast for your office? Answer the trivia questions in this newsletter and e-mail your responses to [provider.education@bcbs-sc.com](mailto:provider.education@bcbs-sc.com). You can find all the answers within the Provider Section of our Web site.



### South Carolina

#### All Rural Health Clinics & Federally Qualified Health Care Centers

As a reminder, if you have been designated by CMS as a Rural Health Clinic or Federally Qualified Health Center, please give us a copy of your CMS <<spell out and put acronym in parentheses>> intermediary rate letter. This will ensure you are getting the proper reimbursement for claims you file to us for our Medicare Advantage members. Each time CMS adjusts the rate, you should forward that information to us.

## Avoid the Wait: Use Self-Service Features



Tired of long wait times to speak to a customer service representative when you only want to verify benefits? Was your hold time longer than the time it actually took the representative to answer your question? Avoid long call center wait times by using our self-service features!

During the new benefit period (typically during January 1 – March 1) our phone lines are extraordinarily busy. Did you know you can use other tools to get the information you need easily and quickly?

For example, to verify benefits, you can use our VRU system or our Web site.

In addition, My Insurance Manager<sup>SM</sup>, which you can find on our Web site, lets you verify benefits, view remits, check claim status for one or more patients and key claims online.

All you need to do is create a user profile and password and you're on your way. Talk about quick and easy service!

If you have questions about the information you viewed online, you can then use StatChat<sup>SM</sup> to speak to a representative, or you can e-mail Provider Services.

This is just one more way we are dedicated to providing you the best service possible.

### *Suggestions, please!*



*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.*



*Lowcountry Medical Associates  
Windermere Family Medicine  
Charleston, SC*

The EMC rate for this practice for the fourth quarter of 2008 was 98.1 percent. What's so great about this? They submitted almost 50,000 claims electronically! For that, we take our hats off!

Filing claims electronically increases claim resolution, which can result in quicker claim payments for providers. You can file many claims electronically (for example, secondary and Medicare crossover claims). To learn more about filing claims electronically, visit our Web site.

Thank you again, Lowcountry Medical Associates, Windermere Family Practice, for reaching and maintaining your EMC goal!

## Going Green at Work

We are committed to doing our part to save the environment. Here is one conservation tip we can all benefit from:

### Become a Palmetto Paperless Provider

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 account even if the bank is closed.

In-network paperless providers also enjoy [My Remit Manager](#), an online tool they can use 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.

Go paperless today and begin enjoying more efficient service!



## Medicare Part D Online Resources

Here's the scenario: Mrs. Silverstreak has been seeing Dr. Doctor for decades and she has Medicare Part D coverage. Dr. Doctor wants to prescribe a new drug to treat Mrs. Silverstreak's back pain. How do you know if that drug is covered or if it needs a prior authorization?

Many Medicare Part D resources are available on the Web site for your use and information.

For example, you can download the Medicare Advantage Part D Formulary Exception form and the PDP Formulary Exception form from



our Web site at any time.

You can view formularies from the Web site. There is also a presentation that gives you an overview of Medicare Prescription Drug Coverage.

As for Mrs. Silverstreak, you can check the formulary to see if her drug is covered and even

download and submit a prior authorization fax form for a DRG <<What is this? Spell out and use acronym in parentheses>>that requires a pre-authorization.

For your Medicare Part D needs, visit our Web site. The information you find there will save you lots of time!

## State Health Plan Level 2 Office Visit Updates

Effective January 1, 2009, the State Health Plan (SHP) began paying for a level 2 office visit when performed in conjunction with a routine Pap smear. This notice clarifies liability for the difference in the allowance and charge for the office visit performed in conjunction with the Pap test.

The SHP will pay the level 2 exam rate 99212 for the office visit regardless of the office visit code you file. The difference between the allowance and the charge for the office visit billed will be the patient's liability. We are currently making changes to our system to accommodate this change on our provider remittance advices and member explanations of benefits (EOBs). When we implement this change, we will automatically adjust any affected claims.

## e-Prescribe ... Save Money, Save Time!

Keeping up with preferred drug lists for all your patients can be challenging. With electronic prescribing, you can access patient eligibility, complete medication histories and preferred drug list information at the point of care. e-Prescriptions can also help prevent medication errors and improve quality. They are easy, convenient for your patients and completely secure. The Medicare Improvement for Patients and Providers Act requires e-Prescriptions for Medicare patients beginning



in 2012. Those who begin electronic prescribing today will receive bonus incentives from Medicare starting in 2009. So now is a great time to start!

Here's what you need:

- An Internet connection or wireless service plan in your office.
- e-Prescribing software.
- Your choice of hardware (desktop, laptop or handheld wireless device).

To learn more about ePrescribing, visit the provider's area of our Web site at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and select the ePrescribe link under the News section.



South Carolina

### Information for OB-GYN Practices

Here is **important** information about filing claims for global services. When filing global codes such as 59426 or 59425, file with 1 DUT for the entire service, instead of filing 1 DUT for each visit you saw the patient.

## National Imaging Associates to Handle Certain Pre-Certifications

Effective April 1, 2009, certain advanced imaging services will require pre-certification from National Imaging Associates (NIA) when performed and billed in an outpatient or office location. On behalf of BlueCross, NIA handles pre-certification for certain imaging services. NIA is an independent company.

Visit our Web site to view:

- Claim Resolution Matrix
- Fully Insured Group Prefixes that Require Pre-certification
- Common Questions and Answers
- Reference Guide

## Duplicate Claims Duplicate Claims Duplicate Claims

We could go on and on for days about the disadvantages of filing duplicate claims electronically or on paper. But here is the biggest one:

**Duplicate claims delay the processing of clean claims!**



Before re-filing a claim, check our Web site to ensure the claim is on file. Our processors may still be working on the claim, or it may still be pending with the member's home plan. Simply re-filing the claim won't get you payment faster. In fact, it may delay a claim payment.

## Friendly Reminders

*Keep these things in mind for cleaner claim resolution:*



- When submitting a claim to BlueCross for processing, please remember to use the rendering physician's NPI number in the rendering loop or box 24J on a CMS 1500 form.
- When filing J codes to BlueCross, please include the corresponding NDC codes. This applies to all *professional* claims.

## Trivia Questions

1. What is the best way to get benefits for one of your patients?
2. True or False: Corrected and secondary claims can be filed through My Insurance Manager.
3. How do you recognize a member who participates in the MA PPO Network Sharing Program?
4. Who is the Education Specialist for Union County?
5. What are the two key features of a CDHP?
6. Where should you go first if you would like to know the status of your claim?
7. True or False: Certain advanced imaging services will require pre-certification effective 4/1/2009.

Please e-mail your answers to [Provider.Education@bcbsc.com](mailto:Provider.Education@bcbsc.com).

We will consider all correct responses and spotlight the winners in our next newsletter.

**Submission Deadline: 4/30/2009**



South Carolina

## 2009 Provider Workshop Success!

This past December, approximately 800 providers joined us at the Columbia Convention Center to preview 2009 BlueCross benefits. Vendors providing various e-solutions also participated in the three-day event. Attendees enjoyed great food, great door prizes and great presentations. If you missed the workshop or want to review the information on benefits, Medicare Advantage or 5010, the presentation is now available on our Web site. Visit the Education Center in the Provider section.

Many thanks to those who attended our recent workshop. We hope to see you again next year!

## Flu Shots and Other Covered Services



The dreaded flu season is upon us. Many patients see their local physicians to combat the flu with a vaccination.

Recently, members have complained to our office that they have had to pay for flu shots up front and later file their own claims.

As a contracted provider, you should not balance bill a member up front for a flu vaccine. Instead, you should file these claims to BlueCross on behalf of the member.

This also holds true for other covered services. Please verify the members' benefits prior to rendering services. Patients should not be balance billed or made to pay up front for covered benefits.

You can use My Insurance Manager to verify benefits for members. Then, you will know if you should file the claim or if the member will be responsible for the services rendered.

## Members to Take Charge of Their Health!

We understand the importance of making the right health care decisions. These decisions affect the health of members and their families, and they impact finances. That is why we included the Personal Health Record inside My Health Toolkit<sup>SM</sup>.

Over time, patients may visit several doctors, specialists or pharmacies for services and prescriptions. Sometimes it's hard to keep track of medical and prescription drug history.

The Personal Health Record provides a summary of all of a member's health information. This can include doctor visits, past and current prescriptions, and lab results. A member can keep track of appointments, organize his or her family medical history or print a copy of records to take to his or her next doctor visit. The Personal Health Record also features a library of health topics, including information to help manage chronic conditions like asthma or diabetes. Learn more by visiting our Web site.