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# PARTNERS IN HEALTH UPDATE

April 2007

*Working Together For Quality Health Care*

## Feedback on the Electronic Version of *Partners in Health Update*

This edition of *Partners in Health Update* is our first electronic publication, and we want to know what you think.

If you would like to share your comments or suggestions regarding the new electronic process, please email us at [provider\\_communications@ibx.com](mailto:provider_communications@ibx.com).







Your viewpoint will help us improve the way we work and communicate with you. Thank you for your participation in our network and for your commitment to the delivery of high-quality health care to our members, your patients.

For articles specific to your area of interest, look for the appropriate icon:






















-  Professional
-  Facility
-  Ancillary

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# 10 digits. BIG IMPACT.

## The Power of NPI



Share Your NPI with IBC Now to Avoid Potential Disruption in Cash Flow

**Get It.** Get it **NOW** from the National Plan and Provider Enumeration System (NPPES).

- Get your NPI(s): a unique 10-digit identification number. We recommend you enumerate with your current Corporate ID configuration.
- Get it now. Do not wait until the May 23, 2007 compliance date.
- Get it faster on the Web at <https://nppes.cms.hhs.gov>.

**Share It.** Share it **NOW** with IBC, your colleagues, your practice management vendors, and your billing services. Failure to share your NPI with IBC could result in a disruption in cash flow.

- Share your NPI with us before you file your next claim.
- Share it with your colleagues who rely on your NPI to submit their claims.
- Share it with your billing service, practice management vendor, or clearinghouse.

**Use It.** Use it **NOW** to identify yourself.

- Use it now along with your existing 10-digit legacy provider identifiers on your electronic and paper claims (if you have reported your NPI(s) to IBC).
- Use it now to facilitate accurate and streamlined processing of claims.
- Use it to be HIPAA-compliant by May 23, 2007.

### How to Obtain an NPI

The National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in one of the following ways:

#### Electronic

- ▶ Complete the web-based application online at <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient method of obtaining an NPI.

#### Paper

- ▶ Providers may wish to obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:

- ▶ **Phone:** (800) 465-3203 or TTY (800) 692-2326
- ▶ **E-mail:** [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)
- ▶ **Mail:**  
NPI Enumerator  
P.O. Box 6059  
Fargo, ND 58108-6059

All the information you need is available at [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi)

Failure to prepare could result in a disruption in cash flow.  
Will you be ready to use your NPI? Time is running out.

## IBC National Provider Identifier (NPI) Dual Use Claims Submission



IBC NPI Dual Use Claims Submission is one of many preparatory measures that we will implement prior to the NPI compliance date in order to ensure the smoothest transition possible. We are asking all providers who have obtained their NPI(s) and reported them to us to **submit all electronic and paper claims with NPIs and 10-digit legacy provider identifiers (identifiers you are currently required to use to identify yourself as an IBC participating health care provider), until otherwise notified.** You must also report your Taxonomy codes on all electronic and paper claims. Taxonomy codes identify your specialty (or specialties).

**Please note that we will not use NPIs to process your claims at this time. We will continue to process claims using your 10-digit legacy identifiers. In addition, we will not include NPIs on SORs or any other outgoing transactions at this time.**

IBC NPI Dual Use Claims Submission will not complicate, delay, or halt your claims processing.

### NPI Dual Use Claims Submission

#### Instructions

You can find detailed IBC NPI Dual Use Claims Submission instructions in the following locations:

- **837P and 837I Companion Guides.** The 837P Companion Guide and 837I Companion Guide provide instructions for submitting dual use claims for electronic claims submissions. The companion guides are available online at [www.ibx.com/providers/self\\_service\\_tools/edi/forms.html](http://www.ibx.com/providers/self_service_tools/edi/forms.html).
- **Current and Revised CMS 1500 Claim Forms and Instructions.** This reference tool was published as an enclosure with the October 2006 edition of *Partners in Health Update*. It provides instructions for submitting dual use

claims for paper submissions. This reference tool is also available at [www.ibx.com/providers/npi/forms.html](http://www.ibx.com/providers/npi/forms.html).

### Questions Regarding NPI Dual Use Claims Submission

Please contact your Network Coordinator with any questions regarding IBC NPI Dual Use Claims Submission.

If you have not yet obtained your NPI(s) and reported them to us, please see How to Obtain an NPI, or visit [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi).

You may also visit the following websites for additional information:

#### IBC Provider NPI website

[www.ibx.com/providers/npi](http://www.ibx.com/providers/npi)

Contains NPI background, FAQs, Submission Instructions, web links, and other information.

#### CMS Main NPI website

[www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand)

Contains NPI Final Rule, FAQs, Fact Sheets, Tip Sheets, NPI Viewlet, Medicare MedLearn Articles, Enumeration Statistics.

#### NPI Enumerator website

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Main site to enter an NPI application.

#### WEDI NPI Outreach Initiative

[www.wedi.org/npioi/index.shtml](http://www.wedi.org/npioi/index.shtml)

NPI Resource Center with information resources, Industry readiness assessment survey, etc.

## Paper Referrals Will No Longer be Accepted After April 1, 2007

### An Important Message for PCPs and Specialists



**Effective April 1, 2007**, we will no longer accept paper referrals with HMO/POS claims for payment. All paper referrals submitted on or after April 1 will be returned to the issuing provider. For PCPs, all referrals should be submitted through NaviNet<sup>SM</sup> or our Interactive Voice Response (IVR) system. For Specialists, either NaviNet or the IVR should be checked to ensure a referral was received for a member before services are rendered. Specialists should no longer accept paper referrals. A fax of an electronically submitted referral may be obtained by the specialist office via the IVR.

This change will help reduce errors by allowing specialists to verify, through NaviNet or the IVR, that a referral is on file in the system and has been submitted correctly, before the provider sees the member. Electronic submission will also help ensure the accuracy and timeliness of claim payments by allowing the specialist to confirm that the group provider number on the referral matches the group provider number on the claim.

To get connected to the NaviNet Portal, please call the eBusiness Provider Hotline at (215) 640-7410, or complete our Online Inquiry Form at [www.ibx.com/providers/navinet](http://www.ibx.com/providers/navinet). To submit or inquire on an electronic referral through the IVR, please call (866) 681-7370. For instructions on using the IVR, refer to the October 2006 issue of *Partners in Health Update*.

If you have additional questions, please contact your Network Coordinator.

### Electronic Referral Submission Extension

For your reference, when a member is being referred for specialty care or services, a referral must be submitted via NaviNet or the IVR.

**Effective April 1, 2007**, we will no longer accept paper referrals.

While services should not be provided without the proper accompanying referral, from time to time we receive requests from providers for permission to resubmit a referral or provide corrected information to a referral already submitted. In such instances, it is no longer necessary for you to contact us with this request.

If you need to amend information or resubmit a referral, you may do so by submitting a new referral via NaviNet or the IVR. These systems will accept referrals up to 90 days prior to the current date. Once a valid referral has been received, you may request a claim review.

## Now Available: Revised Companion Guides



Our Companion Guides to EDI Transactions provide our trading partners with guidelines for submitting electronic batch transactions. We have revised the Companion Guides to accommodate the National Provider Identifier (NPI). The changes are **effective May 23, 2007**. The following Companion Guides are now available for your reference:

- 276/277: Health Care Claim Status Request and Response Transactions
- U277: Unsolicited Claim Status
- 835: Health Care Remittance Advice

You can access these revised Companion Guides by visiting our website at the following location:

[www.ibx.com/providers/self\\_service\\_tools/edi/forms.html](http://www.ibx.com/providers/self_service_tools/edi/forms.html).

## Physician Claim Inquiry Form Revision



We wanted to let you know we have revised the Physician Claim Inquiry Form and have included the updated form with this edition of *Update*.

You may continue to access the form on our website [www.ibx.com/providers/forms](http://www.ibx.com/providers/forms).

## Statement of Remittance: More Enhancements to Come



We are continuing to develop and test a new Statement of Remittance (SOR) that is easier to use and we will introduce these enhancements in the next few months. These enhancements that were developed with input from the provider community include:

- adapting an easy-to-read “landscape” format;
- adding remark codes after each claim to make posting easier for billing offices;
- summarizing inpatient facility claims on the paper SOR (when there is only one payment reimbursement) for ease of posting;

- suppressing lines on adjustments when changes do not affect the payment;
- changing the sorting and subtotaling for ease of posting;
- redefining the “Allowed Amount” column to contain the “Contract Amount”; and
- including contact phone numbers on the SOR.

Again, these enhancements are scheduled to be implemented within the next few months. If you have any questions, please contact your Network Coordinator or Provider Services.

### Copayment Information on Durable Medical Equipment Services



We want to clarify the application of copayments for durable medical equipment (DME).

For claims processed on or after **May 1, 2007**, copayments, if applicable, will be taken for each purchased item, or for each rental period. While this requirement may have been applied differently in the past, copayments will be applied as shown on

NaviNet<sup>SM</sup>. If you do not have access to NaviNet, please call Provider Services for copayment information.

*This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, etc.), contract, or employer group. Individual member coverage will need to be verified with IBC. Please contact Provider Services for more information on specific benefit coverage.*

### Proper Documentation for Durable Medical Equipment Services



We have recently received several questions from DME providers about what documentation must be kept on file for orders of DME, prosthetics, orthotics, and supplies.

We require that suppliers keep timely, appropriate, and complete orders from licensed physicians on file to back-up requests for DME, prosthetics, orthotics, and supplies. We may request a review of these physician orders at any time.

Only a licensed physician may provide the order.

Occasionally, you might receive calls from an IBC Care Management Coordinator requesting equipment for our members. Please note that these calls, or a documented discussion of these calls, *may not* be used as substitutes for an original physician

order. We still require that you have the necessary documentation from a licensed physician on file.

Requesting a physician to sign a retrospective order at the time of an audit or after the audit for submission as an original order, reorder, or updated order will not satisfy our requirement for an “on-file” physician order.

Information about our requirements for physician orders can also be found in previous editions of Provider Bulletins, including those from July and August 2002, September 2003, and April 2006. You can access these and other Provider Bulletins on our website [www.ibx.com/providers/communications/bulletins](http://www.ibx.com/providers/communications/bulletins).

If you have any questions, please contact your Network Coordinator.

## Introducing the BlueSaver<sup>SM</sup> Health Account Debit Card



IBC offers a full array of BlueSaver<sup>SM</sup> Health Account Solutions including BlueSaver<sup>SM</sup> FSAs (flexible spending accounts), BlueSaver<sup>SM</sup> HRAs (health reimbursement accounts), and BlueSaver<sup>SM</sup> HSA (health savings account) Solution. We have recently developed a customized debit card with the BlueSaver name and IBC logo, to make it easier for FSA and HRA participants to instantly recognize their BlueSaver Health Account debit card. The new debit card provides participants easy access to their FSA and/or HRA funds.

The BlueSaver Health Account debit card can be used to pay for eligible expenses and services such as office visits and prescription drug copayments. *Please note*, the debit card cannot be used to pay for deductibles and coinsurance expenses at the point of service.

When working with our members who present these debit cards, please keep the following key points in mind:

- The BlueSaver Health Account debit card does not replace a member's health care insurance ID card.
- Members cannot get cash back when using the BlueSaver Health Account debit card.

- There is no PIN for the BlueSaver Health Account debit card. Members should select the "credit" option, even though it is a debit card.
- If your office does not have a credit card machine, please ask the member to pay the medical expense by another means. The member can then submit a claim to be reimbursed for the medical expense.
- A BlueSaver Health Account debit card transaction could be denied if the amount of the purchase is greater than the annual contribution pledged to the member's account or greater than the member's remaining account balance. If a member's debit card is denied, please ask the member to pay by another means. The member may then submit a paper claim for the medical expense and will be reimbursed up to the balance remaining in his or her account.

For more information or questions please contact your Network Coordinator.

A sample of the Blue Save Health Account debit card is shown below.



### HMO Physical Therapy Program Procedure



We want to remind providers about the HMO Short Term Rehabilitation Therapy Capitated Program.

Keystone Health Plan East and Keystone 65 products include a capitated physical therapy program. Only providers who offer a full range of physical therapy services may participate in the program. The proper procedure is for the participating PCP to designate a provider participating in the program who performs a full

range of physical therapy services for his or her HMO members. The physical therapy provider is paid monthly on a per member per month basis. These services are not eligible for separate payment to non-capitated providers.

If you have any questions, please contact your Network Coordinator.

## PHARMACY



### No Pay Copay Promotion Extension Through December 31, 2007

Encourage Members to Use Generics and They Will Get Them at No Cost Through 2007



We are pleased to announce our No Pay Copay promotion has been extended through **December 31, 2007**.

To encourage the use of generic drugs by our members, we will continue to waive copayments and coinsurance for covered generic drugs purchased through December 31, 2007, for members who have IBC prescription drug coverage. Copayments and coinsurance for prescriptions processed and filled by the pharmacy during this period will be waived.

We are also pleased to announce that we are expanding member eligibility for No Pay Copay. Effective immediately members who have integrated prescription drug coverage, specifically Major Medical, Comprehensive Major Medical, PPO and Security 65 Plan H Medical programs that include integrated prescription drug coverage will be eligible

for No Pay Copay. These members will soon be receiving information by mail about their eligibility.

Please note that members with Medicare Part D, Personal Choice HSA-qualified, and Keystone Health Plan East members who belong to the Federal Employee Health Benefits Program are *not* eligible for the No Pay Copay promotion, and other exclusions may apply.

We encourage you to discuss the benefits of generic drug alternatives and to prescribe generic drugs to your patients, where appropriate, to help them save money. When there is no generic equivalent, consider prescribing a therapeutic generic alternative. It is our goal to encourage our members to switch from brand drugs to equally effective and less costly generics.

If you have any questions regarding No Pay Copay, please contact Pharmacy Services or your Network Coordinator.

## Recent NaviNet<sup>SM</sup> Plan Central Enhancements



As part of our continuing effort to improve the NaviNet<sup>SM</sup> Portal we have added two new transactions and several enhancements.

Transactions are now grouped together to streamline navigation between similar transactions. For example, under the *Claim Inquiry and Maintenance* menu you will see that *Claims Status Inquiry*, *Claims A/R Aging*, *Claims INFO* (facilities only) and *Rejected Claims Status Inquiry* are now conveniently grouped together.

Additional enhancements include:

### Authorizations Menu

*Authorization Status Inquiry*: Search for existing authorizations using the authorization number as an alternative to using the member ID number.

*Chemotherapy/Infusion Authorization*: New medications and authorization requirements are listed, and a new feature allows you to request authorization for those services provided on site.

*DME Authorization*: The minimum dollar requirement guidelines for some benefits have been modified.

### Claims Inquiry and Maintenance Menu

*Claims INFO Submission*: Three new additional fields for users (first name, last name, contact/phone number) have been added.

*Rejected Claims Status Inquiry*: This new transaction allows you to review any claim that has been rejected by IBC (that contains a valid ID or provider tax ID).

### Encounters and Referrals Menu

*OB/GYN Referral Submission*: The addition of "other" to the existing referral request form for services not listed in the Services to be Performed section.

### Reference Materials and Reports Menu

*CAP Rosters*: A provider ID search field has been added (*CAP Rosters* is available for professional providers only).

*Fee Schedule Inquiry*: This new transaction allows you to review your contracted fee schedules for specific procedure codes (*Fee Schedule Inquiry* is available for professional providers only).

### Accredited Continuing Education Course: Umbilical Cord Blood Banking



Nurses and Nurse Practitioners can earn continuing education credits online, sponsored by an unrestricted educational grant from CorCell®. The continuing education offering is designed to educate nurses, nurse practitioners, and other health care providers about umbilical cord blood (UCB) banking.

To receive the continuing education contact hours, you are required to read the article, “*Umbilical Cord Blood Banking, A Rich Source of Stem Cells for Transplantation,*” answer learner feedback questions, and complete an evaluation. To access the continuing education course, along with the questionnaire and evaluation form, go to the page on CorCell’s website at [www.corcell.com/healthcare/ceu\\_accredited.html](http://www.corcell.com/healthcare/ceu_accredited.html).

After reading this article, you should be able to:

- discuss the types of UCB banks and their purposes;
- list the advantages of UCB donation over bone marrow donation;
- describe the UCB collection process; and
- describe the necessary components of parental education about UCB banking.

CorCell is a fully licensed and accredited cord blood company that has been dedicated to umbilical cord blood stem cell preservation for over a decade. Our members receive a \$350 discount for the CorCell cord blood banking service.\* For more information contact CorCell at (888) 326-7235 or visit their website at [www.corcell.com](http://www.corcell.com).

*\*This is not a covered benefit.*

*Independence Blue Cross has a minority ownership interest in CorCell’s parent company.*

## Announcing Enhanced Support of High-risk Members



We are pleased to inform you that we will be introducing a new program this year. The program, Healthy Lifestyles<sup>SM</sup> Keys to Wellness will extend outreach and support to select members with a high potential for developing significant health care needs in the coming year.

Through expanded “predictive modeling,” we are able to identify health plan members with a pattern of diagnoses, medical services, and medications that may predict significant future health care needs. These members may not have a chronic condition that is currently included in our Connections<sup>SM</sup> Health Management Programs, but may be making frequent physician visits for multiple medical problems, or have a pattern of non-compliance.

Collaboration with providers is a focal point of the program as we work together with the shared goal

of preventing illness or complications of existing conditions. Our nursing staff will proactively contact identified members at risk and assess the member’s care needs. The nurses will emphasize prevention, as well as treatment plan compliance, and empower the member with education and self-management skills.

We look forward to future collaboration and request your support by encouraging your patients to take full advantage of their health benefits and engage in services.

If you have any questions about the Healthy Lifestyles Keys to Wellness program, you may contact our Case Management Department at: (800) 313-8628. If you have questions about any of the Connections Programs, please refer to the article below for more information.

## Supporting Our Members, Your Patients: Connections<sup>SM</sup> Health Management Programs



### Contact the Connections<sup>SM</sup> Health Management Programs to:

- refer a member for disease management or decision support;
- ask questions, provide feedback, or request information about a member active in the Connections programs; and
- request information about the three programs at (866) 866-4694.

### Contact the Connections<sup>SM</sup> Health Management Program Provider Support Line at (866) 866-4694.

- Supporting members with asthma, CHF, CAD, COPD, and diabetes

### Contact the Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program at (866) 398-8761.

- Supporting members with 16 chronic diseases

### Contact the Connections<sup>SM</sup> Kidney Program at (866) 303-4CKP [4257].

- Supporting members with end-stage kidney disease



*Partners in Health* monthly Update is a publication of the Provider Communications department for the exchange of information and ideas among the IBC Provider community. Suggestions are welcome.

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This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services, listed at right, for the member's applicable benefit information. Members should be instructed to call the number on the back of their identification card.

Not all benefit plans use Magellan Behavioral Health, Inc. to administer behavioral health benefits. Please check the back of the member's ID card for the telephone number to contact for behavioral health services, if applicable.

The third-party Web sites mentioned in this publication are maintained by organizations over which IBC exercises no control, and accordingly, IBC disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefit plans. Members should refer to their benefit contract for complete details of the terms, limitations, and exclusions of their coverage.

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# IMPORTANT RESOURCES

View our online provider directories at [www.ibx.com](http://www.ibx.com)

<b>CARE MANAGEMENT AND COORDINATION</b>	(215) 567-3570
Case Management	(800) 313-8628*
Baby BluePrints®	(215) 241-2198 (800) 598-BABY [2229]*
<b>CONNECTIONS<sup>SM</sup> HEALTH MANAGEMENT PROGRAMS</b>	
Connections Health Management Program Provider Support Line	(866) 866-4694
Connections <sup>SM</sup> Kidney Program	(866) 303-4CKP [4257]
Connections <sup>SM</sup> AccordantCare <sup>TM</sup> Program	(866) 398-8761
<b>CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT</b>	(866) 282-2707
Anti-Fraud and Corporate Compliance Hotline	<a href="http://www.ibx.com/anti-fraud">www.ibx.com/anti-fraud</a>
<b>CREDENTIALING VIOLATION HOTLINE</b>	(215) 988-6534 <a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
<b>eBUSINESS</b>	
Help Desk	(215) 241-2305
eBusiness Provider Hotline	(215) 640-7410
<b>FutureScripts<sup>TM</sup></b>	
Prescription Drug Authorization Toll Free Fax	(888) 678-7012 (888) 671-5285
Direct Ship Injectable Fax	(888) 678-7012 (215) 761-9165
Blood Glucose Meter Hotline	(888) 494-8213 (option 2)
<b>FutureScripts<sup>TM</sup> Secure</b>	(888) 678-7013
Medicare Part D	
<b>HEALTH RESOURCE CENTER</b>	(215) 241-3367
Healthy Lifestyles <sup>SM</sup>	(800) 275-2583*
Precertification	(215) 241-2100 (800) 227-3116*
<b>PROVIDER ELECTRONIC DATA INTERCHANGE SERVICES WEB PAGE</b>	<a href="http://www.ibx.com/edi">www.ibx.com/edi</a>
<b>PROVIDER INFORMATION and TOOLS WEB PAGE</b>	<a href="http://www.ibx.com/providers">www.ibx.com/providers</a>
<b>PROVIDER SERVICES</b> (Policies/Procedures/Claims)	(215) 567-3590
HMO	(800) 227-3119*
PPO	(215) 567-3694 (800) 332-2566*
<b>PROVIDER SUPPLY LINE</b>	(800) 858-4728

\* Outside 215 area code

Visit our website at [www.ibx.com/providers/communications](http://www.ibx.com/providers/communications)





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The Physician Claim Inquiry Form is included with this  
edition of *Partners in Health Update*.  
The form has been added to this PDF for your convenience.

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## PHYSICIAN CLAIM INQUIRY FORM

Check here for inquiry type:  Amount of Payment Questioned  Rejection Questioned

Please follow these instructions carefully to ensure that your request is handled promptly and accurately.  
**Please mail completed form, Statement of Remittance, and supporting documentation to:**

**IBC Claims Inquiry  
P.O. Box 7930  
Philadelphia, PA 19101-7930**

Member's Plan:  Personal Choice® PPO  KHPE HMO  KS65/PC65  Other: \_\_\_\_\_

Practice Name			Provider Number
Street Address			Name of Contact Person
City	State	Zip	Telephone Number (    )
Member Name			Patient's Name
Member ID			Check Number
Claim Number			Date of Check or Explanation
Date of Service			Place of Service

*Detailed Inquiry Reason:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have any questions, please contact Provider Services. Thank You.  
HMO: (800) 227-3119 PPO: (800) 332-2566 Hours M-F 8AM - 5:30PM**

*IBC maintains processes to address and resolve provider inquiries and provider complaints related to the adjustment of claims. If you would like us to investigate the way IBC has processed a particular claim, please complete this form and send it to us, along with the statement of remittance and any supporting documentation to the address listed above.*

*We will investigate your claims-related issue, process any required adjustments, or send you a written resolution letter detailing the processing of the claim. If you are dissatisfied with the results of our investigation you may file a provider appeal. Instructions for filing an appeal will be provided in the resolution letter. You may also access our appeals process by following the instructions for appealing a claims determination posted on IBC's website, [www.ibx.com/providers](http://www.ibx.com/providers).*

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield—independent licensees of the Blue Cross and Blue Shield Association.

**RETURN WITH REMITTANCE**

