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PARTNERS IN HEALTH UPDATE

August 2008

Working Together For Quality Health Care



Revised Claims Preprocessing Edits Claims Resolution worksheet now available on ibx.com

As of June 2008, the *Claims Preprocessing Edits Claims Resolution* worksheet has been revised and updated. This worksheet helps you do the following:

- determine why a claim was rejected;
- provide a basis for resubmitting a clean claim;
- guide you in rectifying current billing submission errors that we have encountered.

Please refer to the updated version of this document when handling rejected claims in the future.

To view or print the revised *Claims Preprocessing Edits Claims Resolution* worksheet, please visit www.ibx.com/providers/self_service_tools/edit/forms.html.

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

- Professional
- Facility
- Ancillary

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Claims submitted without a valid, registered NPI will reject



NPIs must be registered with IBC

As of **May 23, 2008**, in accordance with the Centers for Medicare & Medicaid Services mandate, providers must use the NPI as the primary identifier on claims submitted to Independence Blue Cross (IBC). Claims began rejecting if NPIs were not registered with us. To avoid claim rejections you should register your NPI with IBC if you have not already done so. NPIs can be registered online by submitting an NPI provider registration web form at www.ibx.com/providers/npi/provider_registration.html.

Claims submitted with invalid NPIs will reject

Each claim must pass an NPI check-digit validation to ensure that it has a valid NPI. To date, many claims are not passing this check-digit validation. The most common reasons why claims are not passing the NPI check-digit validation are:

- the wrong provider identifier is entered in an NPI field;
- the NPI is entered incorrectly;
- the number entered is not a valid NPI.

Processing of claims

For purposes of processing a claim in accordance with the reimbursement terms of your IBC provider contract, you may continue to provide your 10-digit legacy number in addition to your valid, registered NPI. The sole purpose for providing the 10-digit legacy number is to facilitate accurate claims payment — not to identify the claim for acceptance into IBC's system. Only a valid NPI will be accepted by IBC as the primary identifier on the claim.

If you require further information regarding NPI claims submission, please refer to IBC's *National Provider Identifier (NPI) Toolkit: Tips for Proper Electronic and Paper Claims Submission*, located at www.ibx.com/pdfs/providers/npi/toolkit.pdf.

Learn more about NPIs. Our previous communications, FAQs, and additional resources, are available at www.ibx.com/providers/npi.

**IBC will receive contracted behavioral health providers' NPI information directly from Magellan Behavioral Health, Inc., an independent company. For further information, please contact Magellan National Provider Services Center at 1-800-788-4005, or visit Magellan at www.magellanhealth.com.*

New Claims and Billing website introduced



As of **July 1, 2008**, Independence Blue Cross providers have access to a new streamlined site focused on claims submission, billing information, and tools related to these activities. The new Claims and Billing Information site can be found at www.ibx.com/providers and is also available via NaviNet®. This site will make important claims-related information much easier to find. Access electronic billing

guidelines, HIPAA Companion Guides, payer ID lists, claim form requirements, and much more.

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

NaviNet® is a registered trademark of NaviMedix, Inc.

Use the correct P.O. Box when submitting paper claims



This is a reminder to use the new P.O. Boxes for Keystone Health Plan East and Personal Choice® claims. The P.O. Boxes became effective November 1, 2007. The new mailing addresses are:

Keystone Health Plan East
P.O. Box 69353
Harrisburg, PA 17106-9353

Keystone 65
P.O. Box 69353
Harrisburg, PA 17106-9353

Personal Choice
P.O. Box 69352
Harrisburg, PA 17106-9352

Personal Choice 65
P.O. Box 69352
Harrisburg, PA 17106-9352

Select Advantage
P.O. Box 69350
Harrisburg, PA 17106-9350

The post office is currently forwarding all mail received in the old P.O. Boxes. However, after **October 31, 2008**, mail will no longer be forwarded. The post office will return all mail received in old P.O. Boxes after this date.

Please begin to use these new addresses for all of your future paper claims submissions. Please share this information with the parties that handle billing for your office.

NaviNet and BlueExchange® Claim Status Inquiry



The BlueExchange Claim Status Inquiry screen on NaviNet has been simplified to make it easier for you to search for the status of non-Independence Blue Cross BlueExchange claims.

To initiate an inquiry on the status of an out-of-area (non-FEP) member claim, select the billing provider from the *Billing Provider* drop-down list, then complete the *Service Date From*, *Patient ID* (with alpha-prefix), and *Patient DOB* (date of birth) fields, and select *Search*.

If no claim match is found, you may be asked to supply more information in additional data entry fields, including the patient's name, gender, bill type, and total amount billed.

Please note: If the patient is a dependent, you must provide the subscriber's first and last name. The subscriber's ID may be entered if it is different from the patient's ID.

Additionally, the total amount billed in the claim submission is *required* when your request is for a subscriber (otherwise, the total amount billed is optional). Institutional bill type may be entered to aid in finding an institutional claim (otherwise, leave it blank).

If you have any questions, please contact NaviNet Customer Care at 1-888-482-8057.

The screenshot shows the 'BlueExchange® Claim Status Inquiry' screen. It includes a header with 'NaviMedix' and navigation links like 'Plan Central', 'Office Central', and 'NaviNet Central'. Below the header, there's a sub-header 'Plan Transactions | BX Claims Status Inquiry > Claim Search'. The main content area has the Independence Blue Cross logo and a title 'BlueExchange® Claim Status Inquiry'. A paragraph explains the transaction's purpose. Below that, instructions state: 'Please select the billing provider, enter the date(s) of service, the patient's full ID including the alpha-prefix, and the patient's date of birth. Then click the search button.' A blue arrow points to the 'Billing Provider' dropdown menu. Below the instructions are four input fields: 'Billing Provider:' (dropdown), 'Service Date From:' (text), 'Service Date To:' (text), 'Patient ID:' (text), and 'Patient DOB:' (text). At the bottom are 'Search', 'Exit', and 'Clear' buttons.

The screenshot shows the 'BlueExchange® Claim Status Inquiry' screen with the 'Additional Information' section. The header and sub-header are the same as in the previous screenshot. The main content area has the Independence Blue Cross logo and a title 'BlueExchange® Claim Status Inquiry'. A paragraph explains the transaction's purpose. Below that, instructions state: 'Please select who the patient is, enter the Patient's Last name, First Name, Gender and Date of Birth. If the Patient is a dependent, you must provide the Subscriber's Last Name and First Name. The Subscriber's ID may be entered if different than the patient's. The Total Amount Billed in the claim submission is required when your request is for a subscriber. Otherwise, Total Amount Billed is optional. Institutional Bill Type may be entered to aid in finding an institutional claim, otherwise leave blank. Click search.' Below the instructions are several input fields: 'Billing Provider:' (dropdown, value: 'Jane Doe Dermatology'), 'Service Date From:' (text, value: '01/02/2003'), 'Service Date To:' (text, value: '01/02/2004'), 'Patient ID:' (text, value: '0123456789'), 'Patient DOB:' (text, value: '06/06/1966'), 'Patient is:' (dropdown), 'Patient Gender:' (dropdown), 'Patient Last Name:' (text), 'Patient First Name:' (text), 'Bill Type:' (text), and 'Total Amount Billed:' (text). A blue arrow points to the 'Patient is:' dropdown. At the bottom are 'Search', 'Exit', and 'Clear' buttons. A red note at the bottom states: 'Additional information is required in order to complete this search. Please enter the minimum required data in fields highlighted in blue and click the "Search" button.'

Enhancements to NaviNet Plan Central



As part of our ongoing effort to streamline our communications, we are pleased to announce that the NaviNet Plan Central portal will feature a new look in the coming weeks.

We are redesigning the site, making news and publications easier to find, adding new administrative tools, and creating a “What’s New” feature that will keep your office up-to-date on Independence Blue Cross- and NaviNet-related news and announcements.

These enhancements will not affect the functionality of NaviNet transactions. For more information on NaviNet, visit www.ibx.com/providers/navinet/index.html.

PRODUCTS

Medicare Private Fee-for-Service: how to become a deemed provider



On January 1, 2008, we launched Select Advantage, a new Medicare Private Fee-for-Service (PFFS) plan. This Medicare Advantage PFFS plan is a non-network, non-managed care product that does not include utilization management and does not require referrals. However, all services must meet Original Medicare guidelines for coverage and are subject to retrospective review audit.

Before providing services to a Select Advantage PFFS member, providers must agree to the plan’s Terms and Conditions. When providers choose to provide services to a Select Advantage PFFS member, they are accepting this agreement and are “deemed” to have a contract with QCC Insurance Company. The provider is considered a deemed provider if the following four criteria are met:

- The provider is aware before providing services that the person receiving the services is enrolled in a Select Advantage PFFS plan. Notice of enrollment can be obtained from various sources, including:
 - members who present their Select Advantage PFFS ID card or letter providing proof of insurance;
 - Centers for Medicaid & Medicare Services;
 - 1-800-676-BLUE (2583).

- The provider has (or has reasonable opportunity to obtain) information about the Select Advantage PFFS plan’s Terms and Conditions of payment. As a practical matter, this requirement is met if you have access to the Terms and Conditions of payment through the Plan’s website, www.site65.com, the plan’s Provider Services toll-free number 1-800-227-3119, or various member and/or provider publications.
- The service is covered by Medicare and the plan.
- The provider subsequently provides service to that member.

Once these conditions are met and service is rendered, the provider is considered a deemed provider for that member and that episode of care. Providers have the right to decide whether to treat Select Advantage PFFS members on a patient-by-patient and visit-by-visit basis. A decision to treat a specific member does not require the provider to treat other Select Advantage PFFS members.

For additional information, please visit our website at www.ibx.com/providers. Also, be sure to check future editions of *Partners in Health Update* for additional information about this Medicare Advantage PFFS plan.

Note: Doctors and hospitals are not required to agree to accept the plan’s Terms and Conditions and thus may choose not to treat the member, with the exception of emergencies.

CREDENTIALING

Planned maintenance on Universal Credentialing Datasource



As part of the transition to a new vendor, the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing Datasource (UCD) service will be temporarily shut down for maintenance. This scheduled maintenance is set to begin at 7 p.m. EST, Friday, August 22, 2008, and last through Monday, September 1, 2008. The service is expected to be back up and available for use at 7 a.m. EST, Tuesday, September 2, 2008.

All supporting documents faxed to UCD between 9 p.m. EST, Wednesday, August 20, 2008, and 7 a.m. EST, Monday, September 2, 2008, will not be processed until after service resumes by the new vendor.

According to CAQH, the following will occur during this maintenance period:

- The Universal Credentialing Datasource will be renamed the Universal Provider Datasource.
- The UCD Support Desk will not be available. When service resumes on Tuesday, September 2, the UCD Support Desk will have a new email address, caqh.updhelp@acsgs.com. The toll-free phone number will still remain 1-888-599-1771.

- The Online Application System (OAS) and Practice Administrator Module (PMM) will be moved to new links. Although providers will be redirected automatically for several months, CAQH recommends that providers change their browser bookmark(s) as soon as possible.

Old URL: OAS — <https://caqh.geoaccess.com/oas/>
New URL: OAS — <https://upd.caqh.org/oas/>

Old URL: PMM — <https://caqh.geoaccess.com/pmm/>
New URL: PMM — <https://upd.caqh.org/pmm/>

Additional provider information is available at www.caqh.org/ucdstatus. If you have any questions, please contact CAQH at info@caqh.org.

If you need to send a credentialing application or supporting documents to Independence Blue Cross (IBC) while the UCD is shut down, please contact your Network Coordinator. Otherwise, IBC will process CAQH applications and supporting documentation after the UCD service resumes.

MEDICAL

Network Coordinator Locator Tool now available on ibx.com



We are pleased to announce a new feature now available on ibx.com — the Network Coordinator Locator Tool. This new tool will allow you to communicate more effectively with Independence Blue Cross (IBC) by helping you locate important Network Coordinator contact information.

The Network Coordinator Locator Tool identifies your Network Coordinator, his or her direct telephone number, fax number, manager, and the Medical Director who supports your practice or facility. Inquiries can also be submitted directly to your coordinator via this tool.

To use the Network Coordinator Locator Tool, go to www.ibx.com/providers and select *Contact Information* from

the list of choices along the left side of the page. When you open the tool, you will be prompted to enter either your IBC corporate ID number or your tax ID number. Your Network Coordinator's contact information will be displayed. If you receive an error message, or if your Network Coordinator's information is unavailable, please contact Provider Services for assistance.

We believe this feature will be useful to you and your staff, and we welcome the opportunity to serve you better.

Note: Behavioral Health Network Coordinators are not included in this tool. For further Behavioral Health Network Coordinator information, please contact Magellan Behavioral Health, Inc. at 1-800-866-4108.

Transition to all-electronic authorization inquiry and submission – Part II



The provider interactive voice response (IVR) system is being enhanced to allow providers to submit an authorization or precertification request for outpatient and office medical and/or surgical procedures. This feature will be available in the near future.

Additional information will be available in future editions of *Partners in Health Update*.

Note: Behavioral health authorizations are not included in this process. For further authorization/precertification information, please contact Magellan Behavioral Health, Inc. at 1-800-688-1911.

Policy notifications available online



To better communicate updates to our medical and claim payment policies, we will be posting notifications online prior to the policy's effective date. The notifications will be listed by the intended effective date, and we will provide the policy for you to become familiar with it in advance. To read these notifications, please follow these instructions:

1. Visit www.ibx.com/medpolicy.
2. Select *Accept and Go to Medical Policy Online*.
3. Select the *Commercial and Other Medicare Advantage policies* link.
4. Select *Policy Notifications* from the Medical Policy column on the left sidebar.
5. Select the date under Policy Effective Date for the policy notification you wish to view.

Notifications will be posted frequently, so please check the site often.

Medical Policy

Policy Notifications

Welcome to the Policy Notification page. The notifications below are listed by the policy's intended effective date and the policy can be viewed in its entirety for you to become familiar with in advance. Please check back frequently as notifications are posted often.

Note: The documents below are strictly notifications and the positions within are not enforced until they become active policy on their intended effective date. To view active company policies go to the Policy Bulletins section of this site or click here.

NEXT → | PREVIOUS ← | EXPAND ↑↓ | COLLAPSE ⇅

Policy Effective Date	Notification Title	Notification Issue Date
▼ 06/02/2008	Diagnostic and Therapeutic Radiopharmaceutical Agents	05/01/2008
▶ 07/29/2008		

Updated overview guides now available for substance-use disorders, depression, and suicide



Independence Blue Cross (IBC), with Magellan Behavioral Health, Inc., is providing the Substance-Use Disorders Identification Overview and Depression and Suicide Overview guides for 2008. These guides are front-to-back charts that include information on substance-use, depression, and suicide behavioral health issues. They also provide resources that support clinical practices consistent with nationally recognized standards of care. IBC developed these guides in collaboration with Magellan Behavioral Health, Inc. and they are consistent with our clinical practice guidelines.

Providers may request this information by calling our toll-free Provider Supply Line at [1-800-858-4728](tel:1-800-858-4728) or by downloading a copy from our website: www.ibx.com/providers/resources (in the *Worksheets, Forms, and Guides* section).

Note: This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, etc.) and/or employer group. HMO and PPO member coverage may be verified through Provider Services or via NaviNet®.

ConnectionsSM Health Management Programs: supporting our members, your patients



CONNECTIONSSM HEALTH MANAGEMENT PROGRAM

Call the Provider Support Line at [1-866-866-4694](tel:1-866-866-4694) to refer a patient for Health Coaching with any of the following conditions:

- asthma
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- diabetes
- hypertension
- migraine
- heart failure

Health Coaches provide disease management and decision support for numerous health-related issues.

CONNECTIONSSM ACCORDANTCARETM PROGRAM

Call the Connections AccordantCare Program at [1-866-398-8761](tel:1-866-398-8761) to refer a patient with any of the following diseases:

- seizure disorders
- myasthenia gravis
- chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- rheumatoid arthritis
- sickle cell disease
- amyotrophic lateral sclerosis (ALS)
- multiple sclerosis
- cystic fibrosis
- Gaucher disease
- Crohn's disease
- hemophilia
- scleroderma
- systemic lupus erythematosus (SLE)
- polymyositis
- dermatomyositis

Call our Care Management and Coordination department at [1-800-313-8628](tel:1-800-313-8628) to refer a patient with end-stage renal disease on outpatient dialysis.



Partners in Health 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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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.

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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 Customer Service telephone number listed on their ID 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 websites 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.

Investors in NaviMedix®, Inc. include an affiliate of IBC, which has a minority ownership interest in NaviMedix®, Inc., an independent company.

FutureScripts and FutureScripts Secure are independent companies that provide pharmacy benefit management services.

IMPORTANT RESOURCES

View our online provider directories on www.ibx.com

CARE MANAGEMENT AND COORDINATION 215-567-3570
Case Management 1-800-313-8628*

Baby BluePrints® 215-241-2198
1-800-598-BABY (2229)*

CONNECTIONSSM HEALTH MANAGEMENT PROGRAMS
ConnectionsSM Health Management Program Provider Support Line 1-866-866-4694

ConnectionsSM AccordantCareTM Program 1-866-398-8761

CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT 1-866-282-2707
Anti-Fraud and Corporate Compliance Hotline www.ibx.com/anti-fraud

CREDENTIALING www.ibx.com/credentials
Credentialing Hotline 215-988-6534
Credentialing Violation Hotline 215-988-1413

eBUSINESS 215-241-2305
Help Desk

FutureScripts®
Prescription Drug Authorization 1-888-678-7012
Toll Free Fax 1-888-671-5285

Direct Ship Injectable 1-888-678-7012
Fax 215-761-9165

Blood Glucose Meter Hotline 1-888-678-7012

FutureScripts® Secure 1-888-678-7015
Medicare Part D

HEALTH RESOURCE CENTER 215-241-3367
Healthy LifestylesSM 1-800-275-2583*

Precertification 215-241-2100
1-800-227-3116*

PROVIDER MEDICAL POLICY WEB PAGE www.ibx.com/medpolicy

PROVIDER NETWORK eSERVICES www.ibx.com/providers/navinet/index.html
NaviNet® Portal Registration 215-640-7410
EDI Claim Registration

PROVIDER PHARMACY WEB PAGE www.ibx.com/provider_rx

PROVIDER SERVICES (Policies/Procedures/Claims) 215-567-3590
HMO 1-800-227-3119*

PPO 215-567-3694
1-800-332-2566*

PROVIDER SUPPLY LINE 1-800-858-4728

* Outside 215 area code



Visit our website: www.ibx.com/providers/communications