

INSTITUTIONAL PROVIDER UPDATE



EARNs WORLD CLASS CUSTOMER SATISFACTION AWARD

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Blue Cross and Blue Shield of Kansas (BCBSKS) earned World Class in Customer Satisfaction and 2008 Highest Customer Satisfaction for the Health Care Industry awards for the second consecutive year from Service Quality Measurement Group (SQM), an independent third-party company conducting random surveys of members who recently made phone inquiries to BCBSKS.

The award, presented in November in Toronto, Canada, is determined on the basis of a statistically valid sampling of customers who called the call center and were surveyed within one to three days of that call.

SQM defines “World Class in Customer Satisfaction” as having more than 80 percent of customers rate their overall experience with their call as “very satisfied.” The criteria for the highest customer satisfaction in the health care industry is based on having the highest customer overall very satisfied rating for specific industry. BCBSKS tied with Blue Cross and Blue Shield of Massachusetts for this honor.

ENHANCED CLAIM STATUS AND ELIGIBILITY INQUIRY PROCESS

In partnership with the Blue Cross and Blue Shield Association (BCBSA) and all Blue Plans nationwide, Blue Cross and Blue Shield of Kansas is pleased to announce enhancements to

- Eligibility inquiries (270/271) beginning October 6, 2008

- **Claim Status** (276/277) beginning November 10, 2008
- **Eligibility Inquiries** (270/271) For those facilities using the eligibility inquiry process (also known as 270/271 transaction) or the Web-based eligibility inquiry system

through the secured section of www.bcbsks.com, you will see the following changes:

- Deductible, coinsurance and benefit limitations will be displayed as the 'REMAINING' amounts. Today, these amounts are displayed as the 'QUANTITY USED' amounts.
- The remaining

deductible, coinsurance and benefit limitations provided will be based on the benefit period for which the date of service occurs.

- This will apply to all eligibility inquiries for local and out-of-area members.
- Claim Status Inquiries** (276/277)
For those facilities using the claim status process (also known as 276/277 transaction) or the Web-based
- (continued on page 5)*

*Are you
sending us
your
abstract
files
monthly?*

HEALTHY OPTIONS

Blue Cross and Blue Shield of Kansas would like to inform you about Healthy Options – a care management program that is available to our adult members, ages 21-64. Please keep our care management program in mind as you are working with BCBSKS members, and Blue Cross and Blue Shield of Kansas Federal Employee Program members.

Healthy Options is a free, voluntary program conducted via telephone by registered nurses for our members who have diabetes, heart disease, heart failure, asthma and hypertension/hyperlipidemia. Monthly phone calls reinforce doctor's treatment plan and provide educational information concerning nutrition, exercise and their condition. Participating members also receive free educational materials specific to their chronic condition.

As you are working with our members who have any of the

above chronic conditions, we would like you to recommend our care management program as part of their treatment plan. We know that you are always working on the continuum of care for your patients and feel that Healthy Options could be a valuable asset.

Again, we want to reiterate that this is a totally free and voluntary program that BCBSKS offers our members in hopes of helping them to be more informed about their health. This team approach will empower them in making decisions about their health and, ultimately, assist them with creating the quality of life they desire. If you have questions about our programs or would like to refer a member to Healthy Options, please call 1-800-520-3137.

CROSSOVERS

TIPS FOR MEDICARE CROSSOVERS

1. Always allow a minimum of 45 business days before submitting a new secondary claim.
2. Monitor duplicate claim denials (Adjustment reason code 18) from your BCBSKS RA to determine if your facility is submitting a secondary claim just before the Medicare payment is received. Then, adjust your process to avoid continued duplicate denials.
3. Before submitting a claim to BCBSKS, always determine if the claim is in the BCBSKS system.
4. If you determine there is a problem with claims crossing over, be sure to report the claim examples to your provider consultant.

HOSPICE FACILITIES

Be sure to submit your October Medicare Rates to BCBSKS
ATTN: Dona Rhoads
FAX: 785-290-0734

DISCONTINUATION OF X, Y AND Z MODEM TELECOMMUNICATIONS

ASK will discontinue the dial-up X, Y and Z Modem communications as of 12/31/08.

What does this mean to you?

If you are **not** transmitting claims through the ASK Web site or through an FTP connection you may be using a software such as HyperTerminal to connect to the EDI Menu. As of 12/31/08, the EDI Menu will be eliminated.

Why are X, Y and Z modems being discontinued?

Technology has improved over the last several years making these transfer protocols obsolete. Internet or FTP transmissions are secure and fast.

****Please note: The preferred method of transmitting and receiving electronic transactions is through the ASK web site. For an interactive tour or to get started please select**

[ASK: Trading Partner - Login](#)

If you or your vendor need further information regarding telecommunications options supported by Blue Cross and Blue Shield of Kansas this can be found in our

[Telecommunications Manual](#)

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On 8/1/06, Toll Free will be discontinued. Use 785-291-9909
- Administrative Services of Kansas -
- Electronic Media Services -
- For assistance call Help Desk -
On 8/1/06, Toll Free will be discontinued. Use 785-291-9909
1. EDI System
3. Logoff

Enter Selection:
    
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MEDICAL POLICY UPDATE

Please note the following medical policy changes were made since the last publication:

- Artificial Intravertebral Disc: Lumbar Spine: Effective 9/23/08
- Artificial Intravertebral Disc: Cervical Spine: Effective 10/23/08
- Acoustic Pharyngometers & SNAP Testing: Effective 11/05/08
- Automated Point-of-Care Devices for Nerve Conduction Testing: Effective 10/13/08
- Balloon Sinuplasty for Treatment of Chronic Sinusitis: Effective 1/14/09
- Cardioverter–Defibrillators: Effective 12/01/08
- Computed Tomography to Detect Coronary Artery Calcification: Effective 11/14/08
- Continuous Glucose Monitoring System: Effective 9/03/08
- Contrast-Enhanced Computer Tomography Angiography (CTA) for Coronary Artery Evaluation: Effective 12/15/08
- CTA and MRA of the Chest (excluding heart): Effective 12/15/08
- CTA and MRA of the Head, Neck, Abdomen, Pelvis and Extremities: Effective 12/15/08
- Electromyography (EMG) Nerve Conduction Studies (NCS) and Other Electrodiagnostic (EDX) Related Services: Effective 11/12/08
- Functional Neuromuscular Stimulation (FNS) to Provide Ambulation: Effective 12/15/08
- Intra-articular Hyaluronan Injections for Osteoarthritis of the Knee: Effective 12/24/08
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors: Effective 9/22/08
- Rhinomanometry & Acoustic/Optical Rhinometry: Effective 11/05/08
- Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease: Effective 11/05/08
- Vagus Nerve Stimulation: Effective 10/08/08
- Wound Care: Skin Substitutes and Growth Factors: Effective 12/15/08
- Xolair Prior Authorization Criteria: Effective 10/06/08

Remember to notify BCBSKS with your facility's room rate changes.

http://www.bcbsks.com/CustomerService/Providers/forms.htm (located under Institutional)

TRICARE UPDATE

Keeping up with TRICARE can be made easier through www.triwest.com. Here are a few features offered through TRICARE.

- Providers can check eligibility, claim status and even the status of referrals/authorizations through the TRIWEST Web site.
- Providers can participate in e-seminars or register for live seminars to learn more

about TRICARE.

- All rates, including ASC, CAH, DRG and PPS rates are available through the TRIWEST Web site.
- The most current Prior Authorization List is available through the TRIWEST Web site.

There are many other features through the TRIWEST Web site. The site is a great resource for providers. Keep



up on the latest news and information through www.triwest.com

Remember to call WPS for claim filing options, TRICARE for claim issues, and your Blue Cross and Blue Shield of Kansas provider representative for contract issues.

REMEMBER TO NOTIFY BCBSKS WHEN CHANGES ARE MADE TO YOUR NPI DATA

Are you submitting a cost report to WPS for TRICARE?

NATIONAL PLAN AND PROVIDER ENUMERATION USER MAINTENANCE TIPS

The Centers for Medicare & Medicaid Services (CMS) recently published some guides for using the NPPE.com Web site.

Health care providers who have obtained National Provider Identifiers (NPIs) should:

- Know and maintain their NPPE User Ids and passwords.
- Reset their NPPE passwords at least once a year. See the NPPE Application Help page regarding the 'Reset Password' rules.
- Review their NPPE records in order to ensure that the information reflects current and correct information.

- Maintain their own NPPE account information (i.e., User ID, Password, and Secret Question/Answer) for safety and accessibility purposes.

Viewing NPPE Information

Health care providers can view their NPPE information by accessing the NPPE record at https://npes.cms.hhs.gov/NPPE_S/Welcome.do

Updating NPPE Information

Health care providers can correct, add, or delete information in their NPPE records by accessing their NPPE records at https://npes.cms.hhs.gov/NPPE_S/Welcome.do and following the NPI hyperlink and selecting Login. The user will be prompted to enter the User ID

and password that he/she previously created.

Please note: Required information cannot be deleted from an NPPE record; however, required information can be changed/updated to ensure that NPPE captures the correct information. Certain information is inaccessible via the web, thus requiring the change/update to be made via paper application. The paper NPI Application/Update Form can be downloaded and printed at <http://www.cms.hhs.gov/cmsforms/downloads/CMS10114.pdf>.

SYNAGIS

In order to enhance the prior authorization process and improve compliance for our members using **Synagis**[®], Blue Cross and Blue Shield of Kansas (BCBSKS) has selected **Triessent**[™] as our preferred Synagis specialty pharmacy provider for the 2008/2009 RSV season.

Triessent offers the patient convenient, easy access to Synagis, can bill for the medication, and can coordinate delivery to the provider's office or the patient's

home.

Triessent will work in conjunction with the MedImmune RSV Connection[™]. For a copy of the Synagis Statement of Medical Necessity form for BCBSKS members visit our Web site, www.bcbsks.com.

In addition, you and your patients can take advantage of Triessent's patient support program which can help you achieve the best results for the prevention of RSV.

Through Triessent's Synagis program, your facility and patients will benefit from:

- Toll-free phone and fax lines direct to the Synagis team
- Insurance verification assistance
- Simplified prior authorization Extensive compliance program
- A Synagis program folder full of time-saving tools for your practice .

We are confident that you will be satisfied with **Triessent** as your **Synagis** pharmacy, and the superior level of service that it provides.

If your facility purchases Synagis and bills BCBSKS, you will also be affected by this change. All prior

authorizations for our members will be done by the Prime Therapeutics Utilization Review Department.

Requests for prior authorizations (form available at www.bcbsks.com) should be faxed to 877-480-8130. Should you need to contact them by phone, please call 866-469-5660.

If you have any questions about this change in Synagis providers, please feel free to contact Bob Riley, at 785-291-8230.

Topeka Office:

1133 SW Topeka Blvd
Topeka, KS 66629

Wichita Office

220 W. Douglas, #200
Wichita, KS 67202

(Continued from page 1)
claim status inquiry system through the secured section of www.bcbsks.com, you may see the following changes:

- Improvement in retrieving claim status information. Provider should see a decline in the number of 'claim not found' messages on the 276/277 transaction.
- FOR OUT-OF-AREA CLAIMS ONLY, the claim status information will show only correct subscriber/member information; not the information that was submitted. It will be important for providers to review the claim status information for changes/updates to the subscriber/member data for all out-of-area claim status.

MEET CINDY GARRISON: NEW STAFF MEMBER



Cindy Garrison is the newest employee of the Institutional Relations department. She is our Education/Communication

Coordinator reporting to Angie Strecker. Cindy has been with BCBSKS for 20 years. For the past 9 years she has worked in the Professional Relations department.

Her current responsibilities include developing educational materials, electronic newsletters and other forms of communications. When

asked what comment she had regarding her new work area, Cindy said "I love it! Everyone has been very helpful as I learn my new position. They are a wonderful group to work with".

Please help us extend a warm welcome to Cindy.

Telephone Directory for Institutional Relations

<i>Steve Dean, Director</i>		<i>(785) 291-8227</i>
<i>Angie Strecker, Manager</i>		<i>(785) 291-8129</i>
<i>Vicki Haverkamp, Provider Consultant</i>		<i>(785) 291-8862</i>
<i>Denny Hartman, Provider Consultant</i>		<i>(316) 269-1602</i>
<i>Teresa VanBecelaere, Contract Consultant</i>		<i>(785) 291-8813</i>
<i>Cindy Garrison, Education/Communication Coordinator</i>		<i>(785) 291-7236</i>
<i>Nicole Dodds, Research Analyst</i>		<i>(785) 291-8849</i>
<i>Dona Rhoads, Administrative Coordinator</i>		<i>(785) 291-7213</i>
<i>Melanie Moriarty, Administrative Assistant</i>		<i>(785) 291-7838</i>
<i>Cheryl Carner, Administrative Assistant (Wichita)</i>		<i>(316) 269-1609</i>
<i>FAX—Topeka</i>	<i>(785) 290-0734</i>	
<i>FAX—Wichita</i>	<i>(785) 290-0702</i>	<i>(316) 269-1695</i>

Effective 01/01/2009