

INSTITUTIONAL PROVIDER UPDATE



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Via Christi Regional Medical Center Joining Network for 2010



For the first time since 1993, Blue Cross and Blue Shield of Kansas members will be able to choose Via Christi Regional Medical Center to receive covered services without paying an out-

of-network penalty. Via Christi will become a full member of the BCBSKS provider network effective Jan. 1, 2010.

The new five-year contract means that the more than 110,000 BCBSKS members living in Sedgwick County, including those with Plan 65-Select, will be able to receive covered services at Via Christi Regional Medical Center as in-network benefits, beginning Jan. 1, 2010.

“We continually strive to provide our members with the best network in Kansas, and recognize that our members value choice when it comes to selecting their care partners,” says Graham Bailey, vice president of corporate communications and public relations. “We believe our members in the Wichita area, as well as those throughout southern Kansas, will be excited to have Via Christi Regional Medical Center in the Blue Cross and Blue Shield of Kansas provider network beginning in 2010.”

Graham says that BCBSKS and Via Christi have partnered on a limited basis under a special services contract for a number of years and we look forward to building on that partnership in the future.

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BCBSKS EARNS BLUECARD[®] ACCOLADES

Blue Cross and Blue Shield of Kansas was recently presented with the BlueCard Provider Satisfaction Award for earning the highest score in the BlueCard system, 84.1 percent, on the second wave of the 2008 BlueCard provider satisfaction survey. We also achieved the highest scores in claims resolution, accuracy, timeliness and the ability to resolve claim issues in one single contact.

"This is an excellent accomplishment and the scoring is evidence of our hard work and dedication," says Larry VanWalleghem, FEP and ITS claims manager. According to the Blue Cross and Blue Shield Association (BCBSA), only four other Plans achieved higher than 80 percent on the BlueCard provider satisfaction survey in 2008.

BCBSA conducts annual BlueCard provider satisfaction surveys to assess provider office staff satisfaction with the BlueCard program. This type of research is conducted in two waves, and has been conducted via telephone survey since 1996. Blue Cross scored more than 80 percent on BlueCard provider satisfaction for both waves of the survey in 2008.

ProviderCast Update

As noted in the Vol 2 No 2 publication, BCBSKS has developed ProviderCasts about current issues for providers to listen to at your computer or wherever you take your portable media device. A new ProviderCast is distributed every two weeks to keep you up-to-date on important information.

Below is a list of those added since the last publication:

- TRICARE
- HIPAA5010
- Remittance Advice Online
- BlueAccess

These ProviderCasts are available at

<http://www.bcbsks.com/CustomerService/Providers/podcast.htm>.

Via Christi

(Continued from page 1)

For the remainder of 2009, Blue Cross members should continue to receive covered services at Wesley Medical Center in order to maximize their benefits.

"Wesley Medical Center will continue to welcome Blue Cross members and provide outstanding service to them as a contracting hospital during 2009," Bailey said. "We have enjoyed a successful relationship with Wesley Medical Center for a number of years and expect to continue a mutually beneficial relationship for years to come. We are having meaningful and productive conversations with Wesley leaders and look forward to reaching an agreement with them for 2010 and beyond."

e-Learning

Online training involves using multimedia technologies and the Internet to improve the quality of learning and deliver educational materials in a different way.

Online training allows BCBSKS to cost-effectively deliver important instructions and information to providers who can then go through the training at their own time and pace. The following Web-based training modules are available:

- [Provider Remittance Advice](#)
- [BlueCard - Understanding the Process Institutional](#)
- [Hospital Pre-certification](#)

Quadrant Meetings

Mark your calendars for the Fall Blue Cross Quadrant meetings. All meetings are from 9:00 a.m. to 12:00 p.m. Watch your email for more information that will be forthcoming.

AUGUST 2009

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25 Wichita	26 Garden City	27 Russell	28 Topeka	29
30	31					

BLUECARD® UPDATES

Get Faster and Easier Information

Want a faster and easier service that reduces the time your office spends checking eligibility and claims status for Blue members?

With one click of a mouse, you can directly access Blue Cross and Blue Shield of Kansas (BCBSKS) electronic gateway to:

Check Eligibility - Get a faster way to verify eligibility and benefits for members of other Blue Plans. For each request, BCBSKS committed to providing you with more detailed and robust information on member's cost sharing amounts.

Viewing Claim Status - Avoid unnecessary resubmission by checking claims status electronically for Blue members.

Timely Electronic Transactions - Go electronic and get faster responses to your inquiries for local members and members from other Blue Plans. Most of the responses from BCBSKS will be sent to you within 50 seconds.

Reliable Local Service - BCBSKS is your single point of contact for all inquiries, including submitting claims electronically. Use electronic capabilities to reduce your time completing claims forms and get faster and more accurate claims processing.

For more information on electronic services, please visit our Web site at www.bcbsks.com.

Provider Office Staff Survey

The BlueCard Provider Office Staff Satisfaction Survey is currently being conducted from July 15–September 9, 2009. This survey is conducted twice a year.

Many providers will be contacted by the Blue Cross and Blue Shield Association's survey vendor, Synovate, to answer questions related to satisfaction with the BlueCard program.

This study gauges overall satisfaction with the BlueCard program on claims-related operational measures in the Kansas Plan area., as well as, information regarding key drivers of satisfaction and emerging market issues impacting the provider community.

Providers are encouraged to participate if contacted.



Are you submitting a cost report to WPS for TRICARE?

Facilities may request capital and direct medical education cost reimbursement. Capital items, such as property, structures, and equipment, usually cost more than \$500 and can depreciate under tax laws. Direct medical education is defined as formally organized or planned programs of study in which providers engage to enhance the quality of care at an institution.

All initial requests for reimbursement under capital and direct medical education costs must be submitted to WPS on or before the last day of the 12th month following the close of the hospital's cost-reporting period. The request shall cover the one-year period corresponding to the hospital's Medicare cost-reporting period. This applies to hospitals (*except children's hospitals*) subject to the TRICARE DRG-based system.

When submitting initial requests for capital and direct medical education reimbursement, providers should report the following information:

- ◆ Hospital name
- ◆ Hospital address
- ◆ Hospital TRICARE provider number
- ◆ Hospital Medicare provider number
- ◆ Time period covered (*must correspond with the hospital's Medicare cost-reporting period*)
- ◆ Total inpatient days provided to all beneficiaries in units subject to DRG-based payment
- ◆ Total TRICARE inpatient days, provided in

“allowed” units, subject to DRG-based payment (*excluding non-medically necessary inpatient days*)

- ◆ Total inpatient days provided to active duty service members in units subject to DRG-based payment
- ◆ Total allowable capital costs (*must correspond with the applicable pages from the Medicare cost report*)
- ◆ Total allowable direct medical education costs (*must correspond with the applicable pages from the Medicare cost report*)
- ◆ Total full-time equivalents for residents and interns
- ◆ Total inpatient beds as of the end of the cost-reporting period
- ◆ Title of official signing the report
- ◆ Reporting date

The submission must include a statement certifying that any changes, if applicable, were made as a result of a review, audit, or appeal of the provider's Medicare cost report. The change(s) must be reported to WPS within 30 days of the date the hospital is notified of the change. In addition, an officer or administrator of the provider must certify all cost reports. Providers should submit requests for reimbursement of capital and direct medical education costs to:

Wisconsin Physicians Service
P.O. Box 77029
Madison, WI 53707-1029

BLUE DISTINCTION

Blue Distinction® is a designation awarded by the Blue Cross and Blue Shield companies to medical facilities that have demonstrated expertise in delivering quality health care. The goal is to help consumers find quality specialty care on a consistent basis while enabling and encouraging health professionals to improve the overall quality and delivery of health care nationwide.

At the core of the Blue Distinction program are the Blue Distinction Centers for Specialty CareSM. These facilities are recognized for their distinguished clinical care and processes in the areas of:

- ◆ [Bariatric Surgery](#)
- ◆ [Cardiac Care](#)
- ◆ [Complex and Rare Cancers](#)
- ◆ [Transplants](#)

And coming in 2009

- ◆ [Spine Surgery](#)
- ◆ [Knee and Hip Replacement](#)

The designation of Blue Distinction CentersSM is based criteria established by leading medical specialists and societies and medical evidence that are made available to the public. This helps you understand what's behind this quality designation.

The goals are:

- ◆ To encourage medical

facilities to improve the overall quality and delivery of health care, resulting in better overall outcomes for patients.

- ◆ To support consumers as they identify medical facilities that best meet their needs.

Blue Distinction Centers are a key part of the Blues' effort to collaborate with doctors and facilities to improve the overall quality and, therefore, affordability of specialty care.

If you are a physician or hospital administrator interested in learning more or applying for the Blue Distinction designation for your medical facility, visit the [Blue Cross and Blue Shield Association Web site](#).

2010 POLICIES AND PROCEDURES

The 2010 policies & procedures along with copies of the maximum allowable payments (MAPs) for 2010 have been mailed to all contracting providers.

Questions regarding this information should be forwarded to your facility's provider consultant.

Check out the revised Institutional Manual on the Web at www.bcbsks.com. Many sections have been updated.

MEDICAL POLICY UPDATE

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

- ◆ [Automated Point-of-Care Devices for Nerve Conduction Testing](#) – Posted 06/16/09
- ◆ [Exhaled Nitric Oxide And Exhaled Breath Condensate ph Measurement for Respiratory Disorders](#) – Effective 7/30/09
- ◆ [Genetic Testing for Congenital Long QT Syndrome](#) – Effective 08/12/09
- ◆ [Identification of Microorganisms Using Nucleic Acid Probes](#) – Effective 07/16/09
- ◆ [Keratoprosthesis](#) – Effective 08/10/09
- ◆ [Magnetic Resonance Spectroscopy](#) – Effective 07/16/09
- ◆ [Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty](#) – Posted 07/23/09
- ◆ [Stereotactic Radiosurgery And Radiotherapy](#) – Effective 07/30/09
- ◆ [Total Body Plethysmography](#) – Effective 07/16/09
- ◆ [Treatment of Tinnitus](#) – Effective 07/30/09



Areas of Interest

It is important for providers to report any new, outdated or incorrect services to their provider relations consultant as soon as possible. This enables TriWest to provide accurate information to other TRICARE providers and beneficiaries and ensures you maximum opportunities to receive referrals. For example, if you have a provider who visits your facility to render care for sleep lab, orthopedics, audiology, cardiac rehab, etc., you should contact your provider relations consultant and provide her with the following information:

- Provider's name
- Provider's specialty
- Provider's NPI

Your provider relations representative will then share this information with TRIWEST so that your Areas of Interest can be updated.