



BlueCross BlueShield of Montana

An Independent Licensee of the Blue Cross and Blue Shield Association

THE CAPSULE NEWSSM

SMService Marks of Blue Cross and Blue Shield of Montana

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FOURTH QUARTER 2004

SAVE FOR FUTURE REFERENCE



Thanks, Kudos, and a PERSPECTIVE ON COMPENSATION

Mark A. Burzynski
Vice President
Health Affairs

In this edition of the *Capsule News*, are the Blue Cross and Blue Shield of Montana (BCBSMT) compensation schedules for the period March 1, 2005, through February 29, 2006. Much like the previous years and during this past year, we have had numerous opportunities to talk with providers, employers, and members about a variety of issues, but often, specifically about appropriate compensation for services rendered by providers. Providers generally believe compensation is satisfactory to low; employers generally think it is just about right or on the high side. It certainly depends on one's perspective. However, the critical point is that through your participation, you are providing a valuable service to thousands of employers and tens of thousands individuals. Because of your willingness to participate, over 240,000 Montanans have access to affordable health care coverage. Thank you.

As for BCBSMT, its role is to represent the interests of employers, their employees and dependents, and individuals that purchase their own coverage. These entities and individuals channel their limited resources through BCBSMT to access high-quality providers and care at an affordable cost. I am always taken back when a provider asserts that BCBSMT is *doing something to them* or *treating them unfairly*. We are merely helping employers and individuals allocate their limited resources to purchase medical and health care services. In the scheme of things, employers and individuals, who buy their own coverage, are *paying my salary*.

It might be easiest to think about BCBSMT in terms of what it is paid to do on behalf of employers and members: determine if a provider is qualified to provide services and then, develop allocation methods to divvy up among the providers the *fixed pot of money* from employers and other members. These are not easy tasks, nor are

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SAVE FOR FUTURE REFERENCE

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**Thanks, Kudos,
and a
PERSPECTIVE ON
COMPENSATION** *continued*

they enviable tasks. They become very complex tasks when you think about the cost factors that are driving up health premiums: technological change (e.g., pharmaceuticals, accessibility to PET scanning, genetic progress, etc.), hospital cost factors, inflation, pricing, and compensation for services, consumer expectations, benefit design, chronic risk and illness, and the aging of society.

Employers are becoming more and more savvy about the intricacies of our health delivery system, especially compensation. Once employers understand RBRVS, they are very appreciative of the providers that participate in the networks on their behalf, especially physicians and other providers who are compensated based on converters. *Employers are more often acknowledging the critical role participating providers play in helping companies maintain such valuable benefits.* Hence, many employers would like to pass along their thanks on behalf of themselves and their employees and dependents, to the BCBSMT participating providers in traditional, government, and managed care networks. Some of these employers include:

- Stillwater Mining Company
- State of Montana
- Federal Employee Program
- Yellowstone County
- Cascade County
- Education Logistics
- ELM Locating
- Corporate Air
- Lockwood School District
- Great Falls School District
- City of Great Falls
- Montana Chamber Choices
- State Bankers Group Benefit Trust
- PPL Montana
- Montana University System
- Montana Automobile Dealers Association
- Montana Department of Corrections
- Western Montana Mental Health Center
- 4Bs/Truckers' Express
- Decker Coal Company
- First Citizens Bank/Citizens Development
- Edwards Jet Service
- University of Great Falls
- Heritage Banks
- Montana Logging Association

This list could include another 4,000 businesses and 39,000 individual buyers totaling over 240,000 members. Whether listed or not, all these members, they eagerly and genuinely thank you for participating in BCBSMT networks on their behalf. You make their coverage available and affordable. You are also making Montana a better place. When you think about BCBSMT, think about the employers and individuals it represents. *That's who you are serving and that's who's paying you and me. These are the folks to whom both you and I are indebted.* By the same token, they appreciate your skills, talents, caring, and compassion. BCBSMT, its members, employers, individual purchasers, staff, and Board of Directors are, likewise, indebted to you.

Thank you.

Sincerely,



Mark A. Burzynski
Vice President
Health Affairs

FIRST QUARTER 2005

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Production
Fleming Graphics

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**BlueCross BlueShield
of Montana**

PROVIDER COMPENSATION

BCBSMT has updated and published its provider compensation policies that define the compensation methodology for all providers submitting claims to BCBSMT. You can access these policies at www.bluecrossmontana.com. Click on *Providers*, then *Provider Policies*. If you do not have access to the Internet, call Customer Service for a copy of the policies applicable to your provider type.

PROFESSIONAL COMPENSATION CALCULATION METHODOLOGY

The compensation method for professional providers is fee-for-service. Allowances are based on the Medicare Resource Based Relative Value System (RBRVS). In the RBRVS system, a Relative Value Unit (RVU) assigned to most procedures is determined by the resource costs needed to provide the service. The cost of providing each service is divided into three components; physician work, practice expense, and professional liability insurance.

The RVUs assigned to each procedure are released by Centers for Medicare and Medicaid Services (CMS) and are available at <http://www.cms.hhs.gov> (click on *Professionals*, select *Physicians*, scroll down to and select *Medicare Payment Systems*, then select *National Physician Fee Schedule Relative Value File*.) The RVU impact by specialty is referenced in the *Federal Register*. Procedures codes are listed with relevant RVUs for services performed in a facility and non-facility setting. BCBSMT will update CMS RVU changes published after March 1, 2005 by September 1, 2005.

The *Essential RBRVS* RVUs published by St. Anthony's Ingenix may be used for RVU-type procedures that do not have an established CMS RVU. St. Anthony's Ingenix evaluates and analyzes the cost and effort associated with a service (using the same methodology originally used by CMS) to develop the gap-filled RVUs and reference work, facility and non-facility practice expense, and malpractice expense components.

The RVU is multiplied by the BCBSMT conversion factor to determine the al-

lowance for each code for participating physicians (MD, DO, DPM). Compensation is the BCBSMT allowable fee or the actual charge submitted on the claim, whichever is less.

If no RVU exists, other compensation methods that may be used are outlined in the BCBSMT compensation policies. For additional details on pricing of codes without a RVU, see the compensation policies at www.bluecrossmontana.com.

CONVERSION FACTOR

The traditional conversion factor for BCBSMT participating physicians (MD, DO, DPM) increased to \$56.01 effective December 1, 2004. Non-participating provider compensation is 80% of the participating physician schedule, or a \$44.81 conversion factor per RVU.

PLACE OF SERVICE (POS)

The BCBSMT claims payment system assesses POS by reading the POS field on the claim form. If the POS is not indicated, the claim cannot be processed. A list of POS codes and corresponding locations related to the facility or non-facility place of service is on page four.

PHARMACY AND IMMUNIZATIONS GIVEN IN THE PHYSICIAN'S OFFICE; INJECTIONS ADMINISTRATION ALLOWANCES

Most allowances for pharmaceuticals (except vaccines) are received electronically from First Data Bank, otherwise, the *Redbook* and its updates are used to obtain the Average Wholesale Price (AWP). BCBSMT calculates the median generic AWP and compares this to the lowest brand name AWP (following the First Data Bank methodology). The lower of the two is the BCBSMT allowance.

For vaccines, the *Redbook* and its updates are used to obtain the AWP for brand name and generic products. BCBSMT averages each generic and brand name separately, and the lowest average price is the BCBSMT allowance.

Some allowances for Low Osmolar and Radiopharmaceutical Imaging Agents

are received electronically from First Data Bank, but the majority of allowances use the *Redbook* and its updates to obtain the AWP for brand name and generic products. BCBSMT averages the generic and brand names, and the average price becomes the BCBSMT allowance. When information on a particular low osmolar or radiopharmaceutical imaging agent is not available in the *Redbook*, BCBSMT obtains data to establish allowances from other sources such as drug and radiopharmaceutical manufacturers and/or Medicare.

Cancer chemotherapy drugs are priced according to the above methodology plus 12.5%.

Injectable medications approved by the FDA after January 1, 2003, are compensated at the BCBSMT contracted discount off of AWP with the BCBSMT contracted vendors (e.g., Pharmicare). Please note injectable drugs do not include vaccines or immunizations.

The above information is a compilation of the most common methodologies used for vaccine and drug compensation. For complete detail concerning vaccines and drugs, refer to the Vaccine and Drug Compensation Policy at www.bluecrossmontana.com.

HCPCS G0008, G0009, AND G0010

The allowable fee for HCPCS codes G0008, G0009, and G0010 are based on the RVU value for 90472 because no CMS RVU exists for these three G codes.

CLINICAL LABORATORY COMPENSATION

The BCBSMT compensation criterion for clinical laboratory services is a percentage of the Medicare Part B clinical laboratory fee schedule.

CORE GROUP

The core group includes common on-site services that are provided at the time of the patient's visit to ensure timely and efficient service. For 2005, the core group will be compensated at 160% of

continued next page

PROVIDER COMPENSATION

continued

| FACILITY | | NON-FACILITY | |
|--------------------|---|----------------|--|
| HCFA 1500 POS Code | Place of Service | HCFA 1500 Code | Place of Service |
| 5 | Indian Health Service Free-Standing Facility | 3 | School |
| 6 | Indian Health Service Provider-Based Facility | 4 | Homeless Shelter |
| 7 | Tribal 638 Free-Standing Facility | 11 | Office Visit |
| 8 | Tribal 638 Provider-Based Facility | 12 | Home |
| 21 | Inpatient Hospital | 13 | Assisted Living |
| 22 | Outpatient Hospital | 14 | Group Home |
| 23 | Emergency Room | 15 | Mobile Unit |
| 24 | Ambulatory Surgical Center | 20 | Urgent Care Facility |
| 26 | Military Treatment Facility | 25 | Birthing Center |
| 31 | Skilled Nursing Facility | 32 | Nursing Facility |
| 34 | Hospice | 33 | Custodial Care Facility |
| 41 | Ambulance - Land | 49 | Independent Clinic |
| 42 | Ambulance - Air or Water | 50 | Federally Qualified Health Center |
| 51 | Inpatient Psychiatric Facility | 54 | Intermediate Care / Mentally Retarded |
| 52 | Psychiatric Facility Partial Hospitalization | 55 | Residential Substance Abuse Treatment |
| 53 | Community Mental Health Center | 57 | Non-residential Substance Abuse Treatment Facility |
| 56 | Psychiatric Residential Treatment | 60 | Mass Immunization Center |
| 61 | Comprehensive Inpatient Rehab | 62 | Comprehensive Outpatient Rehab |
| | | 65 | End Stage Renal Disease |
| | | 71 | State of Local Public Health Clinic |
| | | 72 | Rural Health Clinic |
| | | 81 | Independent Laboratory |
| | | 99 | Other Unlisted Facility |

the Medicare allowance (see Table 1 on page five).

PAP SMEARS

For 2005, the pap smear group compensation is increasing to 150% of the Medicare allowance. This is an increase of 25% from 2004. See Table 1 on page five for codes with compared allowances and percentage increases.

SECONDARY GROUP

The secondary group includes all other clinical laboratory services. For 2005, the secondary group will be compensated at 150% of the Medicare allowance. The secondary group codes' compensation method defined in the Physician Fee Schedule will state, "Clinical Lab-Secondary". The Physician Fee Schedule is available at www.bluecrossmontana.com (click on *Services for Providers* then *Provider Policies*).

Note: Allowances given are for participating BCBSMT providers. Non-participating providers are allowed 80% of the participating allowance.

ANESTHESIA COMPENSATION

The BCBSMT conversion factor for participating anesthesiologists and certified registered nurse anesthetists (CRNA) using the American Society of Anesthesiologists (ASA) methodology for 2005, increased to \$44.00. Non-participating provider compensation is 80% of the participating provider allowable. The ASA methodology uses a base unit + time unit (15 minutes = 1 unit) multiplied by the conversion factor method of compensation. Anesthesia time is reported in minutes.

Anesthesiology service codes that do have an associated ASA relative value unit and can be performed by other physician specialties and CRNAs will continue to be compensated using the Medicare relative value unit multiplied by the BCBSMT participating provider conversion factor of \$56.01.

For further detail on anesthesia compensation, refer to the Anesthesia Compensation Policy at www.bluecrossmontana.com.

DURABLE MEDICAL EQUIPMENT (DME) COMPENSATION

DME, oxygen, supplies, orthotics, and prosthetics' allowable fees are based on the Durable Medical Equipment Resource Center (DMERC), Region D schedule used by CMS. The BCBSMT

allowance is 100% of the DMERC fee schedule.

For codes without a DMERC value, BCBSMT allowances are determined from the local Medicare carrier pricing, 90th percentile of billed charges, comparisons to similar products, BCBSMT DME Compensation Policy, or invoice charges less shipping and handling.

TABLE 1

| Code | Description | 2004 Allowance | 2005 Allowance | Change |
|-------|------------------------------|----------------|----------------|--------|
| 88142 | Cytopath, c/v, thin layer | \$35.39 | \$42.47 | \$7.08 |
| 88143 | Cytopath c/v thin layer redo | \$35.39 | \$42.47 | \$7.08 |
| 88147 | Cytopath c/v thin layer redo | \$19.88 | \$23.85 | \$3.97 |
| 88148 | Cytopath, c/v, auto rescreen | \$26.54 | \$31.85 | \$5.31 |
| 88150 | Cytopath, c/v, manual | \$18.45 | \$22.14 | \$3.69 |
| 88152 | Cytopath, c/v, auto redo | \$18.45 | \$22.14 | \$3.69 |
| 88153 | Cytopath, c/v, redo | \$18.45 | \$22.14 | \$3.69 |
| 88154 | Cytopath, c/v, select | \$18.45 | \$22.14 | \$3.69 |
| 88164 | Cytopath tbs, c/v, manual | \$18.45 | \$22.14 | \$3.69 |
| 88165 | Cytopath tbs, c/v, redo | \$18.45 | \$22.14 | \$3.69 |
| 88166 | Cytopath tbs, c/v, auto redo | \$18.45 | \$22.14 | \$3.69 |
| 88167 | Cytopath tbs, c/v, select | \$18.45 | \$22.14 | \$3.69 |
| 88174 | Cytopath, c/v auto, in fluid | \$37.31 | \$44.78 | \$7.47 |
| 88175 | Cytopath c/v auto fluid redo | \$46.26 | \$55.52 | \$9.26 |
| G0123 | Screen cerv/vag thin layer | \$35.39 | \$42.47 | \$7.08 |
| G0143 | Scr c/v cyto,thinlayer,rescr | \$35.39 | \$42.47 | \$7.08 |
| G0144 | Scr c/v cyto,thinlayer,rescr | \$37.31 | \$44.78 | \$7.47 |
| G0145 | Scr c/v cyto,thinlayer,rescr | \$46.26 | \$55.52 | \$9.26 |
| G0147 | Scr c/v cyto, automated sys | \$19.88 | \$23.85 | \$3.97 |
| G0148 | Scr c/v cyto, autosys, rescr | \$26.54 | \$31.85 | \$5.31 |
| P3000 | Screen pap by tech w md supv | \$18.45 | \$22.14 | \$3.69 |

It has to be blue

Services for Providers

Provider Services

- Find a Doctor
- Provider Manuals
- Povidar Policies
- Medical Policy
- Pharmacy
- Dental
- Service Teams

News & Reports

- Capsule News
- HEDIS Reports

Forms

- Prior Authorize
- Claim Forms
- Credentialing

Useful Links

- Best Practices
- Transplant Net
- Medicare - MT
- FAQ

www.bluecrossmontana.com

2nd SECOND OPINION

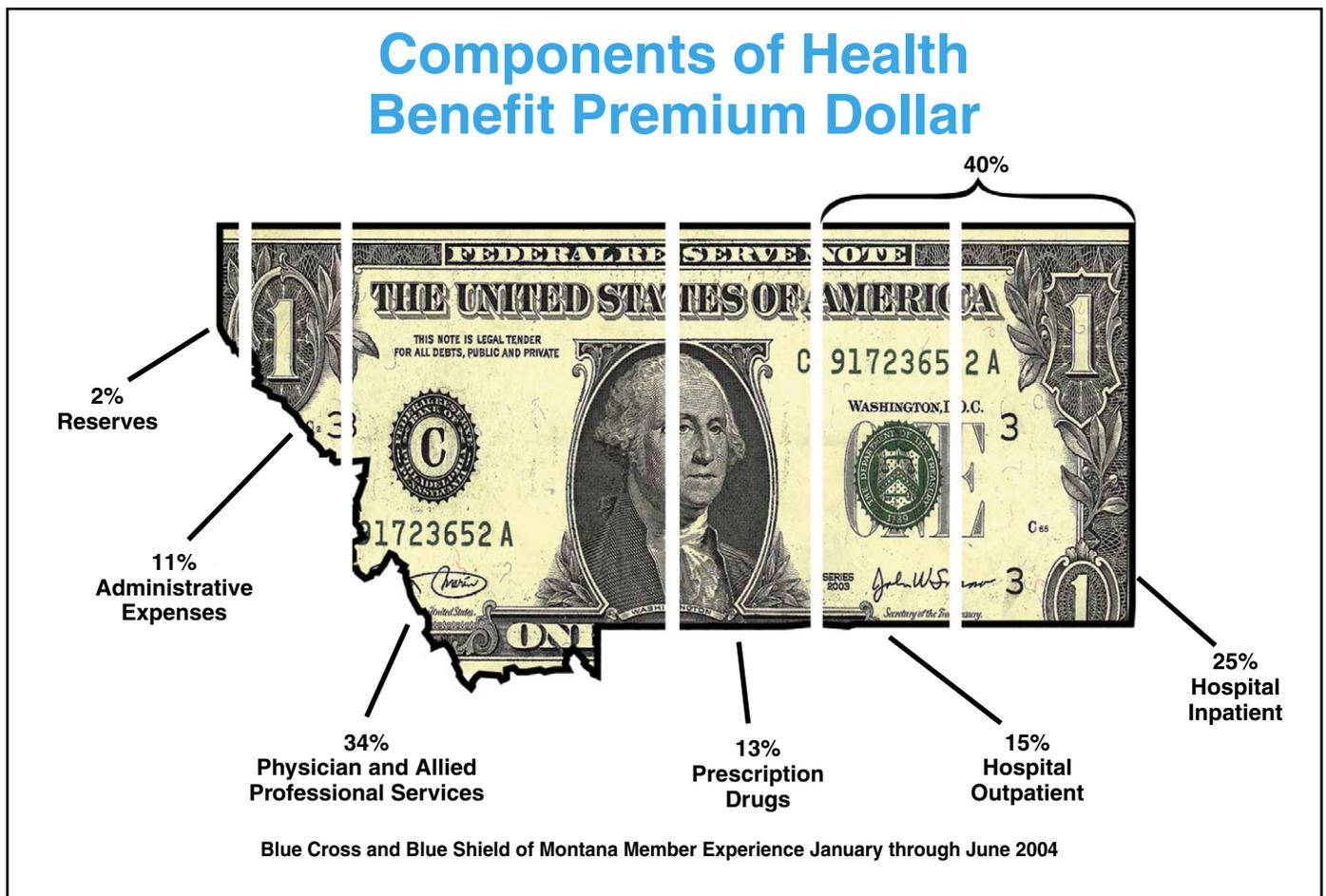
by Mike McGuire

“There are three kinds of lies; lies, damned lies, and statistics.”

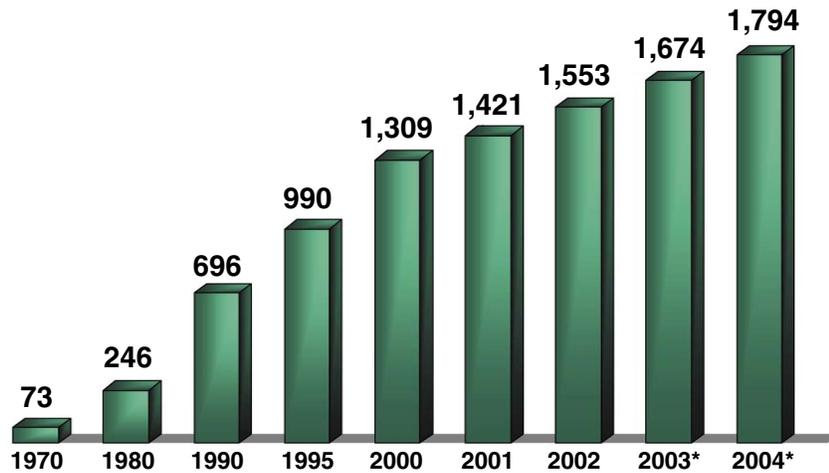
-Mark Twain

The beginning of a new year is always a good time to review the latest charts and graphs measuring the past. Here is some of the more interesting health care statistics presented to the 2005 Montana Legislature.

Mike McGuire is senior editor of the Capsule News and welcomes comments concerning national, regional, and local health care issues, BCBSMT, and the Capsule News. Please send comments to Mike McGuire, c/o BCBSMT, P.O. Box 4309, Helena, MT 59601 or by email to mmcguire@bcbsmt.com. You may also call direct at 1-800-447-7828, extension 8412.

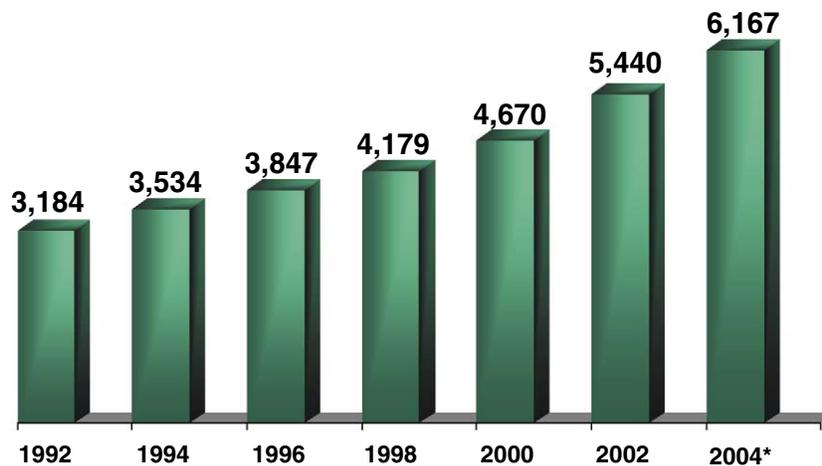


National Health Spending (Billions \$)



* Estimated Amounts. Source: Center for Medicaid and Medicare Services (CMS). Office of the Actuary.

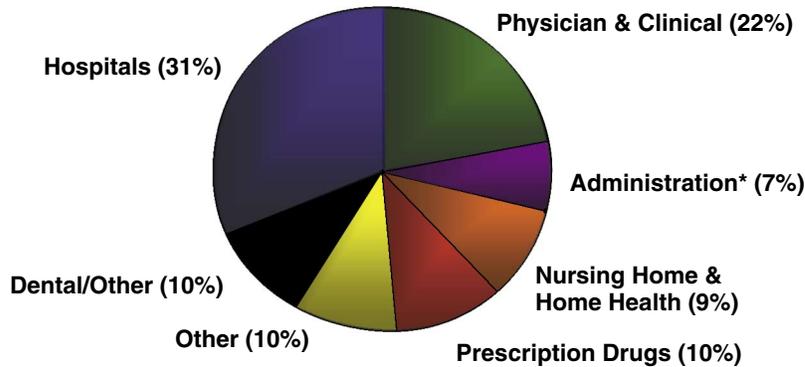
National Health Spending (per Person \$)



* Estimated Amounts. Source: Center for Medicaid and Medicare Services (CMS). Office of the Actuary.

2002 Spending Distribution by Category

Total Spending - \$1.6 Trillion

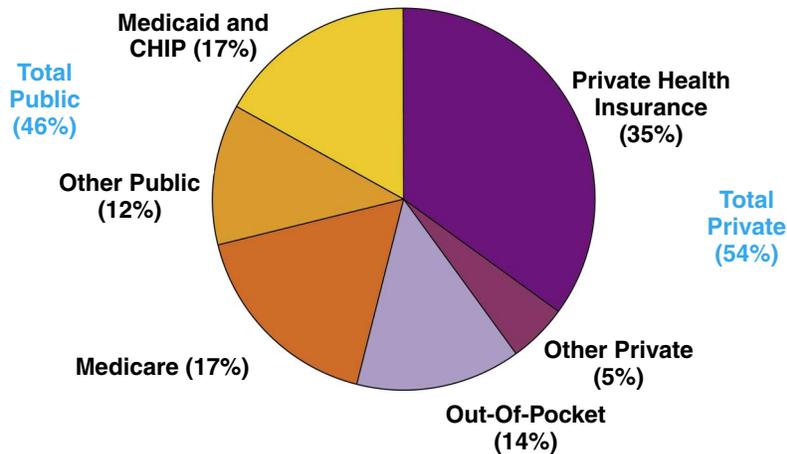


*Administration refers to government program administration and the net cost of private insurance (the difference between premiums earned by insurers and the claims or losses incurred for which the insurers become liable).

Source: Centers for Medicare and Medicaid Services (CMS), Office of the Actuary.

Who Pays the Bill?

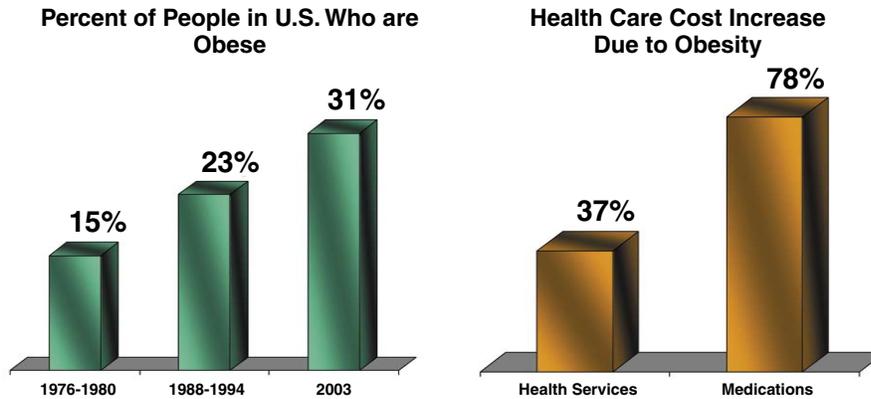
2002 Spending Distribution by Payment Source



Source: Centers for Medicare and Medicaid Services (CMS), Office of the Actuary.

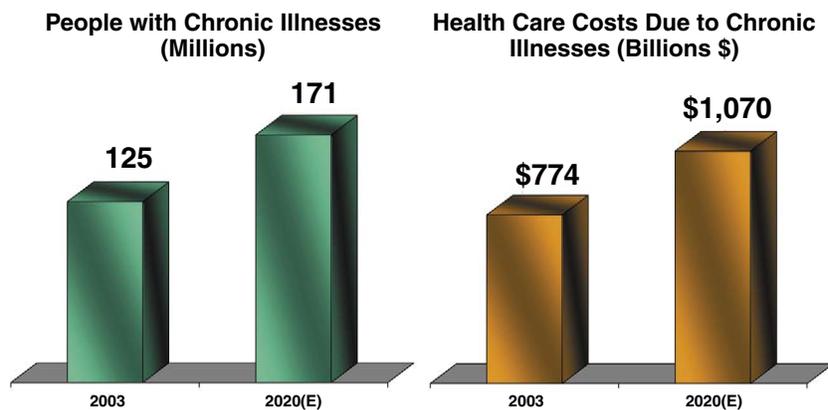
Changing Demographics

We're not taking care of ourselves.
(Sedentary lifestyle, smoking, obesity, etc.)



Changing Demographics

More of us are suffering from chronic illness.
(An illness that persists longer than 3 months and requires medical intervention to resolve.)



DID YOU KNOW?



General Motors health care costs for 2004 were \$1,525 for each vehicle produced. Other details include:

- **Covered:** 1.1 million people
- **Total costs:** \$5.2 billion
- **Per person:** \$4,188
- **Prescription drugs:** \$1.5 billion

Source: General Motors

Regular Business



CLAIMS PROCESSING SYSTEM CONVERSION UPDATE

BCBSMT is continuing conversion of its claims processing to the new system, QNXT. The first conversion was divided into two rolls: 1a and 1b. Roll 1a, including the BCBSMT employees, the Western Montana Clinic, and the Great Falls Clinic, were converted in September 2004. Following the September conversion, Health Care Services provider representatives conducted workshops in the areas most affected by roll 1a.

Roll 1b is scheduled for **March 2005**, and will include most of the remaining members of Blue Choice and Health First. Additionally, as new groups enroll in Blue Choice, Health First, or other BCBSMT products, they may be set up in QNXT.

BCBSMT is working very hard to minimize the impacts of this conversion. Thus far, roll 1a impacts to providers have been minimal (for details, visit www.bluecrossmontana.com). As each roll progresses, we will keep you informed. If you have any questions, contact Customer Service at 1-800-447-7828.

MEMBER ELIGIBILITY ID CARDS REMINDER

After conversion to the new system, members will receive new identification cards and providers should make a copy of the front and back of the card. If new members' coverage becomes effective during the transition to QNXT, for a short time, their eligibility information may not appear in the on-line Secure Services eligibility system. A message will be displayed if the member information is unavailable with instructions to call Customer Ser-

vice. If you have questions, Customer Service has developed procedures to provide accurate eligibility information for new members.

DUAL MEMBER ID NUMBER PROCESSING

When a member has more than one health plan ID number, either ID number submitted on a claim will process under the correct ID number. BCBSMT has procedures in place to detect and process claims under the correct ID.

PROVIDER CLAIMS REMITS AND PAYMENT CYCLES

The payment cycles published in the second quarter have not changed, however, BCBSMT has released claims payment outside of the established pay cycles. These 'ad hoc' pay cycles are for adjusted claims that were verified for proper adjudication. Pay cycles outside of the established schedule may continue for claims requiring review and/or verification of correct processing. Other provider claims remits (PCR) clarifications include:

- Clinic or office names may not appear on the PCR when the provider is not linked to a group number. BCBSMT is evaluating printing the clinic name on the check when issued to avoid confusion. However, the 1099 information will be compiled from the new and old processing systems under the correct owner name and Tax ID.
- If your office has recently received several PCRs and checks in one envelope, the sum of the Claim Total lines for all PCR(s) equals the total amount of the check(s) received.
- Payment reversals are offset in the subsequent payment and are noted with a negative dollar amount in all columns with a corresponding claim message referencing the original claim identification number. If funds are not available for a claim reversal, the payment will be offset in the subsequent PCR until the negative balance has been satisfied.

BCBSMT highly recommends that providers adjust patient account records from each weekly Provider Claims Remit.

- The patient responsibility field on coordination of benefits claims does not list the dollar amount owed by the patient. The programming to fix this problem is being installed in February. BCBSMT will coordinate benefits up to the BCBSMT allowed amount. Add together the primary insurance payment and the BCBSMT secondary paid amount on the PCR. If the total equals the BCBSMT allowed amount, the patient responsibility is zero. If the total is less than the allowed amount, then the patient responsibility is the difference between the total of the primary and secondary payments and the allowed amount.

SECURE SERVICES

Secure Services continues to offer claims, benefits, and eligibility information. However, when a member is assigned a system generated number (not the social security number), claims, benefits, and eligibility information is available under both identification numbers. Historical claims information can be viewed using the member's old identification number. If you are unsure about the member's ID number, information can be obtained by entering the patient's name and date-of-birth. Viewing by name and date-of-birth will become more helpful as more members are converted to the QNXT system.

CUSTOMER SERVICE

Customer Service Department hours are 8 a.m. to 6 p.m. Monday, Wednesday, and Friday and 9 a.m. to 6 p.m. Tuesday and Thursday so that customer service representatives are more accessible during the system transition. You may contact Customer Service Department at 1-800-447-7828 (outside Helena) or 444-8200 (in Helena). You may also visit the BCBSMT web site www.bluecrossmontana.com and refer to *New Claims System* to learn more about the new QNXT system.

MEMBER ID CARDS: ALPHA PREFIXES, OUT-OF-STATE MEMBERS' SYSTEM GENERATED ID NUMBERS, LOGOS, AND COVERAGE

ALPHA PREFIXES

Most health insurance identification (ID) cards use an alphanumeric number, often represented as ZZZ000555119999 7, to identify members. The first three letters, the alpha prefix, identify the plan, followed by three zeros, and then the member's nine-digit social security number. The last number is a check digit which should not be included when submitting claims. Providers are reminded to submit the complete member ID number as it appears on the ID card except the check digit. The alpha prefix is critical for out-of-state member claims.

The Federal Employee Program (FEP) does not use the three letter alpha prefix or social security number to identify members. Instead, FEP member ID numbers begin with an R followed by eight numerical digits. Eligibility, verification, claims processing, or prior authorization approval cannot occur if you submit a claim with the FEP member's social security number.

Plans and groups around the country are moving away from using social security numbers as health plan ID numbers and instead are using system generated health plan ID numbers. This increases the safety of a member's social security number and closes one avenue for identity thieves. BCBSMT will be issuing system generated ID numbers for all members at the conclusion of the claims processing system conversion.

OUT-OF-STATE MEMBERS' SYSTEM GENERATED ID NUMBERS

Effective January 2005, BCBSMT is assigning system-generated numbers for all new and existing members with out-of-state addresses. Currently, 19 states have legislation against using social security numbers to identify insured members, and the Blue Cross Blue Shield Association has mandated that all Blue Plans use identification numbers other than social

security numbers by January 1, 2006. BCBSMT preferred to implement system-generated identification numbers instead of tracking current and pending individual state legislation. Members living out-of-state will receive new cards with a new identification number.

LOGOS AND COVERAGE

When a BCBSMT member receives services at your office, they present a BCBSMT ID card that contains a lot of information to help you determine coverage and submit claims. Regulatory requirements determine the card's format, and the following will clarify some of the questions received about logos, products, and plans on the BCBSMT ID card.

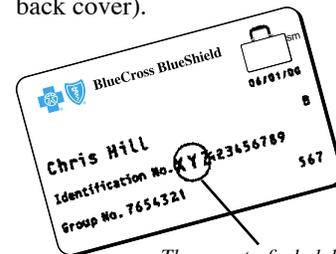
The top portion of the card, called the *masthead*, contains the logos (or business emblems) of the business entities offering coverage. These logos may include BCBSMT, Montana Health, MontanaCare, Blue Cross Blue Shield Federal Employee Program, self-insured groups such as the State of Montana and Stillwater Mining Company, or a pharmacy benefit manager, such as Express Scripts.

However, logos do not necessarily represent the product that covers the card holder, such as Blue Choice, Blue Select, or Value Blue, to name a few.

When multiple logos are published on the masthead, the product name is usually listed on the back of the card under Product Name. When the product name is not specifically identified on the back of the card, it is usually identified on the masthead.

Your office is reminded to make a copy of the front and back of your patient's ID card, and submit claims with the member's complete health plan ID number. Additionally, updated member eligibility, benefits, and claims are available at no cost through Secure Services at www.bluecrossmontana.com.

More information concerning alpha prefixes, out-of-state and FEP claims, logos, and coverage can be found in the BCBSMT Provider Manual at www.bluecrossmontana.com. Click on *Services for Providers* and then *Provider Manuals*. Additional questions may be directed to Customer Service at 1-800-447-7828 or to your Provider Network Service Representative (see the inside back cover).



The easy-to-find alpha prefix identifies the member's Blue Cross and Blue Shield Plan.

Front

Masthead →

| | | |
|---|--|---|
| | | BIN 00355 PCH-AI RH GROUP BMT 65201111101 |
| YDH0001111101 5 Group Name BLUE SELECT | X12345 888 8 751 Effective Date 05/01/2002 | COPAYS: \$10.00 PCP VISIT \$15.00 SCP VISIT Personal Care Provider Since NO PCP SELECTED 05/01/2002 NO PCP SELECTED 05/01/2002 PCP WAIVED 05/01/2002 PCP WAIVED 05/01/2002 |
| 00 PROVIDER TEST Dependents 01 WIFE TEST 02 BOY TEST 03 GIRL TEST | Subscriber Name Birth Date 06/17/1955 Birth Date 04/20/1956 02/17/1989 03/18/1992 | |

FOLD CARD IN HALF HERE

Back

Submit Claims to: P.O. Box 5004, Great Falls, MT 59403

Providers outside Montana: Submit claims to your local Blue Cross and/or Blue Shield office.

Plan Notification: You must call customer service for inpatient admissions, surgeries and major medical procedures.

Product Name: Blue Choice® → **Product**

Customer Service: 1-800-555-0000
 Pharmacy Customer Service: 1-800-555-0000
 Pharmacy Locator: 1-800-555-0000

Note to Pharmacist: Pharmacy benefit is administered by Express Scripts, Inc. For technical assistance, please call 1-800-555-0000

www.bluecrossmontana.com

FOLD CARD IN HALF HERE

Regular Business



ACCESS AND AVAILABILITY STANDARDS

Effective October 1, 1999, Managed Care Plan Network Adequacy and Quality Assurance legislation states a health plan offering a managed care plan in the State of Montana is required to ensure that all services to covered persons are accessible without unreasonable delay. Re-contracted and credentialed BCBSMT participating providers and all managed care providers must meet the following appointment standards:

1. Emergency services must be made available and accessible at all times.
2. Urgent care appointments must be available within 24 hours.
3. Non-urgent care with symptoms appointments must be made available within 10 calendar days.
4. Immunization appointments must be available within 21 calendar days.
5. Routine or preventive care appointments must be available within 45 calendar days.

EMERGENCY SERVICES AND EMERGENCY MEDICAL CONDITION

Participating providers are required to have 24-hour availability of emergency services and qualified on-call coverage available to members. Emergency Services means health care items and services furnished or required to evaluate and treat an emergency medical condition. Emergency Medical Condition means a condition manifesting itself by symptoms of sufficient severity, including severe pain, and the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. The covered person's health would be in serious jeopardy.
2. The covered person's bodily functions would be seriously impaired.
3. A bodily organ or part would be seriously damaged.

URGENT CARE

Members are seen within 24 hours of requesting an appointment. Urgent Care means those health care services that are not emergency services but are necessary to treat a condition or illness that could reasonably be expected to present a serious risk of harm if not treated within 24 hours.

NON-URGENT CARE WITH SYMPTOMS

Members are seen within 10 calendar days of requesting an appointment. Non-Urgent Care means care required for an illness, injury, or condition with symptoms that do not require care within 24 hours to prevent a serious risk of harm but do require care that is neither routine nor preventive in nature.

ROUTINE CARE

Members are seen within 45 calendar days of requesting an appointment. Routine Care means medical care for a condition that is not likely to substantially worsen in the absence of immediate medical intervention and is not an urgent condition or an emergency. Routine care can be provided through regularly scheduled appointments without risk of permanent damage to the person's health status.

PREVENTIVE CARE AND IMMUNIZATIONS

Members are seen within 45 calendar days of requesting an appointment for preventive care and within 21 calendar days of requesting an appointment for immunizations. Preventive Care and Immunizations means health care services designed for the prevention and early detection of illness in asymptomatic people.

More information is available in the BCBSMT Provider Manual at www.bluecrossmontana.com. Click on *Services for Providers*, then *Provider Manuals*. Should you have any questions or concerns, contact Customer Service at 1-800-447-7828 or your Network Service Representative (see inside back cover).

@MAIL

E-MAIL NOTIFICATION

Over 400 medical service providers in Montana take advantage of e-mail notifications from BCBSMT. The Health Care Services department maintains e-mail addresses and sends messages prior to sending direct mail. E-mail addresses are confidential, and providers who do not want to receive e-mail notification can simply reply to sender and request that their e-mail address be removed from the database. Below are some reminders about BCBSMT e-mail communication:

- BCBSMT uses encryption software called ZIX that may require you to click a link and create a password on the ZIX website to retrieve the e-mail. Depending on certain keywords within the e-mail (including attachments), messages may or may not be encrypted.
- Attachments are not normally included. If an attachment is included, it will only be an Adobe PDF file rather than an executable, image, Word, Excel, or PowerPoint file.
- Web links in messages will direct you to the BCBSMT website at www.bluecrossmontana.com.
- If a 'non-deliverable' message is returned to BCBSMT, your e-mail is removed from the database regardless of the circumstances.
- If you have any questions about e-mail notification or any other BCBSMT communication issue, contact Mike McGuire at 1-800-447-7828, extension 8412 or by e-mail at mmcguire@bcbsmt.com.

More information about Health Care Services and provider relations is available at www.bluecrossmontana.com (click on *Services for Providers*). If you have any other questions, contact Customer Service at 1-800-447-7828 or your Network Service Representative (see inside back cover).

CLAIMS

CORRECTED CLAIMS

Send corrected claims, along with records to document the correction, to Customer Service at:

Blue Cross Blue Shield of Montana
Customer Service
P.O. Box 4309
Helena, MT 59604

Submit corrected Federal Employee Program claims to:

Blue Cross Blue Shield of Montana
Customer Service
P.O. Box 5029
Great Falls, MT 59403

Sending corrected claims to the Claims Department will result in the denial of the claim as a duplicate. Do not send electronically since it was also deny as a duplicate. Clearly indicate on the claims that it is a **Corrected Claim**, or a **Corrected Diagnosis**.

More claims information is available in the BCBSMT Provider Manual at www.bluecrossmontana.com. Click on *Services for Providers*, then *Provider Manuals*. If you have any questions, contact Customer Service at 1-800-447-7828 or your Network Service Representative (see inside back cover).



FAX:

1-406-447-3570

MAIL:

Send change of information to
BCBSMT, Attn: HCS,
PO Box 4309, Helena, MT 59604

E-MAIL:

The Provider Network Specialist
at www.bluecrossmontana.com.
Click on *Services for Providers*,
then *Service Team*.

CARING PROGRAM



Dear Friends:

As I reflect over the past year, the most remarkable impact on the Caring Program for Children has been the contribution of all of you as participating providers. There is no question that you play a very important role in the success of our program, and on behalf of the Board of Directors, families, and sponsors, thank you for your participation.

Given the current economic situation and the uninsured problems that exist in Montana, the demand for services provided by the Foundation continues to grow. At the same time, funding shortfalls in 2004 forced us to reduce the number of children served from 1,250 children in December of 2003 to 752 children who currently access our program.

The Foundation continues to pursue funding sources through grant applications, corporate sponsorships, and major gifts. In addition, the Foundation has three major fundraising events: the Caring Foundation of Montana Governor's Cup race, which is scheduled for Saturday, June 4, in Helena and two golf tournaments: one in Helena on July 29 and another at Eagle Bend in Bigfork on September 16.

In addition, the Foundation recently released its very own specialty license plate available at your local Department of Motor Vehicles. Proceeds from the sale of these plates will directly affect our ability to provide payment to our medical providers. If you would like to learn more about the Caring Foundation, our fundraising activities, and our programs, please visit our web site at www.caring4kidsmt.com.

Again, thank you for helping us make a tremendous difference in the lives of Caring Program children.

Sincerely,

Tom Burgess
Executive Director



The Caring Foundation of Montana, Inc., is a 501(c)(3) non-profit organization; its tax identification number is 36-3820084. The Caring Program for Children provides access to preventive health services to children who cannot access government programs and who do not have health insurance. Blue Cross and Blue Shield of Montana donates 100% of the administrative costs, therefore every dollar raised by the Foundation flows directly to programs.

Regular Business

CAN YOU HEAR ME NOW?

INTERACTIVE VOICE RESPONSE SYSTEM

BCBSMT uses an Interactive Voice Response (IVR) system that allows speech or touch-tone recognition to collect information and route calls to the appropriate Customer Service team. The IVR system will route the caller to BCBSMT employees by name or phone extension by speaking the name or number without waiting for an operator to transfer the call. It is important to listen to the instructions when the IVR answers your call.

The IVR system also allows you to access claim status, benefits, and eligibility information, PCR requests, and procedure and diagnosis code corrections when a claim has been submitted with incomplete or missing information. IVR is available 24 hours a day, seven days a week.

To ensure successful use of the IVR system, be sure to:

- Speak numbers clearly and individually (1-2-3-4-5-6). Do not speak numbers in groups (123-456).
- Use a handset. Background noise on a speakerphone causes errors.
- Have your BCBSMT provider and tax ID number ready to be verified by IVR to receive claims information.
- Speak only the information required. Extra sentences or words will cause errors.
- Enter member ID information by speaking or keying the member ID number. Do not enter or speak the alpha prefix.
- Enter date information by saying, "July 1 nineteen sixty-six" or keying 07011966. Do not speak, "070166".
- When entering dollar amounts, speak, "seventy dollars and twenty-three cents" or key 7023.

- BCBSMT employee zip codes are 59999.
- Speak the first and last name of the employee you are trying to reach.

The IVR system can be interrupted any time by saying "provider" or "customer service". Saying "provider" will take you to the provider menu. Be sure to have your BCBSMT provider identification and tax identification numbers available. Saying "customer service" will route your call to the member verification menu and then to the appropriate service team.

MANAGED CARE

MONTANA HEALTH AND MONTANACARE INDIVIDUAL PRODUCTS DISCONTINUED

Effective January 1, 2005, 463 BCBSMT members enrolled Montana Health and MontanaCare managed care plans were transferred to a Blue Choice individual managed care plan. The regional Montana Health and MontanaCare individual managed care plans have been discontinued, and now members will have access to the statewide Joint Venture Provider Network.

Members were mailed notification November 15, 2004, and were issued new identification cards and benefit contract. The benefit structure has not changed; however, co-payments and deductibles may differ in 2005.

The joint venture provider network consists of a joint venture partnership between BCBSMT and the Western Montana Clinic in Missoula (known as Montana Health), and a joint venture partnership between BCBSMT and the Great Falls Clinic in Great Falls (known as Montana Care). Together with BCBSMT, these entities form the Joint Venture Provider Network providing health care services across the state to members of Blue Choice, Blue Select, and Health First Direct, and to members of self-funded managed care plans.

If you have any questions concerning a

member's eligibility, benefits, or claim status, log onto *Secure Services* at www.bluecrossmontana.com, or you may call Customer Service at 1-800-447-7828.



MEDICARE A AND B HAVE THE LOWEST CLAIM ERROR RATES IN NATION

For the second year in a row, BCBSMT, Montana's Medicare contractor, received the highest rating in the nation in the Centers for Medicare and Medicaid Services' (CMS) recently published Medicare Fee-For-Service Payment Report. The report calculates the error rate on paid claims for both Medicare Part A with 31 different contractors across the country and Medicare Part B with 25 contractors. CMS developed its comprehensive error rate testing program to determine the error rate for each Medicare contractor based upon the percentage of claims billed, processed, and paid correctly.

In 2004, BCBSMT processed over three million Medicare claims for services provided by physicians, non-physician practitioners, ambulance, hospital outpatient, and other outpatient care to more than 140,000 Medicare beneficiaries in the state. Mike Wagner, BCBSMT's Vice President of Government Programs said, "Ranking Number One in the nation for two consecutive years speaks highly of our employees, both in Helena and Great Falls, who handle our Medicare claims. They know how frustrating the whole Medicare process can be for seniors, and they willingly put extra effort into the process to ensure the claims are submitted correctly the first time."

The 2004 Paid Claims Error Rate for BCBSMT Medicare Part A was 3.1%, the lowest in the nation, compared to the national average of 13.1%. BCBSMT Medicare B Claims Error Rate for 2004 of 5.9% was also the lowest in the nation, compared to the national average of 10.8%. By 2008, CMS wants all Medicare contractors to reduce their Paid Claims Error Rate to 4%.



FEDERAL EMPLOYEE PROGRAM

**FEP PREVENTIVE SERVICES
UB92 BILLING**

When billing routine and/or preventive services, hospitals are reminded to bill both the revenue and CPT code. When a routine or preventive service is billed with a revenue code only, the claim will process as a **medical** benefit and be subject to a \$250 deductible and pay only 90% of the allowed amount. When submitted with the revenue and CPT code, the claim will process under the **preventive** benefit and pay 100% of the allowed amount, and the deductible and co-insurance will not apply.

More information about hospital claims is available in the BCBSMT Provider Manual at www.bluecrossmontana.com. Click on *Services for Providers, Provider Manuals*, then *Chapter 12: Hospital Claims*. Should you have any questions or concerns, contact Customer Service at 1-800-447-7828 or your Network Service Representative (see inside back cover).

CODING

DELETED CODE GRACE PERIOD ENDING IN 2005

Effective January 1, 2005, BCBSMT will no longer have a 90-day grace period for deleted CPT, HCPCS, and ASA procedure codes. The HIPAA transaction and code set regulations require usage of the medical code set valid at the time the service is provided. Therefore, deleted codes submitted with dates of service after January 1, 2005, will no longer be accepted.

BCBSMT encourages providers to obtain updated coding manuals and to subscribe to the services available to be aware of procedure code updates. For any questions, contact the provider network

service representative for your area (see inside back cover).



CLAIMS STATUS

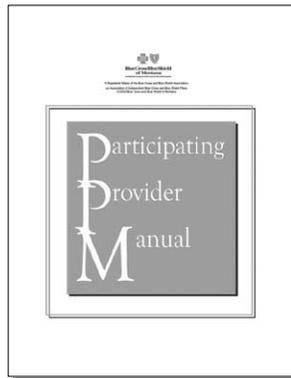
ELIGIBILITY

BENEFITS

www.bluecrossmontana.com

QUICK TIP

To quickly check claim status on Secure Services, just enter the patient's member/health plan identification number or search by name and date of birth.



UPDATED BCBSMT PROVIDER MANUAL

The BCBSMT Provider Manual is available at www.bluecrossmontana.com. The manual is reviewed quarterly with new and updated information to assist your office with the day-to-day business interactions with BCBSMT. First quarter 2005 additional information and updates include:

- Chapter 1: Contact and Administrative Information - Updated Interactive Voice Response Unit Information and E-mail Notification.

- Chapter 2: Updated Member ID Card Information and Secure Services User Advice.
- Chapter 4: BCBSMT Medical Claims - Billing Local Anesthetic Agents.
- Chapter 7: Pharmacy Benefit Program - Updated Prior Authorization Drugs.
- Chapter 12: Hospital Claims - FEP Preventive Services UB92 Billing.

To download the provider manual, log onto www.bluecrossmontana.com, click on Services for Providers and the Provider Manuals. The manual is published by chapter in a printer friendly format. E-mail Mike McGuire at mmcguire@bcbsmt.com or call 1-800-447-7828, extension 8412, for questions concerning updates, functionality, content, and formatting. If you require a printed copy, contact your Provider Network Specialists for your area (see inside back cover).



- **Low-cost claims billing software**
- **HIPAA transaction and code set compliant**
- **Montana based electronic claims clearinghouse**
- **Connectivity to over 900 payers**

For more information on how HeW can help you, visit our website at www.health-e-web.net.

Download the BCBSMT formulary to your PDA @ epocrates.com



Pharmacy

More pharmacy information available at www.bluecrossmontana.com



PRIOR AUTHORIZATION DRUGS

To make our processes more member-friendly, we are changing our step-therapy drug program to a prior-authorization program. We believe this will be a better process for our members. With step-therapy, a computer-driven process occurs at the time the member presents a prescription at the pharmacy that could result in the member being unable to fill the prescription or having to pay full price. Prior authorization lets a member know in advance exactly what is or is not covered, so the member has an opportunity to work with the provider to obtain a reasonable alternative medication, if appropriate.

Following is a list of drugs that will also be sent to our members, that currently require prior authorization as well as those drugs that will require prior authorization beginning July 1, 2005. Information on the formulary and current prior authorization list is also available at www.epocrates.com.

On the list is a reminder to you that any drug, vitamin, or mineral preparation that has an over-the-counter equivalent must be prior authorized even if you prescribe it. Otherwise, it will not be covered. This includes any new classes of drugs that become available over-the-counter in full prescription strength during 2005. The prescription versions also will require prior authorization, in accordance with member certificates.

Remember that any costly medications being used for off-label purposes should be prior authorized, and that a number of new, high-priced biological and other medications coming on the market soon will likely require prior authorization. When in doubt about a any medication, advise your patients to get prior authorization.

The prior authorization process will ensure that new, costly therapies are applied appropriately, and members will know coverage and out-of-pocket costs before going to the pharmacy. As always, we appreciate everything you do and have done to keep medical care affordable in Montana, and we value your input. Please do not hesitate to contact me with any ideas you have to improve or simplify our processes.

Mary Sims, M.D.
 Medical Director
 1-800-447-7828, extension 8784
msims@bcbsmt.com

DRUGS REQUIRING PRIOR AUTHORIZATION

The following drugs require prior authorization before being dispensed by a licensed pharmacist:

- | | | | | | |
|---|--|---|---|---|--|
| <ul style="list-style-type: none"> • Aciphex. • Allegra. • Amevive. • Arthrotec. • Avastin. • Bextra. • Botulinum Toxin. • Calcitrol. • Celebrex. • Cialis. | <ul style="list-style-type: none"> • Claritin. • Clarinex. • Depo-Provera. • Erectile Dysfunction Drugs. • Forteo. • Growth Hormones. • Herceptin. • Infertility Drugs. • Intravenous | <ul style="list-style-type: none"> • Immune Globulin. • Iressa. • Levitra. • Lupron. • Minerals (prescription). • Mobic. • Nephrocaps. • Nexium. • Omeprazole. • Oral Contraceptives. • Ponstel. • Phoslo. • Prevacid. | <ul style="list-style-type: none"> • Prilosec. • Protonix. • Retin A. • Raptiva. • Remicade. • Renova. • Rocaltrol. • Synagis. • Synvisc. • Thalidomide. • Viagra. • Vitamins (prescription). • Xolair. • Zyrtec. | <p>Effective July 1, 2005, the following drugs require prior authorization before being dispensed by a licensed pharmacist:</p> <ul style="list-style-type: none"> • Accolate. • Advicor. • Altoprev. • Caduet. • Celexa. • Crestor. • Lescol, Lescol XL. • Lexapro. • Lipitor. • Luvox. • Paxil. | <ul style="list-style-type: none"> • Paxil CR. • Pexeva. • Pravachol. • Pravigard. • Prozac. • Prozac Weekly. • Singulair. • Topamax. • Zocor. • Zolofl. • Zylfo. |
|---|--|---|---|---|--|



Participating Providers

The online provider directory is updated daily at www.bluecrossmontana.com. BCBSMT encourages providers to review their information and report any errors or changes.



The following pages list new and terminated providers for the Traditional Participating Provider Network and the Joint Venture Managed Care Provider Network.

December 1, 2004 to January 31, 2005

Blue Cross and Blue Shield of Montana welcomes these new participating providers.

Brian L. Abbott, MD.....Great Falls..... Pediatric Hematology-Oncology

James L. Abraham, PA.....Kalispell..... Physician Assistant

Hewes D. Agnew, MD.....Billings..... Surgery, Thoracic

Robert Kirk Archibald, DC.....Livingston.....Chiropractic

Aspen Hospice of Montana.....Stevensville..... Hospice Care

Bradley L. Aylor, MD..... Bozeman.....Physical Medicine & Rehabilitation

Kathleen T. Baskett, MD.....Billings..... Family Practice

Marvin R. Bennett, DDS..... Helena..... Dentist

Jeffrey L. Bern, MD..... Ennis..... Family Practice

Charles T. Burton, MD.....Great Falls..... Dermatology

Oliver B. Cooperman, MD.....Billings.....Psychiatry

Sandra K. Cox, MD..... Kalispell.....Psychiatry

Kathryn V. Dobbs, MD.....Glendive..... Family Practice

Jimmy Lee Gray Jr, MD.....Billings..... Internal Medicine

Jack W. Haas, PA-C.....Billings..... Urgent Care

Robert E. Hardy, MD..... Sidney... Obstetrics and Gynecology

Suzanne K. Harris, MD..... Glasgow..... Family Practice

Gretchen A. Harteis, PT.....Ronan.....Physical Therapy

Michael A. Lebrecht, DC..... Bozeman.....Chiropractic

Christopher J. Lee, MD.....Livingston.....Surgery, General

Clifford J. Long, MD.....Glendive... Obstetrics and Gynecology

Hassan Massouh, MD..... Helena..... Radiology

Timothy J. McCue, MD.....Missoula..... Family Practice

Richard D. Morrison, DDS..... Laurel..... Dentist

Charles I. Newell, LCPC.....Billings.....Lic. Clin. Prof. Counselor

Gregory H. Normandin, MD..... Helena..... Internal Medicine

Paul R. Ouradnik, DPM.....Billings.....Podiatry

Christopher L. Paris, MD..... Bozeman..... Ophthalmology

Mariah Peterson, PT.....Missoula.....Physical Therapy

Malinda A. Pike, MD.....Great Falls.....Child Psychiatry

Larry D. Powell, LCPC.....Great Falls..... Lic. Clin. Prof. Counselor

Timothy J. Richter, LCPC.....Billings.....Lic. Clin. Prof. Counselor

Roger D. Robinett, MD..... Bozeman..... Anesthesiology

Robert James Rollins, MD..... Havre.Pulmonary and Critical Care

Camilla R. Saberhagen, MD.....Missoula..... Infectious Disease

Guy R. Schmidt, MD.....Billings..... Orthopaedics

George F. Shekleton, MD.....Billings.....Psychiatry

Julie L. Shulman, LCPC..... Bozeman.....Lic. Clin. Prof. Counselor

Thomas R. Taylor, DC.....Missoula.....Chiropractic

Vim L. Tesar, LCPC.....Kalispell.....Lic. Clin. Prof. Counselor

Clare A. Urban, PT..... Helena.....Physical Therapy

Tina L. Wermerskirchen, LCSW.....Missoula..... Lic. Clin. Social Worker

Craig L. Wilkerson, MD..... Helena..... Ophthalmology

Amy J. Williams, PhD.....Missoula.....Lic. Clin. Prof. Counselor

The following providers are no longer participating with Blue Cross and Blue Shield of Montana.

Daniel R. Alzheimer, MD..... Helena.....Radiology

Daniel R. Alzheimer, MD.....Butte.....Radiology

Jonathan G. Bechard, MD.....Kalispell..... Internal Medicine

Mikael Eugene Bedell, MD..... Ronan..... Family Practice

Richard G. Brown, OD.....Whitefish.....Optometry

Patricia A. Calkin, MD.....Great Falls.....Psychiatry

Mary J. Clement, LCPC.....Livingston.....Lic. Clin. Prof. Counselor

Julie M. Cougill, DC..... Helena.....Chiropractic

Jerriann Coxson, NP..... Big Sandy..... Nurse Practitioner

Wade Anthony Darr, DC..... Bozeman.....Chiropractic

Lauren P. Edlund, DC.....Missoula.....Chiropractic

Chad M. Engan, MD.....Great Falls.....Surgery

Alison J. Forney, MD..... Polson..... Family Practice

Margaret Grossman, DO.....Billings..... Internal Medicine

Jane O. Harrison, PT.....Butte.....Physical Therapy

Robert A. Hathaway, MD..... Bozeman..... Internal Medicine

Rosemary Kellogg, MD.....Billings.....Psychiatry

Frank R. Lamm, MD.....Billings..... Radiation Oncology

Fred Lemons, LCPC Bozeman..... Lic. Clin. Prof. Counselor
 Stephen P. Manley, PA-C Choteau..... Physician Assistant
 Leeman P. Maxwell, MDGreat Falls..... Cardiovascular Disease
 Paul M. Melvin, MD.....Great Falls..... Orthopaedics
 Cary H. Mielke, MDMissoula..... Orthopaedics
 Miles D. Miller, PALibby..... Urgent Care
 Charles W. Peterson, OD Lewistown..... Optometry
 Floyd Gary Robbins, MD Kalispell..... Surgery
 Garold Schwartzengerger, DDS.....Great Falls..... Dentist
 John M. Self, PHDBillings..... Psychology
 Irina Shuck, PTBillings..... Physical Therapy
 Daniel A. Smith, MD Bozeman..... Dermatology
 Daniel A. Smith, MDButte..... Dermatology
 Kirk D. Song, DDSBillings..... Dentist
 Liz M. Stone, LCPC Bozeman..... Lic. Clin. Prof. Counselor
 Jodi L. Violett, MD Kalispell..... Family Practice
 Jodi L. Violett, MD Polson..... Family Practice

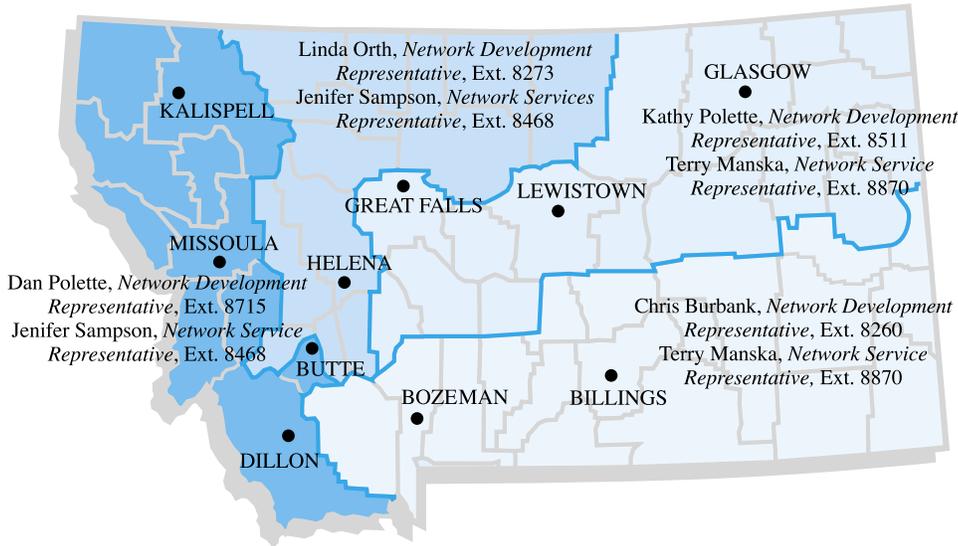
Blue Cross and Blue Shield of Montana welcomes these new Joint Venture Providers.

Elizabeth A. Anderson, LCPC Victor..... Lic. Clin. Prof. Counselor
 Julie C. Baker, LCPC Kalispell..... Lic. Clin. Prof. Counselor
 Sherry L. Bersanti, LCPCButte..... Lic. Clin. Prof. Counselor
 Barbara A. Bottomly, LCPCGreat Falls..... Lic. Clin. Prof. Counselor
 Sarah Lorinne Burke, LCPCBillings..... Lic. Clin. Prof. Counselor
 Charles T. Burton, MD.....Great Falls..... Dermatology
 Douglas W. Chase, PTBillings..... Physical Therapy
 Emily Copps, PA.....Whitefish..... Physician Assistant
 Sandra K. Cox, MD Kalispell..... Psychiatry
 Jeffrey L. Dukeman, PA..... Kalispell..... Physician Assistant
 Jill M. Follett, PTBillings..... Physical Therapy
 Ben L. Frickson, LCPC..... Polson..... Lic. Clin. Prof. Counselor
 Patricia L. Frickson, LCPC..... Polson..... Lic. Clin. Prof. Counselor
 Laurel F. Fullerton, PT Kalispell..... Physical Therapy
 J. Treasa Glinnwater, LCSW..... Polson..... Lic. Clin. Social Worker
 Jimmy Lee Gray Jr, MDBillings..... Internal Medicine
 Gretchen A. Harteis, PT Ronan..... Physical Therapy
 Stephen D. Hennessey, MDGreat Falls..... Surgery
 Robert F. Hollis, MD Kalispell..... Surgery, Neurological
 Kendall L. Jackson, LCPC.....Billings..... Lic. Clin. Prof. Counselor
 Mary E. Laue, CNMBillings..... Certified Nurse Midwife

Rodney T. Lutes, PA-C Kalispell..... Physician Assistant
 Hassan Massouh, MD Helena..... Radiology
 Kevin A. McCafferty, MDGreat Falls..... Emergency Medicine
 John E. Moore, MD Philipsburg..... General Practice
 Charles I. Newell, LCPCBillings..... Lic. Clin. Prof. Counselor
 Nancie L. Nordwick, MD Helena..... Pediatrics
 Gregory H. Normandin, MD..... Helena..... Internal Medicine
 Mark Odell, LCPC Kalispell..... Lic. Clin. Prof. Counselor
 Paul R. Ouradnik, DPMBillings..... Podiatry
 Malinda A. Pike, MDGreat Falls..... Child Psychiatry
 Julie C. Ponti, PA Kalispell..... Physician Assistant
 James W. Ramsey, LPCMissoula..... Lic. Clin. Prof. Counselor
 Robert James Rollins, MD..... Havre..... Pulmonary and Critical Care
 Pamela Ann Rox, CNMBillings..... Certified Nurse Midwife
 Eric J. Saberhagen, MDMissoula..... Internal Medicine
 Guy R. Schmidt, MDBillings..... Orthopaedics
 Courtnie L. Shatwell, RD.....Billings..... Registered Dietitian
 /Nutritionist
 Vim L Tesar, LCPC Kalispell..... Lic. Clin. Prof. Counselor
 Craig W. Walker, LCPC Bigfork..... Lic. Clin. Prof. Counselor
 Laura A. Waylander-Hornung, CNM.....Billings..... Certified Nurse Midwife
 Barry T. White, MD Chinook..... Family Practice
 Steven E. Williamson, MDBillings..... Family Practice

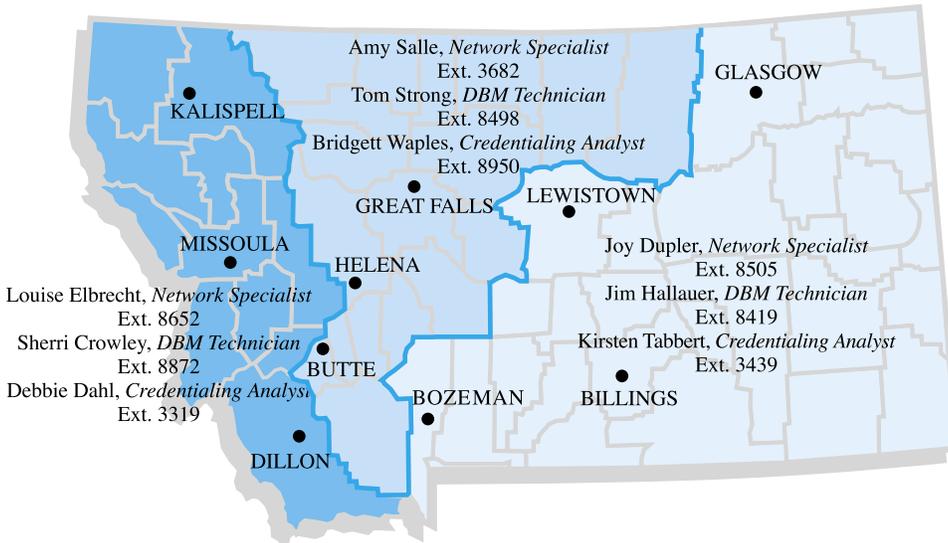
The following providers are no longer participating with the Joint Venture Provider Network

Daniel R. Alzheimer, MD Helena..... Radiology
 Mikael Eugene Bedell, MD Ronan..... Family Practice
 Patricia A. Calkin, MD.....Great Falls..... Psychiatry
 Lauren P. Edlund, DCMissoula..... Chiropractic
 Chad M. Engan, MDGreat Falls..... Surgery
 Alison J. Forney, MD..... Polson..... Family Practice
 James B. Larson, MD.....Great Falls..... Allergy & Immunology
 Stephen P. Manley, PA-C Choteau..... Physician Assistant
 Irene R. Martin, MD Kalispell..... Family Practice
 Anna K. Nash, PT Helena..... Physical Therapy
 Jodi L. Violett, MD Kalispell..... Family Practice
 Jodi L. Violett, MD Polson..... Family Practice
 John R. Vipperman, PA-C.....Billings..... Physician Assistant



EXTERNAL TEAM

The External Team consists of Network Development and Network Service Representatives who travel to provider offices in their respective areas. Network Development Representatives negotiate provider and facility contracts and address contractual issues relevant to all lines of business. Network Service Representatives assist provider offices with resolving recurring problems and continuing education. If you have any questions concerning office visits, workshops, billing with your BCB-SMT ID according to contract, product information or any other issues beyond the scope of Customer Service, contact your provider representative listed on the map.



INTERNAL TEAM

The Internal Team consists of Provider Relations Specialists, Database Maintenance Technicians, and Credentialing Analysts who expedite the data processes necessary to manage the BCBSMT provider networks. Provider Relations Specialists are responsible for processing provider contracts, correspondence, and/or supporting the External Team. Data Base Maintenance Technicians maintain provider databases for all lines of business, resolve provider claims' edits, and assign provider identification numbers. Credentialing Analysts are responsible for processing provider credentialing applications and correspondence, and for credentialing database maintenance. If you change your address, tax ID or Social Security Number or your on-call list, or if you have any questions about your listing in provider directories, contact the appropriate Internal Team member listed on the map.



1-800-447-7828

FRAUD

NEWS AND REMINDERS

Karl Krieger, CFE, AHFI

PHARMACEUTICAL ABUSE

Prescription drugs account for 25 to 30% of all drug abuse in the United States. The BCBSMT Special Investigations Unit (SIU) has been working to develop a method to identify patient-level misuse, as well as inappropriate prescribing and dispensing by practitioners. In 2005, we will be using special software to help us detect these problems.

In addition to improved patient safety, the program will reduce losses by increasing detection of improper claims, inappropriate medical care, and prescription drug abuse. This project will not be limited to DEA Schedule II drugs, but will include any drugs with abuse potential.

We recognize that efforts to prevent diversion and misuse must be balanced with accessibility of controlled substances for patients with legitimate medical needs. Ultimately, the goal of this project is to encourage legitimate medical use and to prevent diversion and misuse.

SIU CONCERNS

The SIU is currently monitoring the following activities for fraudulent billing:

- Chelation Therapy is considered

investigational for treatment of Arteriosclerosis, Multiple Sclerosis, Arthritis, Hypoglycemia, and Diabetes. Treatment of these conditions should be billed under procedure code M0300. Review Medical Policy at www.bluecrossmontana.com for more information.

- VAX-D, IDD, or DRS is identified by a number of names, including Orthopedic Decompression Therapy, but is considered *investigational*, regardless of what it is called or who manufactures the machine used to render the service. Treatment using these devices should be billed under the procedure code S9090. Review Medical Policy at www.bluecrossmontana.com for more information.
- BCBSMT frequently receives corrected claims with a new, covered diagnosis after the original diagnosis submitted is denied. When billing claims, remember to use the most appropriate diagnosis code and bill for what was actually performed – NOT what the patient's benefits would cover. Submitting false or misleading diagnosis or procedure codes to obtain payment for insurance are considered insurance fraud under Montana law.

Please contact me if you have any questions or suspect someone may be committing fraud.

Karl Krieger currently serves as a BCBSMT Special Investigator, is a Certified Fraud Examiner, and an Accredited Health Care Fraud Investigator. Karl has been employed by BCBSMT for over 15 years, has received the DPHHS Inspector General's Integrity Award for his work in health care fraud, and currently serves as Vice-President on the Board of Directors for the Big Sky Chapter of the Association of Certified Fraud Examiners. Karl can be reached at 1-800-447-7828, extension 8211, or by email at kkrieger@bcbsmt.com. For more information, refer to the BCBSMT anti-fraud website at www.stopfraud.bcbsmt.com.



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