



Provider News




Mountain State
Blue Cross Blue Shield

A quarterly update for Mountain State Blue Cross Blue Shield Providers

Important Changes Coming July 2005!

As previously communicated, Mountain State Blue Cross Blue Shield received approval from the West Virginia Office of the Insurance Commissioner (OIC) to execute a more formalized and permanent relationship with Highmark Blue Cross Blue Shield. The more formalized relationship became effective in May 2004, almost five years after a less formal affiliation arrangement had been approved by the OIC.

The more formalized agreement enables Mountain State to move forward in utilizing Highmark's state-of-the-art technology and systems for the benefit of its customers and employees.

Mountain State is now in the process of migrating all systems currently used to the Highmark BluePRINT system. Once complete, Mountain State staff will continue to process all Mountain State claims, membership and other business functions, but will do that using Highmark's system. The end result will be streamlined systems and unified information to help serve Mountain State's customers.

The migration of systems will be complete in July 2005. More information will be coming soon to further explain how these changes will affect you.

Lillie Mayes Retires From Mountain State Blue Cross Blue Shield



After 37 years of service to Mountain State Blue Cross Blue Shield, Lillie "Lil" Mayes is retiring as Manager of External Provider Relations/Charge Audit. Lil's last day with Mountain State was October 15, 2004.

Lil began her career with Mountain State in the summer of 1967 where she originally worked as a part-time claims processor. Over the course of the next 15 years, she worked up through the ranks and ultimately become the director of the 100 plus member Charleston claims unit. During her tenure, Lil has been instrumental in assisting with the design and implementation of computerized claims processing systems, including CAPS.

In 1988, both Lil's career and interests changed when she assumed responsibility for charge audit and quality assurance. In this role, Lil was introduced to the cost containment issues related to claims processing and payment. Her work with the U.S. Attorney General's Task Force on Fraud ignited an interest in the legal process. Because of this interest she pursued a second degree in Paralegal. Her first degree is a Bachelor of Arts from the University of Charleston.

Lil continued to oversee charge audit activities, including implementation of the Super Blue Plus provider network. She also managed the administrative support area of the benefit management program. For the past nine years, Lil has been the Manager of External Provider Relations/Charge Audit. She is an active associate member of the West Virginia Office Managers Association (OMA).

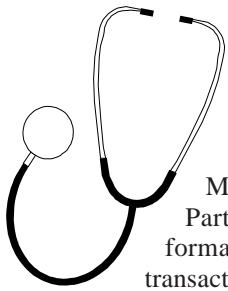
Lil has enjoyed the relationships she has developed within the Provider Community throughout the years. She will greatly miss continuing these relationships, but has every faith that Joyce Landers will continue where she leaves off.

If you would like to send "well wishes" to Lil regarding her retirement, you can send e-mail wishes to webmaster@msbcbs.com or by traditional mail at Mountain State Blue Cross Blue Shield, Attn: Joyce Landers, P.O. Box 1353, Charleston, WV 25325.

Joyce Landers Named New Manager

Joyce Landers is the new Manager of External Provider Relations and Charge Audit. Joyce started her career with Mountain State Blue Cross Blue Shield in 1984. Her work history with the company includes claims, customer service, corporate training and external provider relations/charge audit. Joyce is pursuing a degree in business management at West Virginia State University and is an active associate member with the West Virginia Office Managers Association.





HIPAA UPDATE

Mountain State Blue Cross Blue Shield continues to work with Trading Partners to migrate to the electronic HIPAA Standard Transaction formats. We previously announced that non-compliant institutional transactions would not be accepted after September 30, 2004. Due to some Trading Partners having difficulty submitting 837I format transactions, Mountain State will continue to accept non-compliant institutional transactions until December 1, 2004. Non-compliant institutional claims must be submitted on paper after December 1, 2004.

For professional claims, the current NSF format will continue to be accepted for now. We plan to discontinue the NSF format sometime in the first quarter of 2005. Please work with your Trading Partner to migrate to the HIPAA compliant 837P format transaction at the earliest time possible. As of September 1, eighty percent of professional claims submitted to Mountain State were in the HIPAA compliant format.

In March 2004 Mountain State extended the following Contingency Plan - *Mountain State will continue to use the current NSF format for claims submission for Trading Partners that have been unable to complete testing and production connection to Mountain State for the HIPAA standard claims transactions. This process will continue until Mountain State determines the appropriate time to end its Contingency Plan based on one or more of the following: directives from the Centers for Medicare and Medicaid Services (CMS); guidance from the Blue Cross and Blue Shield Association; compliance progress across Mountain State's provider networks. There may be short notice about when the Contingency Plan will be terminated. At that time the non-compliant NSF format transactions will be discontinued.* Please visit the Mountain State web site at www.msbcbs.com periodically for updates to the Contingency Plan.

Materials related to Trading Partner Application, Trading Partner Agreement and EDI Reference Guides are located at www.msbcbs.com/msbc_trading.htm. Any Trading Partner that has not migrated to the HIPAA compliant transaction formats with Mountain State should contact: Sherri Waggoner 304-424-7725 or 800-344-5514, ext. 47725; sherri.waggoner@msbcbs.com

External Provider Relations Department Welcomes New Representative

Due to the promotion of Joyce Landers to Manager of External Provider Relations/Charge Audit, Tifaney Rader was recently hired into Joyce's previous position



as an External Provider Relations Representative of Mountain State Blue Cross Blue Shield. Tifaney is responsible for covering the following counties in West Virginia, Kentucky and Ohio: Braxton, Boone, Cabell, Clay, Jackson, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Roane, Wayne, and Wirt in West Virginia; Boyd, Lawrence, Martin, and Pike in Kentucky; Gallia, Lawrence and Meigs in Ohio. Tifaney has been with Mountain State Blue Cross Blue Shield for eight years and has a background in customer service, corporate training and claims. She will be traveling throughout her areas to meet the provider community. If you need to speak with Tifaney she can be reached at (304) 347-7695 or by e-mail at Tifaney.Rader@msbcbs.com.

IMPORTANT ANNOUNCEMENT!! Update To FluMist® Coverage

Mountain State Blue Cross Blue Shield (MSBCBS) has reviewed the current information available related to the 2004-2005 flu season and shortages of the intramuscular vaccine. Due to the shortage, MSBCBS will reimburse for the FluMist®, intranasal flu vaccine, based on the Average Wholesale Price (AWP) of \$27.00 (based on Covered Benefits of the Member's coverage).

Coverage of the FluMist® Intranasal Flu Vaccine will become effective immediately and the AWP pricing will remain in effect for the 2004-2005 flu season.

FluMist® will be covered only if the Group Benefit Plan provides coverage for immunizations. Please note that some benefit plans have specific benefit coverage for children and adults. For example, some plans do not cover adult immunizations. Verification of the benefits should be directed to the Customer Service number on the back of the Member's Identification Card.

If you have any questions, please contact the Provider Relations Department at 1-800-798-7768 or 301-424-7795, or contact your External Provider Relations Representative for assistance.

REMINDER

When submitting corrected bills, please give a written description of the correction. If we have the proper information, processing of your claim will not be delayed.

Experience A Taste of Ornish

During the week of November 8th, five West Virginia hospitals will be hosting a “Taste of Ornish” open house in order to promote the Dr. Dean Ornish Program for Reversing Heart Disease®.

This is a unique opportunity for individuals to learn more about the first program scientifically proven to reverse heart disease. Participants will have the opportunity to enjoy heart-healthy snacks and meet the Ornish team of health professionals and Ornish graduates who have already improved their health through participation in the program.

The West Virginia hospitals hosting this event and their “Taste of Ornish” open house dates include: St. Mary’s Hospital, November 8th; Wheeling Hospital, November 9th; United Hospital Center, November 10th; Charleston Area Medical Center, November 11th; and West Virginia University Hospital, November 11th.

For more information on attending the “Taste of Ornish” open house at one of these locations, please call 1-800-879-2217.

CODING CORNER

Mountain State Blue Cross Blue Shield observes the development of HCPCS each year by CMS. These codes are reviewed and added to our payment system. As new CPT codes are developed on an annual basis, they are also reviewed and added to our payment system for claims processing.

Each fall, new ICD9 codes and grouper information is published by CMS with an October 1 effective date. Likewise, Mountain State adds the ICD9 codes to our processing system in the fall. But the grouper is not available until January 1, 2005

To ensure proper processing of claims, please be sure to bill with the appropriate code and modifier. If CPT/HCPCS code exists and fits the service rendered, a NOC code should not be used.



According To Study, In-Hospital Deaths from Medical Errors at 195,000 Per Year

An average of 195,000 people in the U.S. died due to potentially preventable, in-hospital medical errors in each of the years 2000, 2001 and 2002, according to a new study of 37 million patient records that was released recently by HealthGrades, the healthcare quality company.

The HealthGrades Patient Safety in American Hospitals study is the first to look at the mortality and economic impact of medical errors and injuries that occurred during Medicare hospital admissions nationwide from 2000 to 2002. The HealthGrades study applied the mortality and economic impact models developed by Dr. Chunliu Zhan and Dr. Marlene R. Miller in a research study published in the journal of the American Medical Association (JAMA) in October of 2003. The Zhan and Miller study supported the Institute of Medicine’s (IOM) 1999 report conclusion, which found that medical errors caused up to 98,000 deaths annually and should be considered a national epidemic.

The HealthGrades study finds nearly double the number of deaths from medical errors found by the 1999 IOM report “To Err is Human,” with an associated cost of more than \$6 billion per year. Whereas the IOM study extrapolated national findings based on data from three states, and the Zhan and Miller study looked at 7.5 million patient records from 28 states over one year, HealthGrades looked at three years of Medicare data in all 50 states and D.C. This Medicare population represented approximately 45 percent of all hospital admissions (excluding obstetric patients) in the U.S. from 2000 to 2002.

“The HealthGrades study shows that the IOM report may have underestimated the number of deaths due to medical errors, and, moreover, that there is little evidence that patient safety has improved in the last five years,” said Dr. Samantha Collier,

HealthGrades’ vice president of medical affairs. “The equivalent of 390 jumbo jets full of people are dying each year due to likely preventable, in-hospital medical errors, making this one of the leading killers in the U.S.”



HealthGrades examined 16 of the 20 patient-safety indicators defined by the Agency for Healthcare Research and Quality (AHRQ) – from bedsores to post-operative sepsis – omitting four obstetrics-related incidents not represented in the Medicare data used in the study. Of these sixteen, the mortality associated with two – failure to rescue and death in low risk hospital admissions – accounted for the majority of deaths that were associated with these patient safety incidents. These two categories of patients were not evaluated in the IOM or JAMA analyses, accounting for the variation in the number of annual deaths attributable to medical errors. However, the magnitude of the problem is evident in all three studies.

The HealthGrades study was released in conjunction with the company’s first annual Distinguished Hospital Award for Patient Safety™, which honors hospitals with the best records of patient safety. Eighty-eight hospitals in 23 states were given the award for having the nation’s lowest patient-safety incidence rates. A list of winners, along with the complete study (including the list of AHRQ patient-safety indicators), can be found at <http://www.healthgrades.com>.

“If the Center for Disease Control’s annual list of leading causes of death included medical errors, it would show up as number six, ahead of diabetes, pneumonia, Alzheimer’s disease and renal disease,” continued Dr. Collier. “Hospitals need to act on this, and consumers need to arm themselves with enough information to make quality-oriented health care choices when selecting a hospital.”

Alpha Prefix

The three-character alpha prefix, at the beginning of the member's identification number, is the key element used to identify and correctly route claims. The alpha prefix identifies the Blue Cross and/or Blue Shield Plan or national account to which the member belongs. **(It is critical for confirming a patient's membership and coverage.)**

To ensure accurate claim processing, it is critical to capture all ID card data. If the information is not captured correctly, you may experience a delay with the claim processing. Please make copies of the front and back of the ID card, and pass this key information to your billing staff. Do not make up alpha prefixes.

Do not assume that the member's ID number is the social security number.

Use of the social security number on ID cards will be phased out by January 1, 2006.

The "suitcase" logo may appear anywhere on the front of the card.



The three-character alpha prefix.



October 2004

Mountain State's *Provider News* is designed to serve Providers by offering information that will make submitting claims and treating our subscribers easier. We want to know what you would like to see in upcoming issues of this newsletter. Do you have a question that needs to be answered that you think other Providers would be interested in? Are there issues or problems not addressed in this publication? If so, let us know. Send your questions and concerns to:

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Post Office Box 1353

Charleston WV 25324

or call

Provider Relations

Toll-Free 1-800-798-7768

or e-mail

leah.worley@msbcbs.com

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RISK PREVENTION MANAGEMENT (RPM)

Many physicians have received "Patient Highlight" messages from Mountain State Blue Cross Blue Shield's Risk Prevention Management (RPM) program in the past several months. RPM is a pilot project for Mountain State Blue Cross Blue Shield Federal Employee Service Benefit Plan Members. The program is designed to provide physicians with important clinical information that can assist in the diagnosis, treatment, and ongoing management of patients. We feel that this is a helpful and informative tool that will serve in maintaining quality patient care. These reminders are based on claims and

encounter data. We recognize, however, that in some cases our data may not be complete or we may be recommending services for patients that have either already been provided or that are not appropriate. Although the algorithms are designed to minimize incorrect diagnosis, we understand that some cases may be misclassified and apologize for any inconvenience caused. The program is entirely voluntary and the information is sent only to aid you in the decisions you make for your patients. If you wish to provide us with updates or corrections, please fax the report form back to Mountain State at 1-877-969-9538.



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