What’s New:
Provider News & Information
Overview

+ In the News
  - Blue e Updates
  - Diagnostic Imaging Management Program
  - Pharmacy Program
  - Claims Filing

+ Patient Care Summary

+ Provider Resources
In the News
Provider Portal

Have you visited us on the Web lately?

Provider Portal highlights include:

+ **Provider newsletters** – BlueLink and Blue Medicare
+ 24/7 virtual provider **e-learning center**
+ Interactive provider **forms, documents** and **manuals**
+ Quick access to **BlueCard®, Blue Medicare®, and Dental Blue®** information

Check it out and take a tour!
Important News – 
Be in the know

Stay up-to-date by visiting us on the Web at: www.bcbsnc.com/providers
BCBSNC Launches Patient Care Summary for Physicians

Blue Cross and Blue Shield of North Carolina (BCBSNC) recently rolled out the Patient Care Summary (PCS) to a pilot group of physicians. The PCS is a summary of health-related services experienced by the patient and prescribed for each patient who is a BCBSNC customer.

With the PCS, doctors can quickly:
- Identify gaps in care for individual patients compared with evidence-based and nationally recognized guidelines.
- See a comprehensive listing of the patient’s medications.
- View most recent medical care received including date of visit, doctor, facility name, specialty, diagnosis, procedure codes, and place of service.

PCG information is refreshed monthly, and it will include information about any care or medication for which a claim was filed. Information is available for BCBSNC commercial members including the Blue Cross and Blue Shield of North Carolina (BCBSNC).

The initial pilot was launched in May 2011 with all Blue Cross and Blue Shield of North Carolina (BCBSNC) physicians participating. The program is expected to expand to all physicians in the coming months.

High Risk Medication in the Elderly

Blue Cross and Blue Shield of North Carolina (BCBSNC) is committed to improving the quality of care among our Medicare members. We are among the health care providers, join us in efforts that decrease inappropriate use of high-risk medications (HRMs) in the elderly.

We recognize that each patient is unique, and that medication decisions must be made on an individual basis. So in each encounter, when prescribing a medication, we ask you to carefully evaluate the indication of any medications, whether the medication will have a benefit, and if a safer alternative may be substituted. Remember, as a quality indicator for the Medicare population, it is particularly important that providers servicing Blue Cross Blue Shield HRMs and Blue Medicare PPO members carefully evaluate whether it is appropriate to use an HRM.

The use of HRMs in the elderly is an NCQA, HEDIS, and CMS quality measure. This measure was adapted from the HEDIS measure known as Drugs to Be Avoided in the Elderly (DABE). The DABE measure identifies the percentage of elderly adults (over age of 65) who receive medications considered to not have a benefit in the treatment of an ailment, which has been identified as a high risk for an adverse drug-related event. BCBSNC physicians that include drug labels and drug classes are subject to HRM performance measures. In addition, specialty classes include drug labels and drug classes that are intended to be used as a reference on the Pharmacy Quality Alliance website at www.pqaalliance.org.

The HRM list of DABE is based on the Beers criteria – first released in 1991 and named for Dr. James Beers, MD, who developed this guideline for using medications in the elderly. The updated 2012 Beers criteria were recently published by the American Geriatrics Society (AGS), listing medications that pose a high risk of side effects and are potentially inappropriate for use due to age-related changes. Please review the information in the Beers criteria and the recommendations for safer alternatives for elderly patients available on the AGS website at www.americangeriatrics.org.

The AGS Foundation for Health in Aging has published a printable pocket version of the Beers criteria and a Top Medications Older Adults Should Avoid or Use with Caution zip sheet.

If you have questions related to HRMs or the recommended safer alternatives to these medications, please refer to the website resources previously listed in this article or contact BCBSNC at 877-807-7967 or email at providernewsletters@bcbsnc.com.
Get the Latest News
Join our email registry for the latest news, policy changes, online course offerings and more.

Register Now

Provider Email Registry
Complete the form below to be added to our mailing list and get the latest updates from BCBSNC.

Name: 

Company Name: 

Email: 

HTML  Text

Subscribe  Unsubscribe

Submit

Powered by ExactTarget.

This is an opportunity for you to receive real-time BCBSNC news and updates sent directly to you via email – sign-up today using the Register Now link on the Provider home page at www.bcbsnc.com/providers.
Find a Doctor search tool

Estimated treatment costs for many common electives

The Power to Compare

Find a doctor or facility. Compare treatment cost estimates. See an estimate of what you'll pay. All at the same time.

Find a Doctor search tool

http://www.bcbsnc.com/content/campaigns/mycost/index.htm

What's New? FAQs

☑ It's All Here

We believe more information leads to better decisions.

By adding cost information to our Find a Doctor search tool, we hope to help you find the best quality and value for your health care dollars.

$ See the Cost

Our enhanced search tool shows you a range of estimated treatment costs for many common elective procedures.

- Compare costs for each of the treatments from several providers -- at the same time
- Get an estimate of out-of-pocket prices based on recent pricing information

Take a quick tour!

http://www.bcbsnc.com/content/campaigns/mycost/index.htm

How it Works

Simply log into Member Services at mybcbsnc.com to get cost information. Once logged in with your member ID and secure password, use Find a Doctor to search for treatment cost ranges associated with specific practices or facilities. Select "Hospitals" as the provider type to see the most complete list of treatments and procedures.

Contact Us

If you have questions about your benefits as it relates to estimated cost information, call the BCBSNC Customer Service toll-free number on your member ID card. For questions about the tool and for technical support, email us or call BCBSNC Web Support at 888-705-7050.
BCBSNC, the North Carolina Health Information Exchange (NC HIE) and Allscripts are launching a unique program to place North Carolina at the forefront of health care reform by wiring and connecting physicians across the state.

The collaboration will offer Electronic Health Records (EHR) software - MyWay EHR - to 600 independent primary care physicians (including, Pediatrics, Family Medicine, Internal Medicine, General Care, and OB/GYN) and 39 free clinics across North Carolina over the next year at a significantly reduced rate.

- This collaboration will also fund a training and support program within the NCHIE for MyWay EHR implementation.

For complete details and information, please call toll-free 855-611-7768 or visit [http://www.allscripts.com/ncpath](http://www.allscripts.com/ncpath).
BCBSNC will introduce Healthy Outcomes, a fully integrated health management solution on January 1, 2013.

Components of this new, encompassing health management program include:
- Healthy Outcomes Case Management
- Healthy Outcomes Condition Care
- Healthy Outcomes Wellness

As a result, some other programs will be discontinued:
- Blue Extras<sup>SM</sup>—members can use Blue365<sup>SM</sup> = even more discounts
- Blue Points<sup>SM</sup>---will be phased out beginning 12/1/12
Blue e Updates
Blue e℠ Accounts to be Self-Administered

+ Many large practices using Blue e already manage their own onsite Blue e users and eSolutions has now identified additional provider practices to become self-administered. This means your organization will have the ability to add/remove/update Blue e users without having to consult eSolutions support.

+ If you have questions regarding this change, please email us at Bluee.helpdesk@bcbsnc.com or call the eSolutions HelpDesk at 1-888-333-8594.
Beginning in November, BCBSNC updated the CMS 1500 and UB 04 claims entry screens:

- Fields pre-populated with the NPI number based on the user ID
  - Users can select a different NPI if linked to more than one BCBSNC provider number
- New data required on the access page and add page
- Optional data includes taxonomy code
- Expanded fields for reporting diagnosis codes
CMS 1500 changes

- Date format changed to 6 digits for all dates except date of birth
- Field 21 expanded to accommodate up to 12 diagnosis codes
  - Diagnosis pointer expanded to 4 with drop down box to indicate the appropriate diagnosis
- Field 25 – Federal tax ID is now required
- Field 26 – Patient Account number is required
- Field 27 – Medicare Assignment is required for Medicare product claims
- Field 33 – Billing provider information can now be edited by the user
UB 04 changes

- Date format changed to 6 digits with the exception of date of birth
- Patient Control Number required
- Tax ID number required
- Admission Type required
- Discharge status required
- Form locator 66 – version indicator
  - This will default to ICD-9
- Form locator 67 A – X expanded to accommodate 24 other diagnosis codes
Beginning in October, BCBSNC began offering real-time claim status connectivity for all trading partners that are CAQH CORE certified.

- Two new connectivity protocol will be available for both Health Eligibility (270/271) and Claim Status (276/277) transaction types. Real-time and batch file formats will also be available for these transactions.

This offering makes BCBSNC compliant with CAQH/CORE operating rules that support the Affordable Care Act. The Department of Health and Human Services (DHHS) has adopted these operating rules, and has mandated compliance by January 1, 2013.

For complete details, please review the communication notice found in Blue e - [http://www.bcbsnc.com/content/providers/news-and-information/news/RealTimeClaimStatus.htm](http://www.bcbsnc.com/content/providers/news-and-information/news/RealTimeClaimStatus.htm).
Diagnostic Imaging Management Program (DIM)

- Here, you will still be able to access our clinical guidelines, patient safety tool, educational resources, and log in to our ProviderPortalSM application.

Here are a few details to assist you in accessing AIM's systems:

- Login to ProviderPortal (and OptiNet®) is now available at http://www.aimspecialtyhealth.com.
- If you currently access AIM's online services through your local health plan's provider portal, this process remains the same.
- Your toll-free number for AIM's call center will not change – (800) 252-2021.
3rd Party Ordering of Diagnostic Services

- Ordering providers **must** contact AIM Specialty Health to request authorization. **Servicing providers cannot request the authorization.** The exceptions to this policy:
  - If the ordering provider has diagnostic imaging equipment in their office and they will be filing the claim for the technical component (or billing globally) for the DIM service.
  - The servicing provider is an interventional radiologist, as established by BCBSNC's Credentialing Department.

- It is a violation of BCBSNC's policies for:
  - A servicing location to market or offer to BCBSNC referring providers its services in obtaining the authorization from AIM Specialty Health on behalf of the referring provider.
  - A referring provider to allow the servicing location to contact AIM on their behalf to request the authorization for DIM services.
As of January 1, 2012, AIM no longer accepts fax requests for prior approval.

As of January 1, 2012, accreditation by a CMS-approved organization is required for services ordered and performed for Blue Medicare HMO and Blue Medicare PPO.

Effective for dates of service on or after January 15, 2012, prior approval is required for the following services:

- Transthoracic Echocardiography (TTE)
- Transesophageal Echocardiography (TEE)
- Stress Echocardiography (SE)

Note: This requirement is not applicable to Blue Medicare HMO and Blue Medicare PPO benefit plans.
As of April 1, 2012 BCBSNC’s commercial membership transitioned to a new pharmacy benefits manager (PBM) - Prime Therapeutics®.

All pharmacy prior authorizations and patient medication history currently on file with Medco (our current PBM) have been automatically transferred to Prime Therapeutics (except controlled substances).

- Prime will contact physicians with BCBSNC commercial members who have controlled substance prescriptions in order to have the prescription replaced.

The change to Prime Therapeutics as our new PBM only applies to our commercial group and individual business (excludes the Federal Employee Program). The State Health Plan will remain with Medco as their PBM.
Pharmacy Benefit Changes
Blue Medicare HMO and Blue Medicare PPO

- As of January 1, 2013 Blue Medicare HMO and Blue Medicare PPO members will transition to a new pharmacy benefits manager (PBM) - Prime Therapeutics.

- All pharmacy prior authorizations and patient medication history currently on file with Medco (our current PBM) will automatically be transferred to Prime Therapeutics (except controlled substances).
  - Prime will contact physicians with Blue Medicare HMO and Blue Medicare PPO members who have controlled substance prescriptions in order to have the prescription replaced.
  - Providers should watch for replacement of fax forms for PrimeMail as they will be available via the Provider Portal at www.bcbsnc.com in the near future.
Beginning August 9th changes have been made to the Self-Administered Drug list and will impact all commercial members who currently take these Self-Administered medications.

- Certain self-administered drugs are **ONLY** covered under the prescription drug benefit and are *excluded* from BCBSNC's medical benefit. While members have the freedom to self-administer these medications, they can still obtain these medications at the pharmacy and take them to their doctor's office, where they can receive training on how to self-administer them.

- The **Self-Administered Drug** list has been updated and has been attached for your review; this listing is also available for download from the Pharmacy page on the Provider Portal Web site at: https://www.bcbsnc.com/content/services/formulary/injectmed.htm.
Most members who take specialty medications have complex chronic conditions and specialty medications can, at times, be received through a member’s MEDICAL and / or PHARMACY benefits.

In order to assist these members and meet their unique medical needs, BCBSNC created a new specialty pharmacy network for the medical and pharmacy benefit for commercial business.

Further details regarding the new BCBSNC Specialty Pharmacy Network can be accessed on the BCBSNC Provider Portal external site at: http://www.bcbsnc.com/content/providers/injectable-drugs/available.htm.
Prior Review & Quantity Limit Updates  
**Effective January 1, 2013**

- Prior review will be required and quantity limitations will apply for Suboxone and Subutex (or generic buprenorphine SL tablets) for ALL users.
- Prior review will be required for Compounding Drugs costing more than $200 for ALL users. Tropical Androgens will continue to require prior review, but Androderm and Androgel will become the preferred drugs.
- In addition to the above changes for January 2013, there are new weight-loss drugs currently being released to the market. Qsymia is now available and Lorcaserin will be available in the near future. Both of these drugs are or will be subject to prior review as they are officially released.

For complete details on the pharmacy changes effective 1/1/2013, please access the Prior Plan Approval Web page at [http://www.bcbsnc.com/content/providers/ppa/prescriptions.htm](http://www.bcbsnc.com/content/providers/ppa/prescriptions.htm).

* Applies to all commercial members who have their pharmacy benefits with us. These changes will not apply to State Health Plan, Federal Employee Program, Medicare Part D members, or for any ASO employer groups that carve out their pharmacy benefits to another pharmacy benefits manager.
November 1st - prior authorization requirements will be implemented for the following:

- All members requesting initial or renewal weight loss medication prescriptions will be subject to prior authorization. The newly approved medications, Belviq® and Qsymia®, will be added to the program when they become available.

- A new Step Therapy Program for Interferons for the treatment of Hepatitis C (Pegasys® and Peg-Intron®).

Initiate the prior coverage review process at:

medco.com/coverage

Or call:
1.800.753.2851

Complete details on the Prior Approval Drug Program:

www.shpnc.org/drugs-requiring-pa.html
Ambulance Transport Reimbursement

+ BCBSNC is no longer reimbursing for non-emergency ambulance transports and any claims received will deny as a non-covered service. If the non-emergency ground ambulance service is not medically necessary, members may be responsible for charges. No benefits are provided primarily for the convenience of travel.

Need more information?
For complete details, please review the Ambulance and Medical Transport Services medical policy; this is also available on the Provider Portal Web page.
In order to ensure that your facility is correctly billing for observation room services, we would like to remind you of the following guidelines:

- BCBSNC commercial contracts state the allowed amount for any observation stay exceeding 24 hours (not to exceed 48 hours as defined by the medical policy below) will be the lesser of the applicable inpatient or outpatient allowed amount.
- The Blue BookSM Provider eManual (Section 9.61.19) states that charges related to an observation bed may not exceed the prevalent semi-private daily room rate.

BCBSNC provides coverage for observation room services when they are determined to be medically necessary per the criteria outlined in these related medical policies:

- Policy for commercial plans
- Policy for Blue Medicare HMOSM and Blue Medicare PPOSM plans
CPT and HCPCS Codes Required on UB-04

- Effective April 10, 2012, BCBSNC installed system edits that will reject certain outpatient and ambulatory surgery UB-04 claims when filed without appropriate CPT and HCPCS codes.
  - This does NOT impact the Blue Medicare HMO\textsuperscript{SM} and Blue Medicare PPO\textsuperscript{SM} lines of business.

- The listing of impacted revenue codes is available for download on the Provider Portal Web page.

Previously published articles around the requirement can be accessed on the Web at
[www.bcbsnc.com/providers](http://www.bcbsnc.com/providers) or by clicking on the following links:


- September 9, 2011: [http://www.bcbsnc.com/content/providers/important-news/sep9b-2011.htm](http://www.bcbsnc.com/content/providers/important-news/sep9b-2011.htm)

- July 1, 2009: [http://www.bcbsnc.com/content/providers/important-news/july01-2009.htm](http://www.bcbsnc.com/content/providers/important-news/july01-2009.htm)
Hospitals and Non-billable Medical Supplies

+ BCBSNC has identified a high occurrence of hospital claim submissions with non-billable routine medical supplies (i.e.; cold packs, dressings, trays). Non-billable medical supplies are considered routine supplies already included in the charge related to a procedure or service. Routine medical supplies are not eligible for separate reimbursement and should not be independently billed to BCBSNC.

+ Should your facility need additional information regarding non-billable medical supplies, simply visit us online at www.bcbsnc.com/providers where you can access our Web-based edition of the Blue BookSM – BCBSNC’s provider reference manual. Also available online, providers may view our medical policies relating to medical supplies and code bundling rules.
Reporting Physical Status Modifiers on Anesthesia Claims

This is a reminder that if you’re a biller of anesthesia services to please follow the requirements stated in the “Claims and Billing” section of the Blue BookSM and ensure that appropriate patient status modifiers are located in the first modifier position of your anesthesia claim submissions. Recognized P-modifiers include:

- P1 – A normal healthy patient
- P2 – A patient with mild systemic disease
- P3 – A patient with severe systemic disease
- P4 – A patient with severe systemic disease that is a constant threat to life
- P5 – A moribund patient who is not expected to survive without the operation
- P6 – A declared brain-dead patient whose organs are being removed for donor purposes
BlueCard® and Corrected Claims Submissions

+ We frequently receive claims for services provided to BlueCard members indicating it is a corrected claim when no original claim is found in our system.
  - As a courtesy, BCBSNC has refrained from mailing these claims back to providers. Instead, we manually process these claims as an original claim submission.

+ Beginning in November, we will reject and mail back corrected claims when no original claim is on file. This is consistent with BCBSNC claims processing guidelines.
  - Providers will be requested to submit as a new claim.
Effective October 1, 2012, ICD-9 codes should be assigned to the highest level of specificity using the fourth and fifth digits where applicable.

- After October 1, 2014, when ICD-10 has been fully implemented, ICD-10 codes should be submitted in alignment with the compliance date and assigned to the highest level of specificity applying up to the seventh digit where applicable, and providing the highest degree of accuracy and completeness.

+ BCBSNC system edits are in place to enforce and assist in a consistent claim review process.

For complete details, please review the communication notice found on the Important News page of the Provider Portal - [http://www.bcbsnc.com/content/providers/news-and-information/news/EnforcementofCorrectCodingGuidelines.htm](http://www.bcbsnc.com/content/providers/news-and-information/news/EnforcementofCorrectCodingGuidelines.htm)
Reminder to all participating network providers of your contractual agreement that when the need arises for a patient to receive other professional services - such as a referral for reference laboratory services, specialty pharmacy services or durable medical equipment (DME) rental/purchase - you will refer our members to other participating network providers.

If you are currently using the services and referring members to a non-participating provider, please refer the BCBSNC member to a participating provider.

- For a list of specialty pharmacies and participating DME providers, please utilize the Find a Doctor tool on the www.bcbsnc.com Web site.
- Please note, for participating network laboratories, you will need to contact the BCBSNC Customer Service phone number listed on the back of the members ID card.
Effective October 14, 2012, BCBSNC made changes to our claims processing system, which will automate claim filing requirements for ancillary providers and some providers may see changes in where their claims are processed.

The claim filing guidelines for ancillary providers are:

- Services performed by an Independent Clinical Laboratory (Lab) should be filed to the Blue Plan in which State the specimen was drawn.
- Durable/Home Medical Equipment and Supplies (DME) should be filed to the Blue Plan in which state the equipment was shipped to, or the location of the store if purchased at a retail location.
- Specialty Pharmacy claims should be filed to the Blue Plan based on the location of the Ordering Physician.

For complete details, please review the communication notice found on the Important News page of the Provider Portal - http://www.bcbsnc.com/content/providers/news-and-information/news/Update-AncClaimsFilingHandout.htm
Patient Care Summary
Patient Care Summary Report
Accessible via Blue e

+ Patient Care Summary

- Provides detailed overview of patient medical care within the last three years
- Information is based off BCBSNC claims history
- Has hover ability to get detailed level of care/tests
- Identifies gaps in care for preventative care, as well as disease management i.e. diabetes, CAD, hypertension
- Enables providers to verify medications filled and patient compliance
- Allows providers to report services rendered but not captured by BCBSNC
- Accessible from the Blue e home page
Accessing Patient Care Summary

The Patient Care Summary (PCS) report is accessible on the Home page of Blue e - [https://providers.bcbsnc.com](https://providers.bcbsnc.com).

- Select either the Health Eligibility or Patient Care Summary link. Both of these links will direct you to the same pages within the system.
Once the Health Eligibility pages opens:

A. Select the Provider Number  
B. Search for the member by their Member Number, or 
C. Search for the member by their full name and date of birth 
D. Enter the Date of Service 
E. Click search
The Display Page will then open and you can then:

A. Search for another member through the Search Criteria, or
B. Click Patient Care Summary to open the report
Patient Care Summary
(page 1 sample)

Demographics
Basic information such as Name, DOB, Age, etc.

Potential Gaps in Evidence Based Care
Gaps identified as past due per BCBSNC’s Claims data and evidence based guidelines

Prescriptions
On the first page of the report, you’ll see the patient’s 10 most recent unique prescriptions. Subsequent pages will display a complete 12 months Rx history, including refills and Rx that were never filled.

Most Recent Medical Care
The first page of the report will show the 10 most recent medical claims. Subsequent pages contain all of the patient’s medical claims and procedure codes from the past 36 months.

Provider Alerts
Actionable Alerts

<table>
<thead>
<tr>
<th>Condition</th>
<th>Potential Gap</th>
<th>Months Overdue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Diab: Retinal Eye Exam</td>
<td>17</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Diab: Medical Attention for nephropathy</td>
<td>16</td>
</tr>
<tr>
<td>Preventive</td>
<td>Colorectal Cancer Screen</td>
<td></td>
</tr>
</tbody>
</table>

Prescriptions: Ten most recent unique medications in the last 12 months. Rx used to treat substance abuse are omitted due to privacy regulations.

<table>
<thead>
<tr>
<th>Latest Fill</th>
<th>Prescriber</th>
<th>Medication</th>
<th>Dose</th>
<th>Days Supply (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/11/2012</td>
<td>Ralph P. Sample, M.D.</td>
<td>GEMFIBROZIL</td>
<td>600 MG</td>
<td>30 (60)</td>
</tr>
<tr>
<td>02/11/2012</td>
<td>Ralph P. Sample, M.D.</td>
<td>VITAMIN D</td>
<td>50000 UNIT</td>
<td>4 (4)</td>
</tr>
<tr>
<td>12/09/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>LIPITOR (generic available)</td>
<td>20 MG</td>
<td>30 (30)</td>
</tr>
<tr>
<td>12/05/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>APAP/HYDROCODONE BITARTRATE</td>
<td>7.5-500 MG</td>
<td>30 (90)</td>
</tr>
<tr>
<td>09/15/2011</td>
<td>Sarah T. Example, M.D.</td>
<td>CEPHALAXIN (Rx not picked up)</td>
<td>500 MG</td>
<td>0 (0)</td>
</tr>
<tr>
<td>09/02/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>TRAMADOL HYDROCHLORIDE</td>
<td>50 MG</td>
<td>10 (40)</td>
</tr>
<tr>
<td>06/23/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>PREDNISONE</td>
<td>10 MG</td>
<td>8 (20)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AZITHROMYCIN</td>
<td>250 MG</td>
<td>5 (6)</td>
</tr>
</tbody>
</table>

Medical care: Claims identified up to a maximum of 10 over the past 36 months - labs, substance abuse, abortion, DME, radiology, anesthesiology, and pathology claims omitted.

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Provider</th>
<th>Specialty</th>
<th>Place of Service</th>
<th>Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/09/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>INTERNAL MEDICINE</td>
<td>OFFICE</td>
<td>250.00</td>
</tr>
<tr>
<td>12/05/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>INTERNAL MEDICINE</td>
<td>OFFICE</td>
<td>250.00</td>
</tr>
<tr>
<td>09/21/2011</td>
<td>Leanne K. Test, M.D.</td>
<td>NEUROLOGY</td>
<td>OFFICE</td>
<td>355.5</td>
</tr>
<tr>
<td>09/21/2011</td>
<td>FACILITY</td>
<td>GENERAL ACUTE CARE HOSPITAL</td>
<td>OFFICE</td>
<td>729.5 825.25</td>
</tr>
<tr>
<td>09/02/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>INTERNAL MEDICINE</td>
<td>OFFICE</td>
<td>724.3</td>
</tr>
<tr>
<td>06/23/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>INTERNAL MEDICINE</td>
<td>OFFICE</td>
<td>468.0</td>
</tr>
<tr>
<td>05/09/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>INTERNAL MEDICINE</td>
<td>OFFICE</td>
<td>250.00</td>
</tr>
<tr>
<td>01/17/2011</td>
<td>Ralph P. Sample, M.D.</td>
<td>INTERNAL MEDICINE</td>
<td>OFFICE</td>
<td>468.0</td>
</tr>
<tr>
<td>10/22/2010</td>
<td>Ralph P. Sample, M.D.</td>
<td>INTERNAL MEDICINE</td>
<td>OFFICE</td>
<td>250.00</td>
</tr>
<tr>
<td>08/13/2010</td>
<td>Lawrence A. Quiz, M.D.</td>
<td>UROLOGY</td>
<td>OFFICE</td>
<td>592.1</td>
</tr>
</tbody>
</table>
The Patient Care Summary Detail Report captures all claim activity for prescriptions in the last 12-months and medical care in the past 36-months. The *Detail Report* appears subsequent to the summary information.

If you find that a patient’s Care Gap information should be changed, locate the *Patient Care Summary – Care Gap Change Request Form* on the Blue e home page under the Related Links section.

For questions about Report content, incorrect patient information or navigating the report, please call the Provider Line™ at 1-800-214-4844.
If you find that a patient’s Care Gap information is not correct or up-to-date, you can complete the Patient Care Summary – Care Gap Change Request Form and fax to 919-287-8886.

This form is available for download on the Blue e home page under the Related Links section.
Customer Service Phone Numbers

+ Provider Blue Line – 1.800.214.4844
  – Dedicated provider line for health care providers participating in BCBSNC commercial lines of business.
+ Blue Medicare HMO/PPO – 1.888.296.9790
  – Dedicated provider line for health care providers participating in BCBSNC Blue Medicare HMO and Blue Medicare PPO benefit plans.
+ Provider Service Associates – 1.800.777.1643
+ eSolutions Customer Service – 1.888.333.8594
+ IPP Blue Card (verify eligibility) – 1.800.676.BLUE (2583)
+ IPP Blue Card (claims assistance) – 1.800.487.5522.
+ State Health Plan – 1.800.422.4658
+ Federal Employee Program (FEP) – 1.800.222.4739
Your PSA’s are able to assist with:

- Providing you information on how to obtain your fee schedule (if you are unable to retrieve via Blue e)
- Making any necessary demographic changes – notice address, billing address and etc.
- Add/Remove providers from your practice
- Questions

P: (800) 777-1643 8am-4pm
F: (919) 765-4349
NMSpecialist@bcbsnc.com
BCBSNC has identified and developed patient assessment and patient education materials to help jumpstart preventive health conversations.

Healthy Lifestyle Programs
- Adult Obesity Assessment and Treatment
- Childhood Obesity Assessment and Treatment
- Tobacco Cessation
- Stress Management

Preventive Screening Topics
- Breast Cancer Screening
- Chlamydia Screening
- Colorectal Cancer Screening
- Depression Screening

These complimentary tools can help you assess your patients on important preventive health issues – to request, please complete the online order form at http://www.bcbsnc.com/content/providers/toolkit/order-toolkit.htm.
The SilverSneakers® Fitness Program is available at no additional cost and offers Blue Medicare HMO and Blue Medicare PPO member’s access to gyms and other programs to help them get healthy and stay healthy.

To learn more about SilverSneakers visit www.silversneakers.com.
Questions

This presentation was last updated on December 4, 2012. BCBSNC tries to keep information up to date; however, it may not always be possible. For questions regarding any of the content contained in this learning module, please contact Network Management at 1.800.777.1643.