Denine Peltier, insurance specialist with a Snohomish county provider, started using Premera’s Provider Portal last summer and she says she’s a fan.

Peltier said she often has a whole list of patients for whom she needs to find eligibility and claims status. She said it takes her a “quick minute” to get the data she needs.

“I’m saving a lot of time,” Peltier explained. “One of the biggest factors is when we’re trying to establish a patient’s eligibility and their primary care physician. I just cut and paste. I get correct spelling of the physician’s name. There are no more mistakes,” she said.

“Before the Premera Portal, I had to get the information by phone,” she said. To find the Provider Portal log onto www.premera.com and you’ll see it on the right side of your screen. You can also access the Premera reference manual by entering the Portal, clicking on library and then on reference information. Enter your user ID and password. If you would like to share with us how the Portal is helping you work better, or suggest ideas for consideration, please contact the Physician and Provider Relations team at 1-877-342-5258, option 4.

HIPAA Transaction Contingency Plan

Due to slow adoption rates of the HIPAA standard electronic transactions, Premera will continue to support both nonstandard and standard electronic claims transactions at this time. We may need to modify our “dual support” contingency plan if the Center for Medicare and Medicaid Services (CMS) issues additional guidance that warrants such a change. Premera will make every effort to give you 30 days advance notice of changes to our contingency plan.

We are committed to the success of our Trading Partner migration to the standard HIPAA transactions. We strongly encourage you to contact our EDI department to discuss your testing and readiness status to facilitate mutual success in adopting the HIPAA standard claims transaction.

We also encourage you to contact your vendor or clearinghouse if applicable to clarify their HIPAA contingency plans, including support for non-standard formats and a plan to implement the standard transactions.

To schedule your transition to the standard HIPAA claims transaction, please contact our EDI team at: EDI@premera.com or call 1-800-435-2715.

Physicians

We’re With You on Tort Reform

Premera has stood with providers on behalf of our members this past year as tort reform proposals have worked through stages of the state legislative process. The Liability Reform Coalition (LRC), a broad-based coalition of business, the medical community, government, and nonprofits, mounted a campaign to promote tort reform and Premera has been an active partner in these efforts. Cornerstones of the campaign include:

- medical malpractice compensation reform
- a cap on non-economic damages.

We have served on the campaign’s executive committee and provided financial support.

John Gollihofer, MD, a practicing obstetrician in Spokane and a past president of the Washington State Medical Association, serves on the Premera Blue Cross Board of Directors. Representing Premera’s stance in support of tort reform, Dr. Gollihofer testified last year before the Washington State Legislature’s House Judiciary Committee.

We support our providers in seeking appropriate limits on malpractice premiums and a cap on non-economic damages. In doing so we are working to keep health care coverage affordable for our members and strengthening health-care access for all in our communities.
Imitation in Well-Child Visits

Thanks to you, Premera saw an increase in 2003 well-child check-up visit rates for infants, children and adolescents as measured by the Washington State Medical Assistance Administration (MAA) using the HEDIS methodology.

There was a 6.4% improvement in infants having at least four visits in the first 15 months. The childhood rate improved 2.2% and the adolescent rate improved 4.5%. The infant and adolescent rates are above the 2002 national median rate and the childhood rate is slightly below the median rate. We are very pleased with the continued improvements over the last three years.

Prospective Review Information

Prospective Review. Pre-authorization. Benefit Advisories. These terms can be used for different activities depending on the carrier. Below is some information about these terms as they relate to Premera.

What is Prospective Review?
The process of planning and decision-making before your patient receives your services. Insurers review for eligibility, benefits, and medical necessity. For many insurers, prospective review has been synonymous with required pre-authorizations.

Does Premera require pre-authorizations?
Premera removed pre-authorization requirements in 2002 for all members except those with Federal Employees Program (FEP) benefits. Instead, Premera offers a voluntary Benefit Advisory service to confirm benefits, patient eligibility, and medical necessity.

How do Premera’s Benefit Advisories make life simpler for providers?
Benefit advisories let providers and patients know ahead of time that the member is eligible, the benefit is covered and the service meets medical necessity criteria. A benefit advisory also may speed up claim payment because in nearly all cases it eliminates the need for a medical necessity review after the claim is submitted.

Does Premera have a list of services that are reviewed for medical necessity?
Yes. The list can be found at www.premera.com. Click on Care Facilitation and then Care Management. Premera reviews all procedures on this list for medical necessity. If you would like a hard copy of this list mailed to you, call 1-877-342-5258 option 3, or fax your request to 425-918-4363 or 1-800-866-4198.

How is Premera different from other insurers?
Some insurers no longer require a pre-authorization or a prospective review for medical necessity. However, they may still hold up payment while conducting an after-the-fact review for medical necessity. Premera provides a published list of procedures we review for medical necessity. Providers are encouraged to request a Benefit Advisory on these procedures up front, to avoid a medical necessity review after they submit a claim.

Patients on Serzone

All prescribing clinicians who started Premera patients on the medication Serzone during 2003, and who started Premera patients on Serzone subsequently, will be receiving a letter from Premera as a reminder to screen liver functions in this group of patients. This service follows a December 2001 “Black Box” warning by the Food and Drug Administration (FDA) about Serzone and the drug’s potential for liver toxicity. Since then screening liver functions has become the standard of care.

While a Premera review of data showed a decline in total Serzone prescriptions over a two-year period,

Continued from page 3

Medical Policy Update

Premera medical policies are guides to evaluate the medical necessity of a particular service or treatment. We adopt policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, we reserve the right to review and update our policies as appropriate.

When there are differences between the member’s contract and medical policy, the member’s contract prevails.

The existence of a medical policy does not guarantee that the member’s contract allows the service.

Medical policies are now available at www.premera.com. Go to the Provider Portal and click on Library, then Reference Information, and then Medical Policies. If you would like a copy of a particular medical policy and are unable to obtain it from the Web site, e-mail your request to medicalpolicy@premera.com. If you do not have Internet access, you may call the Provider Relations team in your region at 1-877-342-5258, option 4.

Note: All policy numbers begin with CPMP.

The following policies are effective for dates of service January 13, 2004, and later:

BC.7.01.75 Cryosurgical Ablation of Primary or Metastatic Liver Tumors. This is considered investigational for either primary or metastatic liver tumors.

BC.7.01.92 Cryosurgical Ablation of Miscellaneous Solid Tumors Other than Liver or Prostate Tumors. This is considered investigational for treatment of benign or malignant breast cancer, renal cell carcinomas, pancreatic cancer, or other solid tumors outside the liver and prostate.

BC.7.01.04 Continuous Local Delivery of Anesthesia to Operative Sites Using an Elastomeric Infusion Pump. This may be considered medically necessary for pain control following surgeries that typically require oral or parenteral narcotics for pain relief.

The following policy is effective for dates of service February 10, 2004, and later:

PR.01.11.13 Microprocessor-Controlled Prosthetic Knees. This new policy establishes conditions for which the use of a microprocessor-controlled prosthetic knee may be considered medically necessary.

The following policies are effective for dates of service July 15, 2004, and later:

BC.2.01.40 Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions. Secondary to additional review of published, peer-reviewed literature, this service is considered investigational.

Additional Policy Information:

BC.2.04.29 Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening

Continued from page 2

 Patiens on Serzone

fewer than 18% of Premera members who started on this medication in 2002 received these tests. Enclosed with the initial letter about screening liver function will be the names of your Premera patients who filled new prescriptions for Serzone in 2003. Subsequent letters mailed quarterly will identify your Premera patients who filled new prescriptions written by you for Serzone during the previous three months.

If you have questions or feedback about this activity, please contact Tim Murphy, MS, RN, at 1-800-572-5256, ext. 7069 or via e-mail at Timothy.Murphy@premera.com.
For Physicians and Providers

Patients on Serzone

All prescribing clinicians who started Premera patients on the medication Serzone during 2003, and who started Premera patients on Serzone subsequently, will be receiving a letter from Premera as a reminder to screen liver functions in this group of patients. This service follows a December 2001 “Black Box” warning by the Food and Drug Administration (FDA) about Serzone and the drug’s potential for liver toxicity. Since then screening liver functions has become the standard of care.

While a Premera review of data showed a decline in total Serzone prescriptions over a two-year period,

Prospective Review Information

Prospective Review. Pre-authorization. Benefit Advisories. These terms can be used for different activities depending on the carrier. Below is some information about these terms as they relate to Premera.

What is Prospective Review?

The process of planning and decision-making before your patient receives your services. Insurers review for eligibility, benefits, and medical necessity. For many insurers, prospective review has been synonymous with required pre-authorizations.

Does Premera require pre-authorizations?

Premera removed pre-authorization requirements in 2002 for all members except those with Federal Employees Program (FEP) benefits. Instead, Premera offers a voluntary Benefit Advisory service to confirm benefits, patient eligibility, and medical necessity.

How do Premera’s Benefit Advisories make life simpler for providers?

Benefit advisories let providers and patients know ahead of time that the member is eligible, the benefit is covered and the service meets medical necessity criteria. A benefit advisory may also speed up claim payment because in nearly all cases it eliminates the need for a medical necessity review after the claim is submitted.

Does Premera have a list of services that are reviewed for medical necessity?

Yes. The list can be found at www.premera.com. Click on Care Facilitation and then Care Management. Premera reviews all procedures on this list for medical necessity. If you would like a hard copy of this list mailed to you, call 1-877-342-5258 option 3, or fax your request to 425-918-4363 or 1-800-866-4198.

How is Premera different from other insurers?

Some insurers no longer require a pre-authorization or a prospective review for medical necessity. However, they may still hold up payment while conducting an after-the-fact (retrospective) review for medical necessity. Premera provides a published list of procedures we review for medical necessity. Providers are encouraged to request a Benefit Advisory on these procedures up front, to avoid a medical necessity review after they submit a claim.

Improved in Well-Child Visits

Thanks to you, Premera saw an increase in 2003 well-child check-up visit rates for infants, children and adolescents as measured by the Washington State Medical Assistance Administration (MAA) using the HEDIS methodology.

There was a 6.4% improvement in infants having at least four visits in the first 15 months. The childhood rate improved 2.2% and the adolescent rate improved 4.5%. The infant and adolescent rates are above the 2002 national median rate and the childhood rate is slightly below the median rate. We are very pleased with the continued improvements over the last three years.

Medical Policy Update

Premera medical policies are guides to evaluate the medical necessity of a particular service or treatment. We adopt policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, we reserve the right to review and update our policies as appropriate.

When there are differences between the member’s contract and medical policy, the member’s contract prevails. The existence of a medical policy does not guarantee that the member’s contract allows the service.

Medical policies are now available at www.premera.com. Go to the Provider Portal and click on Library, then Reference Information, and then Medical Policies. If you would like a copy of a particular medical policy and are unable to obtain it from the Web site, e-mail your request to medicalpolicy@premera.com. If you do not have Internet access, you may call the Provider Relations team in your region at 1-877-342-5258, option 4.

Note: All policy numbers begin with CPMP.

The following policies are effective for dates of service January 13, 2004, and later:

BC.7.01.75  Cryosurgical Ablation of Primary or Metastatic Liver Tumors. This is considered investigational for either primary or metastatic liver tumors.

BC.7.01.92  Cryosurgical Ablation of Miscellaneous Solid Tumors Other than Liver or Prostate Tumors. This is considered investigational for treatment of benign or malignant breast cancer, renal cell carcinomas, pancreatic cancer, or other solid tumors outside the liver and prostate.

BC.7.01.04  Continuous Local Delivery of Anesthesia to Operative Sites Using an Elastomeric Infusion Pump. This may be considered medically necessary for pain control following surgeries that typically require oral or parenteral narcotics for pain relief.

The following policy is effective for dates of service February 10, 2004, and later:

PR.01.113  Microprocessor-Controlled Prosthetic Knees. This new policy establishes a condition for which the use of a microprocessor-controlled prosthetic knee may be considered medically necessary.

The following policies are effective for dates of service July 15, 2004, and later:

BC.2.01.40  Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions. Secondary to additional review of published, peer-reviewed literature, this service is considered investigational.

Additional Policy Information:

BC.2.04.29  Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening. While this service is still considered investigational, the policy now contains new findings from the American Cancer Society and the American Gastroenterological Association.

Patients on Serzone

Continued from page 2

fewer than 18% of Premera members who started on this medication in 2002 received these tests. Enclosed with the initial letter about screening liver function will be the names of your Premera patients who filled new prescriptions for Serzone in 2003. Subsequent letters mailed quarterly will identify your Premera patients who filled new prescriptions written by you for Serzone during the previous three months.

If you have questions or feedback about this activity, please contact Tim Murphy, MS, RN, at 1-800-572-5256, ext. 7069 or via e-mail at Timothy.Murphy@premera.com.

For Physicians, Providers and Office Staff

Continued on page 3
In this issue: New tips can help you speed up claim payments.
See Prospective Review article, page 2

Satisfaction Survey
In May and June, the Blue Cross Blue Shield Association will conduct a satisfaction survey to help determine if the BlueCard® Program is meeting the needs of providers. The survey will occur via telephone by an independent research company. Participants will be selected randomly from those that have serviced BlueCard® members in the past year. Last year’s feedback facilitated improvements to the BlueCard Program is meeting the needs of providers.

Portal Works, Saves Time
Denine Peltier, insurance specialist with a Snohomish county provider, started using Premera’s Provider Portal last summer and she says she’s a fan.

Peltier said she often has a whole list of patients for whom she needs to find eligibility and claims status. She said it takes her a “quick minute” to get the data she needs.

“I’m saving a lot of time,” Peltier explained. “One of the biggest factors is when we’re trying to establish a patient’s eligibility and their primary care physician. I just cut and paste. I get correct spelling of the physician’s name. There are no more mistakes,” she said.

“Before the Premera Portal, I had to get the information by phone,” she said. To find the Provider Portal log onto www.premera.com and you’ll see it on the right side of your screen. You can also access the Premera reference manual by entering the Portal, clicking on library and then on reference information. Enter your user ID and password. If you would like to share with us how the Portal is helping you work better, or suggest ideas for consideration, please contact the Physician and Provider Relations team at 1-877-342-5258, option 4.

Please post or circulate this newsletter in your office

Network News
Editor: Scott Forslund 1-800-422-0032, ext. 5070
Fax: 425-918-5575
scott.forslund@premera.com

Back issues of Network News are on our Web site at www.premera.com in the Library on the Provider page under “Communications.”

Contents
HIPAA Contingency page 1
Tort Reform page 1
Patients on Serzone page 2
Prospective Review page 2
Well-Child Visits page 2
Medical Policy Update page 3
Portal page 4
Satisfaction Survey page 4

HIPAA Transaction Contingency Plan
Due to slow adoption rates of the HIPAA standard electronic transactions, Premera will continue to support both nonstandard and standard electronic claims transactions at this time. We may need to modify our “dual support” contingency plan if the Center for Medicare and Medicaid Services (CMS) issues additional guidance that warrants such a change. Premera will make every effort to give you 30 days advance notice of changes to our contingency plan.

We are committed to the success of our Trading Partner migration to the standard HIPAA transactions. We strongly encourage you to contact our EDI department to discuss your testing and readiness status to facilitate mutual success in adopting the HIPAA standard claims transaction.

We also encourage you to contact your vendor or clearinghouse if applicable to clarify their HIPAA contingency plans, including support for non-standard formats and a plan to implement the standard transactions.

To schedule your transition to the standard HIPAA claims transaction, please contact our EDI team at: EDI@premera.com, or call 1-800-435-2715.

Physicians
We’re With You on Tort Reform
Premera has stood with providers on behalf of our members this past year as tort reform proposals have worked through stages of the state legislative process. The Liability Reform Coalition (LRC), a broad-based coalition of business, the medical community, government, and nonprofits, mounted a campaign to promote tort reform and Premera has been an active partner in these efforts.

Cornerstones of the campaign include: medical malpractice compensation reform and a cap on non-economic damages. We have served on the campaign’s executive committee and provided financial support.

John Gollhofer, MD, a practicing obstetrician in Spokane and a past president of the Washington State Medical Association, serves on the Premera Blue Cross Board of Directors. Representing Premera’s stance in support of tort reform, Dr. Gollhofer testified last year before the Washington State Legislature’s House Judiciary Committee.

We support our providers in seeking appropriate limits on malpractice premiums and a cap on non-economic damages. In doing so we are working to keep health care coverage affordable for our members and strengthening health-care access for all in our communities.