Blue Cross of Idaho is committed to providing members the tools they need to effectively partner with their doctors and make more informed healthcare choices. As part of that effort, Blue Cross of Idaho is pleased to announce a suite of consumer engagement initiatives launched in July 2012 by the Blue Cross Blue Shield Association on the redesigned Blue National Doctor & Hospital Finder website. The following information outlines the new consumer initiatives.

**Patient Review of Physicians (PRP):** allows Blue Cross of Idaho members to view and post reviews of doctors and other professional providers based on patient experiences. Approximately 85–90 percent of patient reviews are positive, and Blue Cross of Idaho has implemented a rigorous process that authenticates reviews prior to posting on both our and the BCBSA websites. Patient reviews help members make more informed decisions when choosing a doctor, and are a valuable way for physicians to gain insights into their current patients’ experiences. Full program implementation for Blue Cross of Idaho is September 2013.

**Physician Quality Measurement (PQM):** an assessment based on select HEDIS® physician performance measures that are displayed to assist patients in choosing a doctor. The PQM program will display these nationally endorsed and evidence-based physician quality performance measures along with supporting data, local comparison norms and educational consumer information.

**Blue Physician Recognition (BPR):** supports the BlueCare improvement philosophy by promoting and recognizing physicians and group practices that have demonstrated a commitment to delivering quality and patient-centered care. In the initial roll-out designation will be on providers who are board certified on the BCBSA provider directory. We are interested in expanding this program to include other quality elements and encourage recommendations from the physician community as to other measures that may be utilized.

Blue Cross and Blue Shield plans will continue to collaborate with national medical specialty societies and medical boards to identify programs and resources that can be leveraged to support additional quality improvement and recognition opportunities. The BCBSA also provides ongoing feedback to federal healthcare improvement and reporting programs to support physicians and group practices and align our consumer engagement approaches.

Blue Cross of Idaho welcomes the opportunity to discuss these new initiatives in detail with you. Please contact your provider relations representative for more information.
What is Blue Cross of Idaho’s Patient Review of Physicians program?

Blue Cross of Idaho’s patient review capability delivers information about patients’ actual experiences with their physicians and other professional providers through an easy-to-use, nationally consistent, online survey, with aggregated results displayed on the Blue Cross of Idaho website. In addition, reviews will be available on the Blue National Doctor & Hospital Finder website. Because only Blues members can write Blues patient reviews, they can be trusted to accurately reflect members’ opinions, boosting the integrity of the results beyond popular public review sites.

Why is Blue Cross of Idaho launching a patient review capability?

While peer patient reviews are just one of many factors to consider when patients choose a doctor, consumer research shows it is the most sought after physician information. Blue Cross of Idaho is launching a patient review function as part of its commitment to engaging members more fully in their healthcare decision-making, helping them actively search for health information and make healthy and safe choices for themselves and their families.

What types of physicians can be reviewed?

Any Blues-network professional provider, including doctors, chiropractors, nurse practitioners, occupational therapists and physical therapists, can be reviewed by Blues members. Facilities such as hospitals and clinics are currently available for review in select markets and will be available for review nationally in the future.

When will Blue Cross of Idaho patient review capability launch?

Blue Cross of Idaho’s Patient Review of Physicians program will launch in September 2013 on the Blue Cross of Idaho provider directory. In addition, reviews will be available on the Blue National Doctor & Hospital Finder website.

How is Blue Cross of Idaho patient review capability valuable to physicians?

The Patient Review of Physicians program can help doctors gain insights into their patients’ experiences and complements other practice improvement efforts. Multiple checkpoints ensure the reviews come from actual Blues patients, so they accurately reflect members’ opinions. Because approximately 85–90 percent of patient reviews are positive, they can be an effective marketing tool for attracting new patients, and physicians should encourage their Blues patients to write reviews.

Who can write a review?

Only authenticated Blues members that log in through Blue Cross of Idaho’s secure web portal or the Blue National Doctor & Hospital Finder at bcbsa.com and verify they have seen the doctor and can write Blues patient reviews.

Who can read Blue patient reviews?

Any Blues member or guest who searches for a doctor on the Blue Cross of Idaho website will be able to view Blues patient reviews. In addition, these reviews will be available for all Blues members and guests who visit the Blue National Doctor & Hospital Finder website.

What is the process for a Blues member to write a review?

The process for writing and posting a review includes the following steps:

1. Members log in to bcidaho.com and are authenticated through our secure member portal.
2. Members must verify they had an interaction with the physician they review and accept the terms of use for online behavior and member responsibility before gaining access to patient review questions.
3. Members respond to a core set of patient review questions.
4. Member responses are posted to the Blue Cross of Idaho website and the Blue National Doctor & Hospital Finder website within two business days.

(Continued top of next page)
Questions 1 and 2 are required for members to submit a review. The remaining questions are optional, including member comments. The questions cover the same topics of care for Blue members nationwide but may vary in the exact wording.

**How are reviews moderated?**

Blue Cross of Idaho receives member reviews within two business days of creation to conduct multiple checks with software and a human reviewer to ensure all comments adhere to the terms of use guidelines.

**How many reviews are required before the results for a physician are displayed?**

The number of reviews a physician receives is always displayed so consumers can clearly see how many reviews comprise the total experience score and adequately assess the meaning for themselves.

**Can providers read their patients’ reviews?**

Blue Cross of Idaho encourages physicians to read patient reviews at bcidaho.com by conducting a search for their name. Physicians also can access patient reviews on the Blue National Doctor & Hospital Finder website.

**Is it possible to identify a member through a review?**

To protect the privacy of the reviewer, patient reviews do not include personal or identifying information.

For more information about Blue Cross of Idaho’s patient review capability, please contact your provider relations representative for your respective area outlined in Provider Administrative Policy 100.

---

**Reminder: Recommend Preventive Screenings to Your Patients**

Are you encouraging your patients to implement healthy behaviors into their lives? Do you realize that your suggestions can help influence patients to reduce their cancer risks and your recommendations could inspire them to have life-extending cancer screenings?

Blue Cross of Idaho recommends the following wellness screenings for members:

**Colorectal Cancer Screening**
(for members 50-75 years of age)
- A fecal occult blood test
- A colonoscopy
- A flexible sigmoidoscopy

**Cervical Cancer Screening**
(for women 21-64 years of age)
- PAP test

**Breast Cancer Screening**
(for women 42-69 years of age)
- Mammogram

By taking a moment to review and discuss your patients’ medical histories and lifestyles, you may help them understand their health risk factors and may encourage them to get life extending preventive screenings. Your expert suggestions may also encourage patients to shift to healthier behaviors. Together, providers and Blue Cross of Idaho may encourage patients to live healthier preventive lifestyles. The more healthy behaviors and preventive methods that we encourage for patients and members, the lower the likelihood a preventable or interveneable disease like cancer may terminally impact the lives of your patients and our members. Let’s work together to encourage patients and members to live healthier, proactive lives.
Important Links Added to Provider Website

Blue Cross of Idaho has added links to important documentation, including requirements for new contracting providers, on the provider website. Instructions on accessing the links and documents are listed below.

**Provider Packet** – this link provides easier access to forms we require from both new and existing providers. This link is available on both the pre- and post-login portion of the provider website.

- **Pre Login**
  - Open a browser window to our homepage, [bcidaho.com](http://bcidaho.com)
  - Select Medical
  - Select Provider Packet from the right navigation under the Forms subhead

- **Post Login**:
  - Log on to [bcidaho.com](http://bcidaho.com) using your secure username and password
  - Select Medical
  - Select Provider Packet from the left navigation

**Credentialing Status** – this link allows providers to verify credential status with Blue Cross of Idaho and is only accessible after logging in to the provider portion of our website.

- Log on to [bcidaho.com](http://bcidaho.com) using your secure username and password
- Select Providers
- Select Medical
- Log into the secure portal
- Select Credentialing Status from the right navigation under the Quick Links subhead

If your name isn’t listed on the credentialing status report and your provider type is required to credential, please complete the credentialing application available under the Provider Packet link to get an application. To determine if your provider type is required for credentialing, please select your provider type under Contracting in the provider packet link. It will state if credentialing is required.

If you need additional training on using our website, contact the provider relations representative in your area. Please refer to Provider Administrative Policy 100.

---

Free DSM-5 Assessment Measures Available Online

To help promote the release of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in May, 2013, the American Psychiatric Association (APA) is offering free online assessment measures and screening tools to enhance clinical decision-making and improve patient care.

When administered at the initial patient interview and then regularly over the course of therapy, the online tools can help clinicians formulate measurable treatment goals, track patient progress, and identify risk areas that require clinical attention.

Providers can find these tools, which include both patient- and clinician-rated measures for many diagnoses, on the APA website at [psych.org/practice/dsm/dsm5/online-assessment-measures](http://psych.org/practice/dsm/dsm5/online-assessment-measures).
Effective June 24, 2013, the Blue Cross of Idaho Provider Relations Department is realigning our coverage areas and the corresponding representatives. The representative covering your area is now responsible for responding to your questions concerning all Blue Cross of Idaho product lines – Traditional, PPO, POS, Dental and Medicare Advantage. The new coverage areas and contact information is as follows:

<table>
<thead>
<tr>
<th>Internal Provider Relations Representatives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benewah, Bonner, Boundary, Clearwater, Idaho, Kootenai, Latah, Lewis, Nez Perce and Shoshone Counties, North Idaho, Washington and Montana</strong></td>
<td>Leah Hulse CPC</td>
</tr>
<tr>
<td>E: <a href="mailto:PR8326@bcidaho.com">PR8326@bcidaho.com</a></td>
<td>P: 208-286-3602 Ext. 8326 866-283-5723 Ext. 8326</td>
</tr>
<tr>
<td>F: 208-286-3575</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley and Washington Counties, St. Alphonsus Health Systems Statewide and Oregon</th>
<th>Pam Roach CPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>E: <a href="mailto:PR7541@bcidaho.com">PR7541@bcidaho.com</a></td>
<td>P: 208-286-3602 Ext. 8306 866-583-5723 Ext. 8306</td>
</tr>
<tr>
<td>F: 208-286-3556</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ada County and St. Lukes Health Systems Statewide</th>
<th>Heidi Lowman</th>
</tr>
</thead>
<tbody>
<tr>
<td>E: <a href="mailto:PR7560@bcidaho.com">PR7560@bcidaho.com</a></td>
<td>P: 208-286-3602 Ext. 8304 866-283-5723 Ext. 8304</td>
</tr>
<tr>
<td>F: 208-286-3558</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bannock, Bear Lake, Bingham, Blaine, Bonneville, Butte, Camas, Caribou, Cassia, Clark, Custer, Franklin, Freemont, Gooding, Jefferson, Jerome, Lemhi, Lincoln, Madison, Minidoka, Oneida, Power, Teton and Twin Falls Counties, South Central, Southeastern and Eastern Idaho, HCA, Nevada, Utah and Wyoming</th>
<th>Jenn Lucy</th>
</tr>
</thead>
<tbody>
<tr>
<td>E: <a href="mailto:PR7205@bcidaho.com">PR7205@bcidaho.com</a></td>
<td>P: 208-286-3602 Ext. 8310 866-283-5723 Ext. 8310</td>
</tr>
<tr>
<td>F: 208-286-3560</td>
<td></td>
</tr>
</tbody>
</table>
Idaho Healthcare Conference Q & A’s

This is a list of questions Blue Cross of Idaho received during the recent Idaho Healthcare Conferences that we thought would be of interest to other providers.

Q – Blue Cross of Idaho’s email replies don’t always arrive encrypted. In other words, I don’t have to sign into the encryption system to get the messages. Is any of the email that Blue Cross of Idaho sends to providers protected?  
A – Yes – if there is any indication of PHI in an email, our system encrypts it and sends it securely. If the provider has a TLS (Transport Layer Security) line that encrypts without the use of the encryption software, it looks like a normal email with no obvious indication that it was encrypted (but it has been).

Q – Is there any way that I can talk to a live person about a claim?  
A – Yes – There are two instances where a customer advocate will call you – (1) If you receive a reply from us that doesn’t fully answer your initial question, we will call you for clarification instead of continuing over email. (2) If your initial inquiry is so complex our customer advocate determines it cannot be resolved in one email reply.

If a customer advocate cannot reach you after a few attempts, he or she will leave a message with their phone extension so you can call them directly to resolve the issue.

Q – What information can I find through the IVR?  
A – Our interactive voice response (IVR) system provides instant answers (24/7) to questions about claim status, eligibility, deductible status and prior authorization. The IVR system does not provide FEP and BlueCard claim status information.

Q – Can I send an email request for someone to call me?  
A – No, it would nullify the benefits of the pre and post-service channels. We need to keep the phone lines open for more urgent pre-service inquiries. Please submit less urgent post-service inquiries that cannot be answered through the IVR or website via email through the Forms section on our secure provider portal.

Q – How can I ensure that I will get the correct answer to my email inquiry in a timely manner?  
A – The best way is to sign in to our website’s secure provider portal, pull up the claim related to your question, and submit your specific question there. This gives us the background needed to get back to you quickly with a correct answer.

Q – What is the typical turnaround time for an answer to a post-service inquiry email?  
A – One business day.

Q – What if I don’t receive a response to my email inquiry within one business day?  
A – Typically, this happens because your email address on file is incorrect. Verify the email address associated with your website login is correct. If the email address is correct, contact your provider relations representative and let them know the issue.
New Imaging Management Program for CVS Caremark Members

Effective June 1, 2013, CVS Caremark, in partnership with Blue Cross and Blue Shield of Illinois and AIM Specialty HealthSM, is expanding its Radiology Quality Initiative (RQI) program on a national basis. This makes AIM’s services effective for all CVS Caremark employees. RQI is a prospective clinical review program for outpatient advanced diagnostic imaging services. You can identify participating members by the alpha prefixes (CVC and CVN) that appear on their BlueCross BlueShield member ID cards. The diagnostic imaging studies covered under this program include the following:

- Computed tomography (CT/ CTA)
- Magnetic resonance imaging (MRI/MRA)
- Nuclear cardiology
- Positron emission tomography (PET)

Imaging studies performed in conjunction with emergency room services, inpatient hospitalization, outpatient surgery (hospitals and free standing surgery centers), urgent care centers, or 23-hour observations do not require prior authorization.

How the Process Works

Similar to your existing imaging management program, all providers are required to contact AIM for an order number before scheduling one of the outpatient advanced diagnostic imaging procedures listed above for a CVS Caremark member. Imaging providers are strongly encouraged to verify that an order number has been obtained before scheduling and performing diagnostic imaging exams.

You may contact AIM to request or verify an order number one of two ways: online through AIM’s ProviderPortalSM at aimspecialtyhealth.com/goweb or via telephone at 866-455-8415. If you are already registered for AIM’s ProviderPortal, you do not need to register again.

Required Information for Imaging Requests

The checklist below is a guideline to help ensure you have all the information necessary when submitting a request for an imaging exam:

- Member’s identification number, name, date of birth, and health plan
- Ordering physician information (name, location)
- Imaging provider information (name, location)
- Imaging exam(s) being requested (body part, right, left, or bilateral)
- Patient diagnosis (suspected or confirmed)
- Clinical symptoms/indications (intensity/duration)

For most situations, the above information will suffice. For complex cases, more information may be necessary, including the results of past treatment history (previous tests, duration of previous therapy, relevant clinical medical history).

If you have any questions or require any additional information, please contact the phone number on the back of the member’s ID card.

New Faces

Jennifer has worked for Blue Cross of Idaho for almost 13 years. She began her career in customer service then moved to the training and quality department where she held several positions including training, quality, and documentation specialist. Jennifer joined provider services June 1st 2013, as a Provider Relation Representative.

She has two daughters, and a four legged Saint Bernard son. In her spare time, she spends time with her daughters, loves to shop (especially when shoes and clothes are involved), dance, hike, run, and spend time at festivals and other community events with friends and family.
New Imaging Management Program for Sprint Members

Effective August 1, 2013, Sprint, in partnership with Blue Cross and Blue Shield of Illinois and AIM Specialty HealthSM is offering the Radiology Quality Initiative (RQI) program in all states. This makes AIM’s services effective for all Sprint employees. RQI is a prospective clinical review program for outpatient advanced diagnostic imaging services. You can identify participating members by the alpha prefixes (“SKL”, “SXX”, “SKP”, “SHM”, “SPW”, “SMT”) that appear on their BlueCross BlueShield member ID cards. The diagnostic imaging studies covered under this program include the following:

- Computed Tomography (CT/ CTA)
- Magnetic Resonance Imaging (MRI/MRA)
- Nuclear Cardiology
- Positron Emission Tomography (PET)

Imaging studies performed in conjunction with emergency room services, inpatient hospitalization, outpatient surgery (hospitals and free standing surgery centers), urgent care centers, or 23-hour observations do not require prior authorization.

How the Process Works

Similar to your existing imaging management program, all providers are required to contact AIM for an order number before scheduling one of the outpatient advanced diagnostic imaging procedures listed above for a Sprint member. Imaging providers are strongly encouraged to verify that an order number has been obtained before scheduling and performing diagnostic imaging exams.

You may contact AIM to request or verify an order number one of two ways: online through AIM’s ProviderPortalSM at www.aimspecialtyhealth.com/goweb or via telephone at (866) 455-8415. If you are already registered for AIM’s ProviderPortal, you do not need to register again.

Required Information for Imaging Requests

The checklist below is a guideline to help ensure you have all the information necessary when submitting a request for an imaging exam:

- Member’s identification number, name, date of birth, and health plan
- Ordering physician information (name, location)
- Imaging provider information (name, location)
- Imaging exam(s) being requested (body part, right, left, or bilateral)
- Patient diagnosis (suspected or confirmed)
- Clinical symptoms/indications (intensity/duration)

For most situations, the above information will suffice. For complex cases, more information may be necessary, including results of past treatment history (previous tests, duration of previous therapy, relevant clinical medical history)

If you have any questions or require any additional information, please contact the number on the back of the member’s ID card.

Providers can refer members with asthma, COPD, diabetes, and CHF to our nurse health coaches. These certified coaches encourage members and/or caregivers in self-management by partnering with healthcare providers to meet treatment goals. We accomplish this by using best practice to educate participating members about their conditions, encouraging them to take medication as prescribed by their physicians and reminding about tests and maintaining a healthy lifestyle. We also screen members for depression and other psychosocial issues that may occur when a person has a chronic condition. We can be reached at 1-800-627-6655, ext. 6924.
Helping patients receive behavioral health treatment with an integrated-care approach.

Studies show approximately 80 percent of people visit their healthcare provider any given year, but few follow up with mental health services, even when referred by a physician, because there are no mental health services in the immediate area, the patient has stigma issues about seeking mental help, or it’s simply not convenient. We believe a doctor’s office is a gateway for patients to discuss both physical and mental health issues and Behavioral Health Consultants (BHC) can provide mental-health services alongside a patient’s primary care physician.

Unfortunately, Idaho has a shortage of mental health professionals, and it’s sometimes difficult for patients to receive the psychological care they need. So many practices are shifting to an integrated-care approach – one that combines a medical component with a behavioral-health one.

By incorporating a behavioral health professional into a traditional healthcare setting (ie: a family physician’s office), patients can receive treatment for potential issues with:

- Parent/child problems
- Anger management
- Attention deficit disorder
- Depression
- Anxiety
- Stress management

With a BHC on staff, your patients have an opportunity to receive treatment for mental health disorders at the same time they receive attention for other medical issues. If a healthcare provider believes a patient would benefit from some type of behavioral health treatment, he or she would request a consultation with the in-house BHC. In addition, medical studies show some physical ailments stem from psychosocial issues – so a patient might welcome the opportunity to tackle both fronts.

The result is improved quality of care and satisfaction for both the patient and primary care physician.

We encourage you to explore the possibility of adding a BHC to traditional healthcare settings.

For more information, visit some of these online resources.

The SAMHSA-HRSA Center for Integrated Health Solutions
http://www.integration.samhsa.gov/integrated-care-models

The Agency for Healthcare Research and Quality
http://integrationacademy.ahrq.gov/

The Macarthur Initiative on Depression & Primary Care
http://www.depression-primarycare.org/
Criteria Used to Determine Medical Necessity

Blue Cross of Idaho uses clinical guidelines to help evaluate medical necessity and appropriateness of care. We apply level of care criteria based on the requested place of service and the individual needs of the member. Providers can obtain the specific criteria Blue Cross of Idaho used in making a medical necessity determination by calling 208.331.7535 or 1.800.743.1871. Language assistance is available if needed.

NCQA UM 2B.1, UM 3A.1, 3A.4, 3A.5

Case Management Services:

Blue Cross of Idaho provides case management at no cost to our members. If you have a Blue Cross of Idaho patient that would benefit from care coordination, or is experiencing complex medical conditions, we provide case management services and welcome your referrals. Our case management teams are made up of caring and knowledgeable nurses and social workers who will collaborate with providers to help ensure the member receives the most effective and appropriate care. Please contact the provider contact center to refer a member to case management at 208-286-3656 or 1-866-482-2250. Language assistance is available if needed.

NCQA QI 7C.6

Affirmative Statement about Incentives:

Blue Cross of Idaho does not use incentives to encourage barriers to care and service. Blue Cross of Idaho does not compensate practitioners or individuals for denials, does not offer incentives to encourage denials, and does not encourage decisions that result in underutilization.

Blue Cross of Idaho ensures independence and impartiality in making referral decisions that will not influence hiring, compensation, termination, promotion and any other similar matters.

NCQA UM 4F.1, 4F.2, 4F.3

Any Questions?

Managed Health Care/Review, Preadmission/Admission Certification, or Individual Benefits Management and Case Management

- 208-331-7535
- 800-743-1871
- Voice mail available after office hours and on holidays and weekends

Blue Cross of Idaho Help Desk

Electronic Billing Errors, Error and Acceptance Reports

- 8 a.m. – 5 p.m. (Monday – Friday), MT
- 888-BCI-EDIA, 888-224-3341 or 208-331-8817

Provider Contact Center for Commercial and Medicare Advantage

Benefits, Coverage and Authorization

- 8 a.m. – 5 p.m. (Monday, Tuesday, Thursday, Friday) 8:30 a.m. – 5 p.m. MT (Wednesday)
- Commercial: 208-286-3656 or 866-482-2250
- Medicare Advantage: 208-286-3656 or 866-482-2250

Post-service claim questions log onto our secure website at www.bcidaho.com and select Contact Us.

External Provider Relations – questions regarding website applications such as electronic billing, eligibility, claims, authorizations, internet services or requests for FREE on-site training

- 866-283-5723 or 208-286-3602,
- Ext. 8309: Jamie Hunihan – Treasure Valley West
- Ext. 8307: Kathy Brock, CPC-P – North Idaho, WA, OR & MT
- Ext. 8308: Diane Mortensen, CPC – South, Southeastern, NV, WY & UT

An Independent Licensee of the Blue Cross and Blue Shield Association