

Capsule NewsSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS



Fourth Quarter 2008

Integrated Website

The Blue Cross and Blue Shield of Montana (BCBSMT) website received performance enhancements in October along with some organized and updated pages. While most of the features are the same as they were before, you can now navigate freely between pre- and post-login information. Another important change is that our site will now be accessible using different browsers, such as Internet Explorer 7, Mozilla Firefox, and Safari.

The new site is practical, one-stop shopping for BCBSMT information to help your practice run smoothly. Online features include:

- Online provider claim remits (currently available)
- Provider payment history
- Provider profile self-updates
- Referral and prior authorization inquiry and submission
- Redesigned provider directory
- Free electronic claims entry for the small provider office

The information at www.bcbsmt.com provides you the information you need at your convenience without the cost and time of a phone call.

Log on today!

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Home Page



Provider Page



Register @ www.bcbsmt.com

You must register your main BCBSMT Provider Number or NPI number located on the front page of the PCR you receive from BCBSMT. If you receive more than one PCR, you must register each provider number separately. Registration is a simple two-step process.

Step One: Create an Office Administrator Account

Simply submit your provider's information using the self-registration form. All fields are mandatory. The Office Administrator Account will allow you to:

1. Access patient information
2. Register your employees as Office Staff Users to permit them access to your patient information
3. Maintain your employee's access by adding or deleting users
4. Reset Office Staff User's passwords
5. Assign Office Staff Users the Office Administrator role to allow them to also register and maintain other Office Staff User accounts

Step Two: Create Office Staff Users

To register your employees as Office Staff Users, you must be logged in as the Office Administrator.

Choose Create Office Staff Users and enter all required fields. You will need to create a unique User ID for each staff member. Once you submit the registration, you will receive a confirmation message that includes their one-time Activation Code/Password.

The first time the Office Staff User logs into the site, they will be required to create a challenge question and answer and accept our terms and conditions in addition to creating a new password. They will immediately gain access to your patient information.

Other Online Features When You Register at www.bcbsmt.com

Provider payment history is a selection on the left menu list that allows providers to search for previous payments by time frame or by check number.

Prior authorization requests and managed care referrals is another selection on the left menu that allows you to view all authorization requests and referrals submitted by your office. You can also download the forms from this selection. Electronic prior authorization requests and referrals are currently being developed.

Provider information changes can be submitted directly to BCBSMT by selecting Information Update on the left menu. This feature allows you to submit address changes and add or remove service locations. Offices with multiple providers can view all providers assigned to their login ID and verify all providers are current. When changes are submitted, they are sent directly to Health Care Services to update your BCBSMT file.

If you have suggestions for improvement, call your provider relations representatives at 1-800-447-7828, Extension 3600, or send them e-mail at HCS-X3600@bcbsmt.com. If you have questions about registration or use of the new website, call 1-800-447-7828, Extension 8524, or send an e-mail to WebDesk@bcbsmt.com.

Note to Current Online Information Office Administrators

– Our new security feature for Office Administrators will provide access to the office staff accounts as well as access to patient information. You will no longer need to maintain two logins for these separate tasks. You can also assign specific office staff the Office Administrator role, so your office can have more than one contact for login maintenance.

In addition, as soon as you register your office staff, you will have a screen that includes their password, so they will not need to wait for an activation code letter via USPS.



Season's Greetings!

Thank you for 2008. Looking forward to 2009.

Paul Petersen

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for Montana health care providers.
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Medical policies are developed through consideration of peer-reviewed medical literature, Federal Drug Administration (FDA) approval status, accepted standards of medical practice in Montana, the Blue Cross and Blue Shield Association Technology Evaluation Center assessments, other Blue Cross and Blue Shield plan policies, and the concept of medical necessity.

The purpose of medical policy is to guide **coverage** decisions and is not intended to influence **treatment** decisions. Providers are expected to make treatment decisions based on their medical judgment. BCBSMT recognizes the rapidly changing nature of technological development and welcomes comments on all medical policies. When using medical policy to determine whether a service, supply, or device will be covered, member contract language will take precedence over medical policy if there is a conflict.

Federal mandate prohibits denial of any drug, device, or biological product fully approved by the FDA as investigational for the Federal Employee Program. In these instances, coverage of FDA-approved technologies is reviewed on the basis of medical necessity alone.

The following new and revised medical policies were approved in October, and approved with an effective date listed in the policy. You may call BCBSMT at 1-800-447-7828 to request a copy.

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Medical Policies Index

[Click to go to Medical Policy](#)

New Policies

- Lifetime Rehabilitation Benefit
- Riloncept (Arcalyst)
- Posaconazole (Noxafil)
- Abraxane (paclitaxel protein-bound particles for injectable suspension)
- Mecasermin rinfabate (Iplex)
- Panitumumab (Vectibix)
- Implantation of Intrastromal Corneal Ring Segments
- Refractive Keratoplasty
- Urinary Tumor Markers for Bladder Cancer
- Home Prothrombin Time INR Monitoring for Anticoagulation Management
- Chemoresistance and Chemosensitivity Assays, In Vitro
- Hyperhidrosis, Treatment of
- Charged-Particle (Proton or Helium Ion) Radiation Therapy
- Genetic Testing for Congenital Long QT Syndrome
- Ventricular Assist Device and Total Artificial Heart
- Hearing Aid - Semi-Implantable Middle Ear Hearing Aid for Moderate to Severe Sensorineural Hearing Loss
- Neurofeedback

Revised Policies

- Cognitive Rehabilitation/Therapy, Outpatient
- Lung Reduction Surgeries—Bullectomy

- Home Uterine Monitoring, Ambulatory
- Inborn Errors Of Metabolism Medical Foods
- Cardiac Risk Assessment
- Arthroscopic and Laparoscopic Procedures with Concurrent Open Procedure
- Arthroscopic Chondroplasty
- Transcatheter Arterial Embolization for Cancer Treatment
- Lenses and Frames after Cataract Surgery
- Shipping/Conveyance And Handling Laboratory Services
- After Hours, Stat, Call Back And/Or Technical Support Charges
- Radiofrequency Ablation
- Botulinum Toxin

Retired Policies

- Birthing Centers
- Amniocentesis
- Forteo (Teriparatide)
- Continuous Blood Glucose Monitors
- Management of Uterine Fibroids
- Topamax (Topiramate)
- Breast Form/Prosthesis and Mastectomy Bra
- Nonactive Illness Medical and Surgical Care



BlueCard®

2009 Medicare Advantage PPO Network Sharing

Beginning January 1, 2009, BCBS Medicare Advantage (MA) PPO network sharing will be available in the CMS-approved MA PPO local service areas for the following Blue Cross and/or Blue Shield Plans:

- Healthnow (BlueCross BlueShield of Western New York and BlueShield of Northeastern New York)
- Blue Cross and Blue Shield of South Carolina
- BlueCross BlueShield of Tennessee.

Network sharing will allow MA PPO members from these Blue Plans to obtain in-network benefits when traveling or living in the service areas of the other two Plans as long as the member sees one of those Plans' contracted Medicare Advantage PPO providers.

There is no change to your current billing procedures. You should continue to verify eligibility and bill for services as you currently do for any out-of-area Blue Medicare Advantage member. Benefits are based on the Medicare allowed amount for covered services and paid under the member's out-of-network benefits, unless services are for urgent or emergency care. Once you submit the MA claim, BCBSMT will send you payment.

The "MA" in the suitcase on the member's ID card indicates a member who is covered under the network sharing program (figure 1). Remember, this only affects providers of Plans in the MA PPO network sharing program in 2009. Members have been asked not to show their standard Medicare ID card when receiving services. Instead, members should provide their Blue Cross and/or Blue Shield member ID.



figure 1

You may see these and other out-of-area Blue Medicare Advantage members, but you are not required to provide services. Should you decide to provide services to any Blue Medicare Advantage out-of-area members, you will be compensated for covered services at the Medicare allowed amount based on where the services were rendered and under the member's out-of-network benefits. For Urgent or Emergency care, you will be compensated at the in-network benefit level.

If you choose to provide services to a Blue Private-Fee-for-Service (PFFS) member (as a "deemed" provider), you will be compensated for covered services at the Medicare allowed amount as outlined in the Plan's PFFS Terms and Conditions.

Call BlueCard Eligibility at 1.800.676.BLUE (2583) and provide the member's alpha prefix located on the ID card. You may also log onto www.bcbsmt.com and verify eligibility when you register for online services with BCBSMT. Out-of-area claims, benefits, and eligibility are available through BlueExchange.

Submit the claim to BCBSMT, and do not bill Medicare for services rendered to a Medicare Advantage member. Benefits are based on the Medicare allowed amount for providing covered services to any Blue Medicare Advantage out-of-area members.

Any MA PPO members from out-of-area will pay the out-of-network cost sharing amount. You may collect the co-payment amounts from the member at the time of service. Once the member receives care, you should not ask for full payment up front other than out-of-pocket expenses (deductible, co-payment, coinsurance, and non-covered services).

Under certain circumstances when the member has been notified in advance that a service will not be covered, you may request payment from the member before services are rendered or billed to the member. The member should sign an Advance Member Notification form before services are rendered in these situations. These forms are available at www.bcbsmt.com under Prior Authorization.

If you have questions, call your Provider Network Service representatives at 1-800-447-7828, Extension 3600 or email questions to HCS-X3600@bcbsmt.com.



Electronic ID Cards

Some Blue Cross and/or Blue Shield Plans around the country have implemented electronic ID cards to help members easily verify coverage and eligibility. BCBSMT has not implemented electronic ID cards, but members from other Blue Plans reside in Montana and may have this new technology.

A BCBS electronic health ID card has a magnetic stripe on the back of the ID card, similar to what you find on the back of a credit or debit card. The member's data is embedded in the third track of the 3-track magnetic stripe and includes the member's name, health plan ID, date of birth, and Plan ID. Electronic health ID cards can also transfer member data to the provider's practice management system.

Providers need a Track 3 card reader for the data to be read. The majority of card readers in provider offices only read Tracks 1 and 2 of the magnetic stripe, which are proprietary to the financial industry.

A sample of electronic health ID card is shown below.

 BlueCross BlueShield of Geography		Blue Product ALPHA Employer Group	
Member Name		Dependents	
Member Name		Dependent One	
Member ID		Dependent Two	
XYZ123456789		Dependent Three	
Plan	PPO	Office Visit	\$15
Plan Code	123	Specialist Copay	\$15
		Emergency	\$75
		Deductible	\$50
			

 BlueCross BlueShield of Geography		Customer Service: 1-800-234-5678 x1234 Behavioral Health: 1-800-987-6543 x1234 Outside of Area: 1-800-810-2583 x1234 Eligibility: 1-800-676-2583 x1234 Pharmacy Benefits*: 1-800-888-1234	
Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.			
Hospitals or physicians: file claims with your local BlueCross and/or BlueShield Plan.			
BlueCross and BlueShield of Geography provides administrative services and does not assume any financial risk for claims.			
BETA Pharmacy Management		Pharmacy benefits administrator—not a BlueCross BlueShield product.	



TriCare/TriWest

Submitting Electronic Claims when Other Health Insurance is Primary

Secondary and tertiary West Region claims can be submitted electronically through your clearinghouse or at www.triwest.com. The other health insurance (OHI) explanation of benefits must be included along with the primary payer allowed amount, paid amount, and the OHI Payment Reason code.

For 837P or 837I transactions, be sure to include the primary payer amount allowed, paid amount, and if prior payment has not been made, the primary payer reason code. TRICARE follows the ASC X12 837 implementation guides for claims processing. The following provides some of the basic 837 requirements for secondary and tertiary claims processing:

- Other Subscriber Information: The 2320 loop is required when reporting other insurance, prior or otherwise.
- AMT Prior Payer Paid: This information is required if claim has been previously processed by another payer.
- AMT (Allowed Amount): Allowed amounts are reported in the AMT field. However, if the AMT cannot be reported, the Claim Level Adjustments segment is necessary to process the claim.
- OI (Other Insurance): Other coverage information is required if the 2320 loop is present.

TriWest pays claims with OHI line-by-line. The TRICARE EOBs list the member responsibility, and if it is '0', the member cannot be billed.

To submit line level OHI information, refer to the WPS 837 Companion Guide published in the Your EDI Connection area at www.triwest.com/provider.

TriWest Interactive Voice Response System Updates

Providers who call 1-888-TRIWEST (1-888-874-9378) now have the ability to verify eligibility and other information over the phone. The new functionality gives you the opportunity to obtain the member information you need without the assistance of a customer service representative.

Getting to the main menu is still the same. However, once you select Eligibility, simple prompts guide you to the self-service menu. From the eligibility menu, you will be asked whether your call is about medical or behavioral benefits. Behavioral health calls are sent to the Behavioral Health Department. If you are seeking medical benefits, you will be asked for your tax ID number.

Previously, providers were only given the name of the plan in which the patient was currently enrolled. The new service gives you the effective date of coverage, and you also have the opportunity to obtain:

- Copayments
- Deductibles (for the plan and amount met to date)
- Cost-sharing amounts
- Point-of-service information
- Maximum out-of-pocket expenses (catastrophic cap) for the plan and amount met to date
- Other health insurance information such as the type of plan, plan primacy, and pharmacy coverage

You will also have the option to have the information faxed to your office. Customer service representatives are still available to provide assistance.

Additional information, including an IVR tip sheet, is available at www.triwest.com/provider.

Behavioral Health Continuing Education

In cooperation with the University of North Texas (UNT) Health Science Center at Fort Worth, TriWest is offering a free online course for providers to better help TRICARE members deal with post-deployment behavioral health issues. The course will provide education to you identify and treat post-combat mood and anxiety disorders.

Providers who complete the course will receive two contact-hours of Continuing Education Unit (CEU) credits. The University of North Texas Health Science Center at Fort Worth is accredited by the American Osteopathic Association to award continuing medical education to physicians.

The faculty consists of VADM (ret.) Harold M. Koenig, M.D., former Surgeon General of the Navy President and Chairman of the Board, The Annapolis Center for Science Based Public Policy and LTC Michael J. Roy, M.D., M.P.H., Professor of Medicine, Uniformed Services University of Health Sciences.

The content is a streaming video of a live posttraumatic stress disorder seminar with an interface that displays the video and tracks the viewer's progress. Providers need to watch all videos before they can access the online evaluation and credit request form. A link to the video and CEU information can be found at www.triwest.com/provider in the Stay Updated section under the Continuing Education link.

If you have questions about TRICARE benefits, resources, or need more information, log onto www.triwest.com or contact the TriWest Healthcare Alliance at 1-888-TRIWEST (1-888-874-9378).



Other Business

CHIP Extended Mental Health Benefits Claims Processing

Effective October 1, 2008, BCBSMT will process claims for the CHIP Extended Mental Health Plan for Children with a serious emotional disturbance (SED). However, there is one exception. Community Based Psychiatric Rehabilitation and Support (reported with HCPCS Code H2019) will continue to process through Affiliated Computer Services (ACS). All Extended Mental Health claims with dates of service before October 1, 2008, will continue to process through ACS.

This change was made so that most of the CHIP mental health benefits process under the same claims processing contractor. This change also addresses provider concerns about simplified claims processing for CHIP Extended Mental Health benefits.

The process to determine whether a child is eligible for CHIP Extended Mental Health Benefits has not changed. To qualify, the child must be enrolled in CHIP and meet SED criteria. Updated clinical assessment guidelines are published on the CHIP website at www.chip.mt.gov. Also included are the Extended Mental Health Plan fact sheet and benefit table.

For more information, call the CHIP Extended Mental Health Specialist at 1-877-KIDS NOW (543-7669), Extension 0946.

Electronic Coordination of Benefits Now Available

BCBSMT upgraded its claims processing system to allow coordination of benefits' (COB) (secondary) claims to be submitted electronically. The system upgrade was completed September 12, 2008, and professional providers that submit electronic CMS-1500 claims no longer have to print and submit COB claims by mail. This does not include facility claims (UB92).

When submitting electronic COB claims, refer to your software vendor's billing instructions and complete all required COB information. COB information should be sent at the line-level and not at the claim-level. In addition to the required COB information, you must submit the other carrier allowed information and paid amount and all claim-level adjustment group codes, reason codes, and payment amounts.

It is very important to use the appropriate Insurance Type code in the correct loop and segment in the 837 file (loop 2320 and segment SBR05). Your software will most likely have a field labeled InsuranceType, or you may have a drop down box from which you can choose the correct InsuranceType code. Your vendor will be able to help you if you are unsure about where to find this field.

The table below lists all InsuranceType codes:

Code	Description
AP	Auto Insurance Policy
C1	Commercial Policy
CP	Medicare Conditionally Primary
GP	Group Policy
HM	Health Maintenance Organization (HMO)
IP	Individual Policy
LD	Long Term Policy
LT	Litigation
MB	Medicare Part B
MC	Medicaid
MI	Medigap Part B
MP	Medicare Primary
OT	Other
PP	Personal Payment (Cash- No Insurance)
SP	Supplemental Policy

It is also important to enter the primary member information correctly. If the claim is not an Ex12 claim, you must add, reimport, or move the member from hold or archive status. The table below provides the steps to enter the primary member information.

Step	Action
1	Select ANSI 837P or ANSI 837I/List of Claims
2	Click on the Patient Name to Edit
3	Select Auxiliary Info Tab
4	Under Subscriber Information Section, select Primary Subscriber link
5	Add the Adjudication Date in the Patient Information Box (The Primary Subscriber Information will be displayed)

Make sure your screen has the following fields completed:

Field	Enter or Select the Primary
Subscriber Type	1 Person
Name	Insured's last name and first name
Birth Date	Insured's date of birth
Patient Relationship	Insured relationship to patient
Gender	Insured's gender

Address	Insured's address
Insurance Policy	Insured's policy number "optional"
Social Security Number	Social Security Number "optional"
Payer Name	Primary Payer Name (not a Medigap payer)
Subscriber ID	Insurance policy/subscriber id number
Assign Benefits	Y or N
Payer ID	Payer ID Number

If you have questions, call Health-e-Web at 877-565-5457 or submit a question online at www.hewedi.com.

BCBSMT Provider Manual Updated

The BCBSMT Provider Manual has been updated and published at www.bcbsmt.com. The manual is continually reviewed for clarity and style with the goal of providing simple and direct instructions. A summary of material changes made in the third quarter of 2008 includes:

1. Updated the products excluded from the BlueCard Program (6-1).
2. Updated BlueCard international member information with instructions for BCBS Canada members (6-4).

If you have suggestions for improvement or content, contact your Provider Network Service Representatives at hcs-x3600@bcbsmt.com or at 1-800-447-7828, Extension 3600.

CHIP Prior Authorization Forms Available Online

There are two new CHIP prior authorization forms available at www.bcbsmt.com (Click on Providers and then Prior Authorization). Services with recommended prior authorization are listed along with the forms.

One form is specific to hearing aid benefits and is used for audiologists to prior authorize hearing aids and related supplies. Hearing aid suppliers should complete this form to prior authorize batteries, repair, and cleaning of hearing aids.

If you have questions, call your provider relations representatives at 1-800-447-7828, Extension 3600, or send an email to HCS-X3600@bcbsmt.com.

Fee Schedule Compensation Description

BCBSMT updated its fee schedules to include a legend explaining the Compensation Method column for each fee schedule. BCBSMT publishes its CPT, HCPCS, and drug fee schedules at www.bcbsmt.com (Click on Providers and then Fee Schedules). If you have questions, call your provider relations representatives at 1-800-447-7828, Extension 3600, or send an email to HCS-X3600@bcbsmt.com.

COMPENSATION METHOD	DESCRIPTION
Anesthesia Non-Fac Pricing	Compensation is based on the higher nonfacility RVU value regardless of the place of service.
Based on Benefit	Compensation is based on the member's benefits.
Blank = NU	Noridian Administrative Services DMEPOS fee schedule publishes an NU amount. Compensation is the same regardless of modifier NU.
Clinical Lab - Core	The core group is compensated at 160% of the CMS clinical laboratory fee schedule.
Clinical Lab - Secondary	The secondary group is compensated at 150% of the CMS clinical laboratory fee schedule.
CMS RVU	Compensation is based on the CMS RBRVS system for evaluation and management, medicine, surgery, pathology, machine test, and radiology codes.
Home Infusion Therapy	Compensation is based on provider network agreement.
Invalid HCPCS-BCBSMT	CPT Category II performance measurements, HCPCS demonstration project codes, HCPCS rehabilitative "h" codes, and Medicaid "T" codes are not valid BCBSMT codes. T0124 and T0125 are allowed for DPHHS.
Local Carrier DME Pricing	Compensation is the same as the CMS Reasonable Charge Fee Schedule.
BCBSMT Calculated Price	Compensation is determined based on comparison to similar procedures, invoice charges less shipping and handling, and supplier price lists.
NU Calc from RR	Compensation is based on the Noridian Administrative Services DMEPOS fee schedule for the NU modifier. The amount is divided by 12 to determine the RR price.
Region D DMERC	Noridian Administrative Services DMEPOS fee schedule.

RR Calc from NU	Compensation is based on the Noridian Administrative Services DMEPOS fee schedule amount for the RR modifier. The amount is multiplied by 12 to determine the NU price.
ST Anthony RVU	Compensation is based on St. Anthony's/Ingenix Essential RBRVS for evaluation and management, medicine, surgery, pathology, machine test, and radiology codes without a CMS RVU.
Suspend	Services suspend for manual review and pricing.

MedicareBlue PPO

Clinical Practice Guidelines Available Online

On May 16, 2006, the Regional Quality Improvement Committee approved the implementation of the Institute for Clinical Systems Improvement Clinical Practice Guidelines for the MedicareBlue PPO plan administered by the BCBS Northern Plains Alliance. The guidelines were developed using an evidence-based approach, which emphasizes the critical evaluation of scientific evidence, rather than expert opinion or consensus.

The guidelines are published online at www.yourmedicareolutions.com (click *For Providers*). If you do not have Internet access and require a printed copy, contact Kris Thompson at 406-444-8905.

Modifier Use When Coding Claims Policy

BCBSMT has updated its policy explaining how modifiers applied to services and procedures affect claims processing. The policy was previously published as Surgical Service Modifier Compensation Policy, but is now called Modifier Use When Coding Claims Policy.

The policy includes all modifiers affecting BCBSMT claims processing and/or compensation and indicates whether records or medical notes are required. Also included is information about ambulance and informational modifiers.

The Modifier Use When Coding Claims Policy is published at www.bcbsmt.com (Click on Providers and then Provider Policies). If you have questions or need contracts and credentialing applications, contact your Provider Network Service Representatives at HCS-X3600@bcbsmt.com or at 1-800-447-7828, Extension 3600.

Place of Service Codes

The BCBSMT Claims Department is seeing a large number of claims billed with the wrong place of service. This is a reminder that the correct place of service is critical to accurate and timely claims processing. The table below lists the place of service codes.

CMS 1500 POS	PLACE OF SERVICE
01	Pharmacy
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
11	Office Visit
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room
24	Ambulatory Surgical Center
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance- Land
42	Ambulance- Air or Water
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care / Mentally Retarded
55	Residential Substance Abuse Treatment
56	Psychiatric Residential Treatment
57	Non-residential Substance Abuse Treatment Facility
60	Mass Immunization Center

61	Comprehensive Inpatient Rehab
62	Comprehensive Outpatient Rehab
65	End Stage Renal Disease
71	State of Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

More information about place of service is available in the Place of Service Compensation Policy and BCBSMT Provider Manual published at www.bcbsmt.com. If you have questions, call the Customer Service Department at 1-800-447-7828.

Social Security Numbers Are Not Necessarily Health Plan ID Numbers

BCBSMT recently completed the transfer of individual membership and products to the new claims processing system. A key aspect of the new system is that Social Security numbers (SSN) are no longer used as health plan identifiers. Health plan IDs are now system-generated numbers that cannot specifically identify an individual.

This has been a nationwide initiative among all Blue Cross and Blue Shield plans to provide more security for our group and individual members. Using a patient's SSN as a way to identify a member is a rare exception.

At the time of service, ask your patients for their BCBS ID card and make a copy of the front and the back. Do not assume that a patient's SSN will identify them as covered under any BCBS fully insured or self-insured plan.

Also be sure to enter the patient's name exactly as it appears on the ID card. Claims suspend for review and payment is delayed when a name is entered as Bob on the claim but is Robert on the ID card.

More information about health plan ID numbers and filing claims is available in the BCBSMT Provider Manual published at www.bcbsmt.com. If you have additional questions, call the Customer Service Department at 1-800-447-7828.



Federal Employee Program 2009 Basic Option Benefits At-A-Glance

Certain cost sharing amounts do not apply if Medicare is your primary coverage for medical services (it pays first). Please see the 2009 Service Benefit Plan brochure for more information.

SERVICES	WHAT THE PATIENT PAYS
	2009 BASIC OPTION NETWORK BENEFIT*
PREVENTIVE CARE	
Preventive screenings and related office visit charge, routine physical exams	\$25 office visit copayment for primary care physician; \$30 office visit copayment for specialists; Nothing for covered preventive screenings billed by your doctor or independent labs
Well-child care up to age 22	Nothing for covered charges
Preventive dental care	\$20 per exam Benefits limited to 2 exams and cleanings per year Annual x-rays Sealants for children up to age 16
PHYSICIAN CARE	
Surgical care	\$100 copayment per surgeon
Home and office visits, second surgical opinions and consultations	\$25 office visit charge for primary care provider \$30 office visit copayment for specialists
MATERNITY CARE	
Inpatient hospital care and physician care: precertification not required	Pre-natal and post-natal care and the delivery paid in full Hospital charges paid in full after \$100 copayment
HOSPITAL/FACILITY CARE	
Hospital inpatient: precertification required	\$100 per day up to \$500
Outpatient facility care	\$50 per day per facility copayment
Outpatient surgery	\$50 copayment
ACCIDENTAL INJURY/MEDICAL EMERGENCY	
Accidental injury/physician and facility care	\$75 copayment physician/\$75 facility
Medical emergency/facility care	\$75 copayment
Medical emergency/professional care	\$75 copayment
PRESCRIPTION DRUGS	
Mail service pharmacy	Not a benefit
Retail pharmacy	Up to an initial 34-day supply \$10 copayment for generic drugs; \$35 copayment for formulary brand name drugs; 50% coinsurance or \$45 minimum for non-formulary or non-preferred brand name drugs
CHIROPRACTIC CARE	
Spinal manipulations	Up to 20 spinal manipulations per year \$25 copayment
OTHER BENEFITS	
Catastrophic Benefits	100% payment level begins after you pay \$5000 out-of-pocket in coinsurance and copayment expenses

* When you receive care that is performed by a Non-preferred provider, benefits are not available under Basic Option, except in certain situations such as emergency care.

Federal Employee Program 2009 Standard Option Benefits At-A-Glance

Certain deductibles, copayments and coinsurance amounts do not apply if Medicare is your primary coverage for medical services (it pays first). Please see the 2009 Service Benefit Plan brochure for more information.

PPA = Preferred Provider Allowance PA = Plan Allowance MAC = Maximum Allowable Charge AWP = Average Wholesale Price

SERVICES	WHAT THE PATIENT PAYS	
	2009 STANDARD OPTION PPO BENEFIT	2009 STANDARD OPTION NON-PPO BENEFIT
PREVENTIVE CARE		
Preventive Screenings and related office visit charge, Routine physical exams	\$20 office visit charge Nothing for preventive screening tests	30% PA** No benefit for routine physical exams
Well Child Care up to age 22	Nothing for covered charges	Nothing for covered charges
Routine Dental Care	Your out-of-pocket expenses are limited to the balance, after our payment, up to the MAC	You are responsible for the balance after our payment, up to the billed charge
PHYSICIAN CARE		
Surgical Care	15% PPA**	30% PA**
Home and office visits, second surgical opinions and consultations	\$20 office visit copayment	30% PA**
MATERNITY CARE		
Inpatient Hospital Care and Physician Care: Precertification not required	Nothing for covered charges	\$300 per admission copayment. 30% PA in non-member hospitals
HOSPITAL/FACILITY CARE		
Hospital Inpatient: Precertification required***	Unlimited stays \$200 per admission copayment	\$300 per admission copayment. 30% PA in non-member hospitals
Outpatient Facility Care Except outpatient surgery***	15% PPA**	30% PA**
Outpatient Surgery	15% PPA	30% PA
ACCIDENTAL INJURY/MEDICAL EMERGENCY		
Accidental Injury: Physician and facility care	Nothing for covered charges within 72 hours of the injury	Nothing for covered charges within 72 hours of the injury
Medical Emergency Physician Care	\$20 office visit copayment 15% PPA** in hospital outpatient department	30% PA**
Medical Emergency Facility Care	15% PPA**	30% PA**
PRESCRIPTION DRUGS		
Mail Service Pharmacy: UP to a 90-day supply****	Nothing for generic drugs \$65 copayment for brand name drugs	N/A
Retail Pharmacy	20% for generic drugs 30% for brand name drugs	100% at time of purchase, after filing a claim, 55% of the AWP is reimbursed
OTHER BENEFITS		
Catastrophic Benefits	100% payment level begins after you pay \$5000 out-of-pocket in coinsurance, copayment, and deductible expenses	100% payment level begins after you pay \$7000 out-of-pocket in coinsurance, copayment, and deductible expenses

*When you use Non-preferred facilities and professionals, your out-of-pocket expenses are greater and a specific copayment amount may be applied. Please see Section 10 of the 2009 brochure for details.

** Subject to one \$300 calendar year deductible per member per calendar year, \$600 family limit each calendar year.

*** The treatment of Mental Health and Substance Abuse is covered differently when you do not use a Preferred provider.

**** A copayment applies after the first 4 generic prescriptions and the copayment is higher after the first 30 brand name prescriptions each year.



Mark Meredith
*Pharmacy Services
Program Director*

Prime Therapeutics to Lead BCBSMT Drug Benefit Management

Effective January 1, 2009, Prime Therapeutics LLC (Prime) will replace Express Scripts (ESI) as the BCBSMT Pharmacy Benefit Manager. Prime offers all the services your patients need, including claims processing, mail service, and an extensive nationwide pharmacy network.

A major advantage of this change is that BCBSMT will now be able to better integrate our pharmacy and health care benefit administration—especially care and disease management. Your patients should see very little, if any, difference in the way prescriptions are handled.

New formularies will be mailed later this month to your office with your BCBSMT calendar, or Health Care Services provider representatives will bring them to your office.

In mid-December, we will begin issuing new member ID cards with the Prime logo along with educational materials about this change to ensure a smooth transition. Even if your patient has not received their new card, Prime has their information, and your patients will still be able to get their prescriptions filled.

Specialty Medications

Triessent® is Prime's specialty pharmacy management program that helps patients achieve the best results from physician prescribed specialty medication. Triessent provides personalized support from a care team by telephone and includes 24/7/365 access to a pharmacist, education about their condition and medication, and management of potential side effects.

Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis, and rheumatoid arthritis. Some of these medications have unique storage or shipment requirements and are therefore not usually stocked at retail pharmacies.

Your patients taking specialty medications will be contacted by Triessent representatives to make sure the transition from Curascript is seamless. A sample of the pharmacy intake form is available on the next page for new patients needing specialty medication. A copy of this and other diagnosis-specific forms are available on our website at www.bcbsmt.com (click on Providers and then Forms).

Prime is a leader in the pharmacy benefit management industry, and BCBSMT believes in their mission of pursuing the highest quality for care for our members. If you have questions or concerns, please call me at 1-800-447-7828, Extension 3568.



General Use Fax Form
Prescription/Pharmacy Intake Form
 Fax: 866-203-6010 Phone: 888-216-6710

PATIENT INFORMATION

NEW TO THERAPY

THERAPY CONTINUATION

Name: _____ M F Daytime Phone w/Area Code: _____
 SSN: _____ DOB: _____ Evening Phone w/Area Code: _____
 Address: _____ Cell Phone w/Area Code: _____
 City: _____ State: _____ ZIP Code: _____ PCP Name: _____
 Patient Weight: _____ Allergies: _____ PCP Phone w/ Area Code: _____
 Email: _____

Deliver medication to: Patient's home Prescriber's office Date needed: _____

INSURANCE INFORMATION (Please include copy of front and back of insurance card if possible):

Provider/Plan: _____ Phone w/Area Code: _____
 Patient's ID #: _____ Patient's Group #: _____
 Policyholder's Name (if not patient): _____ Policyholder's SSN: _____
 Secondary Insurance: _____ Phone w/Area Code: _____
 Patient's ID #: _____ Patient's Group #: _____
 Policyholder's Name (if not patient): _____ Policyholder's SSN: _____

CLINICAL CRITERIA **REQUIRED Please check all that apply**

ICD-9 and Condition:

Rx INFORMATION

Medication	Form	Strength	Daily Dose	Directions/Freq	Qty	Refills

I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge.
 Prescriber's Signature Required: _____ Date: _____
 Print Prescriber's Name: _____ Office Contact: _____
 Practice Name: _____ State License #: _____ UPIN/NPI: _____ DEA # _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 Phone w/Area Code: _____ Fax w/Area Code: _____

Substitution Permissible. * In order for a brand-name product to be dispensed, the prescriber must handwrite BRAND NECESSARY or BRAND MEDICALLY NECESSARY in the space provided, _____ *as appropriate

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Redisclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.
IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.

Drug names are the property of their respective owners.
 Triessent™ is a registered trademark of Prime Therapeutics LLC.

Professional Provider Misrepresentation

BCBSMT Addressing Long-Term Problem

The BCBSMT Special Investigations Unit (SIU) has addressed the problem of professional provider misrepresentation in several previous Capsule News articles but still finds this to be a major problem. As a result, the SIU has launched an expanded effort to identify fraudulent claims billed under the wrong provider name, and when identified, these claims will be investigated and reported to the appropriate regulatory and law enforcement agencies.

Intentional misrepresentation of the provider who rendered services occurs when claims are billed under another provider's name in any of the following circumstances:

- Services are rendered by a nonlicensed provider, such as a massage therapist, and billed by a licensed provider
- Services are rendered by a nonphysician practitioner and billed by a physician
- Services are performed by a nonparticipating provider and billed by a participating BCBSMT provider

If a provider did not render a service, the claim should not be billed under that provider's name. The BCBSMT Provider Manual explains this requirement in Chapter 4, page 6, and it states, "Providers must submit claims for services under the provider number assigned to them."

The following guidelines are to be used when professional providers bill for services in an individual

provider office and in a group practice (more than one licensed provider):

- An individual provider rendering and billing for services should enter their NPI in Box 33a on the CMS-1500 form.
- Providers in a group practice should enter their individual NPI number in Box 24j as the rendering provider and then list the group's billing NPI number in Box 33a.
- The signature Box 31 certifies the information is true and does not affect claims processing, nor does it necessarily represent the treating or billing provider.

If you have questions about filing claims, refer to the BCBSMT Provider Manual published at www.bcbsmt.com (Click on Providers and the Provider Manuals).

If you have questions or concerns about fraud or questionable practices, call our fraud hotline at 1-800-621-0992, or you may e-mail us at fraud@bcbsmt.com. More information is also available on our website at www.stopfraud.bcbsmt.com.

Karl Krieger currently serves as a BCBSMT Special Investigator and is a Certified Fraud Examiner and an Accredited Health Care Fraud Investigator. Karl has been employed by BCBSMT for over 19 years, has received the DPHHS Inspector General's Integrity Award for his work in health care fraud, and has served on the Board of Directors for the Big Sky Chapter of the Association of Certified Fraud Examiners. Karl can be reached at 1-800-447-7828, Extension 8211, or by email at kkrieger@bcbsmt.com.

How Do I Become A Participating Provider?

Providers eligible to participate in the BCBSMT Traditional Participating Provider Network may join the network at any time. Simply contact your Provider Network Service Representatives to have the contracts for your specialty mailed to you. The following providers may join the BCBSMT Traditional Participating Provider Network:

- Air Ambulance
- Birthing Center
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Chiropractic
- Clinical Nurse Specialist
- Dental
- Home Health
- Hospice Care
- Hospital
- Inpatient Mental Health Facility
- I.V. Infusion Therapy
- Laboratory
- Licensed Clinical Professional Counselor
- Licensed Clinical Social Worker
- Medical Equipment
- Nurse Practitioner
- Occupational Therapy
- Optometry
- Outpatient Laboratory and X-Ray Facility
- Oxygen Supplies
- Physical Therapy
- Physician Assistant
- Physician (M.D. and D.O.)
- Podiatry
- Psychology
- Radiology Center
- Skilled Nursing/Extended Care
- Sleep Disorders Medicine
- Speech Therapy
- Surgery Center

Physicians (M.D., D.O., and D.P.M.), chiropractors, and sleep centers/laboratories must be credentialed prior to be considered a participating provider. Credentialing standards are criteria certain network providers must meet and maintain to be accepted as participating providers or to continue as network providers. The credentialing process takes approximately 45 days.

BCBSMT also manages other provider networks including:

- Federal Employee Program
- Montana Children's Health Insurance Plan
- Joint Venture Managed Care Network
- Montana HealthLink Hospitals and Surgery Centers
- Caring Program for Children
- TriWest/TriCare (Military)
- Medicare Advantage (MedicareBlue PPO)
- Blue Care Provider Network

Providers allowed to participate in these networks are listed in the Provider Network Participation Policy published at www.bcbsmt.com (Click on Providers and then Provider Policies).

If you have questions or need contracts and credentialing applications, contact your Provider Network Service Representatives at HCS-X3600@bcbsmt.com or at 1-800-447-7828, Extension 3600.

Participating Providers: August 1 to October 31, 2008

The following pages list new and terminated providers for the Traditional Participating Provider Network and the Joint Venture Managed Care Provider Network. *Note: If a participating provider has changed locations, they received a new effective date and are listed below.*

Blue Cross and Blue Shield of Montana welcomes these new participating providers to its Traditional Network.

Saad Ahmad, MD	Billings	Ophthalmology
Shane K. Anderson, DO	Dillon	Internal Medicine
Kate L. Antonich, NP	Great Falls	Nurse Practitioner
Amber C. Arthur, PT	Miles City	Physical Therapy
Melissa A. Augustyn, MD	Bozeman	Obstetrics and Gynecology
Tricia L. Ayers, LCPC	Lewistown	Licensed Clinical Professional Counselor
Peter Babcock, OD	Missoula	Optometry
Kelly K. Berkram, MD	Kalispell	Family Medicine
Paul M. Berkram, MD	Kalispell	Internal Medicine
Adrian B. Bethel, MD	Billings	Physical Medicine & Rehabilitation
George A. Biancarelli, MD	Anaconda	Family Medicine
Thomas R. Bigelow, DMD	Great Falls	Dentist
Serena Z. Brewer, DO	Butte	Family Medicine
James C. Cannava, DMD	Bozeman	Dentist
Bethany V. Chernich, DO	Missoula	Family Medicine
Brandon L. Cycholl, MD	Missoula	Family Medicine
Carla E. Davis, MD	Missoula	Family Medicine
Blair C. Davison, MD	Missoula	Psychiatry
Russell R. Dodge, MD	Bozeman	Pulmonary Disease
Jami R. Eads, LCPC	Deer Lodge	Licensed Clinical Professional Counselor
Shelly L. Edwards, LCSW	Helena	Licensed Clinical Social Worker
Eric J. Exelbert, MD	Billings	Pediatrics
Julie A. Fleck, LCSW	Polson	Licensed Clinical Social Worker
Anne R. Forcey, CNM	Missoula	Certified Nurse Midwife
Rachel E. Gaidys, MD	Billings	Family Medicine
Richard I. Gal, MD	Hamilton	Internal Medicine
Brooke E. Hale, PA	Billings	Physician Assistant
Shelby L. Haugan, MD	Bozeman	Obstetrics and Gynecology
Emily C. Herndon, DPT	Plains	Physical Therapy
Cindy R. Holt, MD	Billings	Pediatrics
Peter R. Hurlbut-Miller, MD	Billings	Ophthalmology
Kathleen M. Ingalls, DPT	Kila	Physical Therapy
Dennis E. Janecke, DDS	Butte	Dentist
Randall C. Johnson, DDS	Belgrade	Dentist
Erin N. Kahler, MD	Butte	Internal Medicine
Andy B. Kehmeier, DDS	Hamilton	Dentist
Peter M. Kelleher, MD	Bozeman	Orthopaedics
David M. Kidder, DO	White Sulphur Springs	Family Medicine
Tara L. Laslovich, APRN	Missoula	Nurse Practitioner
Jason J. Lawn, PA	Bozeman	Physician Assistant
Michael Lee, MD	Helena	Gastroenterology
Kathleen M. Lewison, MD	Whitefish	Obstetrics and Gynecology
Julie A. Lien, PT	Bozeman	Physical Therapy
Amy E. Lincoln, SLP	Bozeman	Speech Therapy
Milica G. Livesay, DPT	Bozeman	Physical Therapy
Brian D. Lubberstedt, MD	Billings	Psychiatry
Kathryn L. Lynch, MD	Bozeman	Gastroenterology

Participating Providers

Kristy A. Martin, NP	Billings	Nurse Practitioner
Frank J. McCann, PA-C	Missoula	Physician Assistant
Robert A. McNutt, MD	Helena	Rheumatology
Richard H. Miller, DMD	Anaconda	Dentist
Elizabeth S. Mitchell, LCPC	Billings	Licensed Clinical Professional Counselor
Sarah F. Morgan-Edwards, MD	Bozeman	Emergency Medicine
Simone Musco, MD	Missoula	Cardiovascular Disease
Chad M. Nedrud, MD	Missoula	Ophthalmology
Darren B. Obrey, DC	Bozeman	Chiropractic
Connie M. O'Connor, MD	Helena	Psychiatry
Connie M. O'Connor, MD	Helena	Psychiatry
Teresea L. Olson, PA	Baker	Physician Assistant
Drake A. Paul, MD	Billings	Pediatrics
Edwin E. Peters, MD	Billings	Pediatrics
Curtis B. Pickert, MD	Billings	Pediatrics
Zachary D. Post, MD	Billings	Orthopaedics
David J. Powell, DC	Billings	Chiropractic
Laura W. Pratt, MD	Kalispell	Family Medicine
Amy S. Quintero, OT	Missoula	Occupational Therapy
Ryan L. Robinson, DPT	Kalispell	Physical Therapy
Sarah P. Robinson, MD	Kalispell	Internal Medicine
Anthony J. Russo, MD	Butte	Orthopaedics
John H. Schieffelbein, LCSW	Choteau	Licensed Clinical Social Worker
Suzanne B. Schoelch, MD	Bozeman	Dermatology
Susan F. Scott, FNP	Wilsall	Nurse Practitioner
Patrick M. Screnar, DPT	Helena	Physical Therapy
Nadine C. Seger, MD	Billings	Pediatrics
Carolyn H. Smith, PA-C	Billings	Physician Assistant
Benjamin R. Spiger, DDS	Helena	Dentist
Margaret L. Stevens, LCPC	Columbia Falls	Licensed Clinical Professional Counselor
Margaret L. Stevens, LCPC	Columbia Falls	Licensed Clinical Professional Counselor
Michael J. Susich, DDS	Billings	Dentist
Richard J. Teff, MD	Billings	Surgery, Neurological
The Better Breathing Store LLC	Columbia Falls	Medical Equipment
Randy H. Thompson, MD	Billings	Emergency Medicine
Michelle Thornblade, PA-C	Missoula	Physician Assistant
Alexis D. Wagner, APRN	Missoula	Nurse Practitioner
Mark D. Weber, MD	Missoula	Physical Medicine & Rehabilitation
Thais D. Weibel, MD	Billings	Neurology
Katy J. Wessel, DO	Helena	Family Medicine
John A. Willoughby, MD	Missoula	Psychiatry
Kathleen M. Wing, OT	Kalispell	Occupational Therapy

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

Kelly G. Bagnell, MD	Polson	Obstetrics and Gynecology
Brian A. Barry, DC	Deer Lodge	Chiropractic
Molly A. Beck, SLP	Polson	Speech Therapy
William W. Beck, MD	Polson	Obstetrics and Gynecology
George A. Biancarelli, MD	Baker	Family Medicine
Sydney P. Blair, LCSW	Great Falls	Licensed Clinical Social Worker
Danny J. Browning, PA	Billings	Physician Assistant
Frances M. Buck, PHD	Missoula	Psychology
Kenneth V. Carpenter, MD	Helena	Orthopaedics

Participating Providers

Steven C. Cohen, MD	Billings	Family Medicine
Rial W Cummings, MD	Ronan	Family Medicine
Bradley J. Davis, MD	Havre	Neurology
Carla E. Davis, MD	Missoula	Family Medicine
Sharon W. Dillon, LCSW	Missoula	Licensed Clinical Social Worker
Michael F. Doubek, MD	Harlowton	Internal Medicine
Karin G. Douthit, LCSW	Billings	Licensed Clinical Social Worker
Jerome Dunst, MD	Polson	Radiology
Marlyn J Durrall, LCSW	Missoula	Licensed Clinical Social Worker
Edward Elhard, LCSW	Miles City	Licensed Clinical Social Worker
Karen R. Enhelder, MSW	Helena	Licensed Clinical Social Worker
Marilyn C. Euler, LCSW	Billings	Licensed Clinical Social Worker
Eric J. Ex, MD	Missoula	Pediatrics
Eric J. Exelbert, MD	Missoula	Pediatrics
Michael J. Flannery, MD	Polson	Surgery
Dean O. French, MD	Plains	Family Medicine
Stephen B. Fritz, MD	Billings	Allergy & Immunology
Jonathan M. Gilbert, MD	Missoula	Pediatrics
Donna R. Givens, MD	Billings	Family Medicine
Roy A. Goodart, MD	Billings	Ophthalmology
Granite County Home Health	Drummond	Home Health
Patricia A. Grantham, MD	Dillon	Family Medicine
Great Plains Health Company	Billings	Medical Equipment
Timothy J. Grinstead, LCPC	Billings	Licensed Clinical Professional Counselor
Anna Christine Grotbo, FNP	Great Falls	Nurse Practitioner
Grant Victor Hammons, MD	Billings	Internal Medicine
Linda R. Hanson, PA-C	Conrad	Physician Assistant
Linda R. Hanson, PA-C	Boulder	Physician Assistant
Linda R. Hanson, PA-C	Helena	Physician Assistant
Linda R. Hanson, PA-C	Boulder	Physician Assistant
Linda R. Hanson, PA-C	Helena	Physician Assistant
Dana S. Harvey, PA-C	Butte	Physician Assistant
Evelyn L. Henry, MD	Polson	Internal Medicine
Juliana Hicks, MD	Billings	Dermatology
Eric T. Hogan, DDS	Miles City	Dentist
Robin D. Hogan, DDS	Miles City	Dentist
Cindy R Holt, MD	Missoula	Pediatrics
William L. Hull, DO	Helena	Cardiovascular Disease
William L. Hull, DO	Missoula	Cardiovascular Disease
Colette C. Impellizzeri, LCPC	Billings	Licensed Clinical Professional Counselor
Intermountain Home Health	Deer Lodge	Home Health
Patrick R. Johnson, PHD	Missoula	Psychology
Jonathan Kaufman, MD	Missoula	Pediatrics
Leonard W Keppler, DDS	Helena	Dentist
James A. Kiley, MD	Kalispell	Family Medicine
Robert E. Knutson, OD	Billings	Optometry
Patricia D. Lamb, FNP	Stevensville	Nurse Practitioner
Carol N. Landsverk, SLP	Bozeman	Speech Therapy
Libby Healthcare LLC	Libby	Home Health
Jay Q. Lister, DDS	Belgrade	Dentist
Milica G. Livesay, DPT	Big Sky	Physical Therapy
Anne Manktelow, MD	Missoula	Pediatric Surgery
Lori C. Marchak, LCPC	Bozeman	Licensed Clinical Professional Counselor
Susan B. McGee, NP	Florence	Nurse Practitioner
Ted L. McKain, LCPC	Whitefish	Licensed Clinical Professional Counselor
David P. McLaughlin, MD	Missoula	Internal Medicine

Participating Providers

Renee A. McNeill, CNM	Billings	Certified Nurse Midwife
James V. Mendenhall, MD	Great Falls	Anesthesiology
Christine A Merriman, SLP	Missoula	Speech Therapy
Michael E. Metzger, MD	Billings	Internal Medicine
Mark R. Miles, MD	Great Falls	Obstetrics and Gynecology
Shawn T. Nesbo, MD	Conrad	Family Medicine
Mary M. O'Connell, PT	Missoula	Physical Therapy
JoAnne E. Oliver, LCPC	Malta	Licensed Clinical Professional Counselor
Kathleen O'Malley, PHD	Bozeman	Psychology
Steven W. Palmieri, DO	Polson	Family Medicine
Drake A. Paul, MD	Missoula	Pediatrics
Edwin E Peters, MD	Missoula	Pediatrics
Curtis B Pickert, MD	Missoula	Pediatrics
Ekaterina V. Pletinskaya, MD	Plentywood	Family Medicine
Benito B. Rodriguez, PA-C	Lolo	Physician Assistant
Benito B. Rodriguez, PA-C	Polson	Physician Assistant
Jason J. Schmidt, MD	Kalispell	Family Medicine
Jason J. Schmidt, MD	Somers	Family Medicine
Jason J. Schmidt, MD	Eureka	Family Medicine
Janet S. Schneider, LCSW	Billings	Licensed Clinical Social Worker
Viola L Scott-Anderson, PT	Missoula	Physical Therapy
Sherwood Medical Supply	Eureka	Medical Equipment
Tristan T. Sophia, PsyD	Kalispell	Psychology
Richard L. Spillman, PA-C	Billings	Physician Assistant
George T. Stafford, MD	Havre	Surgery
Steve D Stahl, MD	Polson	Family Medicine
Barbara L. Stone, PHD	Kalispell	Psychology
James D Swift, MD	Missoula	Pediatrics
Rebecca L. Taylor, OT	Bozeman	Occupational Therapy
Thomas G. Troop, MD	Stanford	Family Medicine
Schuyler A Vandyke, DDS	Conrad	Dentist
David V. Vanek, MD	Havre	Surgery
Anthony P Williamson, MD	Missoula	Neurology
Robert S. Wilson, MD	Hardin	Family Medicine
Roberta E Wilson, OT	Hamilton	Occupational Therapy
Mark S. Woltanski, MD	Missoula	Urgent Care
Ralph D. Yaney, MD	Billings	Psychiatry
Patrice L. Yowell, LCPC	Clinton	Licensed Clinical Professional Counselor
Michael A. Zinser, PA	Kalispell	Physician Assistant
Michael A. Zinser, PA	Butte	Physician Assistant

Blue Cross and Blue Shield of Montana welcomes these new managed care providers.

Claire E. Adam, PT	Bozeman	Physical Therapy
David H. Allmacher, MD	Missoula	Orthopaedics
Amber L. Anderson, SLP	Billings	Speech Therapy
Amber C. Arthur, PT	Miles City	Physical Therapy
Melissa A. Augustyn, MD	Bozeman	Obstetrics and Gynecology
Peter Babcock, OD	Missoula	Optomety
Kelly K. Berkram, MD	Kalispell	Family Medicine
Adrian B. Bethel, MD	Billings	Physical Medicine & Rehabilitation
Robert A. Botkin, PT	Missoula	Physical Therapy
Serena Z. Brewer, DO	Butte	Family Medicine
Leslie A. Carlson, NP	Bozeman	Nurse Practitioner
Kelly A. Coloff, FNP	Whitefish	Nurse Practitioner
Emily M. Copps, PA-C	Kalispell	Physician Assistant

Participating Providers

Will L. Cowdrey, LCPC	Missoula	Licensed Clinical Professional Counselor
Brandon L. Cycholl, MD	Missoula	Family Medicine
Carla E. Davis, MD	Missoula	Family Medicine
Blair C. Davison, MD	Missoula	Psychiatry
Russell R. Dodge, MD	Bozeman	Pulmonary Disease
Scott M. Dreblow, PA-C	Bozeman	Physician Assistant
Courtney Duchin, LCPC	Bozeman	Licensed Clinical Professional Counselor
Jennifer H. Dull, OD	Billings	Optometry
Shelly L. Edwards, LCSW	Helena	Licensed Clinical Social Worker
Eric J. Exelbert, MD	Billings	Pediatrics
Jennifer K. Finn, LCSW	Billings	Licensed Clinical Social Worker
Julie A. Fleck, LCSW	Polson	Licensed Clinical Social Worker
Anne R. Forcey, CNM	Missoula	Certified Nurse Midwife
Richard I. Gal, MD	Hamilton	Internal Medicine
Tina S. Garcia, OT	Billings	Occupational Therapy
Carly N. Gebhardt, PT	Bozeman	Physical Therapy
Jennifer L. Gilliard, LCPC	Butte	Licensed Clinical Professional Counselor
Joshua D. Green, PT	Belgrade	Physical Therapy
Brooke E. Hale, PA	Billings	Physician Assistant
Karl J. Hapcic, MD	Bozeman	Plastic Surgery
Nancy J. Harris, PT	Bozeman	Physical Therapy
Lori A. Hartford, NP	Billings	Nurse Practitioner
Shelby L. Haugan, MD	Bozeman	Obstetrics and Gynecology
Jennifer K. Helmer, PT	Hamilton	Physical Therapy
Emily C. Herndon, DPT	Plains	Physical Therapy
Shelly R. Hocking, LCSW	Kalispell	Licensed Clinical Social Worker
Amy A. Hogen, OT	Bozeman	Occupational Therapy
Randy R. Holland, PA-C	Miles City	Physician Assistant
H Lee Holmes, LCPC	Helena	Licensed Clinical Professional Counselor
Cindy R. Holt, MD	Billings	Pediatrics
Therese E. Hrncrik, RD	Billings	Registered Dietitian/Nutritionist
Ronald K. Hull, MD	Helena	Anesthesiology
Michael J. Hutchins, MD	Missoula	Internal Medicine
Kristi A. Hyatt, LCPC	Livingston	Licensed Clinical Professional Counselor
Erin N. Kahler, MD	Butte	Internal Medicine
Peter M. Kelleher, MD	Bozeman	Orthopaedics
David M. Kidder, DO	White Sulphur Springs	Family Medicine
Ned Camden Kneeland, MD	Kalispell	Anesthesiology
Kyle E. Kuntz, OD	Helena	Optometry
Patricia D. Lamb, FNP	Stevensville	Nurse Practitioner
Tara L. Laslovich, APRN	Missoula	Nurse Practitioner
Jason J. Lawn, PA	Bozeman	Physician Assistant
Mary F. Lee, LCSW	Bozeman	Licensed Clinical Social Worker
Michael Lee, MD	Helena	Gastroenterology
Kathleen M. Lewison, MD	Whitefish	Obstetrics and Gynecology
Julie A. Lien, PT	Bozeman	Physical Therapy
Milica G. Livesay, DPT	Bozeman	Physical Therapy
Kathryn L. Lynch, MD	Bozeman	Gastroenterology
Lori C. Marchak, LCPC	Bozeman	Licensed Clinical Professional Counselor
Rachel M. Mattern, PA-C	Helena	Physician Assistant
Frank J. McCann, PA-C	Missoula	Physician Assistant
Robert A. McNutt, MD	Helena	Rheumatology
Miranda Meunier, NP	Billings	Nurse Practitioner
Surrena K. Michels, PT	Billings	Physical Therapy
Mark W. Miller, DC	Bozeman	Chiropractic
Jeff R. Moore, PT	Bozeman	Physical Therapy

Participating Providers

Sarah F. Morgan-Edwards, MD	Bozeman	Emergency Medicine
Lena C. Mortensen, PA	Helena	Physician Assistant
Kathryn J. Muenzberg, PT	Bozeman	Physical Therapy
Dawn M. Murray, FNP	Kalispell	Nurse Practitioner
Simone Musco, MD	Missoula	Cardiovascular Disease
Chad M. Nedrud, MD	Missoula	Ophthalmology
Joseph Z. Nemes, MD	Chinook	General Practice
Darren B. Obrey, DC	Bozeman	Chiropractic
Connie M. O'Connor, MD	Helena	Psychiatry
Drake A. Paul, MD	Billings	Pediatrics
Edwin E. Peters, MD	Billings	Pediatrics
Kristine R. Peterson, PT	Billings	Physical Therapy
Pamela B. Peterson, NP	Missoula	Nurse Practitioner
Curtis B. Pickert, MD	Billings	Pediatrics
Zachary D. Post, MD	Billings	Orthopaedics
Laura W. Pratt, MD	Kalispell	Family Medicine
Amy S. Quintero, OT	Missoula	Occupational Therapy
Danielle M. Redfield, FNP	Boulder	Nurse Practitioner
Sarah P. Robinson, MD	Kalispell	Internal Medicine
Robert Sahli, PT	Ennis	Physical Therapy
Jennifer L. Schmieding, LCPC	Bozeman	Licensed Clinical Professional Counselor
Patrick M. Screnar, DPT	Helena	Physical Therapy
Nadine C. Seger, MD	Billings	Pediatrics
Sheila A. Shapiro, NP	Kalispell	Nurse Practitioner
Sheryl L. Simkins, PT	Bozeman	Physical Therapy
Jennifer J. Smith, PT	Belgrade	Physical Therapy
Camille M. Stovall, PsyD	Billings	Psychology
Cynthia V. Tadday, LCPC	Bozeman	Licensed Clinical Professional Counselor
Richard J. Teff, MD	Billings	Surgery, Neurological
Randy H. Thompson, MD	Billings	Emergency Medicine
Michelle Thornblade, PA-C	Missoula	Physician Assistant
Diana M. Vashro, LCPC	Deer Lodge	Licensed Clinical Professional Counselor
Alexis D. Wagner, APRN	Missoula	Nurse Practitioner
Mark D. Weber, MD	Missoula	Physical Medicine & Rehabilitation
Thais D. Weibel, MD	Billings	Neurology
Katy J. Wessel, DO	Helena	Family Medicine
John A. Willoughby, MD	Missoula	Psychiatry
Meredith Wiltsie, NP	Bozeman	Nurse Practitioner
Chester D. Wright, MD	Missoula	Internal Medicine

The following providers are no longer participating with the managed care provider network.

Kelly G. Bagnell, MD	Polson	Obstetrics and Gynecology
Brian A. Barry, DC	Deer Lodge	Chiropractic
William W. Beck, MD	Polson	Obstetrics and Gynecology
Robert A. Botkin, PT	Missoula	Physical Therapy
Danny J. Browning, PA	Billings	Physician Assistant
Frances M. Buck, PHD	Missoula	Psychology
Duncan D. Burford, MD	Billings	Psychiatry
Kenneth V. Carpenter, MD	Helena	Orthopaedics
Timothy W. Carte, MD	Polson	Pediatrics
Steven C. Cohen, MD	Billings	Family Medicine
Rial W. Cummings, MD	Ronan	Family Medicine
Bradley J. Davis, MD	Havre	Neurology
Sharon W. Dillon, LCSW	Missoula	Licensed Clinical Social Worker

Participating Providers

Scott M. Dreblow, PA-C	Boulder	Physician Assistant
Scott M. Dreblow, PA-C	Boulder	Physician Assistant
Jerome Dunst, MD	Polson	Radiology
Marlyn J Durall, LCSW	Missoula	Licensed Clinical Social Worker
Edward J. Erbe, MD	Missoula	Psychiatry
Eric J. Ex, MD	Missoula	Pediatrics
Eric J. Exelbert, MD	Missoula	Pediatrics
Michael J. Flannery, MD	Polson	Surgery
Dean O. French, MD	Plains	Family Medicine
Stephen B. Fritz, MD	Billings	Allergy & Immunology
Jonathan M. Gilbert, MD	Missoula	Pediatrics
Donna R. Givens, MD	Billings	Family Medicine
Great Plains Health Company	Billings	Medical Equipment
Anna Christine Grotbo, FNP	Butte	Nurse Practitioner
Dewey F. Hahlbohm, PA-C	Great Falls	Physician Assistant
Grant Victor Hammons, MD	Billings	Internal Medicine
Linda R. Hanson, PA-C	Cut Bank	Physician Assistant
Linda R. Hanson, PA-C	Boulder	Physician Assistant
Linda R. Hanson, PA-C	Helena	Physician Assistant
Dana S. Harvey, PA-C	Butte	Physician Assistant
Sharon R. Healy, NP	Butte	Nurse Practitioner
Evelyn L. Henry, MD	Polson	Internal Medicine
Juliana Hicks, MD	Billings	Dermatology
Cindy R Holt, MD	Missoula	Pediatrics
R. Stephen Irwin, MD	Polson	Family Medicine
Kendall L. Jackson, LCPC	Billings	Licensed Clinical Professional Counselor
Patrick R. Johnson, PHD	Missoula	Psychology
Jonathan Kaufman, MD	Missoula	Pediatrics
James A. Kiley, MD	Kalispell	Family Medicine
Robert E. Knutson, OD	Billings	Optometry
Patricia D. Lamb, FNP	Stevensville	Nurse Practitioner
T. Shull Lemire, MD	Missoula	Pulmonary Disease
Anne Manktelow, MD	Missoula	Pediatric Surgery
Susan B. McGee, NP	Florence	Nurse Practitioner
Renee A. McNeill, CNM	Billings	Certified Nurse Midwife
James V. Mendenhall, MD	Great Falls	Anesthesiology
Michael E. Metzger, MD	Billings	Internal Medicine
Mark R. Miles, MD	Great Falls	Obstetrics and Gynecology
Robert J. Naef, MD	Hamilton	Emergency Medicine
Shawn T. Nesbo, MD	Conrad	Family Medicine
Steven W. Palmieri, DO	Polson	Family Medicine
Drake A. Paul, MD	Missoula	Pediatrics
Edwin E Peters, MD	Missoula	Pediatrics
Curtis B Pickert, MD	Missoula	Pediatrics
Dennis S. Probst, DO	Polson	Family Medicine
Rick L. Pullen, DO	Billings	Psychiatry
Daniel P. Rausch, MD	Polson	Family Medicine
Lura K. Robison, NP	Dillon	Nurse Practitioner
Benito B. Rodriguez, PA-C	Lolo	Physician Assistant
Benito B. Rodriguez, PA-C	Polson	Physician Assistant
Jason J. Schmidt, MD	Kalispell	Family Medicine
Jason J. Schmidt, MD	Eureka	Family Medicine
Richard L. Spillman, PA-C	Billings	Physician Assistant
George T. Stafford, MD	Havre	Surgery

Participating Providers

Steve D Stahl, MD	Polson	Family Medicine
Timothy N. Street, PA-C	Polson	Physician Assistant
Amy B. Sullivan, NP	Helena	Nurse Practitioner
Nolita J. Sweet, LCPC	Bozeman	Licensed Clinical Professional Counselor
James D Swift, MD	Missoula	Pediatrics
David V. Vanek, MD	Havre	Surgery
Marilyn R. Warren, CNS	Butte	Clinical Nurse Specialist
Roberta J. Wenderoth, LCPC	Thompson Falls	Licensed Clinical Professional Counselor
Anthony P Williamson, MD	Missoula	Neurology
Judith H. Wilson, MD	Dillon	Internal Medicine
Robert S. Wilson, MD	Hardin	Family Medicine
Roberta E Wilson, OT	Hamilton	Occupational Therapy
Mark S. Woltanski, MD	Missoula	Urgent Care
Chill C. Yee, MD	Billings	Family Medicine
Patrice L. Yowell, LCPC	Clinton	Licensed Clinical Professional Counselor