

BLUE REVIEWSM

A Provider Publication

August 2017

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You can find the [Blue Review](#) online at bcbsok.com/provider/news and updates

News & Updates

Code-Auditing Enhancement

Effective Nov. 12, 2017, Blue Cross Blue Shield of Oklahoma (BCBSOK) will be implementing a code-auditing enhancement.* This software update will help improve auditing of professional and outpatient facility claims that are submitted to BCBSOK by clinically validating modifiers submitted on such claims. For additional information, watch the *Blue Review*, as well as the News and Updates section of our Provider website.

*The above notice does not apply to government programs claims.

EFT and ERA Update for Non-Contracted Government Programs Providers

Effective July 24, 2017, if you are an independently contracted commercial Blue Cross and Blue Shield of Oklahoma (BCBSOK) provider who is enrolled to receive Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) files from BCBSOK, you will also receive EFTs and ERAs for government programs member claims, even if you are a non-contracted BCBSOK government programs provider. Specifically, this information applies to claims submitted for any of the following BCBSOK government programs members:

- Blue Cross Medicare Advantage (PPO)SM (MA PPO)
- Blue Cross Medicare Advantage (HMO)SM (MA HMO)

This notice provides an update to a [March 2017 announcement](#) that specified delivery of paper checks and provider claim summaries to non-contracted government

programs providers. Please continue to watch the [News and Updates](#) and [Blue Review](#) for additional information.

If you are not currently enrolled to receive EFT and ERA from BCBSOK, we encourage you to enroll online through the [Availity™ Web Portal](#), which also permits users to make any necessary set-up changes online, at no cost. To learn more about EFT and ERA enrollment, visit the [EFT and ERA page](#) in the Claims and Eligibility section at [bcbsok.com/provider](#). If you have questions or need assistance with EFT and ERA enrollment through Availity, contact a BCBSOK Provider Education Consultant at ECommerceHotline@bcbsil.com or 800-746-4614.

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Visit Our Website for Electronic Funds Transfer & Electronic Remittance Advice Resources

Blue Cross and Blue Shield Oklahoma (BCBSOK) recently updated the Electronic Funds Transfer (EFT) / Electronic Remittance Advice (ERA) page in the Claims and Eligibility section of our website at [bcbsok.com/provider](#). This section of our Provider website focuses on electronic transactions that may increase administrative efficiencies for your office while also helping to make it easier for you to conduct business with BCBSOK. Recent enhancements to the Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) page includes resources to help you learn more about EFT and ERA. In addition to new EFT and ERA Online Enrollment Tip Sheets, the page includes links to updated EFT and ERA 835 Companion Guides and other pertinent information.

Electronic options offer health care providers a more efficient alternative to the traditional paper methods. Providers are encouraged to enroll for EFT and ERA through the Availity™ Web Portal, which also permits users to make any necessary set-up changes online. Once an organization is enrolled for ERA, providers and billing services also gain access to the [Availity Remittance Viewer](#). This tool permits users to search, view, save and print remittance information, even if the ERA is delivered to a vendor and/or clearinghouse other than Availity.

Online EFT and ERA enrollment is available to registered Availity users. To register for Availity, simply go to [availity.com](#) and sign up today. There is no cost to register and become an Availity user. For providers who are unable to access Availity to complete the online EFT and ERA enrollment process, paper EFT and ERA enrollment forms are available in the Education and Reference Center/Forms section of our Provider website.

We encourage you to visit the [EFT and ERA page in the Claims and Eligibility](#) section of our Provider website for additional information on electronic options. For assistance with EFT and ERA enrollment through Availity, or to learn more about how to use the remittance viewer tool, contact a BCBSOK Provider Education Consultant at ECommerceHotline@bcbsil.com or 800-746-4614.

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Integration of Prime Therapeutics® and Walgreens® Specialty Pharmacy and Mail Order Services

BCBSOK's pharmacy benefit manager (PBM), Prime Therapeutics LLC (Prime), and Walgreens announced a strategic alliance in August 2016 to create a first-of-a-kind model for pharmacy benefit management that aligns a national pharmacy chain, a leading PBM and health plans, including a long-term retail pharmacy agreement. As part of this alliance, Prime and Walgreens have formed a combined company for specialty pharmacy and mail order services, headquartered in Orlando, FL.

Teams have been working to unite each organization's mail service and specialty pharmacy operations. As of mid-August 2017, all BCBSOK members whose pharmacy benefits are administrated through Prime will have been integrated into the new combined company's pharmacy systems. ¹ A summary of the changes you might experience from this integration is included below for your reference.

Specialty Pharmacy Services

As of July 15, 2017, BCBSOK members were integrated into the new specialty pharmacy system. The new company is nationally accredited by ACHC and URAC. Any additional accreditation and licenses will be pursued as needed. Additionally, a vast selection of previously labeled limited distribution products will be available through Prime Therapeutics Specialty Pharmacy.

There are no changes to the way you submit a prescription. The following remains the same:

- The name used when e-prescribing: Prime Therapeutics Specialty *(as of 4/5/2017)*
- The fax number used to send prescriptions
- The Prior Authorization process; patient prior authorization approvals on file were transferred and will follow the BCBSOK process for renewals
- The number you call to reach Prime Specialty Pharmacy: 877-627-MEDS(6337)
- The hours of operation: Monday-Friday, 8:00 a.m. – 8:00 p.m., ET

For prescriptions coming to your location, you may notice changes in Prime Therapeutics' communications and packaging, including:

- The use of the Prime Specialty Pharmacy and Walgreens names/logos may both appear on the packing receipt, enclosed information sheets, stickers on the box, etc.
- Cooler/cooler packaging and the box holding the medicine may look different
- The label affixed to the front of the box may show a dispensing location other than Orlando, FL

Mail Order Services

Covered 90-day supply mail order prescriptions are being filled by the PrimeMail by Walgreens Mail Service home delivery program as of August 18, 2017.

There is a new way to submit a prescription electronically:

- For patients with expired/no remaining refill prescriptions, you will need to provide a new prescription. If submitting this prescription electronically after August 18, you will need to send it to Walgreens Mail Service in Tempe, AZ, or you can fax the prescription to 800-332-9581.

Please Note: Existing PrimeMail ePrescribing or fax methods you may be using currently can continue to be used for the immediate future but will be returned as 'unable to fill' at some point later this year. Please take this opportunity to update any pharmacy information that may be stored in your patients' records.

Also, if your patient had a current prior authorization approval on file, it was transferred over to the new mail order system and will follow the standard BCBSOK process for renewals.

Members with prescription history within the last 12-18 months were notified of the specialty pharmacy and/or mail order service changes. Full integration of all mail service and specialty pharmacy services is expected to be completed by the first quarter of 2018. More information about the new combined company, including the official name, will be shared in future [Blue Review](#) issues and/or in the [News and Updates](#) section of our Provider website.

If your patients have questions about their pharmacy benefits, please advise them to contact the Pharmacy Program number on their member ID card. Members may also visit bcbsok.com and log in to Blue Access for MembersSM for a variety of online resources.

Members with Medicare Part D or Medicaid coverage transitioned to the new mail order services as of earlier this year.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSOK and contracting pharmacies is that of independent contractors. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Prime has entered into an agreement with Walgreens, an independently contracted pharmacy, to form a combined specialty pharmacy and mail order services company, owned by Prime and Walgreens.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. This is only a brief summary of some plan benefits. For more complete details, including benefits, limitations and exclusions, members should refer to their certificate of coverage. Regardless of benefits, the final decision about any medication and pharmacy choice is between the member and their health care provider.

Health Insurance for American Indians and Alaska Natives

The Affordable Care Act (ACA) is a law that changed the way people can get individual health insurance. People who don't have insurance through work can buy it on the Health Insurance Marketplace.

American Indians and Alaska Natives (AI/ANs) can get care from Tribal and Urban Indian clinics and Indian Health Services (IHS) facilities. However, Indian health care is not health insurance. The Health Insurance Marketplace gives AI/ANs special help to sign up and pay for insurance:

Special Enrollment Periods (SEP):

AI/ANs can enroll in the Health Insurance Marketplace throughout the year not just

during the yearly Open Enrollment period. Non-tribal members applying on the same application as a tribal member can take advantage of the SEP.

AI/ANs with incomes between 100% and 300% of (Federal Poverty Level) FPL:

May be able to enroll in a zero cost sharing plan, which means no copays, deductibles, or coinsurance when receiving care from Indian health care providers or when receiving Essential Health Benefits (EHBs) through a QHP.

There is no need for a referral from an Indian health care provider when receiving EHBs through the QHP.

AI/ANs with incomes below 100% and above 300% FPL:

Can enroll in a limited cost sharing plan, which means no copays, deductibles, or coinsurance when receiving care from Indian health care providers.

Will need a referral from an Indian health care provider to avoid cost sharing when receiving EHBs through a provider outside the Indian health system.

AI/ANs can enroll in a zero cost sharing or limited cost sharing plan at any metal level, including less expensive bronze plans.

AI/ANs who qualify for cost sharing reductions are not exempt from premiums.

However, they may qualify for Advance Premium Tax Credits depending on income.

All AI/ANs can apply for an exemption from the shared responsibility payment (tax penalty/fee) that others must pay when they file their taxes if they don't have health insurance.

Any applicable preauthorization requirements, balance billing or overage from

Out-of-Network providers. and any maximum benefit limitations or exclusions still apply (Important to check member benefits at the time of service)

Verifying Eligibility and Benefits for BCBSOK American Indian Members

Verifying eligibility and benefits electronically is the fastest way to access information for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members. The Availity Web portal offers you the ability to obtain patient coverage in real-time and at no additional cost. BCBSOK American Indian Marketplace members' eligibility status is available online by using the Availity Eligibility and Benefit Inquiry. In some instances, benefit details for these members may not be readily accessible online. However, the Availity Eligibility and Benefit Inquiry response provides a **Speak to an Agent** feature, which gives you priority access to the next available Customer Advocate, during standard business hours.

Here's how it works:

- Select the **Speak to an Agent** button
- Dial the phone number provided in the pop-up box

- When prompted, enter or speak the 8-digit reference ID number on your touch tone key pad

Note: This feature is only available for medical benefits that are managed by BCBSOK.

The Speak to an Agent feature is only available to registered Availity users. To register, simply go to availity.com and complete the online application today. For more information, refer to the instructional Availity Eligibility and Benefits Tip Sheets found in the [Education and Reference Center/Provider Tools section](http://bcbsok.com/provider) at bcbsok.com/provider.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

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Support is Available for Members with Chronic Conditions

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is committed to helping members with chronic conditions maintain a higher quality of life.

BCBSOK offers no-cost programs to educate and support members with diabetes, asthma, congestive heart failure, coronary artery disease or chronic obstructive pulmonary disease.

We work to identify members with these illnesses as early as possible. That allows our case managers to help them learn good self-care habits and the importance of regular medical visits.

Condition management and wellness programs may include educational materials, personal contact with a nurse case manager and coordination with the member's physician.

These resources can help members plan and manage their health, but they do not replace the care of a doctor. Talk to your patients about a chronic medical conditions.

For information about any of the disease management or wellness programs, visit bcbsok.com or call the toll-free customer service number on the member's ID card.

We're Here for You

Your questions are important to Blue Cross and Blue Shield of Oklahoma.

Please call the toll-free number on the back of the member's ID card if you have any questions or concerns about your patient's benefits.

To reach customer service, call the customer service number on the member's ID card between **8 a.m.** and **6 p.m.** CT, Monday through Friday. To reach the main phone switchboard, call 918-551-3500.

Calls may or may not be handled by customer advocates inside the United States. We take customer service seriously and want you to be satisfied with our service. Please consider taking the survey after your call.

For more information, visit bcbsok.com.

Feature Tip

Colon Cancer Screenings Goal: 80% Participation by 2018 – Will You Commit?

In collaboration with the American Cancer Society and the National Colorectal Cancer Roundtable, Blue Cross and Blue Shield of Oklahoma (BCBSOK) and Dr. Joseph Cunningham, BCBSOK Chief Medical Officer, have signed a pledge to have 80 percent of our members ages 50-75, screened for colon cancer by 2018.

Dr. Cunningham said, "Overall health is important to us at Blue Cross and Blue Shield of Oklahoma. We strongly encourage all our members age 50 and older to get screened for colon cancer. Members younger than 50 with risk factors for colon cancer may need screening starting at an earlier age. We are reaching out to you, as their providers, to help get the word out and to make colorectal cancer screening a priority."

How far away are we from reaching this goal? In 2016, the BCBSOK's Commercial PPO result was 50.4 percent.

We need your help to reach this goal! Over the next few months we will be providing articles on Colorectal Cancer (CRC) screenings, as well as barriers to CRC screenings. These articles will provide useful information such as:

- CRC screening test options and selections most suitable for your patients
- Overcoming barriers to CRC screenings
- How to implement a CRC screening program in your practice

What influences these results? YOU DO! The biggest influencer to motivate patients to get screened is YOU and your staff. Identify your patients who need it, talk to them about the importance of CRC screenings and then get them screened! Once this happens, they can be easily tracked for annual follow-up.

What actions can you take to make a difference?

- Easily identify patients by using colored folders or flagging the EMR for those ages 50-75 and start that conversation.
- Have standing orders for CRC screenings for those ages 50-75 and follow through with them.

- Direct your most persuasive and educated staff to answer questions and concerns, and help patients commit and complete CRC screenings.
Remember: The best CRC screening test is the one that gets done! Thank you in advance for your commitment to this important preventive screening
 The Centers for Disease Control and Prevention is providing **FREE continuing education** for PCPs, nurses, nurse practitioners and clinicians who perform colonoscopies. Access [Screening for Colorectal Cancer: Optimizing Quality](#) (CME), to download, print or watch the presentations on YouTube (expires March 10, 2019).

In the Community

2017 Champions of Health Winners Announced

Resonance Center for Women, Inc. (Resonance) has been named the recipient of the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, the highest honor of the [Champions of Health](#) awards. [Resonance](#), a Tulsa-based non-profit organization, offers substance abuse treatment as an alternative to incarceration and prison-to-community reentry services for those who have been incarcerated. As the overall winner, Resonance will receive a \$15,000 grant, which will be presented at the 2017 Champions of Health gala on Sept. 28 at the [Cox Business Center](#) in Tulsa. Award-winning journalist and host of “CBS Sunday Morning,” Jane Pauley, will be the 2017 Champions of Health keynote speaker.



Resonance’s newest program, [Take 2: A Resonance Café](#) in downtown Tulsa, is a transitional work program for women needing immediate employment and housing upon release from prison. Take 2 offers a stable work and living environment, enabling women to establish a positive work history and improve life and work skills during their first six months outside prison walls.

Women work in the café and live in adjacent housing. Tom Butcher, well-known Tulsa restaurateur, serves as café manager, and the Resonance reentry staff supports and prepares the clients to move on to better jobs and their own housing, focusing on skills training, family reunification, and relapse prevention.

Since 2004, the Champions of Health awards program has honored organizations and individuals who are making a difference in the health of Oklahomans. The annual Champions of Health gala benefits [The Oklahoma Caring Foundation, Inc.](#), a 501(c)(3) organization that provides Oklahoma children with immunizations at no charge.

Founded in 1994, the foundation is funded by community contributions and administered as an in-kind gift by Blue Cross and Blue Shield of Oklahoma, a division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the Blue Cross and Blue Shield Association.

In addition to the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health award, winners in each category will receive a \$5,000 grant and finalists will receive a \$1,000 grant. The winners and finalists are identified below:

Winner: [NewView Oklahoma](#)

NewView Oklahoma empowers people with vision loss to reach independence through employment, rehabilitation and community outreach. NewView is dedicated to meeting the needs of the blind, and is the sole provider of comprehensive low vision optometry and rehabilitation services in the state. Serving a base of more than 4,000 clients statewide, NewView's nationally recognized medical model for service delivery combines state of the art low vision optometry with occupational therapy that helps clients maximize their remaining vision and achieve greater independence where they live, learn, work and play. NewView's Older Blind Adult Vision Rehabilitation Program provides low vision exams, occupational therapy and safe travel training, combined with instruction in healthy meal preparation, medication management, exercise and diabetic education that empowers visually impaired seniors with the skills and tools they need to remain living in their own homes in health and safety.

Finalist: [Edmond Mobile Meals](#)

Champion of Children's Health

Winner: [American Lung Association in Oklahoma](#)

The American Lung Association of Oklahoma is dedicated to the prevention, control and cure of lung disease, the third leading cause of death in the United States. Its Open Airways for Schools program is a free asthma education curriculum designed for youth, ages 8-12 years, with a diagnosis of asthma. This research-based program is highly interactive and designed to teach children how to manage and control this disease. Topics within the program include understanding normal vs. asthmatic breathing, recognizing early warning signs, and taking medications.

Finalist: [Global Gardens](#)

Champion of the Uninsured

Winner: [Tulsa CARES](#)

Tulsa CARES is the largest and most comprehensive provider of care and social services for uninsured people living with HIV/AIDS in Oklahoma. Since 1991, the agency has compassionately provided health care coordination, mental health services, housing, nutrition services and social support to those who very often fall through the cracks. The organization is recognized as a leader in its field by partner organizations, funders and the prestigious Council on Accreditation for providing high quality care in the most caring and responsible way possible. Each day, the dedicated staff at Tulsa CARES work to end the stigma around HIV/AIDS and ensure that each client has the best possible chance to thrive.

Finalist: [Community Health Connection, Inc.](#)

Community Health Champion

Winner: [The Center for Individuals with Physical Challenges](#)

The Center for Individuals with Physical Challenges (The Center) increases access to fitness programming for those with physical disabilities, offering an accessible facility, knowledgeable staff, and modest fees. People with disabilities often experience poorer levels of health than the general population because of the many barriers they face

when trying to improve their health. Individuals with physical challenges who are discharged from local health facilities often need further assistance to improve their health and prevent further decline. However, for those with disabilities, participating in fitness activities can be challenging due to variety of barriers including costs, lack of knowledgeable staff, and inaccessible facilities. The Center provides rehabilitative and recreational activities for persons with mobility-, dexterity-, or sensory-disabilities.

Finalist: [Latino Community Development Agency](#)

Corporate Health Champion

Winner: [Nabholz Construction](#)

Nabholz is a private construction company operating in five states, with licensure to construct in 43 states. In 2007, the company decided to address the rising health care costs it had been absorbing by implementing a robust wellness program. Nabholz covers 100 percent of the employee-only premiums for health and dental insurance and makes a significant contribution to the premiums for employees who wish to cover their spouse and dependents. The company offers access to care and education with a full-time physician assistant/wellness director, physician, medical assistant, dietitian and personal trainer. Nabholz observed a zero percent increase in health insurance premiums for 2016.

Finalist: [Oklahoma State University](#)

Note: The winner and finalist in the Corporate Health Champion category are not 501(c)(3) organizations, and are ineligible to receive grant funds.

The Champions of Health awards program is presented by Blue Cross and Blue Shield of Oklahoma, in partnership with the Office of Secretary of Native American Affairs, the Oklahoma Association of Optometric Physicians, the Oklahoma Dental Association, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Foundation for Medical Quality, the Oklahoma Health Care Authority, the Oklahoma Hospital Association, the Oklahoma Osteopathic Association, the Oklahoma Primary Care Association, the Oklahoma State Department of Health and the Oklahoma State Medical Association.

Individual tickets and sponsorships are available. For information, call 855-628-8642 or visit championsofhealth.org.

Provider Data and Directory Updates

Maintaining accurate provider data and directories are an important part of providing Blue Cross and Blue Shield of Oklahoma (BCBSOK) members with the information they need to manage their health. Please review our online provider directory at [Provider Finder](#). The directory is a helpful tool for providers to refer their BCBSOK patients to other participating providers.

To update your directory information or other provider information such as tax identification numbers, supervising physician information, hospital privileges, etc., please submit

the [BCBSOK Provider Notification Form](#) via fax to 918-549-2141 or email the form to oknetworkmanagement@bcbsok.com.

All changes should be submitted at least 30 days in advance of the effective date of change. For more information, please contact your BCBSOK [Provider Network Representative](#).

Web Changes

- Posted [July Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted Medicare [Advantage Overpayment Recovery](#) to the Education and Reference Center/News and Updates
- Updated [Applied Behavior Analysis \(ABA\) Initial Treatment Request forms](#) under the Education and Reference Center/Health Care Provider Forms
- Updated [Clear Claim Connection](#) webpage under the Education and Reference Center/Provider Tools

BCBSOK Online Provider Orientation

The [Online Provider Orientation](#) is a convenient and helpful way for providers to learn about the online resources available to them.

Medical Policy Reminder

Approved new or revised BCBSOK medical policies and their effective dates are posted on the BCBSOK website the first day of each month. These policies may impact your reimbursement and your patients' benefits. You may view all active and pending policies, or view draft Medical Policies and provide comments. These can be accessed on the Standards and Requirements page of our provider website.

While some information on new or revised medical policies may occasionally be published for your convenience, please visit bcbsok.com/provider for access to the most complete and up-to-date information.

On-Demand Training

An [eRM tutorial](#) is available to show you how to navigate the features of the eRM tool. [Log in](#) at your convenience to complete the tutorial and use it as a reference when needed.

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