

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

## February 2018

Please distribute this newsletter, which contains claims, billing, Medical Policy, reimbursement, and other important information, to all health care providers, administrative staff, and billing departments/entities. This version of Blue Review is based on the electronic version that was distributed in February 2018 but because it is a summary copy, **it may not have all the information contained in the electronic version. To sign up to receive the Blue Review electronically, complete the [request form](#) that can be found at [bcbsok.com/provider](http://bcbsok.com/provider).**

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

## News & Updates

### How providers can impact HEDIS<sup>®</sup>

Do the services you provide to your patients count? Blue Cross and Blue Shield of OK (BCBSOK) values the care you provide to our members.

As providers, you are an important part of the Healthcare Effectiveness Data and Information Set (HEDIS) process because of your role in submitting accurate and timely records. As February approaches, it will be time for BCBSOK to prepare for the HEDIS data collection period since select HEDIS measures are included in the Health Insurance Marketplace's Quality Rating System (QRS). The information in this article will help you better understand what is expected of you as a provider and how your compliance positively impacts HEDIS scores.

#### What is HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS) is a collection of performance measures developed by the team of clinicians and researchers at the National Committee for Quality Assurance (NCQA) to measure the effectiveness of health care received by health plan members. Controlling high blood pressure is an example of a current tracked measure. The HEDIS team reviews medical records of members diagnosed with hypertension to identify the percentage of members whose blood pressures are adequately controlled during the measurement year.

#### How is data collected?

Health plans start collecting data from the previous measurement year in February (i.e. HEDIS 2018 data will measure 2017 performance). Two different methods can be used:

- Administrative Data – obtained from claims
- Hybrid Data – obtained from medical record reviews to augment administrative data rates

### **How is HEDIS data used?**

The results are used by consumers to help them select the best health plan for their needs. Results are also used by health plans to measure performance, identify quality initiatives and provide educational programs for providers and members.

### **What about HIPAA?**

The Health Information Portability and Accountability Act (HIPAA) privacy rule allows the collection and release of HEDIS results with no special patient consent or authorization. Access to member medical records is a contractual requirement which supports this data collection effort.

### **How can you help as a provider?**

The quality of care and services offered by our providers and their staff is reflected in the improvement of HEDIS scores. As a provider, you and your staff can help facilitate the HEDIS process by:

- Documenting accurately in medical records
- Coding all claims accurately
- Responding quickly to our request for medical records within five business days

Non-responses by the provider office count **as a negative** toward HEDIS scores.

If you have any questions regarding requests for medical records, contact your

[BCBSOK provider network representative](#).

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## **Responding to Electronic Quality and Risk Adjustment Medical Record Requests via Availity™ Web Portal**

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is committed to making it easier for providers to do business with us. Providers may now receive electronic quality and risk adjustment medical record requests from BCBSOK. The necessary documentation can be submitted electronically through the Availity™ Web portal.

Submitting requested records is easy. Once users have logged into the Availity Web portal, requests for quality and risk adjustment medical records from BCBSOK will display in

the **Notification Center**, providers may then upload and submit medical record documentation using the “Medical Attachments” application. Providers may track and audit their submissions.

BCBSOK is aiming to integrate payer-provider transactions and processes within providers’ daily Availity workflow. We anticipate this new electronic quality and risk adjustment medical records submission capability has the potential to:

- Lessen the administrative burden and inconveniences associated with mailing or faxing medical records
- Reduce delays and frustrations associated with paper submissions
- Lessen in-person visits to retrieve medical records

Mailing and faxing medical records remain options for all participating providers. Network providers who are not Availity users are encouraged to register with [availity.com](http://availity.com) and complete the online application, at no charge.

Becoming a registered Availity user grants access to many other tools and resources, while also allowing you to begin using new payer-providers business solutions immediately upon launch.

**LEARN MORE**

BCBSOK will be hosting one-hour training sessions for you to learn more about this new electronic solution. To register for an upcoming webinar, simply select a session date and time below.

[Wednesday Feb. 14, 2018 –11 a.m. to 12 p.m.](#)

[Thursday Feb. 15, 2018 – 2 p.m. to 3 p.m.](#)

[Friday, Feb. 16, 2018 - 10 a.m. to 11 a.m.](#)

For more information, refer to the [Responding to Electronic Quality and Risk Adjustment Medical Records Requests Tip Sheet](#) in the Provider Tools/Education and Reference Center at [bcbsok.com/provider](http://bcbsok.com/provider). BCBSOK will be providing additional information regarding electronic medical records submissions will be introduced in 2018.

At this time, electronic medical record request and submission process are not available for medical record requests resulting from utilization review activities or the claims adjudication process. We anticipate offering additional capabilities throughout 2018.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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## Referrals Process for American Indians with Limited Cost-sharing Plans

American Indians and Alaska Natives (AI/ANs) can get medical care from Indian health care providers.

at Indian Health Services, Tribal and Urban Indian facilities(I/T/Us). However, there may be some services that are not available at I/T/Us. If they have a referral, AI/ANs with limited cost-sharing plans who need services they cannot get from an Indian health care provider can see a different provider without paying anything out of pocket. \*

A new [Claims Referral flier](#) is available to explain the claims referral process for limited cost-sharing plans. It provides Indian health care providers with step-by-step instructions for submitting medical and pharmacy referrals, to help their patients avoid paying out of pocket for appropriately referred services.

\* AI/AN members who receive services from an out-of-network provider may still incur additional charges.

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## Electronic Commerce Services – Hours of Operation Update

Blue Cross and Blue Shield of Oklahoma (BCBSOK) supports the use of Electronic Data Interchange (EDI) transactions and related online tools for increased security and efficiency of daily operational, financial and administrative processes. We want to make it easier for you to conduct business with us, and electronic solutions can help.

BCBSOK’s Electronic Commerce Service Center is available to assist if you have questions or if you experience issues with EDI transactions or online tools. Beginning **March 5, 2018**, the Electronic Commerce Service Center hours of operation will change to the following schedule:

- Monday through Thursday – 8:00 a.m. to 4:30 p.m. (CT)
- Friday – 8:30 a.m. to 3:00 p.m. (CT)

You may contact our Electronic Commerce Service Center for assistance by emailing [ecommerceservices@bcbsok.com](mailto:ecommerceservices@bcbsok.com) or calling 800-746-4614. If sending an email, make sure to include any pertinent information needed to research your issue.

To learn more about EDI transactions and other electronic options available to providers, refer to the [Electronic Commerce page](#) in the Claims and Eligibility section of our website at [bcbsok.com/provider](http://bcbsok.com/provider). BCBSOK also hosts educational webinars to assist you with getting connected and navigating online tools and resources. To view upcoming webinar dates and times and register for a session, visit the [Training page](#) in the Education and Reference Center on our Provider website.

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## Feature Tip

### Visit Our Website

BCBSOK will be doing the series of articles on ways to get paid quickly and efficiently. Topics will focus on ways you can prevent delayed payments such as, keeping your information updated, reducing inaccurate claim submissions and submitting claims and appeals on time.

**The first article will focus on why keeping your practice information update is important.**

### Keep Your Information Updated to Receive Quick and Accurate Payments

To provide the best service to you and your patients, it's very important that all the information BCBSOK has about your practice is current and accurate. Be sure to let us know about any changes, including those to your practice address, email and/or physician rosters. **Keeping us informed of any changes to your information helps us pay your claims quickly and accurately.** It also makes it easier for your patients to get current and correct information on our [Provider Finder](#)<sup>®</sup>.

Please update your information by completing the [Demographic Change Form](#) by visiting our [bcbsok.com/provider](http://bcbsok.com/provider) webpage under Network Participation/Update your provider File.

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## Spot Light

### Visit Our Website: Dr. Peter Aran on What Oncologists Implementing OCM Can Learn From Existing Models

Over the next years, these spheres (ACOs, primary care, and oncology) that are going on in CMMI need to be coalesced together so that when we have learning collaboratives, not only do we have learning collaboratives within each of these spheres, but we learn from each other in these similar projects. [Learn More](#)

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## 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](#)<sup>®</sup>. 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](mailto: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](#).

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## Web Changes

- Posted [January Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Electronic Commerce Services – Hours of Operation Update](#) to Education and Reference Center/News and Updates
- Posted [Sensipar<sup>®</sup> \(cinacalcet\) will no longer be separately reimbursable under Medicare Part D for ESRD](#) Education and Reference Center/News and Updates

## 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](http://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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