

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

## January 2019

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 January 2019 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

### New Benefit Preauthorization Requirements for Select Infusion Drugs

**Effective Jan. 1, 2019**, benefit preauthorization will be required for [select infusion drugs](#) for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members in the networks listed below. These are drugs that are administered by health care professionals and typically covered under a member's medical benefit.

Blue Advantage PPO<sup>SM</sup>

Blue Preferred PPO<sup>SM</sup>

Blue Choice PPO<sup>SM</sup>

BlueLincs HMO<sup>SM</sup>

Starting on Jan. 1, 2019, if you are prescribing these select infusion drugs, you will need to submit a benefit preauthorization to BCBSOK prior to administering the drug. To request benefit preauthorization, use our online tool, [iExchange](#)<sup>®</sup>. You may also call the number on the member ID card for assistance.

Please note that the fact that a service has been preauthorized 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.

iExchange is a trademark of Medecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Medecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

## BCBSOK Expansion or Changes to Preauthorization Requirements Beginning Jan. 1, 2019

Effective Jan. 1, 2019, benefit plans managed by Blue Cross and Blue Shield of Oklahoma (BCBSOK) will be updating preauthorization requirements.

You should verify patient eligibility and benefits prior to every scheduled appointment. Eligibility and benefit information includes membership validation, coverage status and preauthorization requirements. To obtain fast, efficient, detailed information for BCBSOK members, please access the [Availity® Eligibility and Benefits tool](#). Please note that you must be registered with Availity to gain access to this **free online tool**. Additional [tip sheets are available](#) on the BCBSOK provider website.

Below is a list of the newly impacted care categories that may need preauthorization for various networks effective Jan. 1, 2019:

- Molecular and Genetic testing
- Radiation Therapy
- Advanced Imaging
- Cardiac Imaging
- Musculoskeletal Joint and Spine Surgery
  - Pain Management
  - Joint and Spine Surgery
- Select Outpatient Procedures
- Medical Benefit Specialty Pharmacy

**It is imperative that providers check member eligibility and benefits and verify preauthorization requirements through Availity or their preferred vendor.**

A [2019 list of services](#) that **may** require preauthorization or prenotification is available. Not all requirements apply to every BCBSOK plan. Watch for future detailed updates, as well as available training sessions, on [bcbsok.com/provider](http://bcbsok.com/provider).

Please feel free to contact your Provider Network Representative if you have any questions or if you need additional information.

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Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits, is not a guarantee of payment. Benefit determination will occur when a claim is received and will be based other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services when rendered.

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## 2019 Holiday Schedule Reminders (for 835 and 837 transactions)

The reminders below are intended to assist providers in planning ahead for scheduling variances that may affect electronic claims (837) and/or claims payment and remittance (835) transactions in 2019.

### Electronic Claim Reminders

- Our Electronic Data Interchange (EDI) gateway at Blue Cross and Blue Shield of Oklahoma (BCBSOK) is available 24 hours a day, seven days a week, 365 days a year for the submission of electronic claims (837 transactions).
- Customers will receive BCBSOK automated payer response reports within 24 hours of transmission.
- Claims transmitted to BCBSOK on Saturday, Sunday or Monday are automatically forwarded to the claims adjudication system on the next business day. This processing cycle is not impacted by corporate or banking holidays.

### Electronic Payment and Remittance Reminders

- BCBSOK offices will be closed and claims will not be adjudicated on the BCBSOK Holiday Observed Dates indicated in the table below. Please note there are separate columns for BCBSOK Holiday Observed Dates for Commercial and Government Programs Claims. Government program claims include Medicare Advantage.
- Legal banking holidays will add one day to the normal Electronic Funds Transfer (835 EFT) schedule. This means that the EFT payments will be become available the next business day after files are sent to the bank.
- Payment reports and Electronic Remittance Advice (835 ERA) files for claims adjudicated immediately following an observed holiday will be available for retrieval the next business day. This also affects the Electronic Payment Summary (EPS), which is delivered in conjunction with the ERA for commercial claims only. EPS files are not delivered for government programs claims.

**Do you utilize a billing service and/or clearinghouse?**

Please contact your vendor(s), if applicable, to determine any additional scheduling reminders they may have that may affect your electronic transaction timelines.

<b>Holiday Name</b>	<b>Calendar Date</b>	<b>Legal Banking Holiday Observed Date</b>	<b>BCBSOK Holiday Observed Date for Commercial Claims*</b>	<b>BCBSOK Holiday Observed Date for Government Programs Claims*</b>
New Year's Day	Tues., 1/1/19	Tues., 1/1/19	Tues., 1/1/19	Tues., 1/1/19
Martin Luther King Jr. Day	Tues., 1/15/19	Mon., 1/21/19	N/A	Mon., 1/21/19
President's Day	Mon., 2/18/19	Mon., 2/18/19	N/A	N/A
Memorial Day	Mon., 5/27/19	Mon., 5/27/19	Mon., 5/27/19	Mon., 5/27/19
Independence Day	Thurs., 7/4/19	Thurs., 7/4/19	Thurs., 7/4/19	Thurs., 7/4/19
Labor Day	Mon., 9/2/19	Mon., 9/2/19	Mon., 9/2/19	Mon., 9/2/19
Columbus Day	Sat., 10/12/19	Mon., 10/14/19	N/A	N/A
Veteran's Day	Mon., 11/11/19	Mon., 11/11/19	N/A	N/A
Thanksgiving	Thurs., 11/28/19	Thurs., 11/28/19	Thurs., 11/28/19 and Fri., 11/29/19	Thurs., 11/28/19 and Fri., 11/29/19
Christmas Holiday	Wed., 12/25/19	Wed., 12/25/19	Wed., 12/25/19	Tues., 12/24/19 and Wed., 12/25/19

\*BCBSOK's Holiday Observed Dates are subject to change.

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**Blue Cross Medicare Advantage<sup>SM</sup> Prior Authorization List Effective 1/1/2019**

The [2019 Blue Cross Medicare Advantage Prior Authorization List](#) is now available on the [bcbsok.com/provider](http://bcbsok.com/provider) website.

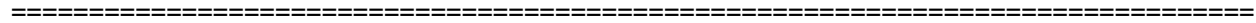
Attending physicians must obtain prior authorization for the services outlined in the Blue Cross Medicare Advantage Prior Authorization List, except in an urgent situation.

For additional prior authorization information for members in the Tulsa-area HMO network, please contact Customer Service at 1-866-796- 5709.

For additional prior authorization information for members in the Oklahoma City-area HMO and all PPO members, please contact Customer Service at 1-877-774-8592.

Plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and also to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans) and GHS Managed Health Care Plans (GHS-MHC) (HMO and HMO-POS plans). HCSC, GHS-MHC, and BlueLincs are Independent Licensees of the BlueCross and Blue Shield Association. HCSC, GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's and BlueLincs' plans depends on contract renewal.

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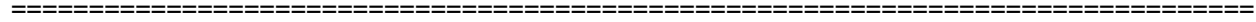
## Annual Reminder: Medicare Outpatient Observation Notice Required

As of March 8, 2017, hospitals and Critical Access Hospitals (CAH) must give the standardized Medicare Outpatient Observation Notice (MOON) to people who receive Medicare benefits and are observed as outpatients for more than 24 hours. This includes people with Blue Cross Medicare Advantage (PPO)<sup>SM</sup> and Blue Cross Medicare Advantage (HMO)<sup>SM</sup> health plans.

This notice lets people know why they are not consider “in-patient” and what their cost sharing and hospital coverage will be. It must be explained verbally and completed no later than 36 hours after observation begins or sooner if patients are admitted, transferred or released. Patients must sign to confirm they received and understand the notice. If they say no, the staff member who gave the notice must certify that it was presented.

The MOON and what to do with it can be found [here](#).

The information provided here is only intended to be a summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.



## Feature Tip

### Notification of Annual Benefit Updates

Blue Cross and Blue Shield of Oklahoma (BCBSOK) will be updating member files with annual benefit changes over the next several weeks; updates are in progress due to open enrollment. As always, we encourage you to verify your patients' coverage first using [Availity](#)® or your preferred vendor portal. In the event you are instructed to contact BCBSOK Provider Customer Service, please recognize that hold times may be longer than normal. For patients who are not scheduled for appointments, deferring eligibility and benefit information requests to a later date is appreciated.

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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## In The Community

### Giving Rural Doctors a Helping Hand

People in rural America are generally less healthy than their urban and suburban peers, in part because it's harder for them to get care. Rural communities average [just 13 doctors for every 10,000 people](#), according to the National Rural Health Association.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is helping bring a new primary care doctor to Texas County in the state's panhandle. BCBSOK joined the county and the state medical association to fund a \$160,000 grant over four years to help repay the doctor's student loans.

[Learn more](#) about this unique public/private collaboration to bring rural communities the care they need.

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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.

Our online provider directory, [Provider Finder](#)<sup>®</sup> helps members find in-network doctors and hospitals. The directory is also a helpful tool for you to refer your BCBSOK patients to other participating providers.

Please review your information in [Provider Finder](#) to ensure it's correct. To update your directory information or other information such as tax identification numbers, supervising physician information, hospital privileges, etc., please visit the [Information Change Request](#) section on the BCBSOK provider website.

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

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## Web Changes

- Posted [December Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [2019 Benefit Preauthorization Changes: eviCore™ Training, Reminders and Resources](#) to Education and Reference Center/News and Updates
- Updated [Clinical Practice Guidelines](#) under Clinical Resources/Clinical Practice Guidelines
- Posted [Annual Reminder: Medicare Outpatient Observation Notice Required](#) to Education and Reference Center/News and Updates

## Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

## Provider Training

For dates, times and online registration, visit the [Provider Training page](#).

## Making the Health Care System Work<sup>SM</sup>

We have an insider's view of how health insurers, doctors, hospitals, employers and governments depend on one another to provide access to affordable, high-quality care and help people live healthy, productive lives. We put together a team of writers and multimedia creators to work with business and thought leaders, inside and outside of our organization, to explore ways we can all work together to make the health care system work better for everyone. [Learn more about the online magazine](#) we created to tell these stories.

## 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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