



## July 2017

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 on July 6, 2017 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

### BCBSOK Blue Review getting a new Look

Beginning Aug. 2017 the BCBSOK Blue Review Newsletter will have a new updated look and will be distributed on the second Thursday of the month. Here is a [sneak peek](#) of the new design.

### Additional Benefit Categories Contained in IVR Phone System

To help ensure provider readiness, an updated IVR benefit containment list is included below. This list outlines those categories that were effective starting on Dec. 12, 2016, along with the additional categories to be implemented June 19, 2017. As a reminder, this information is continually reviewed and may vary across different BCBSOK networks, products and/or group policies. There are no other benefit categories being added to the Federal Employee Program (FEP) IVR-Contained Benefits list at this time. To view the separate containment list for FEP members, refer to the article in the May 2017 *Blue Review*.

**Note:** The information listed is not applicable to government programs (Medicare Advantage) member policies. For government programs eligibility and benefits requests via phone, refer to the number on the member's BCBSOK ID card.

IVR-Contained Benefit Categories Effective Dec. 12, 2016	Additional IVR-Contained Benefit Categories Effective June 19, 2017
<ul style="list-style-type: none"> <li>• Allergy</li> <li>• Colonoscopy</li> <li>• Consultations</li> <li>• Coordinated Home Care</li> <li>• Electrocardiogram (EKG)</li> <li>• Extended Care Facility</li> <li>• Hospital</li> <li>• Inhalation Therapy</li> <li>• Laboratory</li> </ul>	<ul style="list-style-type: none"> <li>• 23-hour Observation</li> <li>• Air Ambulance</li> <li>• Anesthesia</li> <li>• Assistant Surgeon</li> <li>• CAT Scan</li> <li>• Dialysis</li> <li>• Ground Ambulance</li> <li>• Hospice</li> <li>• Medical Supplies</li> </ul>

<ul style="list-style-type: none"> <li>• Mammogram</li> <li>• Office Services</li> <li>• Office Visit</li> <li>• Pap Smear</li> <li>• Physical Exam</li> <li>• Preventive Care</li> <li>• Private Duty Nursing</li> <li>• Ultrasound</li> <li>• X-ray</li> </ul>	<ul style="list-style-type: none"> <li>• MRI</li> <li>• Pathology</li> <li>• PET Scan</li> <li>• Prosthetics</li> <li>• Prostate-specific Antigen (PSA)</li> <li>• Sterilization</li> </ul>
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As a reminder, checking eligibility and benefits electronically through Availity™ or your preferred Web vendor is the quickest way to access information for BCBSOK members. To learn more about online solutions, refer to the [Education and Reference Center/Provider Tools](#) section of our Provider website.

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 questions, please call the number on the member's ID card.

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 offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

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## **[New Training Dates for the "BCBSOK Back to Basics: Availity™ 101" Webinars now available](#)**

Blue Cross and Blue Shield of Oklahoma (BCBSOK) presents "BCBSOK Back to Basics: Availity 101", a complimentary webinar covering the self-service electronic tools and features that can be accessed through the Availity Web portal. For more information and a full list of available training dates visit the [Availity training](#) section under the education and Reference Center tab on the BCBSOK provider website.

## **[Insurers Required by CMS to Conduct ACA Risk Adjustment Program Audit](#)**

The IVA is expected to begin in June of 2017 BCBSOK will be working with Tactical Management Incorporated (TMI) to retrieve the requested medical records that we have to submit to our IVA auditor. Our IVA auditor requires medical records in order to validate the sampled member's risk score calculation which is based on the diagnosis codes submitted on a member's claims, as well as through supplemental diagnosis submissions based on medical record review. As BCBSOK providers, you may be asked to provide medical records directly to TMI in order to validate all of the diagnosis codes used in the ACA RA risk score calculation. Please respond to these requests in a timely manner. It is important to have a successful audit to improve the healthcare delivery system.

The IVA will be performed on a sample of members enrolled in ACA-compliant individual and small group plans, both on and off-exchange. Our IVA auditor will validate medical claims of the sampled members from the previous calendar year. For example, this IVA will be conducted in 2017, but will review claims with dates of service in 2016. Please be aware some of these claims may have been paid in 2017 and are likely to be included in the IVA sample.

We understand that this is a very busy time; however, in an effort to comply with CMS' requirements, we appreciate your full support and cooperation as you receive requests from TMI and deliver the requested medical record(s) in a timely manner.

If you have any questions, please contact your Network Representative.

**Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2017**

Preferred Brand <sup>1</sup>	Drug Class/Condition Used For
<b>Basic (formerly known as Standard) Drug List</b>	
Eloctate	Hemophilia
Entresto	Heart Failure
Humulin R U-500	Diabetes
Humulin R U-500 KWIKPEN	Diabetes
Kisqali	Cancer
Linzess	Irritable Bowel Syndrome
Vyvanse	ADHD
Xtandi	Cancer
<b>Enhanced (formerly known as Generics Plus) Drug List</b>	
Eloctate	Hemophilia
Entresto	Heart Failure
Humulin R U-500	Diabetes
Humulin R U-500 KWIKPEN	Diabetes
Invokamet	Diabetes
Invokamet XR	Diabetes
Invokana	Diabetes
Kisqali	Cancer
Welchol	High Cholesterol
Xtandi	Cancer
<b>Performance Drug List</b>	
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	Narcolepsy
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Acne

XIGDUO XR	Diabetes
XTAMPZA ER	Pain
ZERIT	Antiviral
<b>Performance Select Drug List</b>	
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	Narcolepsy
BELSOMRA	Insomnia
BYSTOLIC	Hypertension
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Acne
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	Hypertension
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	Hypertension
XIGDUO XR	Diabetes
XTAMPZA ER	Pain
ZERIT	Antiviral

### Drug List Updates (Revisions/Exclusions) – As of July 1, 2017

Non-Preferred Brand <sup>1</sup>	Drug Class/Condition Used For	Generic Preferred Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
<b>Basic (formerly known as Standard) Drug List Revisions</b>			
Atrovent	Asthma/COPD	Ipratropium Bromide	Spiriva, Incruse, Ellipta
<b>Performance Drug List Exclusions</b>			
Adapalene cream 0.1%, gel 0.1%, gel 0.3%	Acne	<i>Members should talk to their pharmacist or doctor for over-the-counter options or other covered therapeutic alternatives</i>	
Butalbital/Acetaminophen/Caffeine with Codeine capsule 50-300-40-30 mg	Headaches	butalbital-acetaminophen-caff W/ cod cap 50-325-40-30 mg	N/A
Calcipotriene/Betamethasone Dipropionate Ointment 0.005-0.064%	Topical Steroid	N/A	Enstilar

Epi-Pen and Epi-Pen Jr.	Anaphylaxis	N/A	epinephrine auto-injector 0.15 mg/0.3 mL (EPIPEN JR authorized generic)
Karbinal ER	Allergies	carbinoxamine maleate soln 4 mg/5 mL	N/A
Paroxetine ER 25 mg	Antidepressant	paroxetine tablets (immediate release)	N/A
Taclonex	Topical Steroid	N/A	Enstilar
Taytulla	Birth Control	junel fe 1/20 tab, gildess fe 1/20 tab, larin fe 1/20 tab, microgestin fe tab	N/A
Tretinoin microsphere gel 0.04%, 0.1%	Acne	tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%, tretinoin gel 0.025%, tretinoin gel 0.05%	N/A
<b>Performance Drug List Revisions</b>			
Chloroquine phosphate tab 250 mg	Malaria	chloroquine phosphate tablet 500 mg, hydroxychloroquine sulfate tablet	N/A
Clemastine fumarate tab 2.68 mg	Allergic Rhinitis	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Coditussin AC	Cough/Cold	cheratussin ac syrup, virtussin ac solution	N/A
Lindane Shampoo	Lice	permethrin cream, malathion lotion	N/A
Methergine	Postpartum bleeding	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Metoclopramide ODT 5 mg	Nausea/vomiting	metoclopramide tablet (non-orally disintegrating), metoclopramide solution	N/A
Ninjacof-XG	Cough/Cold	cheratussin ac syrup, virtussin ac solution	N/A

Oxymorphone Hcl SR tab	Pain	oxycodone tablets,, oxymorphone tablets (immediate release)	Oxycontin tablets
Tolmetin sodium 400 mg	Arthritis	ibuprofen tablet, meloxicam tablet, naproxen tablet	N/A
<b>Performance Select Drug List Exclusions</b>			
Adapalene cream 0.1%, gel 0.1%, gel 0.3%	Acne	<i>Members should talk to their pharmacist or doctor for over-the-counter options or other covered therapeutic alternatives</i>	
Butalbital/Acetaminophen/Caffeine with Codeine capsule 50-300-40-30 mg	Headaches	butalbital- acetaminophen-caff W/ cod cap 50-325-40-30 mg	N/A
Calcipotriene/Betamethasone Dipropionate Ointment 0.005- 0.064%	Topical Steroid	N/A	Enstilar
Karbinal ER	Allergies	carbinoxamine maleate soln 4 mg/5 mL	N/A
Paroxetine ER 25 mg	Antidepressant	paroxetine tablets (immediate release)	N/A
Taytulla	Birth Control	junel fe 1/20 tab, gildess fe 1/20 tab, larin fe 1/20 tab, microgestin fe tab	N/A
Tretinoin microsphere gel 0.04%, 0.1%	Acne	tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%, tretinoin gel 0.025%, tretinoin gel 0.05%	N/A
<b>Performance Select Drug List Revisions</b>			
Chloroquine phosphate tab 250 mg	Malaria	chloroquine phosphate tablet 500 mg, hydroxychloroquine sulfate tablet	N/A
Clemastine fumarate tab 2.68 mg	Allergic Rhinitis	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Coditussin AC	Cough/Cold	cheratussin ac syrup, virtussin ac solution	N/A

Lindane Shampoo	Lice	permethrin cream, malathion lotion	N/A
Methergine	Postpartum bleeding	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Metoclopramide ODT 5 mg	Nausea/vomiting	metoclopramide tablet (non-orally disintegrating), metoclopramide solution	N/A
Oxymorphone Hcl SR tab	Pain	oxycodone tablets,, oxymorphone tablets (immediate release)	Oxycontin tablets
Tolmetin sodium 400 mg	Arthritis	ibuprofen tablet, meloxicam tablet, naproxen tablet	N/A

### **DISPENSING LIMIT CHANGES**

The BCBSOK prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

### **Effective July 1, 2017:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic (formerly known as Standard), Performance and Performance Select Drug List Changes</b>	
<b>Antibiotics</b>	
Sivextro tablet	6 tablets per 180 days
<b>Opioid Dependence (cumulative across agents and strengths)</b>	
Bunavail 2.1/0.3 mg, 4.2/0.7 mg, 6.3/1 mg films	60 films per 30 days
buprenorphine-naloxone 2/0.5 mg, 8/2 mg tablets	60 tablets per 30 days
Suboxone 2/0.5 mg, 4/1 mg, 8/2 mg, 12/3 mg films	60 films per 30 days
Zubsolv 0.7/0.18 mg, 1.4/0.36 mg, 2.9/0.71 mg, 5.7/1.4 mg, 8.6/2.1 mg, 11.4/2.9 mg tablets	60 tablets per 30 days
<b>Neuromuscular Agent (cumulative across strengths)</b>	
Lyrica 25, 50, 75, 100, 150, 200, 225, 300 capsules	90 capsules per 30 days

### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- **Effective July 1, 2017**, the following changes will be applied:

- Injectable Atopic Dermatitis and Emflaza will be added to the standard Prior Authorization (PA) programs for standard pharmacy benefit plans. The Injectable Atopic Dermatitis PA program includes the target drug Dupixent. The Emflaza PA program includes the target drug Emflaza.
- Several targeted medications will be added to the current PA programs for standard pharmacy benefit plans. *As a reminder*, please review your patient’s drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Also, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

## Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2017

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic (Standard) and Performance Drug Lists</b>	
Therapeutic Alternatives	Auvi-Q, generic metformin ER (Fortamet)

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

<sup>1</sup>Third party brand names are the property of their respective owners

<sup>2</sup>These lists are not all inclusive. Other medications may be available in this drug class.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

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. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

## Keeping BCBSOK Member Private Health Information Safe

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is committed to protecting our members' health information. BCBSOK Members may have received facts on our Notice of Privacy Practices (NOPP) on an Explanation of Benefits or ID card mailer.

Members may access BCBSOK’s full NOPP three different ways:

1. Visit our [website](#) to view the latest [notice](#)
2. Call the toll-free number on the back of your ID card and ask for a copy



3. Email [nopp@bcbsok.com](mailto:nopp@bcbsok.com) and ask for a copy

### **Need to Know about BCBSOK PPO Members**

Below is a list of BCBSOK member rights. Please be sure to keep this information as a reference.

#### **Blue Cross and Blue Shield of Oklahoma PPO Members have the right to:**

- Have confidentiality of health information.
- Receive medically necessary and appropriate care and service.
- Receive polite and respectful care and services from Blue Cross and Blue Shield of Oklahoma employees and participating health care providers.
- Receive information in clear and understandable terms.
- Participate with health care providers in decision-making about their treatment.
- Refuse treatment.
- File complaints when unhappy with the care and treatment received.
- Appeal an Adverse Benefit Determination or a decision regarding a preauthorization request, if they feel it is in error.
- Designate an authorized representative to act on their behalf in pursuing a benefit claim or appeal of an Adverse Benefit Determination.

If you have questions about your patient's coverage, please call the toll-free customer service phone number on your patient's member ID card.

### **Need to Know about BCBSOK HMO Members**

Below is a list of BCBSOK member rights. Please be sure to keep this information as a reference.

#### **Members of BlueLincs HMO<sup>SM</sup> have the right to:**

- Have all medically necessary care covered under their benefit package by a BlueLincs provider.
- Receive thoughtful and polite care with respect for personal privacy.
- Receive diagnosis, treatment choices and outlook in clear, understandable language.
- Be involved in decision-making about their treatment.
- Have a direct conversation about appropriate or medically necessary treatment choices for their conditions, no matter the cost or benefit coverage.
- Have confidentiality of information about their treatment.
- Know the identity of all people involved in their care.
- Refuse treatment and to be told of the medical consequences.
- Be told of research projects involving their care and the right to refuse participation in them.
- File a complaint or grievance and be given due process.
- Appeal an Adverse Benefit Determination or a decision regarding a preauthorization request, if they feel it is in error.
- Name an authorized representative to act on their behalf in pursuing a benefit claim or appeal of an Adverse Benefit Determination.

### **Careful Documentation Paves the Way for Accurate Coding Capture**

[It all begins with you and your patient.](#) This fact did not change with the transition to ICD-10. However, with ICD-10, a higher level of specificity in your documentation is necessary in many instances – such as documenting laterality – to support proper assignment of ICD-10-CM/PCS codes. To help ensure that claims are properly billed and appropriate benefits are applied, your documentation must paint a clear and complete picture of each patient's condition with details to support subsequent diagnoses and treatment.

Careful documentation is also important for auditing purposes, as the patient's health record helps demonstrate adherence to quality of care measures. Medical record data is used to help develop provider report cards and to demonstrate meaningful use in electronic health records. Provider profiles may be made publicly available through online transparency or comparison tools, and potential patients may use this information when they are choosing where to go for care. Additionally, accurately capturing the severity of illness may ultimately affect case management index weighting and different forms of reimbursement.

Clinical documentation improvement tools and services are widely available. As part of the transition to ICD-10 coding, many providers have implemented clinical documentation improvement (CDI) programs. Regardless of whether your organization or office has implemented a specific program, there are some basic CDI principles you can use to help support accurate ICD-10 coding on your claims:

1. **Lay the groundwork** by outlining a complete history
2. **Go below the surface** by highlighting potential red flags and risk factors
3. **Include progress notes** to illustrate how the patient was monitored and evaluated
4. **Put the pieces together** with details on why decisions were made
5. **Focus on teamwork** between medical, coding and billing staff

For a quick overview of the importance of documentation and coding capture, we invite you to [view our short video](#), which also includes a link to helpful information on our Provider website.

This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims. Health care providers are instructed to submit claims using the most appropriate codes based upon the medical record documentation and coding guidelines and reference materials.

## Feature Tip

### [Prior Authorization is Required for Some Prescription Drugs](#)

Prior authorization is a clinical program that only applies to certain types of prescription medicines. Prescription medicines subject to the prior authorization program will need pre-approval before they can qualify for coverage under a member's pharmacy benefit plan.

Most commonly prescribed medicines under a member's pharmacy benefit plan do not require prior authorization. However, depending upon the benefit plan, a prior authorization program may be in effect for one or more prescription drugs.

Below are a few medications\* that **do require** prior authorization:

- Anabolic steroids: Anadrol, Oxandrin
- Antifungal agents: Noxafil, Vfend
- Erectile dysfunction medicines: Caverject, Cialis, Edex, Levitra, Muse, Viagra
- Growth hormones: Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive
- Hepatitis C medicines: Harvoni, Sovaldi, Olysio, Daklinsa
- Narcolepsy medicines: Nuvigil, Provigil, Xyrem
- Oral fentanyl medicines: Actiq, Fentora, Onsolis

Additional categories may be added and the program may change from time to time. To learn more or to check your medications' requirements, visit [bcbsok.com](http://bcbsok.com) or call the customer service number on the member's ID card.

## In the Community

### Jane Pauley announced as keynote speaker for 2017 Champions of Health Gala

# Champions of Health

Benefiting the  Oklahoma Caring Foundation

### Jane Pauley announced as keynote speaker for 2017 Champions of Health Gala



Award-winning journalist and host of “CBS Sunday Morning,” Jane Pauley, will serve as the keynote speaker for the 2017 Champions of Health gala. The event will be held on Thursday, Sept. 28 at 6 p.m. at the Cox Business Center in Tulsa.

Pauley began her network career as co-host of “TODAY” for thirteen years, anchored “Dateline NBC” for more than a decade and hosted her own daytime program, “The Jane Pauley Show.”

A longtime advocate in children’s health and education, Pauley is a member of the Board of Directors of Children's Health Fund, and The Mind Trust, and is a highly regarded spokesperson in mental health.

The Mind Trust and Encore.org and is a highly regarded spokesperson in mental health.

“The Champions of Health gala is a wonderful opportunity to highlight those great individuals, organizations and groups who are working together

to create a healthier Oklahoma,” said Pauley. “I’m looking forward to attending the event and witnessing the positive impact of the honorees.”

The 14th annual event will honor Champions of Health winners for making a difference and improving the health of Oklahomans. All proceeds from the event will benefit the [Oklahoma Caring Foundation](#), a 501(c)(3) organization dedicated to providing children access to preventive health services and immunizations at no cost through the Oklahoma Caring Vans.

For tickets, sponsorship opportunities and additional information, visit [championsofhealth.org](#).

The Champions of Health awards program is presented by Blue Cross and Blue Shield of Oklahoma in partnership with the Office of the 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.

**About the Oklahoma Caring Foundation:**

*The Oklahoma Caring Foundation, Inc. is a nonprofit organization 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. These companies are independent licensees of the Blue Cross and Blue Shield Association.*

## 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](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](#).

## Web Changes

- Posted [June Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Additional Benefit Categories Contained in IVR Phone System](#) to the Education and Reference Center/News and Updates
- Posted [Online Enrollment Options in Availity™](#) to the 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.

Below is a list of BCBSOK member rights. Please be sure to keep this information as a reference.

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The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.



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