

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

## March 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 March 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

### Oklahoma Behavioral Health Provider Education Webinar; RSVP by March 28

On April 4, 2018, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will host an education session to help providers learn about medical necessity criteria used for:

- Behavioral health
- Coordination of care for case management / utilization management
- Website navigation
  - How to find medical policies
  - Claims information on BCBSOK provider website

#### **What: Oklahoma Behavioral Health Provider Education Webinar**

When: Wednesday, April 4, 2018, at 9 a.m.

**Please contact your Provider Network Representative Lore Holtsberg by Wednesday, March 28 to RSVP.** Lore can be reached by phone: 405-316-7199 or email - [Lore.Holtsberg@bcbsok.com](mailto:Lore.Holtsberg@bcbsok.com). Once you have RSVP'd, Lore will send you a registration link to the training session.

## Interpreting the 'PLB' Segment on the 835 ERA

There are reversals and corrections when claim adjudication results have been modified from a previous claim report. The method for revision is to reverse the entire claim and resend the modified data. Provider level adjustments are reported in the PLB segment within your 835 Electronic Remittance Advice (835 ERA from Blue Cross and Blue Shield of Oklahoma (BCBSOK)).

Adjustments in the PLB segment can either decrease the payment (**a positive number**) or increase the payment (**a negative number**). The sum of all claim payments (CLP04) minus the sum of all provider level adjustments (in the PLB segment) equals the total payment (BPR02). The information in the PLB segment must be taken into consideration for auto-posting of payments to your patient accounts.

Below are additional details regarding adjustment codes that may appear in the PLB segment, in accordance with the requirements as specified within the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated Technical Report Type 3 (TR3). \* Questions may be directed to our Electronic Commerce Service Center at [ecommerceservices@bcbsok.com](mailto:ecommerceservices@bcbsok.com) or 800-746-4614.

**Please share this important information with your practice management software vendor, and/or your billing service or clearinghouse, if applicable.**

<p><b>C5 – Temporary Allowance</b></p>	<p>This code is used to inform you that we have identified an overpayment of less than \$50. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSOK. If you disagree, overpayment disputes/appeals must be submitted within 90 days from the date of the report.</p> <p><i>Example:</i> PLB*15483NN082*20151231*C5:02015NNNQ3980X00.55NN30940*-2</p> <p>To balance this scenario, the debit, credit record, along with the PLB must be processed together. The result should be \$0.</p>
<p><b>CS – Adjustment</b></p>	<p>This code is used to inform you that we have identified an overpayment of \$50 or more. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSOK, or do nothing, in which case the payment recovery will occur automatically. If you disagree, overpayment disputes/ appeals must be submitted within 90 days from the date of the report.</p> <p><i>Example:</i> PLB*15483NN082*20151231*CS:020150NNNOC85890X00.5NN82101*-1156</p>

	To balance this scenario, the debit, credit record, along with the PLB must be processed together. The result should be \$0.
<b>WO – Overpayment Recovery</b>	This code indicates the automatic recovery of a previous payment. <i>Example:</i> PLB*154837NN82*20151231* <b>WO</b> :0201509NN08956BOX.5520NN142*1156*
<b>WO – Overpayment Recovery 72 – Authorized Return B2 – Rebate</b>	This combination is used to acknowledge the return of funds. <i>Example:</i> PLB*15483NN082*20151231* <b>72</b> :0201509NN08956BOX.5520NN142*-14* <b>WO</b> :0201509NN08956BOX.5520NN142*14* <b>B2</b> :0201509NN08956BOX.5520NN142*-14

\*The HIPAA mandated ASC X12 Health Care Claim / Payment Advice (835) TR3 is available for purchase on the Washington Publishing Company (WPC) website at [wpc-edi.com](http://wpc-edi.com). WPC is an independent third-party vendor that is solely responsible for its products and services.

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## Availity™ Claim Research Tool Offers Enhanced Claim Status Results

One of the most convenient, efficient and secure methods of requesting detailed claim status from Blue Cross and Blue Shield of Oklahoma (BCBSOK) is by using an online option such as the Availity Claim Research Tool (CRT).\*

The CRT allows registered Availity users to search for claims by Member ID, Group Number and Date of Service, or by National Provider Identifier and specific claim number, also known as a Document Control Number. The CRT also enables users to check the status of multiple claims in one view to obtain near real-time claim status, with detailed ineligible reason code descriptions.

The Search Results page now delivers the rendering provider ID and name submitted on the claim. Additionally, where applicable, the claim status service line break-down returns:

- Diagnosis Code
- Co-payment
- Co-insurance
- Deductible

- Modifier
- Unit, Time or Mile

This important information is available within a few clicks, lessening the need to speak with a Customer Advocate.

For additional information, refer to the [CRT tip sheet](#) in the Education and Reference Center/Provider Tools section of our website at [bcbsok.com/provider](http://bcbsok.com/provider). As a reminder, you must be registered with Availity to utilize the CRT. For registration information, visit [availity.com](http://availity.com), or contact Availity Client Services at 800-282-4548.

**Join us for a webinar!** BCBSOK hosts complimentary Back to Basics: ‘Availity 101’ webinars for providers to learn how to use the CRT and other electronic tools to the fullest potential. You do not need to be an existing Availity user to attend a webinar. To register online now for an upcoming webinar, visit the [Training page](#) in the Education and Reference Center section of our provider website.

**\*The CRT is not available for Medicare Advantage claims.** To check claim status in the Availity web portal for Medicare Advantage members, providers should use the **Claim Status Inquiry** tool, instead of the CRT. The Availity **Claim Status Inquiry** tool is located under the **Claims & Payments** tab on the Availity home page.

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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## How Providers Can Impact HEDIS®

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 a provider, 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. It is 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. 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?

HEDIS is a collection of performance measures developed by the team of clinicians and researchers at the National Committee for Quality Assurance 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 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 that 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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**Feature Tip**

**How to Keep the Cash Flowing**

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

**The second article in this series focuses on preventing claim delays.**

## Helpful Tips for Preventing Claim Delays

On a recent review of claim denials, Blue Cross and Blue Shield of Oklahoma (BCBSOK) identified the most common issues that cause delays in claim processing.

Following the tips below will help prevent delays, billing errors and other potential setbacks that could cause postponements in payments.

- Verifying benefits can be helpful prior to submitting claims or appeals in order to have the most current policy information, as well as any benefit exclusions that may be relevant to the services being rendered.
- Obtaining a copy of the member's current insurance card at all visits, as policies can often change. This will ensure that the claims are submitted with the most current policy information.
- Verifying the correct alpha prefix is on all claims — **this is extremely important**. Many claims cannot be processed without the member's alpha prefix.
- If there are two Blue Cross and Blue Shield insurance policies for a member, please be sure to include both the primary and secondary policy information on the claims.
- If a corrected claim is needed, providers have two options. Providers can submit corrections electronically. For instructions on how to submit [corrections electronically](#) visit the BCBSOK provider website in the Education and Reference Center/Claim Tips/ Related Resources. If a provider is unable to submit corrections electronically they can submit a [Corrected Claim Form](#). The Corrected Claim form can be found under the Claims section of the Education and Reference Center/Forms on the BCBSOK Provider website. For other questions about corrected claims requests review the [Corrected Claims Request Frequently Asked Questions](#).
- Be sure to include all current and complete provider information on the claims, including the current tax identification number and NPI numbers in the correct fields.
- If a response has not been received to a claim, please contact Customer Service at 800-496-5774, or check the [Availity™ website](#) for claim status prior to resubmitting the claim. If the claim is already on file, but has not yet been processed, a resubmission will not expedite the processing of the original claim.

For more claim tips and helpful resources, visit the [Claim Tip section](#) on the [bcbsok.com/provider](http://bcbsok.com/provider) website.

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## Spotlight

### Behavioral Health: Let's Talk About It!

This month, we're spotlighting an article from our online magazine, Making the Health Care System Work<sup>SM</sup>. [The Intersection of Physical and Behavioral Health Care](#) explores some of the ways behavioral health and physical health symptoms can fuel each other, and how data analytics are helping Blue Cross and Blue Shield of Oklahoma (BCBSOK) further integrate behavioral health.

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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, [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 the change. For more information, please contact your BCBSOK [Provider Network Representative](#).

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### Web Changes

- Posted [February Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2018](#), to Education and Reference Center/News and Updates
- Posted [Training Webinar Schedules](#) for Second Quarter Education and Reference Center/Training

## **Making the Health Care System Work. Better. Together.**

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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