



March 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 March 2, 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.**

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

News & Updates

Effective March 8, 2017: Medicare Outpatient Observation Notice (MOON) Required

Effective March 8, 2017, the Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act requires hospitals and Critical Access Hospitals (CAH) to provide the MOON to Medicare beneficiaries, including Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM members receiving observation services as outpatients for more than 24 hours. The MOON explains the status of the individual as an outpatient as opposed to an inpatient, along with the implications of observation services on cost sharing and coverage for post-hospitalization skilled nursing facility (SNF) services.

An oral explanation of the MOON must be provided, ideally in conjunction with the delivery of the notice, no later than 36 hours after observation services are initiated or, if sooner, upon release. In addition, a signature must be obtained from the individual, or an individual qualified to act on their behalf, to acknowledge receipt and understanding of the notice. In cases where the individual or person refuses to sign the MOON, the staff member of the hospital or CAH providing the notice must sign the notice to certify that notification was presented.

The MOON and instructions can be found at cms.gov/bni/ or cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-12-08-3.html.

The information provided here is only intended to be a brief 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.

New Medicare Prior Authorization Requirements through eviCore

Blue Cross Medicare AdvantageSM has contracted with eviCore healthcare (eviCore), an independent specialty medical benefits management company, to provide Utilization Management services for prior authorization requirements outlined below.

Effective May 15, 2017, Blue Cross Medicare AdvantageSM members will be subject to the prior authorization requirements set forth in this article.

eviCore will manage prior authorization requests for the following specialized clinical services effective for dates of service on or after May 15, 2017:

- Outpatient Molecular Genetics
- Outpatient Radiation Therapy
- Musculoskeletal
 - o Chiropractic
 - o Physical and Occupational Therapy
 - o Speech Therapy
 - o Spine Surgery (Outpatient/Inpatient)
 - o Spine Lumbar Fusion (Outpatient/Inpatient)
 - o Interventional Pain
- Outpatient Cardiology & Radiology
 - Abdomen Imaging
 - Cardiac Imaging
 - Chest Imaging
 - Cardiac Rhythm Implantable Device (Crid)
 - Head Imaging
 - Musculoskeletal
 - Neck Imaging
 - Obstetrical Ultrasound Imaging
 - Oncology Imaging
 - Pelvis Imaging
 - Peripheral Nerve Disorders (Pnd) Imaging
 - Peripheral Vascular Disease (Pvd) Imaging
 - Spine Imaging
- Outpatient Medical Oncology
- Outpatient Sleep Program
- Post-Acute Care
- Outpatient Specialty Drug

The rendering provider must obtain prior authorization for services outlined in this notification, except in an urgent situation.

Services performed without prior authorization and that do not meet medical necessity criteria may be denied for payment, and the rendering provider may not seek reimbursement from the member.

iExchange[®] services will continue to be available for all other services that require prior authorization.

BCBSOK and eviCore will be providing additional information, including training opportunities, in the coming months on the Provider website at bcbsok.com/provider and in [Blue Review](#).

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSOK.

Please note that the fact that a service has been preauthorized/pre-certified 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.

Provider Claim Summary Paper Mailing Discontinuance: Effective Date Delay

A previous announcement indicated that distribution of paper PCSs via regular mail would be discontinued March 1, 2017. However, to ensure provider readiness, the effective date to discontinue mailing of paper PCSs has been delayed from March 1, 2017, to a future date within 2017. More information will be made available regarding the paper mailing end date in the upcoming months.

As a reminder, Provider Claim Summaries (PCSs) are now accessible through the Reporting On-Demand application, located under our Blue Cross and Blue Shield of Oklahoma (BCBSOK) branded *Payer Spaces* section on the Availity™ Web portal.

Exception requests to receive paper PCS mailings will continue to be reviewed by emailing PECS@bcbsok.com.

As a point of clarification, enrollment for Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) remains optional, and is not required to obtain your PCS from Reporting On-Demand. With Reporting On-Demand, the identical PCS received by mail from BCBSOK is readily available for you to view, download and/or print, at your convenience.

Join us for a webinar! BCBSOK is hosting one-hour educational webinars for you to learn more about using the Reporting On-Demand application to access your PCS information. New and existing Availity users are highly encouraged to attend. To register for a complimentary online training session, select a date and time below.

[March 8, 2017 – 2 to 3 p.m.](#)

[March 15, 2017 – 2 to 3 p.m.](#)

[March 22, 2017 – 2 to 3 p.m.](#)

[March 29, 2017 – 2 to 3 p.m.](#)

Not yet registered with Availity? Simply go to availity.com, select “Register” and complete the online registration process today at no additional cost. For more information on Availity registration or to request additional training, contact our Provider Education Consultants at PECS@bcbsok.com.

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.

Reporting On-Demand

The Reporting On-Demand application is available in the BCBSOK branded Payer Spaces section on the Availity Web portal. This tool permits registered Availity users to readily view, download, save and/or print the Provider Claim Summary (PCS) online, and other reports as they become available.

For more details on viewing the PCS online, refer to the [Reporting On-Demand: Online Provider Claim Summaries Tip Sheet](#). To register with Availity and gain access to the application, visit availity.com.

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Physician Payment Policies for Members enrolled in Blue Cross Medicare Advantage HMOSM and Blue Cross Medicare Advantage PPOSM

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Effective March 15, 2017, Blue Cross Blue Shield of Oklahoma (BCBSOK) will enhance our review and application of our physician payment policies applicable to Blue Cross Medicare Advantage PPOSM and Blue Cross Medicare Advantage HMOSM.

There are no changes required by providers. The payment policies for the Blue Cross Medicare Advantage plans will continue to be based on nationally accepted means of claims payment, which include:

- Medicare's:
 - National bundling edits including the Correct Coding Initiative (CCI)
 - Modifier usage
 - Global surgery rules
- AMA CPT coding guidelines
- Regional Medicare policies
- National specialty academy guidelines (coding and clinical).

As a valued provider please continue to render services to our members and submit your claims, accordingly. The goals of this endeavor are to:

- Enable you and your billing staff to more readily understand our payment of claims given the widespread use of these policies and source criteria utilized above.
- Identify that the service or drug being requested is medically necessary and appropriate by following up-to-date medical recommendation treatment plans that are not duplicated.

This is one of many things we are doing to make the health care system work better, by focusing on improving health care delivery. We want our members to receive the best health outcomes for all of the dollars spent on their care.

We will be providing additional information on the BCBSOK Provider website and in later Blue Review issues.

New Redesign of Explanation of Benefit (EOB) for BCBSOK Members

On Feb. 20, 2017, the Explanation of Benefit (EOB)s was updated to make it more reader-friendly and easier to understand for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members. BCBSOK streamlined the design, clarified the claims math and simplified the language to create a straightforward tool to help members better understand their health care finances.

The EOB redesigned has a completely new layout and focuses on **three major sections**:

1. **Total of Claims** highlights the major financial information – the amount billed, total benefits approved and the amount the member may owe to the provider – for all claims contained in one EOB.
2. **Service Detail** identifies the services received for each claim, including the facility or physician, dates of service(s), the charge – both billed and allowed and what was paid to the provider. For the first time, this new EOB breaks out negotiated provider discounts and deductions from any amounts not covered, visibly showing members the value they receive from their BCBS benefits coverage.
3. **Summary** shows members a clear picture of their deductible, coinsurance, copays, and spending accounts.

Another benefit of the new layout includes the reduction of paper usage. Simple or shorter claims will now fit on one EOB page. In addition, there will only be one Appeals Addendum produced per set of EOBs (household), improving the member experience.

The new EOB will also be available in Spanish.

For a sample of the redesign EOB [Click Here](#)

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](#).

Feature Tip

LifeTimes® Member Newsletter Offers Tips on Preventing Heart Attacks and Strokes

Do you know the ABCs of preventing heart disease and stroke? The latest online [LifeTimes® Member Newsletter](#) embraces Heart Month and offers tips on preventing heart attacks and strokes.

LifeTimes is available online at lifetimes.bcbsok.com. In this issue, we offer suggestions on how to change unhealthy habits that lead to heart disease and how those changes can significantly reduce the risk of heart disease.

In the Community

Blue Cross and Blue Shield of Oklahoma Attends Latino Outreach Event in Tulsa



BCBSOK recently joined other community health resources for a Latino outreach event hosted by the Coalition of Hispanic Organizations at Rockwood Village in Tulsa on Friday, Feb. 10. BCBSOK's Latino community outreach specialist Jessica Lozano and Service, Delivery & Operation inquiry specialist Tiffany Stroup were available to help visitors with health insurance education and enrollment.

Oklahoma Caring Van Specialist Tina Hutchison administered immunizations to the community and provided the flu vaccine to adults.

Web Changes

- Posted [February Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Patient Access to Care – Blue Cross and Blue Shield of Oklahoma Access Standards/ Clinical resources/Quality Improvement](#)
- Posted [New Medicare Prior Authorization Requirements through eviCore](#) to Education and Reference Center/News and Updates/Blue Review page
- Updated [Reporting on-Demand](#) to the Education and Reference Center/Provider Tools
- Updated [BCBSOK Back to Basics: Availability 101](#) to the Education and Reference Center/Training/Availability

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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