



## May 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 May 4, 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

### Reminder: Pharmacy Program Benefit Changes Became Effective January 1, 2017

Blue Cross and Blue Shield of Oklahoma (BCBSOK) implemented pharmacy benefit changes as of January 1, 2017, for some members with prescription drug benefits administered through Prime Therapeutics.\*

Based on claims data, letters were sent from BCBSOK to alert members who may be affected by one, or more, of the 2017 pharmacy benefit changes. A summary of the changes, as outlined in the member letters, is included below for your reference. [Click here](#) or a full list of Drug Formulary Changes

**Drug List Changes and Medication Coverage Revisions/Exclusions** – Some members' plans may now be based on a new drug list:

1. New Performance Drug List and Performance Select Drug Lists – Some members may have one of these new drug lists, which are closed drug lists listing all covered medications only. As a result, some medications will move to a higher copay/coinsurance payment tier and select drugs/drug classes may be excluded from coverage. Additionally, if your patient had a prior authorization approval for a drug that is now excluded from coverage, you can submit a drug list coverage exception request to BCBSOK. Your patient may also ask you about therapeutic alternatives.
2. Enhanced Drug List (*formerly known as Generics Plus Drug List*) – Some members may move to this drug list, and as a result, select medications may move to a higher copay/coinsurance payment tier. Your patient may ask you about generics or lower cost alternatives.
3. Some members may also be affected by annual or quarterly drug list changes, such as drugs moving to a higher payment tier or excluded from coverage. Your patient may ask you about therapeutic or lower cost alternatives.
4. The Standard Drug List is now known as the Basic Drug List.

5. As a reminder, medications that have not received FDA approval are not covered under the BCBSOK pharmacy benefit.

**Utilization Management Program Changes** – Some members' plans may now be subject to new prior authorization and step therapy programs and/or dispensing limits. If your patient is taking select medications included in these programs, he/she may need to meet certain criteria, such as an approval of a prior authorization request, for coverage consideration. Additionally, these programs may correlate to your patient's drug list.

**Specialty Drug Changes** – Starting January 1, 2017, members with an individual benefit plan offered on/off the Oklahoma Health Insurance Marketplace who are using a drug manufacturer's coupon or copay card will not have the specialty drug payment apply to their plan deductible or out-of-pocket maximum, unless the coupon is a permitted third-party cost sharing payment. Your patients can contact BCBSOK if they have questions about this change.

**Pharmacy Network Changes** – Some members' plans may experience changes to the pharmacy network:

1. CVS Exclusion – Effective January 1, 2017, CVS pharmacies® and CVS pharmacies in a Target® store were removed from most members' pharmacy network.
2. New Pharmacy Networks –Some members' plans may move to a preferred network where prescriptions filled at these preferred tiered pharmacies offer the lowest copay/coinsurance amounts. 90-day supplies can also be filled at either these preferred tiered pharmacies or through mail order for coverage consideration.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients' records, you may want to ask your patient which pharmacy is their new choice.

If your patients have questions about their pharmacy benefits, please advise them to contact the Pharmacy Program number on their member ID card. Members also may visit [bcbsok.com](http://bcbsok.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) for a variety of online resources.

\*Changes to be implemented, as applicable, based on the member's 2017 plan renewal, or new plan effective date, unless otherwise noted. These changes do not apply to members with Medicare Part D or Medicaid coverage.

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. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSOK and contracting pharmacies is that of independent contractors. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

A "preferred" or "participating" pharmacy has a contract with BCBSOK or BCBSOK's pharmacy benefit manager (Prime Therapeutics) to provide pharmacy services at a negotiated rate. The terms "preferred" and "participating" should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy. Please note that changes to participating pharmacies may be made in the future.

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 and pharmacy choice is between the member and their health care provider.

## **UPDATE: Implementation for Medicare Prior Authorization Requirements through eviCore**

Blue Cross and Blue Shield of Oklahoma (BCBSOK) 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 June 1, 2017, Blue Cross Medicare Advantage<sup>SM</sup> 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 June 1, 2017:

- **Outpatient Molecular Genetics**
- **Outpatient Radiation Therapy**
- **Musculoskeletal**
  - Chiropractic
  - Physical and Occupational Therapy
  - Speech Therapy
  - Spine Surgery (Outpatient/Inpatient)
  - Spine Lumbar Fusion (Outpatient/Inpatient)
  - Interventional Pain
- **Outpatient Cardiology & Radiology**
  - Abdomen Imaging
  - Cardiac Imaging
  - Chest Imaging
  - 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**
- **Outpatient Specialty Drug**

[The Blue Cross Medicare Advantage Preauthorization Requirements List](#) has been updated to include the **services listed above that require preauthorization through eviCore, for dates of service on or after June 1, 2017.**

**Beginning May 22, 2017** providers can contact eviCore using one of the following methods:

- The [eviCore HealthCare Web Portal](#) will be available 24x7. After a one-time registration, you are able to initiate a case, check status, review guidelines, view authorizations/eligibility and more. The Web Portal is the quickest, most efficient way to obtain information.
- Providers can call toll-free at **855-252-1117** between 7 a.m. to 7 p.m. (local time) Monday through Friday.

The rendering provider must obtain prior authorization for services outlined in this notification, except for emergency care or urgent services. Referrals from your PCP are not required if the specialty provider selected is in network.

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. Please continue to visit the [bcbsok.com/provider](http://bcbsok.com/provider) site and the [BCBSOK Blue Review Newsletter](#) for updates.

*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.*

\* eviCore is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSOK.

\*\* Prior authorization determines whether the proposed service or treatment meets the definition of medical necessity under the applicable benefit plan. Prior authorization of a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

## Flublok Quadrivalent Billing Update

Effective January 1, 2017, the American Medical Association (AMA) approves the use of Current Procedural Terminology (CPT®) code 90682 (influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use), which best describes Flublok Quadrivalent. Flublok Quadrivalent is for persons 18 years of age and older.

Please be aware that Flublok Quadrivalent is not yet accessible for administration. Once available for the 2017-2018 flu season, Blue Cross and Blue Shield of Oklahoma (BCBSOK) agrees CPT 90682 can be used.

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## Insurers Required by CMS to Conduct ACA Risk Adjustment Program Audit

In 2017, the Centers for Medicare and Medicaid Services (CMS) will conduct another Initial Validation Audit (IVA) to validate the data used when assessing the payment transfers for the Affordable Care Act's (ACA) Risk Adjustment (RA) program. The provider's role is essential to the success of the IVA. Therefore, if any of your patients are selected to be included in the IVA, Blue Cross and Blue Shield of Oklahoma (BCBSOK) is asking for your cooperation and commitment to fulfilling the requirements of the IVA.

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.

## Online Enrollment Options in Availity™

Blue Cross and Blue Shield Oklahoma (BCBSOK) offers multiple enrollment opportunities for electronic options through the [Availity Web portal](#), in addition to supporting utilization of standard administrative transactions through Availity or your preferred vendor portal. Instead of faxing or mailing paper enrollment forms, you may complete the **online** enrollment options listed below through Availity, at no cost. In addition, Availity provides single sign-on access to several online tools, including those highlighted below. This feature offers you greater convenience and security, without the need for another User ID and password.

### **Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA)**

BCBSOK contracted providers\* may enroll online for EFT and ERA and also make any necessary set-up changes in Availity. The online enrollment process can be completed in near real-time. Providers will receive a confirmation letter acknowledging the enrollment effective date and related information. Once an organization is enrolled for ERA, providers and billing services also gain access to the Availity Remittance Viewer. This online tool permits users to search, view, save and print remittance information, even if the ERA is delivered to an appointed receiver.

*\*This excludes atypical providers who have not acquired a National Provider Identifier (NPI).*

### **Benefit Preauthorization – iExchange® (Single sign-on access)**

Once you are registered as an Availity user, you may enroll through the Availity Web portal for iExchange. This tool supports online submission and electronic approval of benefits for inpatient admissions, as well as select outpatient and clinical pharmacy services. iExchange also offers you an alternative to calling to request status of most benefit preauthorization requests. Additionally, iExchange accepts electronic medical record documentation for predetermination of benefits requests. As a reminder, always check eligibility and benefits first to find out if benefit preauthorization is required for a particular member. Please note that, for behavioral health services, you should continue to use the current fax and telephone benefit preauthorization methods.

### **Electronic Refund Management (eRM) (Single sign-on access)**

Registered Availity users also have the opportunity to gain access to eRM, an online tool that helps simplify the overpayment reconciliation process. You will receive electronic notification of overpayments, with the option to deduct from a future payment or pay by check. eRM also permits users access to the **Claim Inquiry Resolution (CIR)** tool, a method of online assistance that helps save your staff time by

reducing the amount of calls and specific written inquiries on finalized claims. The eRM and CIR tools are not available for government programs claims.

### Learn more...

To learn more about these and other electronic tools and resources, visit the [Education and Reference Center/Provider Tools](#) section of our website at [bcbsok.com/provider](http://bcbsok.com/provider). Also see the [Training](#) page for dates, times and registration for online training sessions on a variety of topics. For assistance or customized training, contact a BCBSOK Provider Education Consultant at [PECS@bcbsok.com](mailto:PECS@bcbsok.com).

**Not yet registered with Availity?** Visit [availity.com](http://availity.com) and complete the online application today. If you need registration assistance, contact Availity Client Services at 800-AVAILITY (282-4548).

Checking eligibility and/or benefit information and/or 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. If you have any questions, please call the number on the back of 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. iExchange is a trademark of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity or Medecision. 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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## Benefit Information Accessible in the IVR Phone System

As a reminder, on Dec. 12, 2016, Customer Advocate assistance was removed for several common benefit categories within the Interactive Voice Response (IVR) phone system since the IVR quotes the same level of member eligibility and benefits information as a Customer Advocate would provide. Rest assured that our Advocates will continue to be available for more complex benefit quotes.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is committed to providing efficient and secure access to member information. To assist with the recent IVR change, we have included the benefit categories that are currently contained in the IVR. This listing is continually reviewed and may vary across our different BCBSOK networks, products and/or group policies. *There is a separate category containment list below for Federal Employee Program (FEP) members.*

IVR Contained Benefit Categories		
Office Visit	Hospital	Preventive Care
Colonoscopy	Allergy	Ultrasound
Coordinated Home Care	Laboratory	X-ray
Extended Care Facility	Mammogram	EKG
Physical Exam	Inhalation Therapy	Consultations
Pap Smear	Private Duty Nursing	Office Services



FEP IVR Contained Benefit Categories	
Accidental Injury	Maternity
Allergy	Office Visit
Chiropractic Services	Outpatient Physical, Occupational and Speech Therapy
Diagnostic – Lab, X-ray, Outpatient Diagnostic	Vision
Inpatient Benefits – Inpatient Hospital, Inpatient Surgery	

When navigating the IVR to determine patient coverage or connecting with a Customer Advocate to request pre-determination of benefits status,, it is imperative that you select the exact benefit category that will be rendered for the member. This will ensure that you receive the most accurate benefit information associated with your request.

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 [Provider Tools](#) section under our Education and Reference Center. For IVR navigational assistance, refer to the [Eligibility and Benefit Caller Guide](#) found on our provider website at [bcbsok.com/provider](http://bcbsok.com/provider).

For **out-of-state** Blue Cross and Blue Shield members, who cannot verify BlueCard® Eligibility and Benefits online call the BlueCard Eligibility Line at 800-676-BLUE (2583) for verifications. [Learn more about Blue Card](#).

For Federal Employee Program (FEP) members, eligibility and benefits can be obtained electronically or by calling 800-722-3130.

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.

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## Rescheduled Implementation of Additional Code Auditing Software

Blue Cross Blue Shield of Oklahoma (BCBSOK) previously published a notification for the implementation of an additional code auditing software. **BCBSOK has rescheduled this implementation for May 21, 2017.**

This software will further enhance the auditing of professional and outpatient facility claims for correct coding according to Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT®) and Centers for Medicare & Medicaid Services (CMS) guidelines.

## Feature Tip

### Making the health care system work better, together

Health care is an increasingly complex business. In small and large ways, we are transforming how we help support and collaborate with providers, so we can help make the health care system work better for our members.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is working every day to identify ways we can streamline, simplify and improve processes that may affect your practice. That work includes examining how and in what ways we can work together with providers to favorably impact care quality and affordability. To that end, we are designing new data and reporting capabilities that may help providers gain deeper and broader insights into the health care needs of BCBSOK members.

Throughout this year and the next, BCBSOK will introduce new tools and technologies that we expect will help:

- Make it easier for you to do business with us
- Deliver actionable data to help you make more insightful patient treatment and practice management decisions
- Support new risk-sharing and payment arrangement opportunities
- Enhance the value and quality of care our members receive

Modernization is essential. By offering more efficient online options, increased network participation opportunities and risk models, and greater access to improved data and reporting tools, BCBSOK is aiming to go above and beyond where we are today so that we may continue to work with you in more innovative ways.

We invite you to join us in helping make the health care system work better, together. Keep reading future issues of [Blue Review](#) to find out what's new.

## In the Community

### Nominations Open for 2017 Champions of Health Awards



Individuals, groups and organizations that are working to positively change the health status of Oklahomans, through unique and innovative programs, are encouraged to apply for the 2017 [Champions of Health](#) awards. Nominations will be accepted through May 26 either [online](#) or by mail; click here for the nomination [form](#).



All winners will be recognized at the Champions of Health gala on Thursday, Sept. 28, at the Cox Business Center in Tulsa. The Champions of Health gala benefits the [Oklahoma Caring Foundation](#), a 501(c)(3) organization dedicated to providing Oklahomans access to preventive health services, including children's immunizations, via the Oklahoma Caring Vans.

The award categories include:

- Champion of Children's Health
- Champion of Senior Health
- Champion of the Uninsured
- Community Health Champion
- Corporate Health Champion

Nonprofit winners in select categories will receive a \$5,000 contribution toward their organization or program, and will be considered for the highest honor, the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, as well as receive a \$15,000 contribution.



*Veteran's Corner was named the 2016 Dr. Rodney L. Huey Memorial Champion of Oklahoma Health.*

Please help us identify eligible organizations and individuals by submitting nominations or forwarding this information to others who might be interested.

Nominations can be mailed or submitted online through May 26 and there is no charge to enter. Nomination forms and additional details and requirements can be found on the [Champions of Health](#) website. The website also provides information about the Champions of Health coalition partners, [previous winners](#), [gala sponsorship](#) opportunities and additional program details.

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

For more information about the Champions of Health program and to view video highlights from last year's gala, visit [championsofhealth.org](http://championsofhealth.org).

*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.*

## 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](http://availity.com).

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## Web Changes

- Posted [April Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Updated [BCBSOK Back to Basics: Availity™ 101](#) training links to Education and Reference Center/Training
- Update [New Enrollee iExchange](#) training links to Education and Reference Center/Training
- Posted [ClaimsXten™ Updates](#) to Claims and Eligibility/Claim Tips/ClaimsXten™ 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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