BlueCross BlueShield of Oklahoma
Blue Review℠
A Provider Publication

November 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 Nov. 16, 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

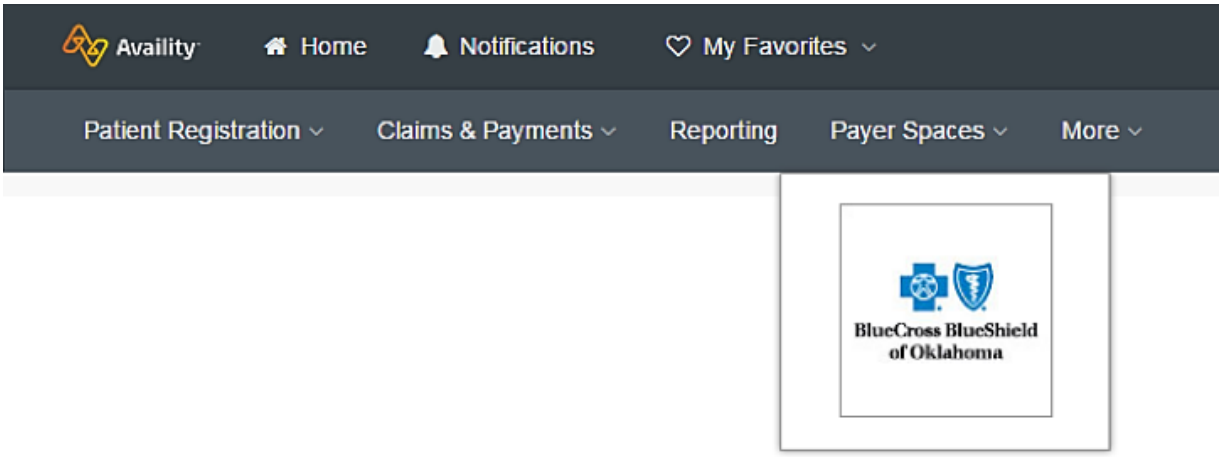
News & Updates

How to Find BCBSOK Resources in Availity™: Electronic Claim Submission Edits

Have you recently been searching in the Availity Web Portal to locate a specific Blue Cross and Blue Shield of Oklahoma (BCBSOK) tool or enrollment option? Some of our electronic resources offered through Availity have moved to the BCBSOK-branded Payer Spaces section in Availity.

The BCBSOK Payer Spaces section contains payer-specific in-house applications, resources, and links to the BCBSOK Provider website for quick access to pertinent information. You can also view the latest Availity News and Announcements for various payer-specific articles, newsletters and reference documents.

Providers may access BCBSOK Payer Spaces by selecting the Payer Spaces drop-down option from the Availity navigation menu.



The following online tools and resources are now available via the **Resource** tab within the BCBSOK Payer Spaces section:

- Electronic Fund Transfer (EFT) online enrollment
- Electronic Remittance Advice (ERA) online enrollment
- iExchange® online benefit preauthorization registration
- National Drug Code (NDC) Units Calculator
- Electronic Refund Management (eRM) tool
- and more…

Note: The Claim Research Tool (BCBS) remains available in the Claims & Payments tab on the Availity navigation menu.

To learn more about BCBSOK's electronic offerings, visit the Provider Tools page in the Education and Reference Center of our website at bcbsok.com/provider. For assistance or customized training, contact a BCBSOK Provider Education Consultant at PECS@bcbsok.com.

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Flucelvax Quadrivalent Billing Update

The American Medical Association (AMA) has released Current ProceduralTerminology (CPT®) code 90756 effective for claims processed with dates of service (DOS) on or after 1/1/18.

CPT code 90756-Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use -may be used to best describe preservative containing Flucelvax Quadrivalent vials which received FDA approval 07/07/2017 for the 2017-2018 flu season.

For claims prior to 1/1/18 doses using preservative containing Flucelvax Quadrivalent 2017-2018 NDCs may be submitted with 90749-Unlisted vaccine/toxoid or Q2039-Influenza virus vaccine, not otherwise specified.

90674-Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use-may continue to be used to best describe ***preservative and antibiotic free*** Flucelvax Quadrivalent pre-filled syringes.

*When billing flu vaccines code descriptions may be specific to dosage, formulations such as trivalent vs quadrivalent, preservative vs preservative free, or other distinctive features (ie split virus, recombinant DNA, cell cultures, intradermal, or intramuscular).

The American Medical Association (AMA) has released Current Procedural Terminology (CPT®) code 90756 effective for claims processed with dates of service (DOS) on or after 1/1/18.

*When billing flu vaccines code descriptions may be specific to dosage, formulations such as trivalent vs quadrivalent, preservative vs preservative free, or other distinctive features (ie split virus, recombinant DNA, cell cultures, intradermal, or intramuscular).

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BCBSOK to Require Adherence to Vaccine Guidelines

Timely vaccines protect the health of children and adults, saving lives and ensuring the safest, most effective disease prevention possible. To help keep Blue Cross and Blue Shield of Oklahoma (BCBSOK) members safe, doctors treating them should adhere to guidelines recommended by the U.S. Food and Drug Administration (FDA) and Advisory Committee on Immunization Practices (ACIP).

We have identified two categories of vaccines that may have been administered in a manner that doesn't align with FDA and ACIP guidelines.
For those vaccine categories – one for HPV prevention and one for the prevention of shingles resulting from the herpes zoster virus – BCBSXX will:

- Continue to reimburse for claims that are medically necessary and supported by the FDA guidelines
- Consider vaccines administered outside of the FDA and ACIP recommendations experimental, investigational or unproven, and will periodically review such claims
- Recover reimbursements for these vaccines administered outside of the FDA and ACIP recommendations per our contracts

HPV vaccination guidelines
Gardasil, Gardasil 9 and Cervarix are vaccines for the prevention of HPV infections and associated diseases, including cancers. Administration of these vaccines is recommended for males and females between nine and 26 years old. Vaccination at age 11 or 12 is optimal. Since 2006, these vaccines have been administered in three doses, with the second dose at one or two months after the first and the third dose six months after the first. In October 2016, for patients between nine and 14 years old, the ACIP recommendation was updated to two doses, with the second dose six to 12 months after the first. For patients between 15 and 26 years old, the three-dose regimen is still recommended.

Shingles vaccination guidelines
Zostavax is a vaccine that prevents shingles and its complications. Zostavax is recommended as a single dose by the FDA at age 50 or older and by the ACIP at age 60 or older.

BCBSOK considers the vaccine medically necessary for anyone age 50 or older in recognition of the FDA guidance.

Details on our complete, approved immunization schedule can be found on the BCBSOK Provider page under Standards & Requirements, Clinical Payment and Coding Policies, "Preventative Services Policy CPCP006".

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BCBSOK Documentation Guidelines – Laboratory Audit/Review

To assist in prompt payment of claims and to ensure payment integrity, Blue Cross and Blue Shield of Oklahoma (BCBSOK) may request medical record documentation to determine if the laboratory services billed are appropriately documented in the patient's medical records. For BCBSOK to consider services submitted for reimbursement, there must be sufficient documentation in the provider's or hospital's medical records to verify the services performed were appropriately documented, medically necessary and required the level of care billed. If there is insufficient, incomplete or illegible documentation, the services submitted for reimbursement will be denied. Additionally, claims that have already been adjudicated by BCBSOK are subject to recovery if documentation submitted does not support the services billed.

For every laboratory claim submitted to BCBSOK, the provider should have valid laboratory medical records documenting the services ordered and the results of the services performed on file. Laboratory medical records consist of a signed valid requisition and complete results of the tests performed. A valid requisition is one received from the patient's treating physician or qualified health care provider (i.e. the provider treating the patient and who will use the test results in the management of the patient's specific medical problem). Records should be complete, legible and include the following:

A valid requisition should contain the following:

- Patient identification
- Complete ordering provider identification (minimum full name and NPI#)
- Signature of ordering physician (must be legible) ("Signature on File", Signature Stamp, or photocopies of signature are not acceptable)
- Facility and location where sample collected is relevant (State, office, home, hospital, Residential Treatment Center (RTC))
- Type of sample (e.g. blood, serum, urine, oral swab)
- Date and time collected
- Date and time received in the lab
- Identity of individual who collected sample
- For urine testing, a temperature at time of collection may be relevant and aid in validity
- ICD-10-CM diagnosis codes received from ordering provider (specificity required)
- Identify specific tests ordered
- For drug testing, a current medication list may be relevant and aid in supporting medical necessity
- For drug testing Point of Care (POC) test results may be relevant and aid in supporting medical necessity

Additionally, lab results should contain the following information:

- Complete identification of performing entity (name, address, CLIA #)
- Identity of Patient (full name, DOB)
- Identity of ordering provider (name, NPI)
- Identity of facility if applicable
- Date sample collected
- Date sample received in lab
- Date test results reported
- Complete test results including validity testing if performed

- Type of sample (e.g. blood, serum, urine, oral swab)

BCBSOK may request records from an ordering provider to substantiate and provide supporting information during a laboratory claim audit/review. However, it should be noted that **the responsibility remains with the billing provider to provide the required documentation to validate the services billed are appropriately documented and are medically necessary.** If a medical record request is sent to the provider billing the laboratory services, they must supply the required documentation. Insufficient or a lack of supporting documentation will result in denial of the laboratory services billed.

It should be noted that Medicare auditors also require a billing provider to assume responsibility for obtaining supporting documentation as needed from a referring physician's office. For more information, see the Medicare Program Integrity Manual on the Centers for Medicare & Medicaid Services (CMS) website.

The ordering provider's medical record must support the medical necessity for each service ordered. The record must be specific to an individual patient and not consist of "standing", "routine", "custom panels" or "orders per protocol". Such "one size fits all" ordering is not appropriate and does not support billing of the laboratory services.

Familiarity with BCBSOK medical policies regarding laboratory testing may prevent unexpected claim denials. Orders and documentation as described above do not ensure reimbursement. Medical policies, benefits, eligibility and medical record documentation are the additional determining factors for reimbursement. BCBSOK medical policies can be found by visiting the Standards and Requirements section of our website at bcbsok.com/provider. Individual benefit/coverage information may be found by contacting the customer service number on the back of the member's insurance card or utilizing your preferred web vendor for an online verification of benefits.

Providers ordering or performing drug testing should carefully review BCBSOK Medical policy # MED207.154. Medical policies are updated regularly so visit this site often for the most up-to-date medical policy information.

Services that do not meet BCBSOK documentation and/or medical necessity requirements will not be eligible for reimbursement. In addition to BCBSOK, it is useful to recall that Medicare will only pay for tests that are medically reasonable and necessary based on the clinical condition of each individual patient.

Laboratories also should be mindful of requests for testing received from in-patient and intensive out-patient behavioral health facilities as laboratory services are included in per diem rates paid to the entities and should not be "unbundled" and submitted for separate claim reimbursement. In those instances, separate reimbursement for laboratory services may be denied or disallowed as payment is included in the facility's per diem payment.

Independent laboratory claims should be submitted to the state where the sample was obtained regardless of where the testing facility resides.

As a reminder BCBSOK does not allow pass through billing or under arrangement billing. If you have any questions, please contact your Provider Network Representative.

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Government Programs: 835 Electronic Remittance Advice (835 ERA) Update

This notice applies to government programs providers servicing Blue Cross and Blue Shield of Oklahoma (BCBSOK) Blue Cross Medicare Advantage℠* members.

**Including the product types of HMO, PPO, HMO-POS and HMO-SNP(if applicable).*

This an update to a March 2017 announcement, which advised that missing ERA files could not be reloaded for claims submitted for members enrolled in any of the above-referenced Medicare Advantage plans. Therefore, impacted providers were instructed to refer to the paper Provider Claim Summary (PCS) sent by regular mail for remittance information on government programs claims.

Effective Nov. 30, 2017, government programs providers enrolled to receive the 835 ERA from BCBSOK may request redelivery of missing ERA files, to their designated receivers, issued since Jan. 1, 2017. Please note that ERA files originally issued prior to Jan. 1, 2017 cannot be reloaded. To request redelivery of ERAs for government programs claims, you may contact Provider Customer Service at the number on the member's ID card. Paper PCSs will continue to be mailed for providers who are not enrolled for ERA.

Not enrolled for ERA? Providers may enroll online for ERA and also make any necessary set-up changes through the Availity™ Web portal at no cost. 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. To register for Availity, visit their website at availity.com and complete the online application today.

For more information on 835 ERA enrollment and related topics, visit the Electronic Commerce / EFT & ERA section of our Provider website.

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 Online Magazine Spotlights Emerging Episodes of Care Payment Model

Health insurers are often portrayed as part of the problem in health care. At Blue Cross and Blue Shield of Oklahoma (BCBSOK), we believe that having access to affordable, quality coverage can make a positive and often profound difference in our members' lives.

This is one of the reasons we've launched Making the Health Care System Work℠, our new online magazine, to help tell our story and explore ways we can all work together to make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding bold solutions for the future.

In our recent online article – Should health care be a package deal? – we explore how the health care industry is moving toward viewing and paying for all of the care associated with a single condition or procedure, such as knee replacement surgery and rehabilitation, as one product. This new episodes of care payment model has all parties focused on cost and quality, something that is not happening enough in the current fee-for-service model.

Join the Conversation
Subscribe to get updates from Making the Health Care System Work delivered right to your inbox. We will let you know when new stories are published and share featured stories that explore how we can help expand access to quality coverage and care, reduce costs and improve health.

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Feature Tip

Operational Effectiveness: Better and Faster Ways to Do Business Together

How can we help providers so that they can effectively drive operational and clinical efficiencies while continuing to deliver quality care? Blue Cross and Blue Shield of Oklahoma (BCBSOK) is committed to making system and process improvements and innovations to better support and collaborate with the providers. Now more than ever, collaboration is essential to help control rising health care costs, avoid redundant or unnecessary care, identify opportunities for members to get the right care at the right time and place, and streamline administrative work. Ultimately, we want to make it easier for providers to do business with us and we want to continue to earn their satisfaction.

In the months ahead, we are rolling out new ways to work together, which have been created with efficiency and effectiveness in mind. As we systematically deploy new processes and programs, we are helping providers realize the ability to integrate these new efficiencies into existing workflows with relative ease.

We are introducing more ways to transact provider-payer business electronically, with an increased emphasis on online forms, tools and other resources. The increased focus on electronic tools will help improve data accuracy, which in turn helps ensure claims process accurately and provider directories are up-to-date.

Another way we are building efficiencies into the provider-payer relationship is through various data solutions that will offer providers greater insight into our members' health status and the quality and cost of care they deliver. New Clinical Data Exchange (CDE) tool capabilities will streamline and speed the online exchange of member clinical data between providers and BCBSOK in a scalable and secure platform. This technology will enable connected providers to access a member's medical record and the health summary at the site of service. We anticipate this will help providers identify unmet care needs and avoid unnecessary or redundant services. We also anticipate that clinical data exchange will help reduce claims processing and payment time as a likely result of fewer pended, denied and appealed claims.

Care quality and cost analytics and reporting augment our clinical data exchange efforts. We are striving to make the health care system work better through the controlled deployment of a single, online platform for a suite of quality and efficiency analytics and reporting. Our new Provider Performance Analytics and Reporting tool is accessible in the BCBSOK-branded Payer Spaces section to registered Availity™ Web portal administrators and assigned users. This tool offers a robust suite of data dashboards that display valuable information about providers' overall BCBSOK member population and allows users to filter quality data in a variety of ways such as age range, diagnosis type, and contract type. Providers can view emergency room and pharmacy risk adjustment and incentive data, among other details. Our reporting tools can help illuminate the services that may help providers maximize reimbursement. access

In addition, provider performance efficiency analytics offer insight into the cost of care by type of care episode and how it compares to care delivered by peer providers in the same market, specialty or network for similar BCBSOK members. This new platform will allow us to deliver reports faster, and with dynamic reporting capability.

As Executive Director of Quality and Accreditation, Terri Kitchen shares, "With so many different types of performance management metrics available through the dashboards, depending on what the end user needs, there's probably a dashboard for that." We believe that the quality and efficiency data will help providers identify and prioritize practice enhancement opportunities.

To prepare for the use of these new data solutions, we encourage you to become a registered Availity user – visit availity.com today to register online at no charge. Becoming a registered Availity user will give you immediate access to many tools and resources that are available now, while also ensuring you will be first in line to begin using new data solutions when they launch.

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Antidepressant Medication Management Initiative

Blue Cross and Blue Shield of Oklahoma is committed to improving the rate at which members remain on antidepressant medications after newly diagnosed and treated depression.

Did you know?

- According to the American Psychological Association (APA), major depressive disorder is a chronic condition that requires patients to participate actively in and adhere to treatment plans for long periods, despite the fact that side effects or requirements of treatment may be burdensome.
- APA guidelines recommend antidepressants as the initial treatment for mild to moderate depression.

Our goal and who is eligible?

Our goal is to increase antidepressant medication adherence. The program is targeting members age 18 and older with at least one of the following:

- At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient, or partial hospitalization setting
- At least two visits in an outpatient, emergency department, intensive outpatient, or partial hospitalization setting on different dates of service with any diagnosis of major depression
- At least one inpatient (acute or non-acute) claim

We measure adherence for both the acute and continuation phases as outlined in HEDIS® 2017 specifications.

- **Effective Acute Phase:** Percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase:** Percentage of newly diagnosed and treated members who remained on an antidepressant for at least 180 days (6 months)

Comprehensive analysis of the results will be conducted quarterly and annually by Blue Cross and Blue Shield of Oklahoma.

What you can do

• The physician should assess and acknowledge potential barriers to treatment adherence, including lack of motivation, side effects of treatment, and logistical, economic or cultural barriers to treatment.

• The physician should collaborate with the patient (and if possible the family) to minimize the impact of these potential barriers.

• Patients should be given realistic expectations during the different phases of treatment, including the time course of symptom response and the importance of adherence for successful treatment.

• Misperceptions, fears and concerns about antidepressants should be addressed with the patient.

• Education should be provided about major depression, the risk of relapse and the early recognition of recurrent symptoms, and the efficacy of Cognitive Behavioral Therapy in combination with medication.

• Patients should be informed about the need to taper antidepressants rather than discontinuing them prematurely.

• Common side effects of antidepressants should be discussed with the patient. The physician should encourage the patient to identify side effects they would consider reasonable and those they would consider unbearable.

• Physicians should offer to explain when and how to take the medication, reminder systems, information about continuing the medication after symptoms of depression improve, strategies to incorporate medication into the daily routine, and minimizing the cost of antidepressant regimens to improve adherence.

Practice Guideline for the Treatment of Patients with Major Depressive Disorder 3rd Edition" (2010) American Psychiatric Association

HEDIS® 2017 Volume 2 Technical Specifications for Health Plans (the Healthcare Effectiveness Data and Information Set)

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Colorectal Cancer Screenings Goal: 80% Participation by 2018 – Pulling It All Together

The final article in a four-part series on Colorectal Cancer Screenings

In collaboration with the American Cancer Society and the National Colorectal Cancer Roundtable, Blue Cross and Blue Shield of Oklahoma (BCBSOK) signed a pledge to have 80 percent of our members ages 50-75 screened for colorectal cancer (CRC) by 2018.

How Far Away Are We from Reaching This Goal?
In 2016, the BCBSOK Commercial PPO result of 50.4 percent was well below the Quality Compass National PPO Average of 57.1 percent.

We Need Your Help to Reach this Goal!
Although some CRC screening methods are not appropriate or feasible for all patients, having a

conversation with your patients to encourage CRC screenings is most likely to result in your patients getting screened regardless of the method chosen. CRC screenings are recommended for adults ages 50-75 who are at average risk for CRC and who are asymptomatic. Some patients may need to be screened for CRC at an earlier age. It is also important to be aware that some screening methods may not be covered and an out-of-pocket cost may result.

What Actions Can You Take to Make a Difference?
Have the conversation with your patients about CRC risks and the best screening method for them. You are the biggest influence on whether your patients receive CRC screenings.

CRC Screening Options:

Screening	Interval
Colonoscopy	Every 10 years[1]
Flexible Sigmoidoscopy	Every 5 years
CT Colonography	Every 5 years[1]
Stool-based Test (including) • FIT or immunologic Fecal Occult Blood Test (iFOBT). FIT tests may be one or two sample tests. • Guaiac based stool tests or gFOBT • Stool DNA with FIT testing, also known as Cologuard	Every year[1] Every year[1] Every 3 years[1]

Use a system within your practice to identify your patients ages 50-75 who need CRC screenings, and start the conversation.

With your influence, we can raise the CRC screening rate, and meet the 80 percent by 2018 goal.

References
1 (n.d.). Home – US Preventive Services Task Force. Final Recommendation Statement: Colorectal Cancer: Screening US Preventive Services Task Force. Retrieved Dec. 6, 2016. 2 Force, U. P. (2016). USPSTF Recommendation Statement: Screening for Colorectal Cancer. Retrieved Dec. 6, 2016.
3 Levin, B., Lieberman, D. A., McFarland, B., Smith, R. A., Brooks, D., Andrews, K. S., Dash, C., Giardiello, F. M., Glick, S., Levin, T. R., Pickhardt, P., Rex, D. K., Thorson, A. and Winawer,
S. J. (2008), Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline from the American Cancer Society, the US Multi- Society Task Force on Colorectal Cancer, and the American College of Radiology*†. CA: A Cancer Journal for Clinicians, 58: 130–160. doi:10.3322/CA.2007.001

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In the Community

BCBSOK Celebrates LGBTQ Inclusion

Blue Cross Blue Shield of Oklahoma (BCBSOK) is committed to promoting the health and wellness of our members and communities. Our commitment guides us in fostering greater access to care, working to lower the overall cost of care -- while helping improve care quality and patient outcomes.

Our dedication to an ever increasing, diverse member base led us to work with our lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) employees to understand the health care needs of the LGBTQ population. We are proud to inform you that this partnership resulted in the creation of the BCBSOK Values LGBTQ Inclusion resource webpage. This webpage underlines the importance of this dynamic community and supports our pledge to 'To do everything in our power to stand with our members in sickness and in health'.

We invite you to visit our new webpage and learn how you can join us in supporting the LGBTQ community. You will find examples of our internal and external commitments as well as information on GLMA: Health Professionals Advancing LGBT Equality (formerly known as the Gay & Lesbian Medical Association). GLMA is an online Provider Directory where you can search for primary care providers, specialists, therapists, dentists and other health care professionals that welcome LGBTQ individuals and families. We hope you find this information helpful.

BCBSOK stands by our core values of integrity, respect, commitment, caring and excellence. We recognize the diverse worldviews that drive most healthcare choices in multicultural homes. We are committed to providing a variety of products and services that help meet the unique needs of our members by meeting them where they are and hope that you will join us.

Oklahoma Champions of Health winners recognized at gala

The 14th annual Champions of Health gala was held on Thursday, Sept. 28 at the Cox Business Center in Tulsa. Six deserving Oklahoma organizations were honored, and award-winning journalist and host of "CBS Sunday Morning," Jane Pauley, served as the keynote speaker.

Since 2004, the Champions of Health awards program has honored organizations and individuals who are making a difference in the health of Oklahomans. The annual Champions of Health gala benefits The Oklahoma Caring Foundation, Inc., a 501(c)(3) organization that provides Oklahoma children with immunizations at no charge. Founded in 1994, the foundation is funded by community contributions and 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, an independent licensee of the Blue Cross and Blue Shield Association.

Resonance Center for Women, Inc. (Resonance) was named the recipient of the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, the highest honor of the Champions of Health awards. Resonance, a Tulsa-based non-profit organization, offers substance abuse treatment as an alternative to incarceration and prison-to-community reentry services for those who have been incarcerated. As the overall winner, Resonance received a $15,000 grant. In addition to the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health award, nonprofit winners in each category received a $5,000 grant and finalists received a $1,000 grant.

Additional winners included:

- Champion of Children's Health – American Lung Association in Oklahoma
- Champion of the Uninsured – Tulsa CARES
- Champion of Senior Health – NewView Oklahoma

- Community Health Champion – The Center for Individuals with Physical Challenges
- Corporate Health Champion – Nabholz Construction

The following organizations were also recognized as finalists: Edmond Mobile Meals, Global Gardens, Community Health Connection, Inc., Latino Community Development Agency, and Oklahoma State University.

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

Congratulations to all of this year's winners! For more information about the event or how to nominate an individual or organization in the future, please visit championsofhealth.org.

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Provider Data and Director 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.

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Web Changes

- Posted October Blue Review to Education and Reference Center/News and Updates/Blue Review page

- Posted Government Programs: 835 Electronic Remittance Advice (835 ERA) Update to the Education and Reference Center/News and Updates
- Updated Preventive Care Guidelines to the Clinical Resources/Preventive Care Guidelines
- Updated 2017-18 Cardiovascular Disease Clinical Practice Guidelines on Clinical Resources/Clinical Practice Guidelines
- Posted 4th Quarter "BCBSOK Back to Basics: AvailityTM 101" Webinars to Education and Reference Center/Training/Availity

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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