

BLUE REVIEWSM

A Provider Publication

October 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 October 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.**

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

News & Updates

You may notice some delays

Due to system enhancements, you may notice some extended response times when submitting certain information (i.e., demographic changes, fee-schedule requests, and network applications) to our provider network teams with Blue Cross and Blue Shield of Oklahoma. These issues do not impact credentialing and claims processing.

We value our relationship with you and these system enhancements are meant to better serve you. As we work through these issues we ask for your patience and apologize for the inconvenience.

Prepping for the 2018-2019 Flu Season

Flu season is upon us and we want to give you immunization updates to help you give your patients and our members the best possible care.

The Centers for Disease Control and Prevention (CDC) recommends yearly flu shots for all patients ages six months and older without vaccine contraindication. Clinicians may administer any licensed, age-appropriate flu shot. The prefilled intranasal flu vaccine, not recommended the past two flu seasons, is recommended for this season. Please remember, it's vital to review the "[Table of Approved Vaccines](#)" on the CDC website for the most recent updates on newly available products and the approved age ranges.

FDA approval is expected for a new vaccine this flu season. Fluvad Quadrivalent Pediatric® with adjuvant MF59 is a preservative-free vaccine for those 6 to 23 months of age. After availability, claims for the new flu vaccine with date of service (DOS) prior to Jan. 1, 2019 may be submitted with the product's National Drug Code (NDC) along with the billing code 90749-Unlisted vaccine/toxoid OR Q2039-Influenza virus vaccine, not otherwise specified. For claims with DOS on or after Jan. 1 2019, the Current Procedural Terminology (CPT) code that best describes Fluvad Quadrivalent Pediatric vaccine, 90689, will be available for use.

Also, please file your claims with the accurate coding. The American Academy of Pediatrics (AAP) [coding chart](#) names which billing code to use based on the vaccine administered. (This chart is not a comprehensive list.) Code descriptions are specific to the vaccine product. These descriptions may include dosage amounts, trivalent vs. quadrivalent formulations, if preservative-free, or other distinctive features (i.e. split virus, recombinant DNA, cell cultures, or adjuvanted).

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

***Note:** Correct coding requires services to be reported with the most specific code available that appropriately describes the service.

Close HEDIS® Gaps easily through the Availity® Provider

Portal Providers may now **quickly comply with Healthcare Effectiveness Data and Information Set (HEDIS®) measures using Availity's new Clinical Quality Validation (CQV)**. CQV will allow providers to electronically document their patient's care and assessments to close quality HEDIS gaps for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members. Additionally, CQV helps support BCBSOK's Centers for Medicare & Medicaid (CMS) star rating for HMO and PPO Blue Cross Medicare AdvantageSM plans.

This new validation process will also verify that the data submitted by the provider is supported in the medical record.

CQV Functionality:

- Captures quality-related medical documentation to close quality HEDIS gaps
- Ensures quality measures documented in medical records are captured accurately for submission to CMS for Stars ratings
- Will display care gaps that BCBSOK provides to Availity
- Provides alerts of care gaps, directing providers to access their work queue

Existing Availity users do not have to complete an additional registration to access CQV. However, Availity administrators need to ensure their users are assigned the Medical Staff and Office Staff roles.

CQV Benefits:

- Improved engagement, health outcomes
- Offers an easy, consistent completion process
- Improves quality of information collected
- Maintains document integrity and security
- Reduces manual processes, decreases medical requests during HEDIS seasonal reporting

Learn More About CQV:

- A [CQV Tip Sheet](#) is available on our Provider website for quick reference and navigational assistance.
- Refer to Availity’s [Quick Start Guide for Clinical Quality Validation](#).
- Registered users may log on to the [Availity Provider Portal](#) for an on-demand webinar. Once you log on, select “Help & Training,” then “Get Trained” and search for the Clinical Quality Validation recording.

Note: This new feature is offered as an added service and does not replace manual processes currently in place.

Not yet registered with Availity? Visit availity.com to get started.

If you need assistance, you may contact Availity Client Services at 800-282-4548.

At this time, electronic medical record request and submission process through CQV are only available for closing quality HEDIS care gaps and are not available for medical record requests resulting from utilization review activities or the claims adjudication process.

HEDIS is a registered trademark of the National Committee for Quality Assurance.

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Quickly, Efficiently Manage and Respond to Coding Opportunities Online through the Availity® Provider Portal

Maintaining current and comprehensive diagnosis information for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members is imperative. BCBSOK utilizes multiple sources of data to identify conditions that a member had in the past, or may currently have, which have not been documented as a diagnosis code on a claim during the current calendar year. In turn, BCBSOK often reaches out to providers to close these potential coding opportunities.

BCBSOK is working to make it easier for you to serve members with on and off-exchange health plans who are subject to quality and risk adjustment. Providers can now electronically respond to potential coding gaps and determine treatment opportunities with the **Claim Encounter Reconciliation Application (CERA)** through the Availity Portal.

This new, easy-to-navigate feature helps improve quality of care and risk adjustment by:

- Providing a more efficient alternative to mailing or faxing medical records
- Reducing delays associated with paper submissions
- Lessening in-person visits to retrieve medical records

Mailing and faxing medical records remain options for providers when responding to requests for quality and risk adjustment purposes. Providers who are not Availity users will continue to receive these requests by mail, fax or in-person visits. If you are not a registered Availity user, you can complete the guided online registration process at Availity.com - at no charge.

LEARN MORE ABOUT CERA

- Check out this [Getting Started Guide for CERA](#) and our [CERA Tip](#) for quick reference and navigational assistance
- With an Availity login you may view the [CERA – Training Demo](#) to understand the setup process and get started working with the tool
- With an Availity login you may view this on-demand webinar: [Claim Encounter Reconciliation Application \(CERA\) Recording](#) for additional learning

If you have any questions, contact Availity Client Services at 800-282-4548.

Availity users gain access to many useful tools and resources as well as new payer-provider business solutions. For example, with Availity providers can complete a wide range of electronic transactions for BCBSOK patients, such as verifying patient eligibility and benefits, checking claim status, processing a prior authorization, as well as using CERA to evaluate treatment opportunities for quality and risk adjustment purposes.

At this time, electronic medical record request and submission process through CERA are only available for quality and risk adjustment submissions and are not available for medical record requests resulting from utilization review activities or the claims adjudication process. We anticipate offering additional capabilities throughout 2018.

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Government Programs: Electronic Claim-related Process Improvements and Reminders

The notice applies to providers submitting Blue Cross and Blue Shield of Oklahoma (BCBSOK) government programs claims for Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM members only.

Providers submitting electronic government programs claims for Medicare Advantage members may have experienced membership validation claim rejections and duplicate claim rejections. The duplicate claim rejections occurred when Professional and Institutional electronic claims (837P and 837I transactions) were resubmitted within 90 days of a previously submitted claim that included the exact data for the same patient and date(s) of service.

Effective September 15, 2018, BCBSOK will implement claim processing changes to eliminate the above-referenced claim rejection issues. With this implementation, some providers may encounter new claim submission edits for Professional and Institutional claims (837P and 837I transactions), which will help improve accuracy and timeliness in processing. Claims with insufficient or invalid data will reject upon submission, allowing providers to correct the error(s) and resubmit the claim immediately, thereby avoiding claim processing delays. Additionally, for electronic claims submitted by 5 p.m. (CT), submitters should receive their payer acknowledgement response files on the same day.

These changes will not impact electronic fund transfer (835 EFT) or electronic remittance advice (835 ERA) transactions.

As a reminder, Medicare Advantage electronic claims that are submitted via the Availity[®] Provider Portal must be submitted using Payer ID 66006. For claims that are submitted using direct data entry through the Availity Portal, providers should select the drop-down payer option of “Blue Cross Medicare Advantage” for Medicare Advantage claims.

Providers who are not registered with Availity should contact their clearinghouses to confirm the appropriate Payer IDs to be used when submitting government programs claims, as other clearinghouses may assign their own unique numbers.

If you have questions regarding an electronic claim rejection message, contact your practice management system software vendor, billing service or clearinghouse for assistance. For additional information on electronic options, refer to the [Electronic Commerce page](#) located in the Claims & Eligibility section of our website at bcbsok.com/provider.

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Feature Tip

New Application Process for Joining Our Networks

Blue Cross and Blue Shield of Oklahoma (BCBSOK), appreciates your interest in applying to our networks. We are making the process of applying for a BCBSOK provider record and joining our networks more efficient. **Effective October 22, 2018**, instead of completing the separate BCBSOK *Provider Record-Contracting Packet*, prospective providers will be able to fill out our new electronic *Provider Onboarding Form* online.

This *Provider Onboarding Form* will be used by BCBSOK to set up a provider record and if indicated by the provider, request network participation. Providers can locate the new electronic *Provider Onboarding Form* on the [BCBSOK provider website](#) under [Network Participation/How to Join](#).

This form should be completed by:

- Individual providers that would be new to our networks
- Groups and clinics that would be new to our networks
- Existing contracted groups or clinics who are adding a new provider

If you have any further questions, please contact your [Provider Network Representative](#).

In the Community

Receive a Discount on Route 66 Marathon Events

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is proud to be the presenting sponsor of the [2018 Williams Route 66 Marathon](#) events, scheduled for Nov. 17-18 in downtown Tulsa. BCBSOK members can receive a 10 percent discount by using the code **BCBSOK18** when registering online. The discount applies to BCBSOK members only, and we respectfully ask that this code not be shared with nonmembers.

The race events include a 5K and one-mile fun run on Saturday, Nov. 17 and a marathon, half marathon and marathon relay on Sunday, Nov. 18. The race weekend also includes the [Health and Fitness Expo](#) at the Cox Business Center in downtown Tulsa. The expo will be held on Friday, Nov. 16 from 11 a.m. to 8 p.m. and Saturday, Nov. 17 from 10 a.m. to 6 p.m. The two-day expo is free, open to the public and includes more than 50 exhibitors featuring running gear and shoes, as well as sports and fitness related items. The expo is also the location of the packet pick-up for all participants and volunteers.

Race registration prices increase periodically, so sign up today for the lowest registration rate. Visit route66marathon.com to learn more.

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. Our online provider directory, [Provider Finder](#)[®] helps members find in-network doctors and hospitals. The directory is also a helpful tool for you to refer your BCBSOK patients to other participating providers.

Please review your information in [Provider Finder](#) to ensure it's correct. To update your directory information or other information such as tax identification numbers, supervising physician information, hospital privileges, etc., please visit the [Information Change Request](#) section on the BCBSOK provider website.

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](#).

Web Changes

- Posted [September Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Updated [Behavioral Health Clinical Practice Guidelines 2018-19](#) under Clinical Resources/Behavioral Health Management Program/Related Links
- Posted [Group C Exception Products](#) List to Related Resources under Pharmacy Program
- Posted New Lactation Consultation Designation added to [Demographic Change Form](#) to Education and Reference Center/News and Updates

Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

Provider Training

For dates, times and online registration, visit the [Provider Training page](#).

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 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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