



## October 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 Oct. 13, 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

### Your Feedback is Important

Blue Review strives to offer important information each month to our contracted providers. To deliver the content that’s most relevant to you and your staff, Blue Cross and Blue Shield of Oklahoma (BCBSOK) [needs your feedback](#). Please take a few minutes to complete our brief survey. As a thank you for your time, we’re providing an opportunity to win one of five, \$25 Amazon.com® gift certificates. **(Note: Government employees are not eligible.)**

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### Should health care be a packaged deal?

The health care industry is moving toward viewing and paying for all the care associated with a single condition or procedure — such as knee replacement surgery and rehabilitation — as one product. This emerging model has all parties focused on cost and quality, something not happening enough in the current fee-for-service model.

New on our online magazine, Making the Health Care System Work<sup>SM</sup>, we explore the [episodes of care payment model](#) that we are working to implement, starting with hip and knee replacements.

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### Blue Cross Medicare Advantage<sup>SM</sup>: Electronic Claim Submission Edits

On Sept. 16, 2017, Blue Cross and Blue Shield of Oklahoma (BCBSOK) implemented new electronic claim submission validation edits for Blue Cross Medicare Advantage (PPO)<sup>SM</sup> and Blue Cross Medicare Advantage (HMO)<sup>SM</sup> Professional and Institutional claims (837P and 837I transactions). These claim edits are applied to claims during the pre-adjudication process to help increase efficiencies and to comply with Medicare data reporting requirements.

These validation edits impact Blue Cross Medicare Advantage claims throughout the claim adjudication process, as well as in post-adjudication encounter data reporting, which can result in claim rejects or denials for missing data elements. Providers submitting these claims electronically on or after Sept. 16, 2017, may see new edit messages on the response files from their practice management system or clearinghouse vendor(s) before the claim is adjudicated. These responses will specify if additional data elements are necessary. If you receive claim rejections, the affected claims must be corrected and resubmitted with the needed information as specified in the rejection message.

As a reminder, Blue Cross Medicare Advantage electronic claims that are submitted through Availity<sup>TM</sup> must be submitted using Payer ID 66006. If these claims are submitted via direct data entry through the Availity Web portal, providers should select the drop-down payer option of “Blue Cross Medicare Advantage.” Providers who are not registered with Availity should contact their clearinghouses to confirm the appropriate Payer IDs to be used when submitting Blue Cross Medicare Advantage claims, as other clearinghouses may assign their own unique numbers.

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

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## Requesting predetermination of medical necessity

As a reminder, predetermination of medical necessity requests may be submitted electronically through iExchange<sup>®</sup>, which is accessible through the Availity<sup>TM</sup> Web portal. Providers also may verify status and/or obtain online approvals for submitted predetermination requests via iExchange. This tool is designed to help save you time by reducing the amount of calls and written inquiries submitted. Providers who need to submit written predetermination requests should send the patient’s medical documentation using the Predetermination Request Form.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is streamlining the predetermination of medical necessity review process to help facilitate more accurate processing of incoming requests. Beginning Dec. 1, 2017, written predetermination requests must be submitted using the Predetermination Request Form. If these written requests are sent to BCBSOK without the Predetermination Request Form starting Jan. 1, 2018, the inquiry will be returned to the submitting provider requesting that the

predetermination be sent with the appropriate form. This form is available on our Provider website in the [Education and Reference Center/Forms](#) section at [bcbsok.com/provider](http://bcbsok.com/provider).

Online verification of the patient's eligibility and benefits is strongly encouraged prior to submitting predetermination requests. A predetermination of medical necessity is not a guarantee of benefits. Real-time coverage status and benefit details may be obtained electronically through Availity, or your preferred web vendor.

To learn more about these and other electronic options, visit the [Provider Tools section](#) in our online Education and Reference Center. For personalized online training regarding electronic tools, contact our Provider Education Consultants at [PECS@bcbsok.com](mailto:PECS@bcbsok.com).

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.

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## Feature Tip

### Part 3: Overcoming Barriers to Colorectal Cancer Screenings

Thank you for your continued support and interest in colorectal cancer (CRC) screenings. An article in the August *Blue Review*, [Colorectal Cancer Screening:80% Participation by 2018 – Will You Commit?](#) discussed the efforts of Blue Cross and Blue Shield of Oklahoma (BCBSOK), the American Cancer Society® (ACA) and the National Colorectal Cancer Roundtable to have 80 percent of BCBSOK's members, ages 50 to 75, screened for colorectal cancer by 2018. In September, a *Blue Review* article titled [Colorectal Cancer Screening Options and Statistics – Get the Conversation Started Today](#) discussed the various CRC screening methods that are available.

The series now continues with article three, **Overcoming Barriers to Colorectal Cancer Screening**. CRC screenings can be a highly effective preventive measure that offers your patients the best possible outcomes. The U.S. Preventive Services Task Force (*USPSTF*) has found convincing evidence that screening for colorectal cancer with several different methods can accurately detect early-stage colorectal cancer and adenomatous polyps.<sup>1</sup>

The rates of new colorectal cancer cases and deaths among adults aged 50 or older are decreasing in this country due to an increase in screenings and changes in some [risk factors](#) (e.g., a decline in smoking).<sup>2</sup>

#### Patient Concerns

A BCBSOK member survey, asked why they chose NOT to complete CRC screenings. The top three reasons were:

"I do not have symptoms."

“I do not like the cleansing prep.”

“I do not have any family history of this cancer.”

Addressing patient concerns:

### **Embarrassment/Awkwardness**

Patients feel embarrassed about bowel functions and/or tests that involve stool collection.

- Inform patients that there are several screening options available, including simple take home tests that can be completed in the privacy of their own home.

### **Misconceptions about Cancer and Cancer Screenings**

Some patients feel that being asymptomatic equates to an absence of cancer.

- Sensitivity to personal and cultural fears surrounding cancer itself is important. Let patients know that many people diagnosed with colon cancer do not have any symptoms or a family history, which is why screening is so important even when they feel healthy.

### **Lack of Information**

Information about available testing options and processes isn't always readily available.

- Discuss the variety of CRC screening options, as well as individual considerations that may impact CRC screening test selection. Offer a questionnaire at check-in to expedite CRC screening selection and to allow the patient time to formulate questions about CRC screenings.
- Once a CRC screening option is agreed upon, explain the expectations and process. Assure that medications for discomfort will be provided for CRC screening procedures. Patient brochures and information are available through the [local ACS](#).<sup>3</sup>

### **Concerns Regarding Costs and/or Interruption of Daily Life Responsibilities**

Although CRC screenings are a preventive measure, there may be affiliated out-of-pocket costs. Loss of work and/or lack of transportation may be a concern with a flexible sigmoidoscopy or colonoscopy.

- Inform patients that preventing colorectal cancer or finding it early does not have to be expensive. There are simple, affordable tests available.
- Encourage patients to contact their BCBSOK customer service representatives to discuss benefits and coverage.

### **Provider Concerns**

#### **Visit Time Constraints**

Addressing acute or chronic conditions may take precedence over preventive care during a visit.

- Train your staff to identify patients with gaps in preventive care to allow for focused and efficient use of your time. Office systems that “flag” patients needing CRC screenings are advantageous. Having printed materials available in the waiting room may encourage conversations.

#### **Familiarity with Recommended CRC Screening Options**

Various factors determine which option is best for each patient.

- Check out last month's *BlueReview* article, [Colorectal Cancer Screening Options and Statistics – Get the Conversation Started Today](#), which addresses available CRC screening methods, such as direct visualization tests, stool-based tests and serology.

#### **Office Process**

- Identify a CRC screening champion in your office to train staff in identifying patients who are due for screenings.
- Standing orders will allow key staff to assess, implement and follow-up with patients regarding their selected CRC screening option.
- Stocking Fecal Immunochemical Testing (FIT) kits in the office, to dispense during visits, can be effective. **When patients agree**

**to FIT testing, allow them to open the kit, handle the materials and complete the paperwork.** The mystery will be removed if they can visualize the test and ask questions. They will also be more likely to complete the CRC screening if they feel confident in the process.

**Resources to Follow Up on Positive CRC Screenings**

You may be concerned that patients with positive CRC screening results may not have access to gastroenterologists or cancer treatment specialists.

- Review the availability of local resources to alleviate this concern or have patients call the number on the back of their member ID card to discuss resources.

References:

<sup>1</sup> [Final Recommendation Statement: Colorectal Cancer: Screening](#) (n.d.). US Preventive Services Task Force, Release Date June 2016.

<sup>2</sup> [Tests to Detect Colorectal Cancer and Polyps](#). Retrieved from NIH National Cancer Institute.

<sup>3</sup> American Cancer Society, [Find Local ACS](#)

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## In the Community

### 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](#)<sup>®</sup>. The directory is a helpful tool for providers to refer their BCBSOK patients to other participating providers.

To update your directory information or other provider information such as tax identification numbers, supervising physician information, hospital privileges, etc., please submit the [BCBSOK Provider Notification Form](#) via fax to 918-549-2141 or email the form to [oknetworkmanagement@bcbsok.com](mailto:oknetworkmanagement@bcbsok.com). All changes should be submitted at least 30 days in advance of the effective date of change. For more information, please contact your BCBSOK [Provider Network Representative](#).

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## Web Changes

- Posted [September Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted 4th Quarter [“BCBSOK Back to Basics: Availity™ 101”; Webinars](#) to Education and Reference Center/Training/Availity
- Posted [National Drug Code \(NDC\) Billing Update for Medicare Advantage Claims](#) to the Education and Reference Center/News and Updates
- Posted [2016 Executive Summary and 2017 Goals](#) to Clinical Resources/Behavioral Health Quality Improvement Program

## 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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