

June/July 2013

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 August 21, 2013 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 *Blue Review* online at bcbsok.com/provider/news.

Moving into the Next Phase of Administrative Simplification

Administrative Simplification was introduced as a component of the Health Insurance Portability and Accountability Act (HIPAA) to help streamline administrative processes while increasing security of protected health information. Under HIPAA, a standardized format and technical structure were adopted for electronic data interchange (EDI) transactions between HIPAA-covered entities. Covered entities include all health benefit plans, health information technology vendors, physicians, facilities and other health care professionals.

While HIPAA set the standard for EDI transactions, new operating rules are being established under the Affordable Care Act (ACA) to help promote greater uniformity in how electronic health care data is exchanged. Additionally, as of Jan. 1, 2014, a new EDI transaction – the 835 Electronic Funds Transfer (EFT) standard – will be added to the existing lineup.

The Committee for Operating Rules on Information Exchange (CORE)¹ has authored operating rules for each EDI transaction. Upcoming deadlines include the following:

- Operating rules for electronic claim payment and remittance transactions, which include the 835 EFT and 835 ERA – Jan. 1, 2014
- Operating rules for electronic preauthorization, referrals, claims and claim attachments – Jan. 1, 2016
- Implementation of Health Plan Identifiers (HPIDs) – Jan. 1, 2016

What will change as of Jan. 1, 2014?

- EFT becomes a standardized EDI transaction (835 EFT)
- EFT and Electronic Remittance Advice (ERA) enrollment forms will be standardized across all payers
- EFT and ERA electronic enrollment availability
- Specific claim adjustment reason codes will be used within CORE-defined business scenarios:
 - Additional information required
 - Services not covered by health plan
 - Services not separately payable
- Standardized capabilities to link the EFT transaction to the ERA transaction

How can this benefit your practice?

- Helps simplify enrollment

- Supports matching of payments with claim data for posting to patient accounts
- Helps reduce time physician practices and hospitals spend on billing-related tasks

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is currently making system enhancements according to the CORE requirements. As we've published in many previous articles, enrolling for EFT and ERA has many advantages, including the potential for substantial savings in time, money and paper. However, some providers have continued to opt for paper transactions. Implementation of the new operating rules for 835 EFT and ERA will help make the enrollment process easier to encourage adoption and increased use of these electronic transactions.

If you are not yet enrolled for EFT and ERA, visit the Claims and Eligibility/Claim Payment and Remittance section of our website at bcbsok.com/provider for details on how to get started. If you are already enrolled for EFT and ERA, you do not need to re-enroll. Please continue to watch the *Blue Review*, as well as the News and Updates section on our Provider website for additional announcements and related resources. We also encourage you to visit the Centers for Medicare & Medicaid Services (CMS) website at cms.gov, where you will find more information in the Regulations and Guidance section, under HIPAA Administrative Simplification.

¹CORE is part of the Council for Affordable Quality Healthcare (CAQH) initiative. Providers may refer to the CORE section on the CAQH website at <http://www.caqh.org/benefits.php> for detailed information and related resources

GuidedHealth[®] Platform Supports Clinical Program Expansion

Blue Cross and Blue Shield of Oklahoma (BCBSOK) offers a wide range of clinical programs to help enhance the level of care and outcomes for our members. As an enhancement in 2013, we're pleased to announce the implementation of GuidedHealth[®]. This analytics platform from Prime Therapeutics[®] (Prime)* integrates medical and pharmacy claims data, applies evidence-based clinical rules and provides medication-related recommendations to physicians and members.

The GuidedHealth platform powers our Retrospective Drug Utilization Review (RDUR) program, which is administered by Prime. Prime is the pharmacy benefit manager for most BCBSOK members. The RDUR program helps to identify patients with potential drug therapy concerns.

GuidedHealth RDUR for BCBSOK is arranged in three modules: Overutilization, Safety and Cost Savings. Below are examples of categories included in these modules that may be deployed throughout the year.

Module	Objective	Category Examples
Overutilization	Focuses on potentially improper and unnecessary use of medications (misuse, abuse, drug conflict and off-label use)	<ul style="list-style-type: none"> • Narcotic Analgesic/ Benzodiazepine/Muscle Relaxant Combination Therapy • Proton Pump Inhibitor Duration of Therapy
Safety	Identify and recommend discontinuation of potentially unsafe medication use	<ul style="list-style-type: none"> • U.S. Food and Drug Administration (FDA) MedWatch Safety Alert • High Dose Acetaminophen
Cost Savings	Promote the awareness of generic drug alternatives in place of non-formulary brand products	<ul style="list-style-type: none"> • Generic Opportunity** <ul style="list-style-type: none"> ○ Proton Pump Inhibitors ○ Statins

**As part of the Generic Opportunity category, mailings are also sent to BCBSOK members to help increase awareness of cost-effective alternatives to brand name drugs.

If your patient is identified via one or more of these categories, you may receive a letter from BCBSOK that references GuidedHealth. In support of your treatment plan for our member, a drug therapy opportunity summary will be included with your letter, along with a medication claims profile for the identified member. We hope you will find this information helpful and we want to thank you in advance for taking the time to review all medication-related recommendations. If you receive a letter, we would

appreciate your taking the time to fill out the enclosed feedback survey so we can continue to improve the service we provide.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. 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 is between the member and their health care provider.

*GuidedHealth is a registered trademark of Prime Therapeutics LLC (Prime), a pharmacy benefit management company. Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association, contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. HCSC, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

BCBSOK Survey Confirms: Providers Need to Take Action on ICD-10

On Oct. 1, 2014, all HIPAA-covered entities will make a leap forward, transitioning from the ICD-9 code sets to the ICD-10 code sets. We've written in past issues of the *Blue Review* about the importance of preparing for ICD-10 now, especially after the Centers for Medicare & Medicaid Services made clear the deadline will not change.

When we asked what steps had been completed for the transition to ICD-10 – Gap Analysis, Defining Requirements, Design/Development, Testing and Implementation – at least 75 percent of providers haven't started or don't know where they are in the process. Yet 88 percent of providers don't have a contingency plan in place to receive claim payments if they aren't compliant by Oct. 1, 2014.

If you haven't yet started preparing for ICD-10, you're not alone. But if you don't begin planning now to meet the Oct. 1, 2014, deadline, you may not be compliant, which means your claims won't be paid. Ensuring you'll be ready for ICD-10 means you'll continue to have your claims paid with as few interruptions to your practice as possible.

Our provider survey also tells us that one of the biggest obstacles to being ready for ICD-10 is training and education. We're listening, and we're focusing our efforts to point you to resources that can help you take action. Read the *Blue Review* for additional ICD-10 planning information. If you haven't taken our ICD-10 Readiness Survey yet, visit the ICD-10 page in the Standards and Requirements section of the Provider website at bcbsok.com/provider. If you would like to receive email updates about ICD-10, contact us at ICD@bcbsok.com. We value your feedback.

Surgical Assistant Services

Surgical assistants are typically certified as first assistants (CFA), surgical first assistants (CSFA), surgical assistants (SA-C), or registered nurse first assistants (RNFA). These certifications do not allow for any independent performance of any medical or surgical procedures. These individuals may assist the surgeon in the performance of a procedure, but may only perform duties at the surgeon's directive.

Surgical assistants are not the same as "assistant surgeons". BCBSOK recognizes an assistant surgeon as a **physician** who actively assists the physician in charge of a case in performing a surgical procedure. (Note that a nurse practitioner, physician assistant or clinical nurse specialist who is authorized to provide such services under state law can also serve as an assistant surgeon). An assistant surgeon must be, within their scope of practice, capable of completing the procedure on their own and closing the operative site safely.

As a reminder, BCBSOK considers only the following providers eligible for network credentialing and to receive separate reimbursement for Assistant Surgeon services:

- Physicians (MD, DO)
- Physician Assistants (PA)
- Certified Nurse Practitioners (CNP)
- Clinical Nurse Specialists (CNS)

There is no credentialing process for individuals such as CFAs, CSFAs, SAs, or RNFAs, who often provide surgical assistance during procedures performed by a surgeon. The services rendered by these individuals are not separately billable or separately reimbursable. These services are reimbursed as part of the facility reimbursement. Services rendered by these types of individuals cannot be filed to BCBSOK as payable services or billed to our members.

Update on Claims Processing of Partial Batches

In the February/March 2013 issue of *Blue Review* we announced enhancements to our claims processing procedures, to begin accepting partial batches, rejecting only individual claims that do not meet HIPAA compliance standards. The move from batch level to claim level rejections for medical electronic claims will now be implemented in second quarter 2014.

As a reminder, when you transmit ANSI 5010 837 professional or institutional claims, BCBSOK will forward all valid and successful claims for processing and adjudication. With this upcoming enhancement, our payer response reports will indicate which claims were rejected so that those claims may be corrected and resubmitted as appropriate. The entire batch of claims should not be resubmitted, as this will result in duplicate claims within the adjudication process.

If you use a billing service or clearinghouse to submit claims on your behalf, please be sure they are aware of this information.

If you have any questions about this notice, please contact our Electronic Commerce Center at 800-746-4614 for further assistance.

Health and Wellness



Members Receive Discount on Route 66 Marathon Events

Blue Cross and Blue Shield of Oklahoma is proud to be the presenting sponsor of the [Williams Route 66 Marathon](#) again in 2013. As an added value, our members can receive a 10 percent discount by using the code **2013WELLNESSBCBSOK** when registering online. This discount applies to BCBSOK members only, and we respectfully ask that this code not be shared with nonmembers.

Fun and healthy events are great to improve health and build camaraderie in the workplace. As a reminder, members can also earn Life Points™ rewards for tracking their training and healthy behaviors on [Blue Access for Members](#).

The courses vary and include the following:

Saturday, Nov. 23

5K Run /Walk
One Mile Fun Run/Walk
Mascot Dash

Sunday, Nov. 24

Marathon
Half Marathon
Marathon Relay

The Williams Route 66 Marathon weekend also includes the [Health, Fitness & Sustainability Expo](#) at the Convention Center in downtown Tulsa. The expo will be held on Friday, Nov. 22 from 11 a.m. to 8 p.m.

and Saturday, Nov. 23 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.

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

In Every Issue

Featured Tip

Important Change for Claim Status Requests

Please be aware that, starting Aug. 1, 2013, claim status will be offered exclusively through the Blue Cross and Blue Shield of Oklahoma (BCBSOK) automated phone system and electronic vendors, such as Availity®. We understand your need to speak with someone at times to resolve specific patient inquiries; therefore, our Customer Advocates will remain available for eligibility and benefit inquiries as well as claim adjustments when necessary.

Our automated phone system and the Availity Claim Research Tool are available at no cost to your organization. These resources provide real-time and detailed information pertaining to your finalized and in-process claims.

Claim status requests may include:

- Claim number
- Receipt date
- Processed date
- Date paid
- Amount paid
- Payee
- Line-item processing detail
- Check number
- Copay, deductible and coinsurance
- Total patient share
- Confirmation number/Transaction ID**

***Our automated phone system provides individual confirmation numbers for each inquiry; Availity provides Transaction IDs for each submission.*

What is the Availity Claim Research Tool?

Registered Availity users may access the Claim Research Tool for enhanced, real-time claim status functionality to help manage and resolve BCBSOK claims. You can use this online tool to check status of multiple claims in one view, search claims for a particular date or date range, view claims according to status (such as paid, pending or denied) and verify detailed line level information (such as amount paid, ineligible reason codes and detailed descriptions for each line of service).

The Claim Research Tool also:

- Displays monetary amounts from Medicare, other carriers and Health Care Accounts (HCAs) that have been applied to any claim; and
- Shows the specific item(s) required to complete the processing of a claim when additional information is requested.

For assistance with navigating the Availity Claim Research Tool, refer to the tip sheet in the Education and Reference Center/ Tools section of our website at bcbsok.com/provider.

Need training?

We're eager to share the advantages these complimentary tools can offer. If you are interested in learning more, email our Provider Education Consultants at pecs@bcbsok.com. Please include your

name, provider organization, billing NPI (or Tax ID) and business phone number so that we may contact you to make arrangements for training.

*Availity is a registered trademark of Availity, LLC. Availity is a partially owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an independent licensee of the Blue Cross and Blue Shield Association. Availity operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK, a Division of HCSC. Availity is solely responsible for the products and services it provides.

Web Changes (June, July)

- Added *Blue Review* – February/March 2013 issue to News and Updates page.
- Added *Blue Review* – April/May 2013 issue to News and Updates page.
- Created a new page titled “Provider Orientation” with an overview of the BCBSOK Provider website. The page can be accessed from the Education and Reference Center page.
- Added the NDC Billing FAQs to Related Resources.
- Added Botulinum Toxin Form to Health Care provider Forms page.

Medical Policy Reminder

Approved new or revised HCSC 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. Active and pending Policies or views of draft Medical Policies can be accessed at the BCBSOK Provider website <http://www.bcbsok.com/provider/standards/index.html>.

While some information on new or revised Medical Policies may occasionally be published for your convenience. For access to the most and complete up-to-date information, please visit our website <http://www.bcbsok.com/provider/standards/index.html>.

Training Schedules

For lists of training schedules, visit the Training Page in our Education and Reference Center at bcbsok.com/provider.