

October 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 on October 3, 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.

Evidence-based Clinical Support with GuidedHealth®

Recently, we introduced GuidedHealth, a clinical rules platform from our pharmacy benefits manager, Prime Therapeutics (Prime). This platform drives our Retrospective Drug Utilization Review (RDUR) program, which integrates medical and pharmacy claims data for generating evidence-based, medication-related recommendations for physicians and members. The GuidedHealth program targets drug therapy issues in modules such as overutilization, safety and cost. Listed below are the programs that will be implemented during the third quarter of 2013.

Third Quarter 2013 Programs

Module	Objective	Program Examples
Overutilization	Identify potential misuse, and/or abuse, as well as drug conflict and off-label use	<ul style="list-style-type: none"> Psychotropic Polypharmacy
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 Anticholinergic Drug Use in Dementia Hormone Replacement Duration of Therapy

We Value Your Input

If your patient is identified via one or more of these categories, you may receive a letter from Blue Cross and Blue Shield of Oklahoma that references GuidedHealth. In support of your treatment plan for our

member, a drug therapy opportunity summary will be included with your letter for your consideration, along with a medication claims profile for the identified member. We hope you 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.

Self-administered Specialty Drug Update: Infertility and Oral Oncology Drugs

As a reminder, drugs approved for self-administration by the U.S. Food and Drug Administration (FDA) should not be submitted on professional/ancillary electronic (ANSI 837P) or paper (CMS-1500) claims. Blue Cross and Blue Shield of Oklahoma (BCBSOK) members are required to use their pharmacy benefit for U.S. FDA-approved self-administered specialty drugs (oral, topical and injectable) and obtain these medications through a pharmacy provider that is contracted to provide specialty pharmacy services.

Effective Jan. 1, 2014, the following message will be returned on the electronic payment summary or provider claim summary to providers billing for infertility, oral oncology and select additional medications: "Self-administered drugs submitted by a medical professional provider are not within the member's medical benefits. These charges must be billed and submitted by a pharmacy provider."

To help you determine the correct path for medication fulfillment and ensure that the correct benefit is applied, please refer to the Specialty Pharmacy Program Drug List in the Pharmacy Program/Specialty Pharmacy section of our website at bcbsok.com/provider.

Note: In accordance with their benefits, members may be required to use a preferred specialty pharmacy. Please call the number on the member's ID card to verify coverage or for further assistance or clarification on the member's benefits. For members whose benefits require them to use Prime Therapeutics Specialty Pharmacy, you may fax the prescription to 877-828-3939 or call 877-627-MEDS (6337) for additional information. Medication(s) can be delivered to any requested location (e.g., member's home or physician's office).

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.

Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC, a pharmacy benefit management company. Prime Therapeutics LLC 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. BCBSOK is a Division of HCSC, which contracts with Prime Therapeutics LLC to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services.

Countdown to ICD-10: Less Than a Year to Go

The Oct. 1, 2014, deadline to transition to ICD-10 is now less than a year away. Professional providers, facilities, payers and health information technology vendors all must comply with the federal mandate. According to the Centers for Medicare & Medicaid Services (CMS), providers of all sizes should have already begun transition activities by January 2013.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) has published articles in *Blue Review* for the last year pointing to resources to help with preparation and implementation of ICD-10 transition plans. Read past articles about ICD-10 training resources, technology planning and more on our website at bcbsok.com/provider.

If you're just getting started with ICD-10 planning, visit the ICD-10 section of our website, view the [Provider Office Changes Map](#). The map will help you become familiar with the changes that will impact different areas of your practice due to the transition to ICD-10.

Visit the Centers for Medicare & Medicaid Services (CMS) website at cms.gov for planning guides that can get your practice on track, no matter what size. Their [ICD-10 Provider Resources](#) page has implementation guides for small/medium provider practices, large provider practices and small hospitals.

Make sure you get your training and education program started in time to have your coders and other staff ready to use ICD-10 next year. The American Association of Professional Coders (AAPC) has recommended a five-phase approach to training, beginning with a review of anatomy and physiology. The AAPC website at aapc.com/icd-10 has more information about how to get started with ICD-10 education programs.

If your transition plan is underway, and you're either already in the testing phase or interested in starting testing with BCBSOK next year, please complete our readiness survey online. The survey is one of the requirements for testing with BCBSOK, and it can help you determine if your practice is prepared for the ICD-10 transition. If you've already completed the survey this year, consider updating your answers so we can better understand your needs to prepare for the transition. Take the [survey](#) on the [ICD-10 section](#) of our website.

ClaimsXten™ Enhanced C3 Screen

Effective on or after Oct. 14, 2013, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will enhance the Web-based code auditing reference tool, Clear Claim Connection™ (C3). This is available to registered users of Availity® or RealMed®. The changes include the addition of the following fields:

- Quantity
- Date of Service From
- Date of Service To

This enhancement will allow for multiple units of service, for any date range, to be entered on the screen. This additional information, along with the correct Current Procedural Terminology (CPT®) HCPCS codes or modifiers, will result in claim auditing rules and clinical rationale.

Clear Claim Connection™

McKesson E-DR Development | Glossary | About | Help | Logout

Claim Entry

Gender: Male Female ICD Code Set: CC 09

Date of Birth: / / (mm/dd/yyyy)

DX 1 DX 2 DX 3 DX 4

Click grid to enter information.
 * For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today's date, and Place of Service will default to 11 (Office). Talking through Date of Service and Place of Service will give you the same defaults.

Line	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Quantity	Date of Service From	Date of Service Thru	Place of Service	DX 1	DX 2	DX 3	DX 4
1									--select--				
2									--select--				
3									--select--				
4									--select--				
5									--select--				

Add More Procedures >>

Review Claim Audit Results Clear

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Pharmacy Program Transitions to Electronic Prior Authorization Process

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is transitioning to a new electronic process for submission of Prior Authorization (PA) requests for drugs that are part of our PA program.

Prime Therapeutics, our pharmacy benefit manager, is converting the current inventory of paper PA forms to a library of electronic forms that can be easily accessed, completed and submitted online. In addition to reducing paper, the electronic PA process will help increase security of your patient's protected health information. The process will also be faster — your office will receive a response in real-time upon receipt and processing of each online PA request.

Watch for more details in *Blue Review* and the News and Updates section of our website at bcbsok.com/provider.

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The Affordable Care Act: Open Enrollment for Health Insurance Marketplaces is Oct. 1

Blue Cross and Blue Shield of Oklahoma (BCBSOK) shared information in the May 2013 issue of *Blue Review* about how we are helping to prepare our communities for change resulting from the Affordable Care Act (ACA). The amount of change can seem overwhelming to you and your patients, so it is helpful to understand the basics of Health Insurance Marketplace open enrollment.

Health Insurance Marketplace Open Enrollment

Open enrollment for the new public Marketplace begins Oct. 1, 2013, for individuals and small employers in the state of Oklahoma. Individuals will need to have completed the enrollment process by Dec. 15, 2013, to begin receiving benefits on Jan. 1, 2014. Individuals can continue to enroll for coverage in 2014 until March 31, 2014.

If you are a participating provider in our Blue Choice PPO, Blue Preferred PPO or our new Blue Advantage PPO network, you may see members who purchase coverage through the Marketplace or the Small Business Health Options Program (SHOP).

Essential Health Benefits

ACA requires all health plans in the Marketplace to cover ten categories of essential health benefits (EHBs). The EHB categories are:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

Other ACA-Related Changes

In previous issues of the *Blue Review*, we've discussed many other ACA-related changes and initiatives that will affect provider practices, including:

- Risk adjustment, reinsurance and risk corridor programs that are designed to promote premium stability in both individual and small group markets.
- Young adults may stay on a parent's policy until they turn age 26. Insurers are now required to cover children under age 19 with pre-existing conditions.
- Certain preventive services must be covered by some types of plans without cost-sharing (copay, coinsurance or deductible) when using an in-network provider.

Marketplace plans will be divided into four different levels: Bronze, Silver, Gold and Platinum. The key difference between these "metallic" plans is the percentage of covered medical expenses shared between the health plan and the member.

Private insurers in the individual and small group market will not be permitted to refuse coverage to anyone based on health status, including pre-existing conditions.

Over the coming months, we will be providing additional information about the different aspects of health care reform that may affect you and your patients. Watch the *Blue Review*, and please visit us at bcbsok.com.

Administrative Simplification Operating Rules Update

The Affordable Care Act mandates implementation of new Administrative Simplification operating rules to promote greater uniformity in the exchange of electronic health care data. The Committee on Operating Rules for Information Exchange (CORE) is part of the Council for Affordable Quality Healthcare (CAQH) initiative. CAQH CORE has authored operating rules to be implemented in phases for HIPAA-standard electronic data interchange transactions.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is currently making system enhancements as required by CAQH CORE to meet the deadline of Jan. 1, 2014, for implementation of operating rules for 835 Electronic Funds Transfer and 835 Electronic Remittance Advice transactions. Our June/July *Blue Review* included an article titled, "Moving into the Next Phase of Administrative Simplification." This article offers an overview of what's changing and potential benefits to your practice.

We also want to alert you that, as of Jan. 1, 2014, providers may likely see changes related to patient share and liability. As a result, we encourage you to visit the [CORE Phase III Rules page](#) of the CAQH website to view scenarios and determine potential impact related to implementation of the operating rules for electronic claim payment and remittance transactions.

CAQH CORE is a multi-stakeholder collaboration of more than 130 organizations representing providers, health plans, vendors, government agencies, and standard-setting bodies developing operating rules to help simplify health care administrative transactions. For additional information, refer to the [CORE section](#) of the CAQH website.

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 Tips

Automated Phone System Fax Back Options

We recommend utilizing an online vendor portal such as Availity® (availity.com) to obtain eligibility, benefit and claim status information. However, some practices may have limited Internet access, or may feel a phone call is more convenient at times.

At Blue Cross and Blue Shield of Oklahoma (BCBSOK), we continuously look for ways to better support our growing health care provider community, regardless of your preferred method of contacting us. Our Interactive Voice Response (IVR) phone system supports inquiry resolution through touch tone and voice activated functionality.

The IVR delivers:

- Real-time eligibility, benefit and claim status information
- Confirmation numbers for each automated quote
- A fax back option, with no need to wait on the phone to speak with a Customer Advocate

Why use the fax back option?

Faxed documentation is sent within one hour after a completed call. In addition to the benefit or claim information that was relayed in the call, the fax will also include the confirmation number assigned to the inquiry by the IVR for your records. When you use this fax back option, there's no need to wait on the phone to speak to a Customer Advocate. The faxed information provides you with a tangible record of the information you obtained through the automated system. This eliminates the need for you to obtain a person's name to validate your call.

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Verification of 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, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

Web Change for October to the BCBSOK Provider Website

- Updated the **Provider Notification Form** located in Standards and Requirements/Forms http://www.bcbsok.com/pdf/provider_notification_form.pdf

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.