

## December 2014

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 December 5, 2014 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 and updates](http://bcbsok.com/provider/news_and_updates)

## News & Updates

### Operator of BCBSOK Ranked No. 1 for Medicare Prescription Drug Plan

*U.S. News and World Report* released its 2015 Medicare Star ratings in October, and the operator of Blue Cross and Blue Shield of Oklahoma (BCBSOK) has been rated as having the [No. 1 Medicare Part D prescription drug plan \(PDP\)](#). Star ratings are based on a five-star plan rating using a methodology developed by the Centers for Medicare and Medicaid Services to compare plans within each state and reflect 2013 program performance.

### Making Networks Work

The dynamic, multi-dimensional landscape of health care reform requires a fresh perspective to help transform challenges into opportunities. With this viewpoint in mind, Blue Cross and Blue Shield of Oklahoma (BCBSOK) has introduced many new health benefit products or plans, (collectively called “plans”), on and off the Health Insurance Marketplace.

As we have noted in previous articles, BCBSOK is conducting extensive educational campaigns for new and prospective members, with particular emphasis on individuals who may be new to health care insurance. In addition to helping members navigate our broad menu of coverage options, educational materials also emphasize that, when choosing a health care plan, members are also choosing an independently contracted provider network. With the exception of emergencies, members are advised that using in-network providers and hospitals is essential to helping keep their out-of-pocket costs down.

We hope that our members will do their homework and “know their network” before seeking your services. However, it may take time for some of your patients, particularly if they are new to health care insurance, to become accustomed with how things work. For this reason, we want to stress the importance of confirming that you are considered an in-network provider for each patient, before rendering services. If you are out-of-network for the member’s particular benefit plan, you will need to inform the member that if they choose to proceed as your patient, they may be responsible for all or part of the cost of care.

From a provider perspective, we acknowledge that the increased number of plans can seem daunting, particularly when each plan has a corresponding network that may be different from what you might expect. Please know that while we must continue to make changes in support of our goal of providing the best service to our members, we also remain committed to helping you conduct business with us easily and efficiently.

**The following list includes some key reminders for you and your staff:**

- Your network details are defined in your contractual agreement with BCBSOK.
- We encourage you and your staff to view our online Provider Finder® to review and confirm the plans for which you may be considered an in-network provider.
- Also use the Provider Finder to confirm network status of other providers before directing your patients to those providers.
- As always, before providing care and services, it is critical to check eligibility and benefits to determine membership and coverage information.

If you have any questions, or if you would like to order educational materials for distribution to your patients or to display in your office, please contact your provider representative for assistance.

*Checking 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.*

## **Open Enrollment: Welcoming New and Renewing Members**

The 2015 annual open enrollment period for individual and family coverage began Nov. 15, 2014, and will close Feb. 15, 2015. During open enrollment, a shopper has the opportunity to select a new plan or renew their current policy for 2015.

### **New Process**

Effective with 2015 open enrollment, most members can be re-enrolled automatically into the same plan they selected for coverage in 2014. Current Blue Cross and Blue Shield of Oklahoma (BCBSOK) members have received information explaining how to renew their existing coverage or select a new plan. BCBSOK members who take no action will be automatically enrolled in the same plan they had in 2014.

### **Member ID Cards**

Renewing members who keep their same plan will retain the member ID cards they were issued when they signed up for their 2014 policy. New enrollees and BCBSOK members who changed their plan selection for 2015 will receive new member ID cards. While the new member ID cards will have a slightly different look in 2015, one key component — the network code — will remain on the front of all cards.

**Checking the network code is critical because it identifies in-network providers according to each member's plan or product.**

### **Eligibility and Benefits**

As always, it is important to check eligibility and benefits prior to rendering services for BCBSOK members. This step will help you identify the member's product/plan, network, preauthorization requirements and other important details.

Please watch the News and Updates section of our website at [bcbsok.com/provider](http://bcbsok.com/provider) for additional information and related resources.

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## **Fourth Quarter 2014 Pharmacy Optimization Initiative Highlights**

As part of the Blue Cross and Blue Shield of Oklahoma (BCBSOK) pharmacy optimization initiative, we are posting a quarterly summary of news and announcements on our provider website. Our fourth quarter

summary spotlights recent pharmacy program enhancements, such as GuidedHealth<sup>®</sup> program updates. Also included are helpful reminders, links to related resources and a quick review of upcoming initiatives.

Watch for the *Pharmacy Optimization Initiative 4th Quarter Highlights* in the News and Updates section of our website at [bcbsok.com/provider](http://bcbsok.com/provider). The quarterly highlights may also be accessed using the feature link on the Home page of our Provider website.

*GuidedHealth is a registered trademark of Prime Therapeutics LLC (Prime), a pharmacy benefit management company. Blue Cross and Blue Shield of Oklahoma (BCBSOK) contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSOK, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. BCBSOK makes no endorsement, representations or warranties regarding GuidedHealth or any of its services or products. If you have any questions about this product or services, you should contact Prime Therapeutics LLC directly.*

## In Every Issue

### Featured Tip: Fighting Hidden Food Allergens

For Blue Cross and Blue Shield of Oklahoma (BCBSOK) providers who offer treatment for food allergies, it is important to mention to patients that not all food labels are reliable when listing allergens. Allergens that are not listed on the label are referred to as “undeclared” and are the leading cause of food recalls by the U.S. Food and Drug Administration (FDA). About one-third of foods reported to the FDA as serious health risks involved undeclared allergens.<sup>1</sup>

#### Some known causes of food recalls as a result of undeclared allergens are:

- Using the wrong label entirely and errors in labels that are printed directly on packaging.
- False-positive results produced by the enzyme-linked immunosorbent assay (ELISA) test that is usually used to detect food allergens.<sup>1</sup>

#### Measures that have been taken to reduce instances of undeclared allergens in food include:

- Increasing allergen awareness in the packaging industry, and developing training and outreach programs that support preventive controls of products.
- Development of new testing methods to analyze allergens more effectively.<sup>1</sup>

When discussing food allergies with your patients, encourage them to report any food-allergic reactions to the FDA consumer complaint coordinator in their district.<sup>1</sup> For more information on food allergies, recent food recalls and other related health topics, visit [fda.gov](http://fda.gov).

#### References

<sup>1</sup>U.S. Food and Drug Administration. [Finding Food Allergens Where They Shouldn't Be](#). Oct. 23, 2014.

*The information mentioned above is for educational purposes only and is not the substitute for the independent medical judgment of a doctor or other health care provider. The final determination about services or treatment is between the patient and the doctor.*

## Web Changes

- Added [Self-administered Specialty Drug Update: Hemophilia \(Factor\) Drugs](#) article to Education and Reference Center/News and Updates page.
- Updated [Network Representative Maps](#) to Network Participation/Network Representatives page.
- Updated the [iExchange](#) landing page to Education and Reference Center/Provider Tools/iExchange.
- Added [Understanding Health Insurance Brochure](#) to the Standards and Requirements/Affordable Care Act/Patient Perspective page in the related resources box. This brochure is available in both English and Spanish.
- Updated [Clinical Update Request](#) form to Education and Reference Center/Forms page.
- Added [November Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Added [NDC December 2014 Fee Schedule](#) to the **secure** Provider Portal on the home page of the BCBSOK provider website.

## 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.