

August 2019

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 August 2019 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

Availity® Claim Research Tool Offers Enhanced Claim Status Results

One of the most convenient, efficient and secure methods for requesting detailed claim status from Blue Cross and Blue Shield of Oklahoma (BCBSOK) is to use an online option such as the Availity Claim Research Tool (CRT)*. The CRT helps providers manage account receivables by viewing details of a single claim or statuses of multiple claims for a specific member in one view.

The CRT allows registered Availity users to search for claims by patient ID, group number and date of service, or by National Provider Identifier (NPI) and specific claim number, also known as a Document Control Number (DCN). The CRT also enables users to obtain real-time claim status, with detailed ineligible reason code descriptions.

The search results page delivers the rendering provider ID and name submitted on the claim. Additionally, the claim status service line break-down returns:

- Service Date
- Revenue/Procedure Code
- Diagnosis Code
- Ineligible Reason Code and Amount

- Copay, Coinsurance and Deductible
- Modifier
- Unit or Time or Mile

This important information is available within a few clicks, lessening the need to speak with a Customer Advocate. For additional information, refer to the <u>CRT tip sheet</u> in the Education and Reference Center/Provider Tools section of our website at <u>bcbsok.com/provider</u>. As a reminder, you must be registered with Availity to use the CRT. For registration information, visit <u>availity.com</u>, or contact Availity Client Services at 800-282-4548.

Join us for a webinar! BCBSOK hosts free Back to Basics: 'Availity 101' Webinars for providers to learn how to use the CRT and other electronic tools to the fullest potential. You don't need to be an existing Availity user to attend a webinar. To register for a webinar, visit our <u>Training page</u>.

*The CRT is not yet available for government programs claims. To check claim status in the Availity portal for government programs (Medicare Advantage) claims, providers should use the Claim Status & Remittance Inquiry tool, instead of the CRT. The Availity Claim Status tool is located under the Claims & Payments tab on the Availity home page.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Automated Phone System Offers More Service Options for Medicare Advantage

Blue Cross Medicare AdvantageSM members and their health care providers now have access to a new Interactive Voice Response (IVR) automated phone system.

Please be aware that the new menu options are different from the previous phone system. You now can get the information you need more quickly and easily.

To access the self-service system, call 877-774-8592. Follow the new prompts.

Your menu options include:

- · Check eligibility and benefits
- Check claim status
- Transfer to customer service for prior authorization
- Confirm key addresses and fax numbers

You can also choose to speak to a customer service representative at any time.

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, call the number on the member's ID card

Bringing Millennial Health into the 21st Century

Millennials comprise the largest portion of today's workforce. Their good health has key considerations for America. Millennials are also very educated, tech savvy and want to make a positive difference in the world. Do these values translate into good health? Are millennials in better health than the prior generation (Gen X)? A recent Blue Cross and Blue Shield Association (BCBSA) study reveals that the answers weren't what you might expect.

The study by BCBSA and Blue Health Intelligence® (BHI) titled, <u>The Health of Millennials</u>, looked at the generation's overall health. The collected data was from 55 million individuals born between 1981 and 1995 covered by commercial insurance. It evaluated claims data from 2017.

The study looked at the top 10 conditions affecting millennials. When 2017 results were compared to those from 2014, there was significant worsening. Millennials had an increase in all 10 of these top conditions. Eight conditions increased by at least 10 percent. Four were more common in millennials than the general population (marked with "*"). The percent increase from 2014 to 2017 of these conditions are as follows:

Major Depression – 31% Hyperactivity – 29%* Type 2 Diabetes – 22% Hypertension – 16%

Psychotic conditions – 15%*

High cholesterol – 12%

Substance use disorder – 10%*

Chron's/Ulcerative colitis - 10%

Tobacco use disorder – 7%

Alcohol use disorder - 1%*

These conditions also affect a significant number of millennials. The following occurred in at least five out of 100 millennials between 21 and 36 years old in 2017. The numbers have been rounded to the nearest whole number:

Hypertension – 8 per 100 Hyperactivity – 7 per 100 High cholesterol – 6 per 100

Tobacco use disorder – 6 per 100 Major depression – 5 per 100

Older millennials (34 to 36 years old) when compared to Gen Xers at the same age did worse. Millennials showed an increase in eight out of 10 of the same top conditions. The rates of increase seen among older millennials are as follows:

Hyperactivity – 37%

Type 2 Diabetes – 19%

Major depression – 18%

Chron's/Ulcerative colitis – 15%

Substance use disorder – 12%
Tobacco use disorder – 11%
Hypertension – 10%
High cholesterol – 7%

To address these concerns, Blue Cross and Blue Shield companies are launching workshops across the country. These Millennial Health Listening Sessions seek to learn from experts, employers, digital leaders and millennials to create a path toward better health for this generation.

²Health of America Report, The Health of Millennials, April 24, 2019, https://www.bcbs.com/the-health-of-america/reports/the-health-of-millennials

Member Letters Have a New Look!

Service request approval and denial letters have a fresh, updated look. Blue Cross and Blue Shield of Oklahoma (BCBSOK) knows your time is valuable. We eliminated nonessential information to make member letters straightforward and simple. The new layout is now in color and includes symbols that are easy to understand. Both you and your patient can find the information you need fast. As always, you will be copied on member letters about service request approvals and denials. Keep a lookout for the redesigned member letters.

Click <u>here</u> to view full sample letter.



July 01, 2019







UPDATES OR CHANGES TO YOUR REQUEST? LET US KNOW

To ensure benefit coverage, please call us at 855-462-1784 IF:

You need additional visits / services
We'll need to do an additional review of benefits before adding days/units of service to this approval. Be sure to contact us before the expiration date listed above to ensure coverage.

Things have changed
Let us know if any of the following have occurred since submitting your request:
The treatment plan or level of care is changed
The ordering physician or follow is changed
The date of service is changed or cancelled

Note to Provider: Service codes that do not require medical review are processed as approvals unless these services(codes) are ancillary to a primary service which has been denied or lacks contractual benefit.



QUESTIONS? WE'RE HERE FOR YOU

For more information about your benefits, log in to your Blue Access for Membersth (BAM^(M)) account at

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In the Community

Tulsa Albert Schweitzer Fellowship Receives grant from Blue Cross and Blue Shield of Oklahoma



The Tulsa chapter of the Albert Schweitzer Fellowship received a Healthy Kids, Healthy Families® (HKHF) grant from Blue Cross and Blue Shield of Oklahoma to help fund its health leadership program.

The Tulsa Schweitzer Fellowship's goal is to address health disparities through innovative community-based projects, while developing health leaders.

Fellows come from a range of disciplines that contribute to health outcomes, including medicine, nursing, social work, speech language pathology and law. Each selected fellow designs and implements a year-long project that focuses on an unmet health gap in the Tulsa community, in partnership with a local agency.

Alex Button from Tulsa, Okla., is a recently graduated Albert Schweitzer Fellowship recipient. He heard about the program during his first year of graduate school and was drawn to the opportunity to design a project to address an unmet health need in the community.

Button received his Bachelor of Nursing Science in 2014 and worked in Tulsa as an inpatient registered nurse. In May 2019, he graduated with a Doctor of Nursing Practice from The University of Tulsa.

Button's Schweitzer project took place at the Tulsa Day Center for the Homeless. The goal of the project was to increase medication adherence among the Day Center's client population. The project focused on increasing the rate at which participants took their medication as prescribed. Effective medication management decreases emergency room visits and improves health outcomes, overall.

HKHF is part of an ongoing commitment to support and partner with nonprofit organizations that offer sustainable, measurable programs to reach children and their families in four key areas: nutrition, physical activity, preventing and managing disease, and supporting safe environments.

All grant recipients are community partners that share BCBSOK's vision of improving the health and wellness of Oklahoma's children and their families.

2019 Champions of Health Winners Announced



Dentists for the Disabled and Elderly in Need of Treatment, Inc. (D-DENT) has been named the recipient of the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, the highest honor of the Champions of Health awards. DDENT, a statewide nonprofit organization, helps dentists improve the emotional and overall health of those in need through the restoration

of oral health. As the overall winner, D-DENT will receive a \$15,000 grant, which will be presented at the 2019 Champions of Health Gala on Sept. 26 at the Cox Business Center in Tulsa. Boxing legend Sugar Ray Leonard will be the keynote speaker.

Since 2004, the Champions of Health awards program has honored organizations and individuals who are making a difference in the health of Oklahomans. The annual Champions of Health gala benefits The Oklahoma Caring Foundation, Inc., a 501(c)(3) organization that provides Oklahoma children with immunizations at no charge. Founded in 1994, the foundation is funded by community contributions and administered as an in-kind gift by Blue Cross and Blue Shield of Oklahoma.

In addition to the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health award, nonprofit winners in each category will receive a \$5,000 grant and finalists will receive a \$1,000 grant. The winners and finalists are identified below:

Champion of Children's Health

Winner: Anadarko Hope Squad

Finalist: Anna's House Foundation

Champion of Senior Health

Winner: Comanche Nutrition Center Finalist: Edmond Mobile Meals

Champion of the Uninsured

Winner: The Children's Center Rehabilitation Hospital

Finalist: Ministries of Jesus, Inc.

Community Health Champion
Winner: YWCA Oklahoma City
Finalist: Hospitality House of Tulsa

Corporate Health Champion

Winner: Groendyke Transport

Finalists: Oklahoma City Indian Clinic

Note: The winner and finalist in the Corporate Health Champion category are ineligible to

receive grant funds.

The Champions of Health awards program is presented by Blue Cross and Blue Shield of Oklahoma, in partnership with the Oklahoma Association of Optometric Physicians, the Oklahoma Dental Association, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Foundation for Medical Quality, the Oklahoma Health Care Authority, the Oklahoma Hospital Association, the Oklahoma Osteopathic Association, the Oklahoma Primary Care Association, the Oklahoma State Department of Health and the Oklahoma State Medical Association.

<u>Individual tickets and sponsorships</u> are available. For information, call 855-628-8642 or visit championsofhealth.org.

The Oklahoma Caring Foundation. Inc. is a non-profit organization administered as an in-kind gift by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association

Blue Cross and Blue Shield of Oklahoma, INTEGRIS Sign Historic Agreement to Improve the Health of Oklahomans

Blue Cross and Blue Shield of Oklahoma (BCBSOK) and INTEGRIS Health are pleased to announce they have reached a new longer-term <u>agreement</u> ensuring all INTEGRIS Health facilities will remain in the BCBSOK network.

For the first time, INTEGRIS providers will be included in the Blue Advantage PPOSM. The effective date of that offering is expected to be Sept. 1, 2019. Members in the Blue

TraditionalSM, Blue Choice PPOSM, Blue Preferred PPOSM, BlueLincs HMOSM and Blue Plan65 SelectSM will continue to receive in-network benefit levels at INTEGRIS.

"Our goal with this agreement is to impact our state's overall health, in alignment with Governor Stitt's bold vision to make Oklahoma a top 10 state," said Timothy Pehrson, President and CEO of INTEGRIS. "As newly appointed leaders of both INTEGRIS Health, the state's largest health system, and BCBSOK, the state's largest health insurer, we came to the table and asked, 'What can we do to help improve Oklahoma's health ranking?' This is a daunting task given our state currently ranks 47 out of 50 in overall health."

He added, "As we collaborated and brainstormed together, it was decided that a tighter relationship between our two organizations would be critical to create the necessary building blocks to advance the health of Oklahomans."

"This new agreement obligates both of our organizations to jointly develop new value-based care capabilities that emphasize improving health outcomes of our members and patients. Value-based care is an innovative health care delivery and payment model that incentivizes health care providers and hospital systems to focus on their patients' health outcomes. The traditional fee-for-service model that is currently used simply pays for the care completed, regardless of the outcome," explained Joseph R. Cunningham, M.D., BCBSOK president.

This innovative relationship alone will not move Oklahoma to a top 10 state; however, it does lay the foundation to begin a long-term transformational journey. In addition, INTEGRIS and BCBSOK are committed to working jointly with state officials, health agencies, businesses, communities and others to achieve this goal.

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 <u>Provider Finder</u> 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 <u>Information Change Request</u> 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 <u>July Blue Review</u> to Education and Reference Center/News and Updates/Blue Review page
- Posted <u>Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2019</u> to Education and Reference Center/News and Updates
- Posted <u>Reminder: Credentialing Process for Physicians and Other Health Care Professionals</u> with <u>BCBSOK</u> 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**.

ClaimsXten[™] Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. Blue Cross and Blue Shield of Oklahoma (BCBSOK) will normally load this additional data to the BCBSOK claim processing system after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSOK Provider website. Advance notification of updates to the ClaimsXten software version also will be posted on the BCBSOK Provider website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to use Clear Claim Connection™(C3). C3 is a free, online reference tool. Refer to the <u>Clear Claim Connection</u> page on our website for more information on gaining access to C3, as well as answers to <u>frequently asked questions</u> about ClaimsXten. Updates may be included in future issues of the <u>Blue Review</u>. Note: C3 does not contain all of the claim edits and processes used by BCBSOK in adjudicating claims, and the results from use of the C3 tool are not a guarantee of the final claim determination.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSOK. McKesson Information Solutions, Inc. is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software and services they provide. CPT copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

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 <u>eRM tutorial</u> is available to show you how to navigate the features of the eRM tool. <u>Log in</u> at your convenience to complete the tutorial and use it as a reference when needed.

We Want Your Feedback

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