

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

## May 2020

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 May 2020 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

### Provider Information on COVID-19 Coverage

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is covering **testing to diagnose** the 2019 Novel Coronavirus (COVID-19) for most members with no prior authorization needed and no member copays or deductibles. BCBSOK is also waiving member cost-sharing, including deductibles, copayments and coinsurance related to [treatment](#) for COVID-19.

Providers should use the **most** appropriate CPT or HCPCS code that describes the service they are rendering and append any appropriate modifiers.

**Note on self-insured groups:** Many of our members are covered under a health plan that is self-insured by their employer. **Some of these members may be responsible for copay or deductibles**, based on their employer's election to participate in this benefit. Members can call the number on their ID card for specific benefit questions.

**Medicare members:** Medicare (excluding Part D) and Medicare Supplement members won't pay copays, deductibles or coinsurance for:

- Medically necessary lab tests to diagnose COVID-19 (testing must be medically necessary, consistent with CDC guidance and at the direction of a doctor)
- Testing-related visits related to COVID-19 with in-network providers, whether at a provider's office, urgent care clinic, emergency room or by telehealth.
- Treatment for COVID-19. This applies to costs associated with COVID-19 treatment at in-network facilities and treatment for out-of-network emergencies from April 1 through May 31, 2020.

The in-network/out-of-network provisions do not apply to Blue Cross Medicare Supplement<sup>SM</sup> members. Members should always call the number on their ID card for answers to their specific benefit questions.

## Check Members Eligibility and Benefits

Use the [Availity® Provider Portal](#) or your preferred vendor for eligibility and check benefit verifications.

### Claims for COVID-19 Testing

If you test a member when it's medically necessary and consistent with CDC guidance, submit the claim to us using the most appropriate **Healthcare Common Procedure Coding System (HCPCS)** or CPT code:  
COVID-19 Lab Codes

- HCPCS code **U0001** (CDC testing laboratories to test patients for SARS-CoV-2)
- HCPCS code **U0002** (Non-CDC lab test)
- CPT code **87635** (American Medical Association (AMA) code for SARS-2-CoV-2 lab test)
- HCPCS **U0003** (nucleic acid, amplified probe technique for SARS-2-CoV-2, making use of high throughput technologies)
- HCPCS **U0004** (any technique, making use of high throughput technologies)

### COVID-19 Diagnosis Codes

- **U07.1** (COVID-19 acute respiratory disease)
- **B97.29**
- **B34.2**
- **Z03.818** (possible exposure to COVID-19)
- **Z20.828** (actual exposure to COVID-19)

The [Centers for Medicare and Medicaid Services](#) (CMS) has established reimbursement rates for the COVID-19 diagnostic tests. We will apply the terms of our applicable provider agreements to determine the contracted reimbursement.

### COVID-19 Antibodies Testing

If you test a member for COVID-19 antibodies when it's medically necessary, **medically appropriate and in accordance with generally consistent medical standards**, submit the claim to us using the appropriate code. Member cost-share will be waived.

### COVID-19 Antibodies Testing Codes

- **86318** (revised to indicate immunoassay for infectious agent antibodies; single-step method)
- **86328** (new for COVID-19; single-step method)
- **86769** (new for COVID-19; multiple-step method)

For more detail on COVID-19 coding and guidance, refer to the [American Medical Association website](#).

### COVID-19 Treatment

BCBSOK is waiving member cost-sharing, including deductibles, copayments and coinsurance related to **treatment** for COVID-19. The waiver applies to costs associated with COVID-19 treatment at in-network facilities and treatment for out-of-network emergencies. This policy covers treatment from April 1 through May 31, 2020. We will reassess this policy as events warrant.

Visit our [BCBSOK Waives Customer Cost-Sharing for COVID-19 Treatment](#) News & Updates article for more information.

### **Credentialing Process Simplified for COVID-19**

BCBSOK is temporarily updating our credentialing policy and processes in response to the COVID-19 emergency. This complies with emergency state and federal regulations and is effective April 3, 2020. The temporary modifications are only in place during the COVID-19 emergency and subject to change based upon state and federal action. Otherwise, standard credentialing and processes will apply.

#### **What's Changing? We are simplifying the process of joining our network.**

Subject to state actions on licensing and practice requirements, we will credential providers who meet the following conditions for the duration of the state-declared Executive Order:

- Oklahoma Board approved healthcare professional intending to participate in Oklahoma.
- We will accept temporary licenses.
- We will waive accreditation requirements, CMS certification and site visits for institutional providers.
- We will accept expired documents if they have been inactive or expired for less than six-months and the provider is unable to obtain a current document from the issuer due to the COVID-19 emergency. Licenses, accreditations or certifications that have been revoked for cause will not be accepted.

All occupational licenses extended during the Executive Order by Governor Stitt will expire fourteen (14) days following the withdrawal of termination of the Order.

Credentialing criteria and verification sources may change. Please check back often for updates.

### **Out-of -Network Providers**

If you are not in our networks, our allowed amounts are consistent with our out-of-network pricing and our member's benefits. As indicated above most members will not pay copays or deductibles. Please call the customer service number on the member's ID card for benefit information.

### **Telehealth**

Professional claims may be submitted for services where the provider is acting within the scope of their state license, the service being rendered can be performed via telemedicine and meets the definition of the procedure code billed. Claim should include POS 2 (professional) and appropriate modifier (95, GT, GQ). If you are not in our networks, our allowed amounts are consistent with our out-of-network pricing and our member's benefits. Please call the customer service number on the member's ID card for benefit information.

For more information visit our [Blue Cross and Blue Shield of Oklahoma Further Expands Telemedicine to All In-Network Providers](#) News & Updates article.

### **Pharmacy**

For members who have BCBSOK pharmacy benefits administered through Prime Therapeutics, BCBSOK will allow members to receive an early fill of their medication for the same quantity as the last prescription filled. We also encourage members to use their 90-day mail order benefit, if applicable. All pharmacy practice safety measures, as well as prescribing and dispensing laws, will remain.

**Note on Medicare members:** Members of these plans can get 90-day fills through mail order:

- Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup>
- Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup>
- Blue Cross Group MedicareRx (PDP)<sup>SM</sup>
- Blue Cross Medicare Advantage (HMO)<sup>SM</sup>
- Blue Cross Medicare Rx (PDP)<sup>SM</sup>

We are also prepared for medication shortages or access issues. Patients will not be liable for additional charges that may stem from obtaining a non-preferred medication if the preferred medication is not available due to shortage or access issues.

### **What is the risk of COVID-19?**

According to recent reports from the CDC, the infection rate from COVID-19 is a rapidly evolving situation. The risk assessment may change daily. The latest updates are available on the CDC's Coronavirus Disease 2019 (COVID-19) website. We are ready to help you serve our members and the community in understanding, preventing and potentially treating people who have been affected by the COVID-19.

We've developed a member-facing [flier about COVID-19](#) that you may share with your patients.

### **More Information**

Please review the [COVID-19 – Oklahoma Provider Frequently Asked Questions](#).

Because this is a rapidly evolving situation, you should continue to use [Centers for Disease Control guidance](#) on COVID-19, as the CDC has the most up-to-date information and recommendations. In addition, watch for updates on [BCBSOK News and Updates](#) and [Newsroom](#).

If you have any questions or if you need additional information, please [email provider inquiries](#) or call the Provider Contract Support Unit at **800-722-3730, Option 2**.

Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy. Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSOK to provide pharmacy benefit management and related other services.

BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

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## **Updates to BCBSOK Clinical Payment and Coding Policies**

Recent updates to several [Clinical Payment and Coding Policies](#) have been made. Please visit the BCBSOK Clinical Payment and Coding Policies webpage to review the updated policies.

[Read More](#)

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## **Important Reminder about Billing for Point-of-Use Convenience Kits**

Blue Cross and Blue Shield of Oklahoma (BCBSOK) regularly reviews claims submitted by providers to help ensure that benefits provided are for services included in our member's benefit plan and meet

BCBSOK's guidelines. Some providers are submitting claims for point-of-use convenience kits used in the administration of injectable medicines. These prepackaged kits contain not only the injectable medicine, but also supply items, such as, but not limited to, alcohol prep pads, cotton balls, band aids, disposable sterile medical gloves, povidone-iodine swabs, adhesive bandages and gauze. **As a reminder, only the drug component(s) of the kit will be reimbursable to the provider.**

BCBSOK periodically checks availability and pricing of these kits to better manage costs. Often, the cost of these convenience kits is more than the cost of its components when purchased one item at a time. Non-drug supplies in the kits are inclusive of the practice expense for the procedure performed for which no added compensation is warranted to the provider. Reimbursement for these point-of-use convenience kits may be updated based upon the U.S. Food and Drug Administration (FDA) approved drug component.

Remember to provide the most appropriate care in the most cost-effective manner.

As a reminder, it's important to check member eligibility and benefits through Availity® or your preferred vendor web portal prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. Checking eligibility and benefits also helps providers confirm benefit preauthorization requirements. Providers must also ask to see the member's ID card for current information and a photo ID to help guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly. Obtaining benefit preauthorization is not a substitute for checking member eligibility and benefits.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. 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.

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 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 member's ID card.

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.

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## Medicare Advantage Provider Call Center Lines Experiencing Longer Hold Times

You may experience longer than normal hold times on our Medicare Advantage Provider call lines 877-774-8592 starting March 24, 2020, due to the COVID-19 pandemic.

## What should you do?

- Use [Availity](#) as much as possible for eligibility, claim status and Prior Authorizations.
  - Availity's Authorizations & Referrals tool (HIPAA-standard 278 transaction) allows you to submit inpatient admissions, select outpatient services and referral requests handled by Blue Cross and Blue Shield of Oklahoma (BCBSOK).
  - You can also check status on previously submitted requests and/or update applicable existing requests.
- Continue watching for additional notifications for changes including when the Medicare Advantage Provider call line resumes normal hold times.

Because this is a rapidly evolving situation, you should continue to use [Centers for Disease Control Guidance](#) (CDC) on COVID-19, as the CDC has the most up-to-date information and recommendations. Additionally, watch for updates on BCBSOK [News and Updates](#) and our [COVID-19 Preparedness](#) pages.

## Have questions?

If you have any questions or if you need additional information, please [Email provider inquiries](#) or call the Provider Contract Support Unit at **800-722-3730, Option 2**.

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## Alert: iExchange® Deactivation Extended Due to COVID-19

In response to COVID-19, the iExchange deactivation planned for April 15, 2020, has been temporarily suspended to offer you an extension to convert to the Availity® Authorizations tool.

Since the iExchange extension is only temporary, we encourage you to transition to the Availity Authorizations tool for electronic preauthorization submissions for inpatient admissions, select outpatient services and referral requests handled by Blue Cross and Blue Shield of Oklahoma (BCBSOK).

## Important Reminders

- Medical and surgical predetermination of benefits requests may be submitted via iExchange during this extension or by fax or mail by using the [Predetermination Request Form](#).
- Check the patient's eligibility and benefits first to determine if preauthorization is required for the service and/or procedure code. For online assistance, refer to the [General Eligibility and Benefits Expanded Tip Sheet](#).
- The process of submitting preauthorization requests through eviCore healthcare (eviCore) or other vendors has not changed.
- If you haven't registered with Availity, you can sign up for free on the [Availity website](#). For help, contact Availity Client Services at 800-282-4548.

## For More Information

Refer to the educational [Availity Authorizations User Guide](#) and [Availity Referrals User Guide](#) located under the Provider Tools section of our website.

BCBSOK is offering additional weekly webinars for you to learn more about the Availity Authorizations & Referrals tool. Visit our [Training page](#) to register for upcoming session. If you need further assistance or customized training, contact our [Provider Education Consultants](#).

Please note that the fact that a service has been preauthorized/pre-notified 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.

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. iExchange is a trademark of Medecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSOK. eviCore is wholly responsible for its own products and services. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity, eviCore or Medecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.


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## Behavioral Health Program Changes for BlueLincs HMO<sup>SM</sup>

Starting **June 1, 2020**, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will administer behavioral health benefits for **BlueLincs HMO** members, replacing the current behavioral health administrator, Magellan Healthcare®.

This means that for dates of service beginning on or after June 1 for BlueLincs HMO members:

- Behavioral health claims must be submitted to BCBSOK for reimbursement.
- Eligibility, prior authorization and claim inquiries should be directed to BCBSOK. Please call the number on the member ID card.

We'll notify BlueLincs HMO members before the transition date. Some members will receive new BCBSOK ID cards as part of this transition. For more information, please review the [2020 Behavioral Health Program Change FAQs](#) . The FAQs can also be found on our website under the [Behavioral Health Care Management](#) page/Related Links.

We don't expect member benefits to be affected by this change. It's important to use the [Availity Provider Portal](#) or your preferred vendor to check eligibility and benefits for all of our members prior to service. This will help you confirm coverage details and other important information, including any prior authorization and pre-notification requirements.

BCBSOK will continue to contract with Magellan Healthcare, Inc. ("Magellan"), an independent company, until May 31, 2020, to administer behavioral health benefits for BlueLincs HMO.

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 the vendor, you should contact the vendor directly.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified 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.

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## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective on or after July 1, 2020 – Part 1

### DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **The list of these changes was communicated in the previous April 2019, July 2019, October 2019 and January 2020 quarterly pharmacy changes articles.**

**Please Note:** The health, safety and well-being of our members and the communities we serve is our top priority. Due to novel coronavirus 2019 (COVID-19), we will delay the start date of these annual drug list changes until October 1, 2020 for members identified for notification based on claims filled between Nov. 13, 2019 and March 13, 2020. This will allow your patients more time to safely talk about these changes with you and together decide the best choices for them.

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the July 1 effective date.

### UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **April 15, 2020**, the Peanut Allergy Specialty Prior Authorization (PA) program will be added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Palforzia.
- Effective **July 1, 2020**, the Oxbryta Specialty PA program will be added to the Balanced, Performance and Performance Select Drug Lists. This program includes the target drug Oxbryta.
- Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by annual drug list revisions and/or exclusions and annual prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit [bcbsok.com](http://bcbsok.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

### Reminder: Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSOK members with a group health plan, though some exceptions may apply.

Letters were sent in April to members who have plans renewing in Q3 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.



## HSA Preventive Drug Program Updates

Select members' Health Savings Account plans may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes.

**Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.**

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime to provide pharmacy benefit management and related other services. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. 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. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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## In the Community

### Nominations Open for 2020 Champions of Health Awards

Individuals, groups and organizations that are working to positively change the health status of Oklahomans through unique and innovative programs are encouraged to apply for the 2020 [Champions of Health](#) awards. Nominations will be accepted [online](#) through May 29, and there is no cost to enter. Please help us identify eligible organizations and individuals by submitting nominations or forwarding this information to others who might be interested.

All winners will be recognized at the Champions of Health gala on Tuesday, Sept. 29, at National Cowboy & Western Heritage Museum in Oklahoma City. The Champions of Health gala benefits the [Oklahoma Caring Foundation](#), a 501(c)(3) organization dedicated to providing Oklahomans access to preventive health services, including children's immunizations, via the Oklahoma Caring Vans.

The award categories include:

- Champion of Children's Health
- Champion of Senior Health
- Champion of the Uninsured
- Community Health Champion
- Corporate Health Champion

Nonprofit winners will receive a \$5,000 contribution toward their organization or program, and will be considered for the highest honor, the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, as well as receive a \$15,000 contribution.

The Champions of Health 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.

Additional details and nomination requirements can be found at [championsofhealth.org](http://championsofhealth.org). The website also provides information about the Champions of Health coalition partners, [previous winners](#), [gala sponsorship opportunities](#) and program details. Watch the [Champions of Health Nomination video](#) to learn more.

*The Oklahoma Caring Foundation, Inc. is a nonprofit 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.*

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## Web Changes

- Posted [April Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Posted [Extending Prior Authorization on Previously-Approved Elective Surgeries, Procedures, and Therapies](#)
- [Posted BCBSOK Making It Easier to Transfer Members to Post-Acute Care](#) to Education and Reference Center/News and Updates.
- Posted [BCBSOK Waives Customer Cost-Sharing for COVID-19 Treatment](#) 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 [Clear Claim Connection](#) page on our website for more information on gaining access to C3, as well as answers to [frequently asked questions](#) about ClaimsXten. Updates may be

included in future issues of the [Blue Review](#). 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.

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## 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](https://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.

## We Want Your Feedback

Do you have a helpful suggestion or feedback about our website? Fill out our [Feedback Survey](#).



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