

November 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 November 7, 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.**

You can find the *Blue Review* online at bcbsok.com/provider/news and updates

News & Updates

How Providers Can Impact HEDIS®

Do the services you provide to your patients count? Blue Cross and Blue Shield of Oklahoma (BCBSOK) values the care you provide to our members.

As a provider, you are an important part of the Healthcare Effectiveness Data and Information Set (HEDIS) process because of your role in submitting accurate and timely records. As January approaches, it will be time for BCBSOK to prepare for the HEDIS data collection period, since select HEDIS measures are included in the Health Insurance Marketplace's Quality Rating System. The information in this article will help you better understand what is expected of you as a provider and how your compliance positively impacts HEDIS scores.

What is HEDIS?

HEDIS is a collection of performance measures developed by the team of clinicians and researchers at the National Committee for Quality Assurance (NCQA) to measure the effectiveness of health care received by health plan members. Controlling high blood pressure is an example of a current tracked measure. The HEDIS team reviews medical records of members diagnosed with hypertension to identify the percentage of members whose blood pressures are adequately controlled during the measurement year.

How is data collected?

Health plans start collecting data from the previous measurement year in January (i.e., HEDIS 2015 data will measure 2014 performance). Three different methods can be used:

- Administrative data – Obtained from claims
- Hybrid data – Obtained from medical record reviews to augment administrative data rates
- Survey data – Obtained from member and provider surveys (e.g., Consumer Assessment of Healthcare Providers and Systems [CAHPS])

How is HEDIS data used?

The results are used by employers, consultants and consumers — along with accreditation information — to help them select the best health plan for their needs by offering a measure-by-measure comparison of quality metrics. Results are also used by health plans to measure performance, identify quality initiatives and provide educational programs for providers and members.

What about HIPAA?

The Health Information Portability and Accountability Act (HIPAA) privacy rule allows the collection and release of HEDIS data with no special patient consent or authorization.

How can you help as a provider?

The quality of care and services offered by our providers and their staff is reflected in the improvement of HEDIS scores. As a provider, you and your staff can help facilitate the HEDIS process by:

- Documenting accurately in medical records
- Coding all claims accurately
- Responding quickly to our request for medical records within five business days

Non-responses by the provider office count as **a negative** toward HEDIS scores.

If you have any questions regarding requests for medical records, contact your BCBSOK provider representative.

Open Enrollment: Helping Your Patients Shop with Confidence

For more than 75 years, Blue Cross and Blue Shield of Oklahoma (BCBSOK) has demonstrated a firm commitment to providing excellent customer service, as well as expanding access to cost-effective, quality health care for our members. As a recognized leader in the health insurance industry, our portfolio of product offerings continues to grow and change in response to market innovations and customer demands.

While the majority of our membership comes from employer groups, our retail and government program member population is growing as well. The number of new BCBSOK members increased significantly after the first open enrollment period under the Affordable Care Act (ACA) last year, but there still are millions of uninsured people to reach.

Members Looking For New Plans

Open enrollment on the Health Insurance Marketplace begins Nov. 15, 2014, and BCBSOK is ready. In addition to first-time shoppers, many of our current members will be renewing for the first time. Where applicable, some members may be migrating from their current policies to new ACA-compliant plans. This means that some of your current patients may be shopping for a new plan and will need to know if they can still see you as an in-network provider. Or, you may receive calls from prospective patients who are doing preliminary research before they make a decision.

Educating Current and Potential Members

Educating consumers is critical, particularly during open enrollment. Our October 2014 *Blue Review* included updates on the [Be Covered Oklahoma](#) and [Know Your Network](#) educational campaigns, both of which offers a library of online resources and printed materials for you to share with your patients.

We would also like to call your attention to a new brochure that may be helpful if your patients come to you with questions. The brochure is titled, [Understanding Health Insurance – Your Guide to the Affordable Care Act](#). It is available in English and Spanish and offers quick tips and sample scenarios to help your patients understand the basics, such as:

- Why health insurance is necessary
- When and how to purchase a health insurance plan
- Financial considerations, special programs and exceptions
- Description of the four plan Metallic levels (Bronze, Silver, Gold, Platinum)
- Guaranteed coverage overview (essential health benefits and preventive services)

- Definitions of key terms, such as *premium, deductible, copayment, out-of-pocket maximum* and *in-network provider*

The brochure also includes a list of questions to help the newly insured prepare for next steps, once they've decided on a health care plan. The information is organized to call the reader's attention to important details, such as how to make premium payments, what's on the member ID card, how to find a primary care physician and the importance of confirming in-network provider status.

To view the *Understanding Health Insurance – Your Guide to the Affordable Care Act* brochure, visit the Standards and Requirements/Affordable Care Act/Patient Perspective section of our website at bcbsok.com/provider. If you would like to order printed copies of this brochure and other materials you can share with your patients, please contact your assigned provider representative.

For additional information on open enrollment and ACA-related resources, please watch upcoming issues of *Blue Review*, as well as the [News and Updates](#) section of our provider website.

This communication is intended for informational purposes only. It is not intended to provide, does not constitute, and cannot be relied upon as legal, tax or compliance advice. The information contained in this communication is subject to change based on future regulation and guidance.

Medicare vs. Commercial Risk Adjustment

Risk adjustment is a tool used to help predict health care costs based on the relative risk of enrollees to protect against potential effects of adverse selection. It is a way to help evenly distribute the weight of illness, demographics and other factors that patients bring to a health care encounter. Medicare risk adjustment has been in place for Medicare AdvantageSM plans for many years and has evolved over time.

Differences Between HHS- and CMS-HCC

There are several important differences between the Health and Human Services Hierarchical Condition Categories (HHS-HCC) commercial risk adjustment model and the Centers for Medicare & Medicaid Services Hierarchical Condition Categories (CMS-HCC) model used in Medicare Advantage plans.

- **The HHS-HCC** risk adjustment model is concurrent, which means that the risk score calculated for each patient is based on diagnoses from the same year as the associated revenue. For commercial risk adjustment, HHS employs the HCC groupings logic used in the Medicare risk adjustment program, but with HCCs refined and selected to reflect the expected risk adjustment population. There are currently 3,518 diagnosis codes that map to 1 of 127 HCCs.
- **The CMS-HCC** model uses risk adjustment diagnosis codes and demographic data reported for one year to determine payment for the next year. Calculations for payment are based on patient risk scores. Medicare risk adjustment utilizes HCC groupings logic in its risk adjustment model. Medicare Advantage plans cover an older population with inherently more chronic medical conditions. There are currently 3,034 diagnosis codes that map to 1 of 79 HCCs.

For both HHS and CMS risk adjustment models, medical conditions have to be treated and addressed and documented annually, or need to specify that the patient no longer has the condition. The conditions need to be documented during face-to-face encounters with an acceptable provider type. Chronic conditions not documented annually are not captured in risk scores.

Additionally, risk scores for Medicare Advantage plans represent a member's health status, while HHS commercial risk scores represent health status and member benefit plan selection. For example the historical conditions for the CMS-HCC model are coded and reported and transfer with the patient. The HHS-HCC model does not transfer patient-level data between plans and all conditions need to be documented annually when the plan changes.

For more information about risk adjustment, visit our provider website at bcbsok.com/provider and the CMS website at cms.gov.

Medicare Part D Formulary Updates

A summary of recent Blue Cross and Blue Shield of Oklahoma (BCBSOK) Medicare Part D formulary changes can be found below. The Blue Cross MedicareRx formulary is updated monthly by our pharmacy provider, Prime Therapeutics.

For a complete formulary listing and for future inquiries regarding prior authorizations, step therapy, coverage determinations/RE-determinations, transition plan benefits, and appointment of representative for your BCBSOK members, please refer to the following instructions:

1. Go to the Prime Therapeutics' [Medicare Part D member website](#)
2. Click on **Continue without sign in**
3. Follow directions to:
 - “Select your Health Plan” click on **BCBS Oklahoma**
 - “Medicare Part D Member?” Select **YES**
 - “Select Your Health plan type” click **Blue Cross MedicareRx Value**
 - Select **Continue to MyPrime**
 - Select **Find Medicines** – This includes the current comprehensive formulary and formulary search function
 - From this page you will be able to determine the formulary status and applicable utilization management programs for individual drugs or access any of the important databases outlined above.

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change	Comments
ADASUVE (loxapine) inhal powder, 10 mg	Brand	4/25/14	Addition	Tier 4
allopurinol for inj 500 mg	Generic	6/23/14	Removal	Manufacturer has discontinued marketing this drug.
ALOPRIM (allopurinol) for inj 500 mg	Brand	4/14/14	Addition	Tier 4 (NOT available on the BASIC formulary)
ANORO ELLIPTA (umeclidinium/vilanterol) inhal powder, 62.5-25 mcg	Brand	5/1/14	Addition	Tier 3. Quantity limits apply.
atovaquone susp, 750 mg/5 mL	Generic	3/23/14	Addition	Tier 5. First generic for Mepron.
AZATHIOPRINE for inj, 100 mg	Brand	6/23/14	Removal	Manufacturer has discontinued marketing this drug.
azelastine nasal spray, 0.15% (205.5 mcg/spray)	Generic	5/11/14	Addition	Tier 2. Quantity limits apply. First generic for Astepro.
BREO ELLIPTA (fluticasone furoate/vilanterol) inhal powder, 100-25 mcg	Brand	5/1/14	Addition	Tier 3. Quantity limits apply.
Cholestyramine/Light powder packets (4gm),	Generic	4/8/14	Addition	Tier 2 – BASIC formulary

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change	Comments
COUMADIN (warfarin) tabs, 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	Brand	4/1/14	Addition	Tier 4 (NOT available on the BASIC formulary)
CYRAMZA (ramucirumab) inj, 100mg/10ml, 500mg/50ml	Brand	5/4/14	Addition	Tier 5
ERWINAZE (asparaginase <i>Erwinia chrysanthemi</i>) for inj, 10,000 units	Brand	3/1/14	Addition	Tier 5.
EXELON (rivastigmine) oral soln, 2 mg/mL	Brand	8/21/14	Removal	Manufacturer has discontinued marketing this drug.
GRANIX (tbo-filgrastim) inj, 300 mcg/0.5 mL, 480 mcg/0.8 mL	Brand	5/1/14	Addition	Tier 5.
griseofulvin microsize tabs, 500 mg	Generic	1/1/14	Addition	Tier 2 (NOT available on the BASIC formulary)
ibandronate inj, 3 mg/3 mL	Generic	3/16/14	Addition	Tier 2. First generic for Boniva inj.
KUVAN (sapropterin) oral powder, 100 mg	Brand	3/9/14	Addition	Tier 5. Prior authorization applies.
LEVEMIR FLEXTOUCH (insulin detemir) inj, 100 units/mL	Brand	5/25/14	Addition	Tier 3 (NOT available on the BASIC formulary)
MYRBETRIQ (mirabegron) tabs, 25 mg, 50 mg	Brand	5/1/14	Addition	Tier 3. Quantity limits apply.
naloxone inj, 0.4 mg/mL	Generic	3/16/14	Cost Share Reduction	Change to Tier 2 (was 4). (NOT available on the BASIC formulary)
NAMENDA (memantine) XR caps, 7 mg, 14 mg, 21 mg, 28 mg, titration pack	Brand	5/1/14	Addition	N/A
nevirapine ER tabs, 400 mg	Generic	4/20/14	Addition	Tier 2. Quantity limits apply. First generic for Viramune XR 400 mg.
OLYSIO (simeprevir) caps, 150 mg	Brand	5/1/14	Addition	Tier 5. Prior authorization applies
TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change	Comments
omega-3-acid ethyl esters caps, 1 gm	Generic	4/13/14	Addition	Tier 2. First generic for Lovaza.
PILOPINE (pilocarpine) HS eye gel, 4%	Brand	8/21/14	Removal	Manufacturer has discontinued marketing this drug.
pindolol tabs, 5 mg, 10 mg	Generic	4/6/14	Cost Share Reduction	Change to Tier 2 (was 4).
raloxifene tabs, 60 mg	Generic	4/6/14	Addition	Tier 2. First generic for EVISTA.
rifabutin caps, 150 mg	Generic	3/30/14	Addition	Tier 2. First generic for MYCOBUTIN. (Tier 4 for BASIC formulary)

SILENOR (doxepin) tabs, 3 mg, 6 mg	Brand	5/1/14	Addition	Tier 3. Quantity limits apply.
SIMBRINZA (brinzolamide/brimonidine) eye susp, 1-0.2%	Brand	5/1/14	Addition	Tier 3 (NOT available on the BASIC formulary)
Sodium polystyrene sulfonate rectal susp, 30gm/120ml	Generic	4/8/14	Addition	Tier 2 – BASIC formulary
SOVALDI (sofosbuvir) tabs, 400 mg	Brand	5/1/14	Addition	Tier 5. Prior authorization applies.
SYNTHROID (levothyroxine) tabs, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	Brand	4/1/14	Addition	Tier 4 (NOT available on the BASIC formulary)
telmisartan/hydrochlorothiazide tabs, 40-12.5 mg, 80-12.5 mg, 80- 25 mg	Generic	3/9/14	Addition	Tier 2. Quantity limits apply. First generic for MICARDIS HCT.
ZOHYDRO (hydrocodone) ER caps, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Brand	5/1/14	Addition	Tier 4. Prior authorization and quantity limits apply.
ZYKADIA (ceritinib) caps, 150 mg	Brand	5/4/14	Addition	Tier 5. Prior authorization and quantity limits apply.

BCBSOK Simplifies Preauthorization Requirements for Psychological and Neuropsychological Testing

To support member access and decrease the administrative burden for providers, Blue Cross and Blue Shield of Oklahoma (BCBSOK) is currently developing an Alternative Care Management program for psychological and neuropsychological testing procedures.

As part of the new program, preauthorization of psychological and neuropsychological testing may be required if BCBSOK determines a provider's pattern of testing varies significantly from their provider peer group. Additionally, periodic auditing will be conducted by BCBSOK to evaluate that testing is consistent with the presenting clinical issue, medical policy and benefit plan design. If preauthorization is required or testing is not consistent with the presenting clinical issue, medical policy and benefit plan design, BCBSOK will contact the provider to obtain additional information.

In light of the introduction of this new program, effective immediately, except for the situations described above, routine preauthorization of psychological and neuropsychological testing will no longer be required.

Additional details regarding the new Care Management program for psychological and neuropsychological testing will be announced in upcoming months.

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

BCBSOK Behavioral Health Team Helps More Members after Program Enhancements

Blue Cross and Blue Shield of Oklahoma (BCBSOK) frequently monitors and evaluates our Behavioral Health Case Management program. This program is designed to help members with complex mental health and substance abuse issues manage the unique challenges of their condition. The program also increases awareness, and provides education to members about their behavioral health condition, benefits and treatment options.

For members who require more frequent interaction, case managers also monitor medication adherence, coordinate crisis interventions and arrange individual support as needed. They also can assist members with transitions between levels of care and treatment settings.

Other benefits of the program include assisting members with locating specialists who are conveniently accessible, helping members understand how to utilize their behavioral health benefits, and helping coordinate referrals between the physicians and other health care providers.

With the goal of increasing member engagement rates, the Behavioral Health team has implemented a number of enhancements to target specific barriers that may have prevented our members from participating in the program:

- Because case managers were often unable to reach members during the workday, case managers have begun contacting members during nonstandard business hours.
- Additional training has been provided for case managers on motivational interviewing, identification of co-morbid behavioral health and medical conditions, and procedures to make real-time referrals. This additional training has helped case managers capitalize on opportunities to integrate care between providers and the BCBSOK medical team.
- Behavioral health case managers have been placed on-site at specific facilities to encourage members to engage in case management during acute admissions.

As a result of these program enhancements, member engagement in the BCBSOK Behavioral Health Case Management program increased from 73.8 percent in December 2011 to 92.2 percent by March 2014.*

Learn more about the [Behavioral Health Care Management and Quality Improvement Programs](#).

*Figures from quarter ending Dec. 31, 2011, compared to quarter ending March 31, 2014.

The Case Management program is not meant to replace the independent opinion of the member's doctors. The final decision about treatment is made between the treating provider and the member. If you have a BCBSOK member who you believe may benefit from the Behavioral Health Case Management program, please call the number on the back of the member's ID card.

Self-administered Specialty Drug Update: Hemophilia (Factor) Drugs

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

Effective on or after Jan. 1, 2015, the following message will be returned on the electronic payment summary or provider claim summary to providers billing for hemophilia drugs:

“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.”

Sample List of Hemophilia Brand Name Drugs*

Advate	Helixate FS	Novoseven / RT
Alphanate	Hemofil M	Profilnine SD
Alphanine SD	Humate-P	Recombinate
Bebulin / VH	Koate-DVI	Refacto
Benefix	Kogenate FS	Wilate
Corifact	Monoclate-P	Xyntha
Feiba NF / VH	Mononine	

*Trademarks mentioned above are the property of their respective owners. **Please note:** This list is subject to change from time to time.

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.

If Prime Therapeutics (Prime) is the pharmacy benefit manager for your patient, please note that BCBSOK contracts with the following specialty pharmacies for hemophilia (factor) products**:

- **Accredo Health Group, Inc. (Accredo®) – 866-712-5007** (Referral information may be faxed to Accredo at 800-330-0756.)
- **Prime Specialty Pharmacy – 877-627-MEDS (6337)** (Referral information may be faxed to Prime Specialty Pharmacy at 877-828-3939.)

Note: Medication(s) can be delivered to any requested location (e.g., member’s home or physician’s office). In accordance with their benefits, members who do not have Prime assigned as their pharmacy benefits manager may be required to use a preferred specialty pharmacy that is different from those listed above. Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on the member’s benefits.

**The relationship between BCBSOK and specialty pharmacies is that of independent contractors.

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. Blue Cross and Blue Shield of Oklahoma contracts with Prime Therapeutics LLC to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. Blue Cross and Blue Shield, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

Medical Record Submission ‘Dos and Don’ts’

In certain cases, we may need to request additional information — such as medical records, operative reports or other supporting documentation — to process a claim. In such cases, Blue Cross and Blue

Shield of Oklahoma (BCBSOK) will only request the minimum Protected Health Information (PHI) necessary per the Health Insurance Portability and Accountability Act (HIPAA).

It is very important that you submit only the information that is requested and only if it is requested. Below are some quick reminders on when and how to submit medical records, and other information, if you receive a request from BCBSOK.

DO:

- Use the letter you receive from BCBSOK as your cover sheet when submitting the requested information to us. This letter contains a barcode that will ensure we match the requested information directly to the appropriate file and/or claim.
- Submit **only** the information that pertains specifically to what is requested by BCBSOK.

DON'T:

- Submit a Claim Review Form in addition to the letter you receive from BCBSOK, as this could delay the review process.

Post-adjudication Inquiries

Do not automatically submit medical records for claims that have been denied due to "not a covered benefit" or similar reasons. If you submit medical records for claims that have already been denied for these reasons, you will receive a letter from BCBSOK alerting you that your request will not be reviewed, as the services performed are not eligible for coverage under the patient's benefit plan.

Reminder: Only Two Webinars Left! Register Today for a Remittance Viewer Webinar.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is offering complimentary webinars for our independently contracted providers to learn about the new remittance viewer tool. Remittance viewer is an online tool that offers providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA).

Our webinars are designed to help new users learn how to gain or grant access, conduct a search, view general and payer-specific information, and save or print results. The remaining dates and times are:

- [Nov. 19, 2014 – 11 a.m. to noon, CT](#)
- [Dec. 10, 2014 – 11 a.m. to noon, CT](#)

To register for an upcoming webinar, visit the BCBSOK provider website where you'll find [webinar dates, times and other helpful resources](#).

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Dangerous Drug Combinations

The number of deaths related to prescription drug overdoses is at an all-time high. While providers may be aware of the risks associated with prescribing opioids, combination therapies that include an opioid are even more dangerous. The use of an opioid, plus a benzodiazepine, plus a muscle relaxant (with a street name of “holy trinity”) has been implicated in many recent, high-profile deaths. This combination is not clinically appropriate and has been linked to diversion. Read more about dangerous drug combinations:

- **Forrester MB.** [Ingestions of hydrocodone, carisoprodol, and alprazolam in combination reported to Texas Poison Centers.](#) *Journal of Addictive Diseases.* 2011; 30:110-15.
- **Drug Abuse Warning Network.** *The DAWN Report.* [ED visits involving the muscle relaxant carisoprodol.](#) Oct. 27, 2011.

In Every Issue

Featured Tip: ‘Medical Director’s Minute’ by Paula Root, MD

As a Blue Cross and Blue Shield of Oklahoma (BCBSOK) Medical Director, I have a unique opportunity to share important information about ways to decrease the impact of flu in our state. Before coming to BCBSOK, I worked as a family physician at the University of Oklahoma Health Sciences Center where I saw firsthand the toll influenza (flu) takes on Oklahoma families. I want to share some important information with you in the hopes of reducing the number of flu cases that we will see this season.

Flu season can start as early as October and can continue through March. I encourage you to get a flu shot as soon as they come available, so check with your doctor to find out where to get vaccinated.

The flu infects the nose, throat, and lungs, and while it can make anyone sick, certain people are at greater risk for severe illness, resulting in hospitalization or death. This includes older adults, young children, women who are pregnant, and people with certain long term health conditions such as asthma, diabetes, and heart disease. According to the Centers for Disease Control and Prevention (CDC), [people who have the flu often feel some of the following signs and symptoms:](#)

- Fever or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (very tired)
- Vomiting and diarrhea, though this is more common in children than adults.

Most experts believe that flu viruses spread mainly by droplets made when infected people cough, sneeze or talk. A person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose. You can take the following every day actions to help prevent the spread of flu germs:

- Avoid close contact with sick people.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based rub or sanitizer.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it
- Avoid touching your eyes, nose and mouth.

- Regularly clean and disinfect surfaces and objects that may be contaminated with germs like the flu.

People infected with flu may be able to pass the flu virus to someone else before they even know they are sick. Most healthy adults can infect others one day **before** symptoms develop and up to five to seven days **after** becoming sick. Some people, especially young children and people with weak immune systems, may be able to infect others for an even longer period of time. As a physician, I encourage people with symptoms to stay home for at least 24 hours and seek medical care if symptoms continue after that time period, except to get medical care.

Hundreds of Oklahomans are affected by flu every year, but you don't have to be one of them. Talk with your doctor and schedule an appointment for you and family to get the flu shot. Together we can lower the number of people who are infected with flu this season.

For more information about flu or the flu vaccine, please [visit our website](#).

Three Step Approach to Fighting the Flu

The [CDC recommends a three-step approach to fighting the flu](#): vaccination, everyday preventive actions, and the correct use of antiviral drugs if your doctor recommends them.

- **A flu vaccine is the first and most important step in protecting against flu viruses.**
 - Yearly flu vaccination is recommended for everyone 6 months and older and should begin soon after flu vaccine is available in the late fall. However, getting vaccinated later can still be protective since influenza activity peaks in January or later. Make sure your doctor or health care professional knows about any allergic reactions. Most, but not all, types of flu vaccine contain a small amount of egg.
- **Take everyday actions to help prevent the spread of germs that cause respiratory illnesses.**
 - Avoid close contact with sick people.
 - Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
 - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
 - Avoid touching your eyes, nose and mouth. Germs spread this way.
 - Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.
- **Take flu antiviral drugs if your doctor prescribes them.**
 - Antiviral drugs work best when started in the first two days of symptoms. These drugs can make illness milder and shorten the time you are sick.

Web Changes

- Added [Preventive Care Guidelines page](#) to Clinical Resources page.
- Added [Medical Record Submission “Do’s and Don’ts”](#) to Education and Reference Center/News and Updates page.
- Added [Government Reclassifies Hydrocodone Combination Products, Effective Oct. 6, 2014](#) to Education and Reference Center/News and Updates page.
- Added [Medicare Part D Formulary Update — 2nd Quarter 2014](#) to Education and Reference Center/News and Updates page.
- Added [Proton Beam Radiation Therapy Physician Worksheet](#) to Education and Reference Center/Forms page.
- Updated [Interactive Voice Response \(IVR\) Caller Guides](#) to the Claims and Eligibility page.

- Updated [Remittance Viewer Tip Sheet](#) to Education and Reference Center/Provider Tools/Remittance Viewer.
- Updated [Remittance Viewer FAQs](#) to Education and Reference Center/Provider Tools/Remittance Viewer.
- Updated [Remittance Viewer Webinars](#) to Education and Reference Center/Provider Tools/Remittance Viewer.
- Updated [NDC Billing Guidelines](#) to Claims and Eligibility/Submitting Claims/Related Resources Box.
- Updated [NDC FAQs](#) to Claims and Eligibility/Submitting Claims/Related Resources Box.
- Updated [ClaimsXten FAQs](#) to Education and Reference Center/Provider Tools/Clear Claim Connection.
- Added [NDC November 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 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.