

## January 2015

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 January 9, 2015 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

### Affordable Care Act in Action: Grace Periods

The second open enrollment period for consumers shopping on the Health Insurance Marketplace began Nov. 15, 2014, and enrollment for 2015 will remain open through Feb. 15, 2015. The Affordable Care Act (ACA) has opened the door for many Americans to obtain health insurance coverage, even if they have been unable to secure coverage in the past due to pre-existing conditions or financial constraints.

Under ACA, members who purchase coverage on the Marketplace and receive the advance premium tax credit (APTC) are allowed a 90-day grace period for payment of their health care insurance premiums, as long as they have already paid one month's premium in full within the benefit year. It is important to note that not all members who purchase coverage on the Marketplace will receive the APTC.

The information below provides guidelines to assist you with identifying when a Blue Cross and Blue Shield of Oklahoma (BCBSOK) member is in a grace period, along with important reminders on claim processing, supporting patient awareness and maintaining compliance with your provider contract.

### Eligibility and Benefits

As always, it is important to check eligibility and benefits for every patient at the start of every visit. When a BCBSOK member is in the second or third month of a grace period, we will provide notification of the member's status during electronic response or telephone verification to indicate the member's grace period status, including the date the grace period began.

### Claims Processing

- **Medical Claims** – All allowable services provided during the first month of the grace period will be the responsibility of BCBSOK, subject to member cost sharing. BCBSOK will pend claims for covered services rendered during the second and third months of the grace period. However, if the member has not paid premiums in full by the end of the grace period, BCBSOK will deny claims for services provided during the second or third months of the grace period. In this case, the patient is responsible for paying the entire bill for services rendered during the second and third months.
- **Pharmacy Claims** – A member's pharmacy claims will be denied during months two and three. If the member retroactively pays the premium in full, they may submit claims for prescriptions dispensed during this time to BCBSOK. If a member elects to receive a 90-day supply of a

prescription during month one of the grace period, the member will receive the full 90-day prescription and BCBSOK will pay this claim.

### **Patient Awareness**

You may notify your patients that they will be responsible for payment for the full cost of provided services, up to billed charges, if their health care coverage terminates at the end of the grace period. You may encourage your patients to make their premium payments to avoid termination of their health insurance policies.

### **Provider Responsibility**

As a reminder, the terms of your network contract prevent you from refusing to provide services to a BCBSOK member, regardless of where they purchased their coverage. Your contract with BCBSOK requires the provision of services to members and prohibits advance payment for such covered services except for the member's required cost sharing, if any.

*Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim has been 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.*

## **ClaimsXten™ to Add Correct Coding Initiative Rule**

Beginning on or after March 23, 2015, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will enhance the ClaimsXten code auditing tool by adding the Centers for Medicare & Medicaid Services (CMS) Correct Coding Initiative Rule into our claim processing system. The purpose of this new rule is to identify claims containing code pairs found to be unbundled according to the CMS National Correct Coding Initiative (NCCI). The CMS NCCI coding policies are based on coding conventions defined in the American Medical Association's (AMA) Current Procedural Terminology (CPT®) manual; national and local Medicare policies and edits; coding guidelines developed by national societies; standard medical and surgical practice and/or current coding practice.

The ClaimsXten tool offers flexible, rules-based claims management with the capability of creating customized rules, as well as the ability to read historical claims data. ClaimsXten can automate claim review, code auditing and payment administration, which we believe results in improved performance of overall claims management.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSOK code-auditing software.

Refer to [Clear Claim Connection](#) page section our website at [bcbsok.com/provider](http://bcbsok.com/provider) for additional information on gaining access to C3.

For updates on ClaimsXten, watch the [News and Updates](#) section on our provider website, as well as upcoming issues of the [Blue Review](#).

*Checks of eligibility and/or benefit information are 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.*

*ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.*

*CPT Copyright 2014 AMA. All rights reserved. CPT is a registered trademark of the AMA.*

## Pharmacy Program Changes Effective Jan. 1, 2015

### Standard Drug List (Formulary) Changes

Based on the availability of new prescription medications and the Prime National Pharmacy and Therapeutics Committee review of changes in the pharmaceutical market, some revisions were made to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) standard drug list effective Jan. 1, 2015.

#### Brand Medications Added to the Drug List, Effective Jan. 1, 2015

| Preferred Brand <sup>1</sup> | Drug Class/Condition Used For |
|------------------------------|-------------------------------|
| Invokana                     | Diabetes                      |
| Invokamet                    | Diabetes                      |
| Sivextro                     | Antibiotic                    |
| Purixan                      | Cancer                        |
| Spiriva Respimat             | COPD                          |
| Plegridy                     | Multiple Sclerosis            |

#### Brand Medications Moved to a Higher Out-of-Pocket Payment Level, Effective Jan. 1, 2015

| Non-preferred Brand <sup>1, 2</sup>  | Condition Used For | Generic Preferred Alternative(s) <sup>2</sup> | Preferred Brand Alternative(s) <sup>1, 2</sup>                                       |
|--|--------------------|---|--|
| Lilly Brand of Insulins (Humulin R, Humulin N, Humalog, Humalog 75/25, Humalog 50/50, Humulin 70/30) | Diabetes           | N/A   | Novo Brand of Insulins (Novolin R, Novolin N, Novolin 70/30, Novolog, Novolog 70/30) |
| Zithromax (Pak) 1 gm   | Antibiotic         | Azithromycin                                  | N/A  |

### Dispensing Limit Changes

The BCBSOK standard prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

Effective Jan. 1, 2015, dispensing limits were added for the following drugs:

| Drug Class and Medication <sup>1</sup> | Product Strength   | Dispensing Limit       |
|--|--|------------------------|
| <b>Biologic</b>                        |  |                        |
| Stelara (ustekinumab)                  | 45 mg / 0.5 mL, 90 mg / 1 mL                                       | 1 syringe per 84 days  |
| <b>Diabetes</b>                        |  |                        |
| Farxiga (dapagliflozin)                | 5 mg, 10 mg tablet   | 30 tablets per 30 days |
| Invokana (canagliflozin)               | 100 mg, 300 mg tablet  | 30 tablets per 30 days |
| Invokamet (canagliflozin/metformin)    | 50 mg / 500 mg, 50 mg / 1000 mg, 150 mg / 500 mg, 150 mg / 1000 mg | 60 tablets per 30 days |
| Jardiance (empagliflozin)              | 10 mg, 25 mg   | 30 tablets per 30 days |

### Utilization Management Program Changes

Effective Jan. 1, 2015, several drug categories were added to the BCBSOK Prior Authorization (PA) program for all standard pharmacy benefit plans as those plans are renewed.

## Drug Categories Added to the PA Program, Effective Jan. 1, 2105

| Drug Category                         | Targeted Medications <sup>1</sup>                  |
|---------------------------------------|--|
| Insulin                               | Humalog, Humulin                                   |
| Pulmonary Arterial Hypertension (PAH) | Adempas (riciguat) and<br>Orenitram (treprostinil) |

### Specialty Medication Benefit Processing Changes

Effective Jan. 1, 2015, professional and ancillary electronic (837P transactions) and paper (CMS-1500) claims submitted for the specialty medications listed below may be considered for coverage under the member's medical benefit, as these medications require administration by a health care professional. Prior to Jan. 1, 2015, these medications may have processed under the member's pharmacy benefit. Depending on the member's benefit plan, a request for prior authorization may be required for coverage consideration.

### Examples of specialty medications to be covered under the member's medical benefit<sup>1</sup>

|                  |          |
|------------------|----------|
| Actemra          | Hizentra |
| Trelstar Mixject | Vivitrol |
| Xolair           |          |

Targeted mailings were sent to members affected by standard drug list deletions, dispensing limits and utilization management program changes per our usual process of member notification. Additionally, targeted mailings were sent to members affected by the specialty drug benefit changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our website at [bcbsok.com/provider](http://bcbsok.com/provider).

<sup>1</sup>Third party brand names are the property of their respective owners

<sup>2</sup>These lists are not all inclusive. Other medications may be available in this drug class.

*Prime Therapeutics LLC is a pharmacy benefit management company. 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.*

*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.*

## Controlled Substance Program Reports Positive Outcomes

In the [July 2014 issue](#) of the *Blue Review* newsletter, we announced enhancements to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) Controlled Substance Program to help identify members with controlled substance utilization patterns that may indicate potential abuse, misuse and/or opportunities for coordination of care.

In addition to the enhanced program criteria, an integrated team was established to review and track identified cases. This review team includes BCBSOK care management and clinical staff, as well as our Special Investigations Department. The team investigates the member's circumstances and works with

the member's prescribing physician(s) to help coordinate care, determine interventions as appropriate and assist with the development of action plans.

Since the launch of our enhanced Controlled Substance Program, our review team has reported some positive outcomes. Below is an example of how the program worked for one of our members.

### **Identifying the Case**

A routine review of medical and pharmacy claims revealed a pattern of frequent visits to urgent care with prescriptions for controlled substance medications for a particular member.

### **Initial Evaluation**

The claims history for the member was forwarded to the Controlled Substance Program review team for further investigation. The review team learned that the member did not have a primary care physician. The team also learned that the member was struggling with the challenges of a domestic violence situation and caring for children with special needs.

### **Action Plan and Follow-up**

The review team recommended that BCBSOK Behavioral Health Case Management contact the member to conduct an assessment and discuss possible options for care and outreach services.

- First, our Behavioral Health team helped the member establish a relationship with a primary physician.
- Next, the team collaborated with the physician to develop an overall treatment plan that included monitoring the use of prescribed controlled substance medications and educating the member about the importance of taking these medications only as prescribed to help reduce future urgent care visits.
- Finally, our Behavioral Health team connected the member with community resources to help with finding safe housing, filing a domestic complaint with the proper authorities and locating information about programs for special needs children.

Our Controlled Substance Program offers a multi-faceted approach to identifying cases and researching potential underlying causes of potential abuse, misuse or improper utilization of controlled substances. We look forward to sharing more stories of members who have achieved successful outcomes.

Sometimes members may not know where to turn when faced with complex life situations. They may seek your guidance as their trusted health care provider. BCBSOK offers a variety of pharmacy-related and other resources on [Blue Access for Members<sup>SM</sup>](#). Additionally, we encourage you to direct your patients to our public Be Smart. Be Well.<sup>®</sup> website, at [besmartbewell.com](http://besmartbewell.com), where they can obtain information on topics such as addiction, domestic violence/dating abuse, mental health and more.

*Providers are to exercise their own independent medical judgment based upon the patient's documented medical history and prescription drug use. The programs referenced above do not represent a substitute for the independent medical judgment of health care providers.*

## **What's New on iExchange<sup>®</sup>: Enhancements and Webinars**

Blue Cross and Blue Shield of Oklahoma (BCBSOK) continues to enhance iExchange, our online tool that allows providers to conduct benefit preauthorization requests for inpatient admissions/extensions, and more recently, select behavioral health, pharmacy, and medical/surgical services. This time-saving interactive tool offers real-time responses, online communication and tracking/reporting capabilities, among other advantages.

With iExchange, you can submit benefit preauthorization requests for approval prior to services being rendered, once eligibility, benefits and preauthorization requirements have been confirmed through your current process. Additional iExchange capabilities that are now offered include the capability to add on services to an open request. iExchange is available 24 hours a day, seven days a week to independently contracted BCBSIL physicians, professional providers and facilities.\*

### Learn More – Attend a Webinar

Webinars have been scheduled through January and February 2015 to provide an overview of the most important and commonly used features in iExchange. Topics covered in these webinars include, but are not limited to:

- Gaining access through a single sign-on process
- User account administration
- Adding submitting providers
- Submitting outpatient select behavioral health, pharmacy and medical/surgical requests
- Submitting inpatient requests
- Conducting a treatment search, and more!

To register, visit the Workshops/Webinars page in the Education and Reference Center section of our website at [bcbsok.com/provider](http://bcbsok.com/provider) and select your preferred training session. If you are a current iExchange user, please provide your iExchange ID and office or group name in the Company Name field when registering.

### Not enrolled for iEXCHANGE?

Get started today! Additional information on iExchange, including our online enrollment form, is available on our website at [bcbsok.com/provider](http://bcbsok.com/provider). In addition to answers to frequently asked questions, you'll also find a library of helpful tips sheets in this section of our website. We also welcome you to contact our [iExchange\\_HelpDesk@bcbsok.com](mailto:iExchange_HelpDesk@bcbsok.com) for assistance.

\*The system will be unavailable every third Sunday between 11 a.m. and 3 p.m., CT.

*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.*

## Diagnosis and Medical Management of Sleep-related Breathing Disorders

The purpose of this article is to provide you with a brief overview of recent updates to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) Diagnosis and Medical Management of Sleep Related Breathing Disorders Medical Policy (MED205.001). The changes below will be effective for dates of service beginning April 15, 2015.

The policy coverage was revised to indicate that for adult patients with symptoms suggestive of Obstructive Sleep Apnea (OSA) and without significant co-morbidities, home sleep studies may be considered **medically necessary**.

Facility/laboratory polysomnography (PSG) is considered not medically necessary when the criteria for unattended home sleep studies are met. The use of an abbreviated daytime sleep study as a supplement to standard sleep studies, Positive Airway Pressure-Negative Airway Pressure (PAP-NAP), is considered **experimental, investigational and/or unproven**.



*The BCBSOK Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are to exercise their own clinical judgment based on each individual patient's health care needs. Some benefit plans administered by BCBSOK, such as some self-funded employer plans or governmental plans, may not utilize BCBSOK Medical Policy. Members should contact their local customer services representative for specific coverage information.*

## Professional Provider Network Representative Territory Assignment Update

Our provider network representatives serve as the liaison between Blue Cross and Blue Shield of Oklahoma (BCBSOK) and our independently contracted provider community. They are responsible for contracting and developing our provider networks, and maintaining cooperative working relationships with our physicians and other health care providers throughout Oklahoma.

We have recently redistributed the professional provider territory assignment and have updated the maps on our website at [bcbsok.com/provider/network/rep.html](http://bcbsok.com/provider/network/rep.html).

Find your representative using our downloadable maps or contact the Oklahoma Network Management Department at 800-722-3730.

## Operator of BCBSOK Nationally Recognized For Outstanding Commitment to Community

The operator of Blue Cross and Blue Shield of Oklahoma (BCBSOK) was recognized on Dec. 8 as one of America's most community-minded companies as part of [The Civic 50](#). The Civic 50, an initiative of Points of Light, in partnership with Bloomberg LP, honors the 50 most community-minded companies in the nation each year.

Honored for our work to improve health and wellness in our local communities, we were specifically recognized for our commitment to improving the quality of life in the communities where we do business, as evidenced through the following initiatives:

- [Healthy Kids, Healthy Families](#)® invests in and partners with nonprofit organizations that offer sustainable, measurable programs to reach children and their families in the areas of nutrition, physical activity, disease prevention and management, and supporting safe environments. More than 7 million children have been impacted by this effort;
- [Blue Corps](#)<sup>SM</sup>, our employee volunteer program, promotes and encourages volunteerism across the organization in addition to providing regular recognition and appreciation activities for volunteers. In 2013, more than 45,000 volunteer hours were captured, resulting in more than \$200,000 in matching grants to nonprofit community partners; and
- [Be Covered](#) works to educate the estimated 9 million uninsured individuals that reside in four of the states where the operator of BCBSOK does business (Illinois, New Mexico, Oklahoma and Texas) about the important changes occurring as a result of health care reform. The campaign has hosted more than 550 events with more than 250 established community organizations, schools, religious institutions and doctors to provide easy-to-understand educational information, in both English and Spanish, as well as practical tools and tips to help individuals navigate the changes within the health care marketplace.

Created in 2012, The Civic 50 measures corporate civic engagement and recognizes companies that incorporate socially responsible practices and community leadership into their culture. Points of Light, the largest organization in the world dedicated to volunteer service conducted the survey in partnership with

Bloomberg LP. The survey was developed under the guidance of an academic panel of nine experts from leading universities throughout the country. The survey evaluates companies based on several criteria including how extensively and strategically resources are applied to community engagement, how a community engagement program supports business interests and integrates into business functions.

To view a complete list of The Civic 50 companies for 2014 and to learn more about the importance of civic engagement in corporate America, please visit [Civic50.org](http://Civic50.org).

## **In Every Issue**

### **Featured Tip: Provider Medical License Lapses and Network Participation**

Blue Cross and Blue Shield of Oklahoma (BCBSOK) reviews and validates the professional qualifications of physicians and certain other providers who apply for participation with our health care organization, ensuring that they meet professional standards.

One of those requirements is to maintain a current and valid Oklahoma license free from any administrative fines, reprimands, restrictions, sanctions, probation or disciplinary actions (voluntary or mandated) during the previous five (5) years.

If your Oklahoma license lapses for any period of time, your participation will be in jeopardy of termination. Please ensure your license is current and in good standing to avoid issues with your network participation.



### **In the Community: Blue Cross Sponsors 2014 Route 66 Marathon**

The Williams Route 66 Marathon is a Tulsa tradition and Blue Cross and Blue Shield of Oklahoma (BCBSOK) was proud to be the presenting sponsor of the ninth annual Route 66 Marathon, held Friday, Nov. 21 through Sunday, Nov. 23, 2014. In addition, BCBSOK also sponsored the Blue Cross and Blue Shield of Oklahoma Corporate Challenge.

On Friday, participants picked up their race packets at the Health, Fitness and Sustainability Expo at the Cox Business Center. They were also encouraged to stop by the BCBSOK booth to learn about our company and pick up free gloves, fleece ear warmers and cowbells for their cheering section along the race route. And one lucky visitor won a Garmin 610 Training Watch!

The 5K, Fun Run and Mascot Dash brought thousands of people to downtown Tulsa on a rainy Saturday morning. On Sunday, even more runners participated in the Marathon, Half-Marathon and Marathon.



Relay. According to the runners, the weather conditions made this a perfect race to run. Around 9,000 people raced on Sunday and a total of 11,000 people participated in all of the weekend's events.

This year, the marathon benefited five charities: Community Food Bank of Eastern Oklahoma, Folds of Honor Foundation, Juvenile Diabetes Research Foundation Oklahoma Chapter, Tulsa Area United Way and the Tulsa Society for the Prevention of Cruelty to Animals (SPCA). Runners helped raise about \$33,000 and the marathon donated an additional \$25,000 for the deserving causes.

As the 2014 Corporate Challenge sponsor, BCBSOK gave organizations of all sizes the opportunity to form corporate teams to run on Saturday and Sunday as a way to promote health and wellness in their workplace. Corporate Challenge teams were awarded points in three areas: participation, performance and fundraising. The winning teams from each division win the BCBSOK Corporate Challenge Cup. Those who participated in the Corporate Challenge also received a commemorative towel.

While runners took to the Tulsa streets on Sunday morning, BCBSOK volunteers hosted a Water Stop in Woodward Park to support the race participants. Volunteers passed out thousands of water cups and motivated full, half and relay marathon runners to press on towards the finish line.

Congratulations to the 2014 Williams Route 66 Marathon participants! BCBSOK is impressed by your commitment to live a healthy lifestyle.



## Web Changes

- Added [ClaimsXten to Add Correct Coding Initiative Rule](#) notification to News and Updates page.
- Added [December 2014 Blue Review](#) article to Education and Reference Center/News and Updates/Blue Review page.
- Updated [Remittance Viewer Webinars](#) to Network Participation/Network Representatives page.
- Updated [Proton Beam Radiation Therapy Form](#) to Education and Reference Center/Forms page.
- Added [Pharmacy Program Benefit Changes, Effective Jan. 1, 2015](#), article to Education and Reference Center/News and Updates page.

## 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.