BLUE REVIEW℠

A Provider Publication

July 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 July 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 on the BCBSOK provider website.

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

News & Updates

Continuity of Care Extended During COVID-19 Pandemic

Blue Cross and Blue Shield of Oklahoma (BCBSOK) will authorize any member who was receiving specialized health care treatments outside of Oklahoma prior to March 15 to continue receiving care by transitioning to an in-network provider in the state or we will cover the costs of seeing an out-of-network provider in Oklahoma at the in-network rate until August 31 (previously June 30).

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Health Insurance for American Indians and Alaska Natives

The Affordable Care Act (ACA) is a law that changed the way people can get individual health insurance. People who don't have insurance through work can buy it on the Health Insurance Marketplace. American Indians and Alaska Natives (AI/ANs) can get care from Tribal and Urban Indian clinics and Indian Health Services (IHS) facilities. However, Indian health care is not health insurance. The Health Insurance Marketplace gives AI/ANs special help to sign up and pay for insurance:

Special Enrollment Periods (SEP):

AI/ANs can enroll in the Health Insurance Marketplace throughout the year not just during the yearly Open Enrollment period. Non-tribal members applying on the same application as a tribal member can take advantage of the SEP.

AI/ANs with incomes between 100% and 300% of Federal Poverty Level (FPL):

- May be able to enroll in a zero cost-sharing plan, which means no copays, deductibles or coinsurance when receiving care from Indian health care providers or when receiving Essential Health Benefits (EHBs) through a QHP.
- There is no need for a referral from an Indian health care provider when receiving EHBs through the QHP.

AI/ANs with incomes below 100% and above 300% FPL:

- Can enroll in a limited cost-sharing plan, which means no copays, deductibles, or coinsurance when receiving care from Indian health care providers.
- Will need a referral from an Indian health care provider to avoid cost-sharing when receiving EHBs through a provider outside the Indian health system.

AI/ANs can enroll in a zero cost-sharing or limited cost-sharing plan at any metal level, including less expensive bronze plans.

AI/ANs who qualify for cost-sharing reductions are not exempt from premiums. However, they may qualify for Advance Premium Tax Credits depending on income.

All AI/ANs can apply for an exemption from the shared responsibility payment (tax penalty/fee) that others must pay when they file their taxes if they don't have health insurance.

Any applicable preauthorization requirements, balance billing or overage from out-of-network providers, and any maximum benefit limitations or exclusions still apply (Important to check member benefits at the time of service).

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BCBSOK Will Update CPT® Codes for Some Prior Authorization Services

On Sept. 1, 2020, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will update its list of Current Procedural Terminology (CPT) codes to comply with changes from the American Medical Association (AMA).

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Blue Cross Medicare Advantage℠ Prior Authorization Updates Effective Sept. 1, 2020

On Sept. 1, 2020, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will update its list of Blue Cross Medicare Advantage prior authorization procedure codes to comply with the American Medical Association (AMA). These changes are the result of new, replaced or removed codes implemented by the AMA.

What's New: Providers will need to use the new list of procedure codes on the Blue Cross Medicare Advantage℠ plans web page under the Prior Authorizations Requirement section when determining if a

service requires prior authorization Sept. 1, 2020, and after. You can also use Availity® or your preferred vendor for prior authorization requirements.

Check Eligibility and Benefits: Prior to rendering services, use Availity or your preferred vendor to check eligibility and benefits to confirm membership, check coverage, determine if you are in-network for the member's policy and determine whether prior authorization is required. Availity allows prior authorization determination by procedure code and providers can submit requests on Availity using the Authorization & Referral tool. Refer to the BCBSOK Eligibility and Benefits page for more information on Availity. Payment may be denied if you perform procedures without authorization. If this happens, you may not bill your patients.

More Information: Check the AMA website for more information on CPT codes. If you have questions, email the Blue Cross Medicare Advantage Network team.

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By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2020 — Part 2

This article is a continuation of the previously published Quarterly Pharmacy Changes Part 1 article.

As a reminder: Due to novel coronavirus 2019 (COVID-19), Blue Cross and Blue Shield of Oklahoma (BCBSOK) delayed the start date for drug list, dispensing limit and prior authorization changes for select members on an annual drug list (Basic Annual, Enhanced Annual, Performance Annual as well as the Health Insurance Marketplace drug lists for employer-offered Small Groups) until Oct. 1, 2020.

Members were identified for notification, based on claims filled between Nov. 13, 2019 and March 13, 2020 and sent letters at the end of April 2020. This delay will allow your patients more time to safely talk about these changes with you and together decide the best choices for them. The list of these annual changes were communicated in the previous April 2019, July 2019, October 2019 and January 2020 quarterly pharmacy changes articles.

BCBSOK also did not implement any July 2020 quarterly drug list changes (higher payment tier changes or exclusions) for members on a quarterly updated drug list (Basic, Enhanced, Balanced, Performance and Performance Select).

This part 2 article version contains the more recent coverage additions or tier changes, utilization management updates and any other updates to the pharmacy program.

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 additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) drug lists.

Changes effective July 1, 2020, for all drug lists are outlined below.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective April 15, 2020, the Sickle Cell Disease Specialty Prior Authorization (PA) program changed its name to Endari. The targeted medication and program criteria remain the same.

For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our 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 and log in to Blue Access for Members℠ (BAM℠) or 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.

Reminder: 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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Behavioral Health Program Changes for BlueLincs HMO℠

On June 1, 2020, Blue Cross and Blue Shield of Oklahoma (BCBSOK) began administering behavioral health benefits for BlueLincs HMO members, replacing the 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.

BlueLincs HMO members have been notified of the transition. Some members have received new BCBSOK ID cards as part of this transition. For more information, please review the Quarterly2020 Behavioral Health Program Change FAQs. The FAQs can also be found on our website under the QuarterlyBehavioral 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 our members prior to service. This will help you confirm coverage details and other important information, including any prior authorization and pre-notification requirements.

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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.

Blue Cross and Blue Shield of Oklahoma will continue to contract with Magellan Behavioral Health, Inc. ("Magellan"), an independent company, until May 31, 2020 to administer BCBSOK's managed mental health program.

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Feature Tip

Referrals Process for American Indians with Limited Cost-sharing Plans

American Indians and Alaska Natives (AI/ANs) can get medical care from Indian health care providers at Indian Health Services, Tribal and Urban Indian facilities(I/T/Us). However, there may be some services

that are not available at I/T/Us. If they have a referral, AI/ANs with limited cost-sharing plans who need services they cannot get from an Indian health care provider can see a different provider without paying anything out of pocket. *

A new Claims Referral flier is available to explain the claims referral process for limited cost-sharing plans. It provides Indian health care providers with step-by-step instructions for submitting medical and pharmacy referrals, to help their patients avoid paying out of pocket for appropriately referred services.

* AI/AN members who receive services from an out-of-network provider may still incur additional charges.

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Web Changes

- Posted: June Blue Review to Education and Reference Center/News and Updates/Blue Review page.
- Updated BCBSOK Further Expands Telemedicine to All In-Network Providers to Education and Reference Center/News and Updates.
- Posted: Pharmacy Program Updates: Quarterly Pharmacy Changes E□ective July 1, 2020 – Part 2 to Education and Reference Center/News and Updates.
- Updated Behavioral Health Clinical Practice Guidelines 2019-2020 to Clinical Resources/Behavioral Health Care Management Program/Related Links.

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.

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.

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