

Update is a provider newsletter that contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for health care providers that is published online every other month. It also offers important details for BlueCard® providers and about the Federal Employee Program (FEP). It is published by the Health Network Services (HNS) and Communications departments.

If you are a contracting BCBSNE health care provider, this newsletter serves as an amendment to your agreement and affects your contractual relationship with us. You are encouraged to file every issue of the **Update** within your BCBSNE Policies and Procedures manual and reference it often. You may also view the current manual in the Provider section at NebraskaBlue.com/Providers.

As a service for Blue Cross and Blue Shield members, we also make this newsletter available to nonparticipating Nebraska providers.

Find each issue online in the Provider section at: NebraskaBlue.com/Providers.

To request permission to reprint the material published in this Update for any other purpose, you must email the editor, Loraine Miller, at: Loraine.Miller@NebraskaBlue.com

If you would like to receive an email each time a new issue of this newsletter is posted on the website, go to NebraskaBlue.com/Update. You can view the newsletter and request online notifications of special announcements about workshops, resources and other information from BCBSNE.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

What's New



Welcome to the year-end issue of the newsletter!

In addition to updates we wanted to share with our provider community now, this newsletter also contains information on our custom networks and products for 2021. If you have any questions, please reach out to your Provider Executive.

BCBSNE and your Provider Executive team wish you a healthy and happy new year!

Happening Now

Please continue to check our [Happening Now](#) page for current information and updates.



COVID 19

For up-to-date information on our COVID-19 policies, check our [COVID-19 page](#).

In this Issue

Happening Now	1
COVID-19	1
Patricia Cavanaugh to Retire After 10 Years of Service	2
Sign Up for Training on the Enhanced Preauthorization Process	2
Facility Accreditation - Coming Mid-2021	2
Correcting Professional Claims	3
Reminder: Timely Filing - Effective Jan. 1, 2021	4
Healthy Blue	4
Returned Claims: Missing Prefixes	5
Returned Claims: File Claims to the Correct Plan	5
Telehealth Claims	5
What You Need to Know: BCBSNE Networks and Products	6
Explaining Employer Group Options	8



Patricia Cavanaugh to Retire After 10 Years of Service

BCBSNE prepares to bid farewell to Patricia “Pat” Cavanaugh as she makes the transition from the working world to retirement on Jan. 4, 2021.

Pat is best known for working with providers in the Omaha area throughout her career at BCBSNE. Prior to joining the company in 2010, Pat worked at Mutual of Omaha for 30 years. Pat’s dedication to building relationships will be remembered as one of her many attributes. Although it will be hard to replace a person who has made us laugh and entertained us with her stories for many years, we will soon introduce our new provider executive. Please look for the announcement in the January 2021 issue of the Update.

Pat’s plans for retirement include spending time with the most important people in her life – her children, grandchildren, family and countless friends.

Best wishes, Pat! Your fun and caring personality will be missed!

Sign Up for Training on the Enhanced Preauthorization Process

New features for online preauthorizations are now available. These enhancements include auto-approvals as well as a single location to submit both acute inpatient admissions and outpatient medical and radiology service preauthorizations.

The options for Clear Coverage will no longer be available, effective Jan. 1, 2021.

Instead, the following will be submitted through our enhanced preauthorization tool:

- Inpatient precertification
- Inpatient extension or discharge
- Radiology/medical preauthorization, including medications for buy and bill drugs

Note: Pharmacy authorizations should follow the same process that is used today.

To access the new preauthorization tool, you will still sign into [NaviNet](#).

Please sign up and attend a training session to learn how the enhanced process will work. Information on signing up for training sessions will be posted at [NebraskaBlue.com/Providers/Alerts-and-Updates/Happening-Now](#). You may also visit [NebraskaBlue.com/Providers](#) to find video demonstrations and step-by-step reference guides.

Currently, BCBSNE does not require preauthorizations for acute inpatient hospital admissions. We ask our hospital partners to notify us of all admissions through the new tool, so we can assist with discharge planning and refer members to our care management programs.

We currently offer trainings for modified IP authorizations. Please use [this link](#) to register.



Facility Accreditation – Coming Mid-2021

Starting mid-2021, all institutions and facilities will be required to hold an accreditation that is recognized by BCBSNE. For a listing of current accreditations, please see the Institution/Facility Standards Matrix under Credentialing Requirements at [NebraskaBlue.com/Providers/Credentialing](#).

Correcting Professional Claims

If the information on a processed professional claim that is paid or denied is subsequently found to be incorrect or charges need to be added or voided, you must submit a corrected claim electronically. Examples of when you would submit a corrected claim include:

- Incorrect CPT code
- Invalid diagnosis
- Incorrect place or date of service
- Adding a modifier
- Adding or removing charges

To submit a corrected claim:

- 1 Place a value of '7' (replacement of prior claim) or '8' (void/cancel of prior claim) in the 2300 CLM 05-3 element in the 837P file.
- 2 Enter the original claim number assigned by BCBSNE in the 2300 REF*8 segment of the 2300 loop.
 - a. These two element/segment values on the electronic claim form correspond to Box 22, Resubmission Code and Original Reference Number on the CMS claim form.
 - b. Type of Bill (TOB) 7 indicates you are replacing a previously submitted claim, so do not change or remove data that needs to process again.
- 3 Submit the complete claim with the changes made.

Example:

If you add a line charge to a claim that was originally billed with three line charges, your corrected claim should have four line charges. Submitting the corrected claim with only the charge for one line would indicate the other three line charges were submitted in error and could result in a refund request.

Claims submitted and processed under an incorrect patient and/or member identification (ID) number will need to be voided before a new claim is submitted. Resubmit the claim as it was originally submitted, but with a claim frequency code 8 to void the inaccurate claim record. Then, submit a new claim with the correct patient and/or ID information using claim frequency code 1. Claims with frequency code 1 do not need a claim number submitted in the original reference number field.

If you are not able to file your corrected claim electronically because your claim will include attachments, you must file your corrected paper claim attached to a reconsideration request form. Do not send the claim with "corrected claim" or "replacement claim" written or typed on the claim itself, as it will be returned to you to resubmit with the form. Submitting a new claim to replace one that has already been filed may result in a duplicate denial.

A reconsideration form should only be used to support a claim that has already processed. The reconsideration form is located at [NebraskaBlue.com/Providers/Find-a-Form](https://www.nebraskablue.com/Providers/Find-a-Form). Before attaching the reconsideration request form to your corrected claim, be sure you have filled out the form completely and legibly.

Reasons for sending a reconsideration include, but are not limited to:

- Copy of other insurance information
- Medical records
- Invoice for pricing
- Subrogation or worker's compensation information
- Billing or coding dispute with medical rationale

The only exception to a provider's requirement to submit claims is Health Insurance Portability and Accountability Act (HIPAA) rule 164.522(a)(1)(vi). If a member requests that a provider restrict disclosure of Protected Health Information (PHI) to the health plan AND pays the provider in full, the request must be honored. The request is only applicable for those services/items specifically directed by the member and paid in full. This does not apply to PHI required to be disclosed due to federal or state mandates and laws. For more information see the following: [Federal Register Jan. 25, 2013 - Final Rule](#).

Reminder: Timely Filing – Effective Jan. 1, 2021

In response to COVID-19, BCBSNE extended the timely filing deadline for providers to Dec. 31, 2020, or your current contract's filing deadline, whichever is later.

Enforcement of timely filing deadlines will resume for all claims received on and after Jan. 1, 2021, meaning claims with a 2020 date of service that are received in 2021 will be subject to contractual timely filing limits.

Healthy Blue

Community Care Health Plan of Nebraska, Inc. (dba WellCare of Nebraska), an Anthem Inc. company and leading managed care provider of health benefits for Nebraska's Heritage Health Medicaid program, along with BCBSNE, have received approval to enter into an alliance to collaboratively serve Medicaid beneficiaries across the state.

In support of this venture, the health plan known as WellCare will be rebranded as Healthy Blue to reflect the strength of its new alliance with BCBSNE. This name change will take effect on Jan. 1, 2021.

Approximately 83,000 health plan members who participate in the state's Heritage Health Medicaid program were notified through the mail to inform them of the change to their health plan name. Members should receive new Healthy Blue member ID cards with the Blue Cross Blue Shield (BCBS) logo before Jan. 1, 2021. Existing WellCare of Nebraska member ID cards should be used only through the end of 2020.

When the name change takes effect on Jan. 1, 2021, provider questions, including provider contracting inquiries, can be directed to the Healthy Blue customer service team at 855-599-3811, Monday – Friday, 8:00 a.m. – 5:00 p.m. CT. Visit [Provider.HealthyBlueNE.com](https://www.Provider.HealthyBlueNE.com) to learn more or direct members to [MyHealthyBlueNE.com](https://www.MyHealthyBlueNE.com).

View this [FAQ document](#) to learn more.

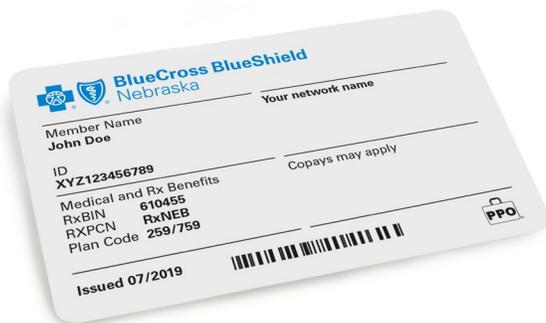


WellCare of
Nebraska members
will receive new
Healthy Blue
ID cards

Returned Claims: Missing Prefixes

Blue plan ID card numbers feature a three-character prefix that must be included on all claims.

BCBSNE will return claims that do not include the three-character prefix.

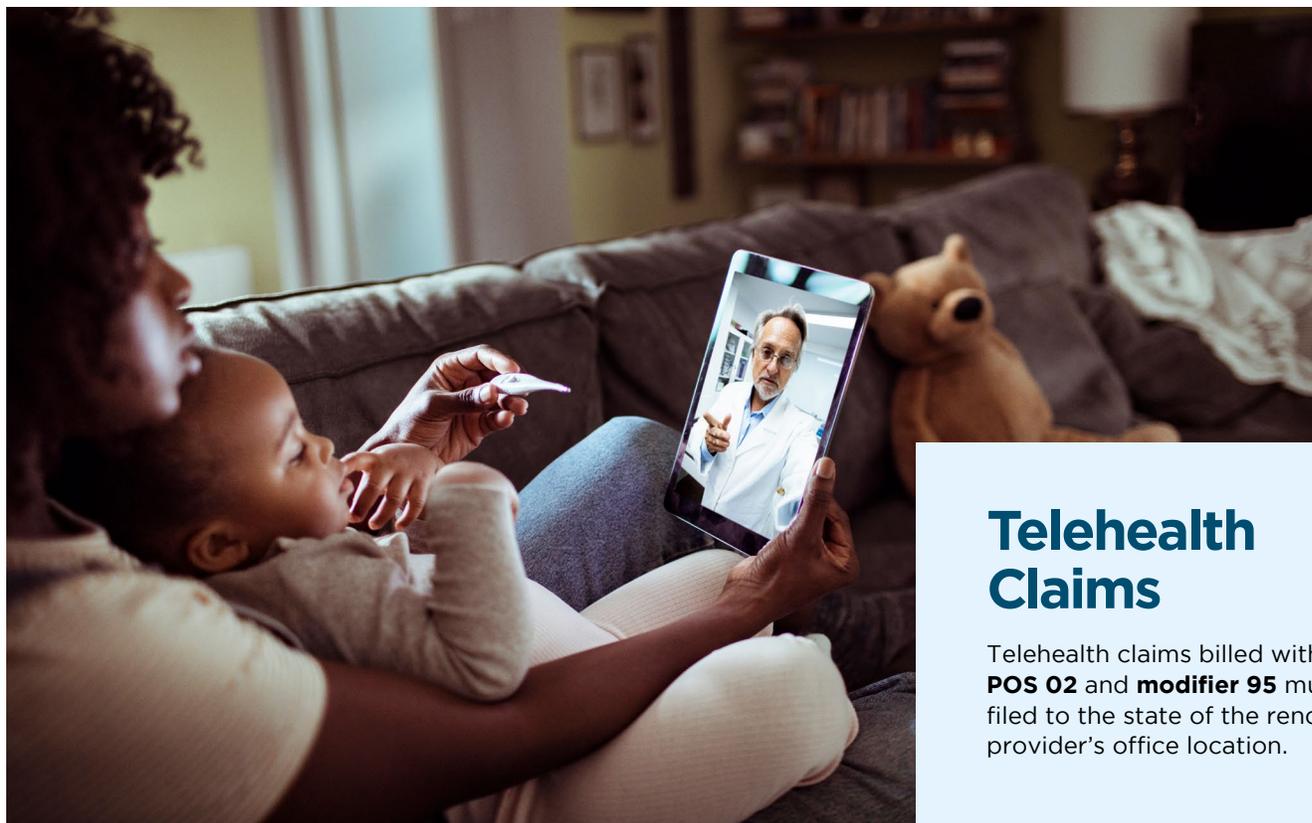


Returned Claims: File Claims to the Correct Plan

For BCBSNE providers who also have a contiguous county agreement with a bordering state's plan (e.g., Wellmark - Iowa and South Dakota), contiguous area filing guidelines do not apply to non-BCBSNE or Wellmark members.

For example:

- A Blue Cross and Blue Shield of Texas (BCBSTX) member is seen in Nebraska. This is not considered a contiguous county claim. The claim should be filed with BCBSNE and not BCBSTX.
- An Anthem member is seen in Nebraska. This is not considered a contiguous county claim. The claim should be filed with BCBSNE and not Anthem.



Telehealth Claims

Telehealth claims billed with **POS 02** and **modifier 95** must be filed to the state of the rendering provider's office location.

What You Need to Know:

BCBSNE Networks and Products

BCBSNE Networks

BlueCard Nationwide Network

Plan members have access to a nationwide network called the BlueCard® Program. Patients carrying a Blue Cross and Blue Shield card may have their insurance through another Blues plan if their employer is headquartered outside Nebraska. The BlueCard Program gives members access to doctors and hospitals almost everywhere in the United States.

Outside of the United States, members have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global® Core Program.

Blue High Performance Network

The Blue High Performance Network (Blue HPN) is a new national network program offered by the Blue Cross and Blue Shield Association (BCBSA), effective **Jan. 1, 2021**. BCBSA designed Blue HPN to meet national market demand for high-quality networks and lower total costs.

BCBSNE is NOT creating a separate Blue HPN network; however, beginning **Jan. 1, 2021**, you may see patients enrolled in BCBS plans that use Blue HPN. Members enrolled in these plans will use their in-network benefits when they receive services at Blue HPN participating providers. Out-of-network benefits are not included for plans that use Blue HPN, except in the case of an emergency.

Members whose ID cards display the HPN logo, as seen in the bottom right corner in the sample image below, are enrolled in plans that use Blue HPN.

Sample ID Card

BlueCross BlueShield Nebraska		Dependents	
Member Name	John Doe		
ID	XYZ123456789		
Group No.	023456	Plan	EPO
BIN	610455	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$15
Effective Date	00/00/00	Emergency	\$75
		Deductible	\$50
Blue High Performance Network™		 	

NEtwork Blue

Our NEtwork BLUE network covers the entire state of Nebraska. The network is made up of 96% of Nebraska's doctors and 99% of the state's non-governmental acute-care hospitals.*

Premier Select BlueChoice

Our Premier Select BlueChoice network features Nebraska Methodist Hospital System and Nebraska Medicine. This regional network is available to groups headquartered in Omaha, Lincoln and the surrounding communities in ZIP codes starting with 680, 681, 683, 684 and 685. All other Nebraska providers are out of network.

Some of the key hospitals and health care providers include:

- Methodist Hospital System
- Nebraska Medicine
- Bryan Health
- Boys Town National Research Hospital
- Children's Hospital & Medical Center

Blueprint Health

Our Blueprint Health network includes CHI Health and other providers and facilities in Nebraska and contiguous counties in Iowa. This regional network is available to groups headquartered in Omaha, Lincoln and the surrounding communities in ZIP codes starting with 680, 681, 683, 684 and 685, as well as Adams, Buffalo, Hall, Kearney and Phelps counties. All other Nebraska providers are out of network.

Custom Three-Tier Plans

BCBSNE currently offers three-tier benefit plan designs to hospital employer groups. A three-tier plan design has an additional tier (level) that offers the lowest cost sharing to the group’s members. Members have access to any provider in any of the tiers; however, if the member receives services from providers in Tier I, the member will pay the lowest deductible and copayment or coinsurance amounts available under their plan.

Hospital groups use tiered custom networks and benefit designs to steer their employees and covered family members to their hospital for services. For a provider to be considered in the group’s Tier I network, the provider must currently be credentialed as in network with BCBSNE in addition to using the applicable hospital address for claim submissions and be credentialed at that facility. Tier II network options include NETWORK BLUE, Premier Select BlueChoice (PSBC) or Blueprint health. Both Tier I and Tier II providers are considered in network; Tier III is considered out of network.

Three-Tier Cost Sharing

Network	Consists of	Cost Share
Select in-network (Tier I)	Providers in the select health care system	Lowest
In-network (Tier II)	Other Nebraska network providers and Blue Card providers	Moderate
Out-of-network (Tier III)	All non-contracting providers	Highest

BCBSNE Products

Armor Health

BCBSNE launched Armor Health, an Affordable Care Act alternative product, in January 2020. Armor Health plans run on a 12-month contract and the first re-enrollment period is quickly approaching. Armor Health plans can be identified with a YXN or YDB prefix.

Please remember to check eligibility for Armor Health members, as some members may not continue their coverage.

For more information on Armor Health, visit NebraskaBlue.com.

Medicare Advantage

BCBSNE Medicare Advantage insurance plans are currently offered in 68 Nebraska counties. For a full list of counties, please refer to the [2021 Plan Benefits](#) page.

BCBSNE Medicare Advantage members can be identified with these prefixes:

- Y2M – Medicare Advantage PPO
- YMA – Medicare Advantage HMO and HMO-POS



Are you in network?

To find out if your providers or office are in network with any of our networks, please visit NebraskaBlue.com/Find-a-Doctor.

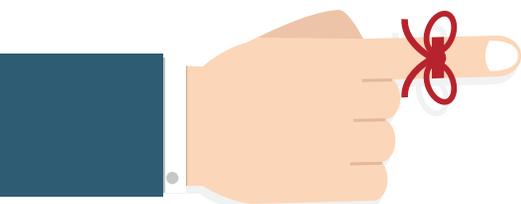
*According to BCBSNE statistics, Sept. 23, 2020.



Explaining Employer Group Options

Q: Why do some employer groups offer more than one option to their employees? Sometimes I see an employer offer NEtwork BLUE, Blueprint Health and Premier Select BlueChoice. It would be so much easier if only one network was offered to an employer.

A: With a very competitive employer market in Nebraska, employers need to provide attractive options to their employees and their families on what best suits their needs. Offering a variety of products and network options gives employees and their families choices. Just like many employers offer a traditional PPO and a Qualified High-deductible Health Plan (QHDHP), they also offer network choices.



REMINDER

Medicare Advantage has its own Update newsletter from BCBSNE, published on opposite months of this Update. Read the **Medicare Advantage** newsletter.