

**Update** is a provider newsletter that contains up-to-date information for health care providers about Blue Cross and Blue Shield of Nebraska (BCBSNE)'s policies and procedures, workshops, resources, etc. The newsletter is published online every other month. It also offers important details for BlueCard® providers, as well as the Federal Employee Program. The newsletter is published by BCBSNE's Health Network Services (HNS) and Communications departments.

If you are a health care provider who contracts with BCBSNE, this newsletter serves as an amendment to your agreement and affects your contractual relationship with us. We encourage you to file every issue of Update with your BCBSNE Policies and Procedures Manual and refer to the manual often. You may also view the current manual in the Provider section at [NebraskaBlue.com/Providers](http://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](http://NebraskaBlue.com/Providers).

You may print a copy of this **Update** to file with your BCBSNE Policies and Procedures Manual. To request permission to reprint the material published in this Update for any other purpose, please email the editor, Loraine Miller, at: [Loraine.Miller@NebraskaBlue.com](mailto:Loraine.Miller@NebraskaBlue.com)

If you would like to receive an email each time a new issue of this newsletter is posted on our website, go to [NebraskaBlue.com/Update](http://NebraskaBlue.com/Update).

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

## 2019 in Review

### HealthRules®

In 2019, Blue Cross and Blue Shield of Nebraska transitioned to HealthRules, a new claims and membership platform. This new system uses advanced technology to make our claims and enrollment administration more efficient.

Effective Jan. 1, 2020, all BCBSNE groups and BlueCard members will migrate to HealthRules.

New ID cards have been provided to members with updated information, such as a new prefix, ID number and customer service telephone number.

#### Remits and Explanation of Payment Timing

Previously, remits and Explanations of Payment (EOP) were received simultaneously with payments. In HealthRules, this will not always be the case. Typically, remits will be received within 72 hours from the time of the weekly payment.

Remittance advice information is available via NaviNet. If you are unable to retrieve your remittance advice after 72 hours, please check NaviNet and your clearinghouse, if applicable.

If you are unable to locate remits after using the steps above, please email your request to [CSCClaims@NebraskaBlue.com](mailto:CSCClaims@NebraskaBlue.com). Our teams will research and follow up within five business days.

#### Please include the following information in your email request:

- Provider name, NPI, Tax ID
- Details on the payment
  - Check number (if applicable)
  - Check amount (if applicable)
- Date missing
- Contact information

[Continued >](#)

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# HealthRules (cont.)

## Corrected Claims in HealthRules

When a corrected claim is submitted, the billed amount for the corrected claim will be the same as the original billed amount on the remits and EOPs. BCBSNE will correct the claim as submitted by the provider; this will reflect in the allowed amount and the paid amount.

## NaviNet and New Member ID Numbers

The NaviNet functionality for Eligibility and Benefits requires an exact match for member ID, name and date of birth.

Our recommendation is to obtain a valid member ID card and to clarify that the patient name matches the member name used for enrollment with BCBSNE.

## Medicare Supplement

BCBSNE Medicare Supplement members will transition to HealthRules effective Jan. 1, 2020. Their member ID numbers begin with YKV. Our Medicare Supplement members have received their new ID cards; however, please note that ID cards with the YKV prefix do not take effect until Jan. 1, 2020.

# CareFirst®

All Federal Employee Plan (FEP) members and claims are being processed on the new FEP claims system, CareFirst.

## FEP Claims Secondary to Medicare

Claims processed by Medicare for the FEP product may not cross over to BCBSNE for processing.

- Please wait 30 days from the Medicare processing date to submit claims to BCBSNE.
- If 30 days have passed from the Medicare processing date, please submit the claim to BCBSNE.
- If you have questions, please call FEP Customer Service at 800-223-5584.

## FEP Medical Policy Updates

The following updates to the FEP Medical Policy will be effective Jan. 1, 2020:

Policy #	Policy Title
2.01.100	Dry Needling of Myofascial Trigger Points
2.02.32	Leadless Cardiac Pacemakers
6.01.56	Myocardial Sympathetic Innervation Imaging in Patients with Heart Failure

## Revised Policies - Policy Statement Changes

Policy #	Policy Title
1.01.17	Pelvic Floor Stimulation as a Treatment of Urinary Incontinence
2.04.08	Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
2.04.115	Comprehensive Genomic Profiling for Selecting Targeted Cancer Therapies
2.04.143	Circulating Tumor DNA Management of Non-Small-Cell Lung Cancer (Liquid Biopsy)
2.04.45	Molecular Analysis for Targeted Therapy of Non-Small-Cell Lung Cancer
6.01.29	Magnetic Resonance Imaging for Detection and Diagnosis of Breast Cancer
6.01.55	Beta-Amyloid Imaging with Positron Emission Tomography for Alzheimer Disease
7.01.106	Percutaneous Tibial Nerve Stimulation for Voiding Dysfunction
7.01.151	Prostatic Urethral Lift
7.03.11	Total Artificial Hearts and Implantable Ventricular Assist Devices

FEP medical policies are available [here](#). Please note that the above updates will not be posted until Jan. 2, 2020.

# Coming in 2020

## Virta and Type 2 Diabetes Pilot Program

BCBSNE will begin a pilot program with Virta on Jan. 1, 2020, for BCBSNE employees and their family members over the age of 18 with Type 2 diabetes.

Virta is a nutritionally-based program aiming to reverse Type 2 diabetes. With nutritional counseling, monitoring daily biomarkers and virtual visits with a case manager and Virta physician, our members may be able to lower their HgbA1C and reduce their medications. Patients are screened prior to enrollment to ensure they are appropriate for this program.

If your BCBSNE patients enroll in this new benefit, you will receive monthly updates from Virta detailing their progress and any changes to medications made along the way.

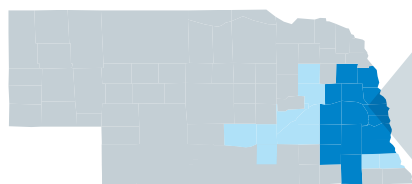
We are expecting great results from our pilot and hope to make this benefit available to other BCBSNE members. For more information, please visit [virtahealth.com](http://virtahealth.com) or email your provider executive.

## Medicare Advantage Expansion

BCBSNE has expanded Medicare Advantage coverage to **11 additional counties** in Nebraska.

The new counties are Buffalo, Hall, Adams, Hamilton, Merrick, Madison, Platte, Polk, York, Johnson and Nemaha. Now, Medicare eligible residents in 26 Nebraska counties can select affordable plans with prescription drug coverage plus a new over-the-counter benefit in 2020.

Plans include dental, hearing, vision and other benefits like a SilverSneakers® gym membership that go beyond original Medicare. Travel benefits are available, too. A PPO plan that will have in and out-of-network copays is also new for 2020.

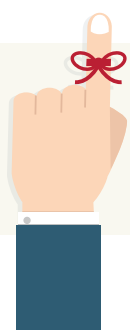
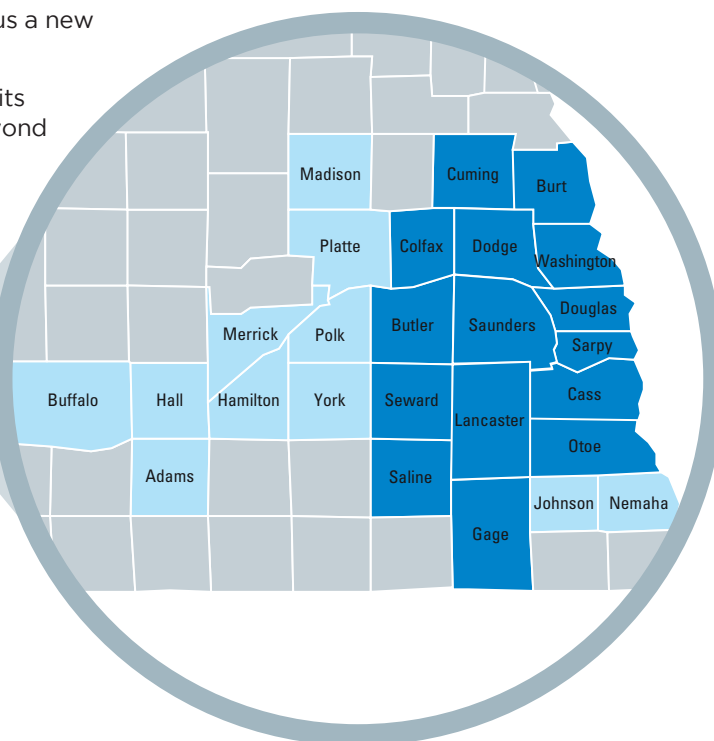


For more information about the Medicare plans visit [Medicare.NebraskaBlue.com](http://Medicare.NebraskaBlue.com)

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■ CORE HMO  
ACCESS PPO  
CHOICE HMO-POS

■ CORE HMO  
ACCESS PPO



## REMINDER

Medicare Advantage has its own Update newsletter published on opposite months of this Update. To access the Medicare Advantage newsletter **CLICK HERE**.

## HEDIS® Medical Record Reviews Begin in February 2020

Each year from February through May, BCBSNE performs medical record reviews to collect HEDIS measurement quality data. BCBSNE uses the vendor Centauri Health Solutions to collect data for commercial members.

Centauri looks for clinical details that may not have been captured in claims data, such as blood pressure readings, HbA1c lab results, colorectal cancer screenings and body mass index.

Centauri may contact your clinic to schedule a HEDIS review or request that you fax necessary records to them.

We appreciate your assistance with these important reviews. Your cooperation helps us meet our quality goals as we seek to improve the overall health of our members – your patients.

Centauri is an independent company that collects medical records used for HEDIS measurement quality data for BCBSNE, an independent licensee of the Blue Cross and Blue Shield Association. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).



## FEP Hospice Benefits

Following are some of the changes to the FEP hospice benefits for Benefit Year 2020.

### Benefit Structure – Standard Option, Basic Option and FEP Blue Focus

We now define an episode of care for traditional home hospice as one home hospice treatment plan per calendar year. Previously, there was no description for an episode of care.

Patients do not need to be enrolled in a traditional home hospice program to be eligible for the first continuous home hospice care. They must be enrolled in a home hospice program to receive benefits for subsequent continuous home hospice care. Previously, patients had to be enrolled in a traditional home hospice care program.

Patients may receive continuous home hospice care without 21 days of traditional home hospice care between each episode. Previously, each episode of continuous home hospice care had to be separated by at least 21 days of traditional home hospice care.

Patients may receive inpatient hospice care without 21 days of traditional home hospice care between each episode. Previously, each episode of inpatient hospice care had to be separated by at least 21 days of traditional home hospice care.

### Member Costs

**Standard Option:** We now apply a member cost-share for traditional home hospice care for member and non-member facilities. The member/non-member facility copayment is \$450 per episode. Previously, there was no member cost-share.

**Basic Option and FEP Blue Focus:** Members now pay all charges for traditional home hospice care from member/non-member facilities. Previously, there was no member cost-share.

For an overview of all 2020 benefit changes, please see the “Changes for 2020” sections of the FEP Benefit Plan brochures.



## FEP 2020 Blue Distinction® Benefit

FEP covers specialty care at designated Blue Distinction Centers at preferred benefit levels. Please refer to the 2020 Blue Cross and Blue Shield Service Benefit Plan Brochure [here](#) for more information.



Please see the [November 2019 Update newsletter](#) for more information on:

- Armor Health
- Therapy Payment Policy Effective Feb. 1, 2020
- Benefit Changes Regarding Growth Hormone Products Effective Jan. 1, 2020
- Benefit Changes Regarding Brand Name Medications that have a Generic Equivalent Effective Jan. 1, 2020
- Opioid Epidemic and Drug Abuse: Member Lock-in Program

Please see the [September 2019 Update newsletter](#) for more information about:

- Site of Care for Medical Infusions Policy – Effective Jan. 1, 2020

## WHAT'S NEW:

### Reconsideration Request Forms – New Fax Number

Effective immediately, use the fax number 402-548-4698 for Reconsideration Request forms.

Continue to fax Appeal Request forms to 402-548-4684.

Please make sure the correct fax number is used or your form will be returned.

### High Dollar Prepayment Review Process

The High Dollar Prepayment Review Process policy in the General Provider Manual has been updated. Please note if a payment dispute arises, you'll need to submit the Appeal Request form instead of the Reconsideration Request form.

The Appeal Request form has been updated to include "High Dollar Prepayment Review" as a reason to appeal.

### New Facility Credentialing/Rec credentialing Application

We have begun streamlining our facility credentialing processes. New application criteria applies to all new and existing applications effective Dec. 1, 2019.

### HDR Group Transition

Effective Jan. 1, 2020, HDR's medical benefits plan will be administered by Highmark Blue Cross and Blue Shield (not BCBSNE). Prime Therapeutics will continue to serve as the pharmacy benefit manager (PBM). All HDR members will receive new identification cards..

Please review member ID cards for detailed information, including new group numbers, PCN and RxBIN numbers.

For pharmacy services and drugs requiring preauthorization, pharmacy policies and forms please visit [GoodLifePartnersRx.com](http://GoodLifePartnersRx.com).

For benefits and eligibility on HDR group members, please call Highmark at 833-250-3391. For all other inquiries, please refer to the phone numbers on the back of the member's ID card.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for BCBSNE.

## REMINDERS

### Place of Service for Retail Health Clinic

For services rendered at a retail health location, the only Place of Service (POS) code that should be used is POS 17, Walk-In Retail Health Clinic. As member benefits are tied to the place of service, submitting services rendered from a retail health clinic location with POS 11 (office) or POS 20 (urgent care facility) can result in member abrasion.



## Preauthorization Fax Requests

- Always remember to provide the complete full name of the provider, including first and last name and any title and specialty.
- Please do not abbreviate addresses; please include full details.
- When faxing preauthorization forms, please ensure the preauthorization form is at the beginning of the fax right after the fax cover sheet.
- When faxing medical requests along with preauthorizations, make sure the medical request immediately follows the preauthorization form.
- If you receive a failed fax confirmation, please wait five minutes. Then, resend the fax until you receive a successful confirmation.
- Faxed requests must always include the name of the sender and a phone number to reach them in case information is missing.

## Medical Records

- When faxing or sending medical records, the medical records request letter **MUST** be included. If the letter is not attached, we will return the medical records to the sender. Please make sure the letter is on top of the medical records when sending in.
- Make sure to include the patient's full name and BCBSNE member ID number and fax records for only one patient per fax.
- If you receive a failed fax confirmation, please wait five minutes. Then, resend the fax until you receive a successful confirmation.
- Faxed requests must always include the name of the sender and a phone number to reach them in case information is missing.

## HAPPENING NOW:

For the most up-to-date information about what's happening at BCBSNE, check out the **Happening Now** button at [NebraskaBlue.com/Providers](https://NebraskaBlue.com/Providers).

[Launch MedPolicy Blue](#)

[Launch NaviNet](#)

[Happening Now](#)



## Blue Distinction Specialty Care

Blue Distinction is a national designation awarded to hospitals and medical facilities. Blue Distinction Center and Blue Distinction Center+ designations are awarded to doctors and hospitals based on a thorough, objective evaluation of their performance in the areas that matter most—quality care and treatment expertise. Overall, patients treated by Blue Distinction Specialty Care providers have better results, including **fewer complications**, and **lower readmission rates** than patients treated by non-designated providers.

**Recognizing Excellence** – Doctors and hospitals are recognized as Blue Distinction with two designations across 11 areas of specialty care.

### Blue Distinction® Center

Demonstrate quality care and treatment expertise

- Bariatric Surgery
- Cancer Care
- Cardiac Care
- Cellular Immunotherapy - CAR-T\*
- Fertility Care
- Gene Therapy®

- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Substance Use Treatment and Recovery\*\*
- Transplants

### Blue Distinction® Center+

Demonstrate more affordable care in addition to quality care and treatment expertise

### Locate a [Blue Distinction Center](#)

\*Blue Distinction Center designation only. \*\*Available 2020