Update
JANUARY 2020

BlueCross BlueShield Nebraska

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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 about BlueCard® providers and the Federal Employee Program. 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.**

You may print a copy of this **Update** to file within your BCBSNE Policies and Procedures Manual. 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.

What's New

Medicare Crossover Claims

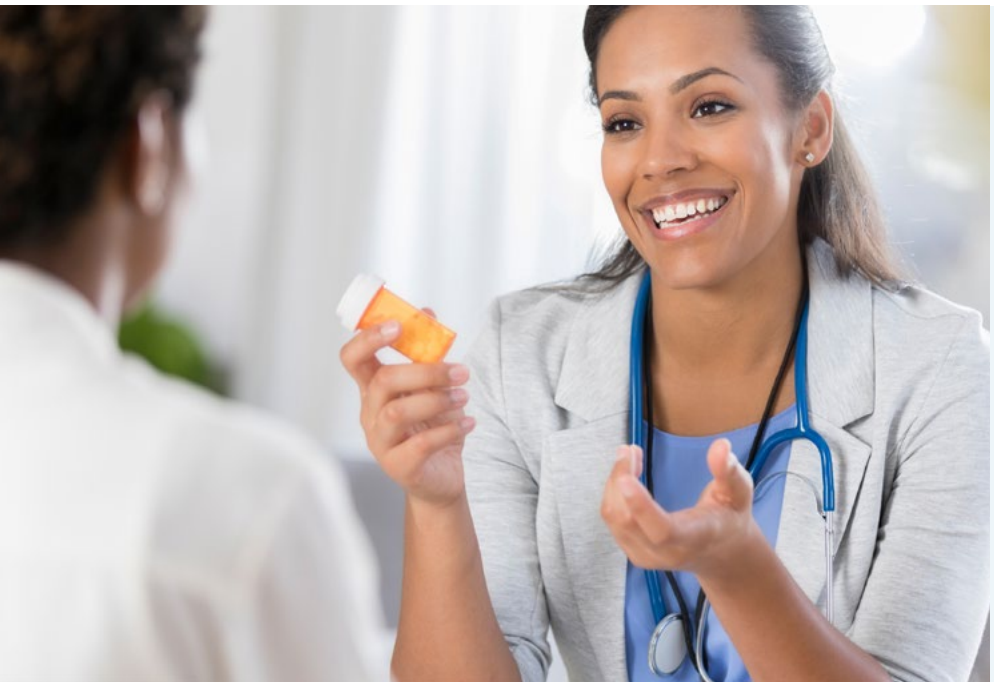
Blue Cross and Blue Shield of Nebraska (BCBSNE) was recently notified of a technical challenge in receiving Medicare Crossover claims from the Centers for Medicare and Medicaid Services (CMS). To ensure BCBSNE receives all Medicare Supplement claims for your patients, please be advised:

- After claims have been processed by Medicare, please file electronically directly to BCBSNE with the Medicare payment information from the Medicare EOB.
- Another option is to attach the Medicare processed EOB to the claim. This will route to BCBSNE as a manual claim.
- This is for all Medicare Supplement claims with dates of service Jan. 1 - Feb. 10, 2020.
- BCBSNE will process the Medicare Supplement portion.

Should this date change, please check our communication hub Happening Now for updates. We appreciate your patience and assistance as we work through this technical difficulty with CMS.

In this issue

Provider Characteristics — Opioid Medication Assistance



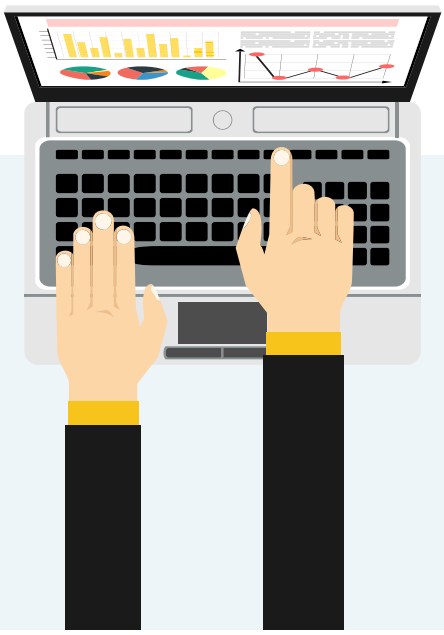
A future enhancement to our directory will help our members more easily identify providers who offer medication assistance treatment services for opioid use disorders. In order to do this, we need your assistance.

When you send in credentialing information on your providers, please note if any of the providers fall under the four provider characteristic codes below. These codes are found on the National Uniform Claim Committee website here.

Provider Characteristic Codes:

- **6F- Medication-assisted Treatment (MAT) for Opioid Use Disorders is provided at this location**
  - The provider at this location provides Medication-assisted Treatment (MAT) for Opioid Use Disorders.
  - The provider must be actively accepting new patients seeking Medication-assisted Treatment.
  - This can also be a building/facility where someone can inquire about and obtain Medication-assisted Treatment services.
- **6G- Physician authorized to dispense Medication-assisted Treatment (MAT) for Opioid Use Disorders**
  - The provider at this location is a physician or other medical professional who is waivered by the Drug Addiction Treatment Act of 2000 to dispense Medication-assisted Treatment for Opioid Use Disorders.
  - This can only be used with an individual provider (person - not location).
  - The provider must be actively accepting new patients seeking Medication-assisted Treatment.
- **6H- This location is a certified Opioid Treatment Program**
  - This location is a certified Opioid Treatment Program.
  - This can only be a location.
- **6I- Counseling for Opioid Use Disorders is provided at this location**
  - The provider at this location provides counseling, which may include one or more behavioral therapies, to be used in conjunction with Medication-assisted Treatment for Opioid Use Disorders. This treatment should comply with all relevant regulatory requirements.
  - This can be an individual provider or a location.

Featured



Provider Tools

At BCBSNE, we are committed to providing online support tools to our providers. We know our hold times can be longer in January; our self-service tools can help decrease or eliminate your need to call BCBSNE or be on hold. If these tools do not answer your questions or if you require further assistance, BCBSNE personnel are still available to assist you.

NantHealth® | NaviNet®

Beginning immediately, please check eligibility and benefits for all BCBSNE members through NaviNet. You may still call customer service if detailed information is needed and not available in NaviNet.

With NaviNet, you can:

- Check eligibility and benefits
- Check claim status
- Print off remittance advice or download the 835 file
- Submit a prior authorization
- And more

MedPolicy Blue

MedPolicy Blue is the source of all BCBSNE medical policies and is accessible through NaviNet.

Go to NebraskaBlue.com/Providers.

Inquire about claims online or by phone

Online inquires allow faster response time and can now provide the status of appeals and reconsiderations.

Our customer service representatives are available to answer your questions via the claim inquiry form.

Responses will be sent to the email address provided on the form.

Common requests include:

- Status of claim
- Status of a reconsideration request or appeal
- Benefits and eligibility

You can also call to check claims 30 days after submission by using the automated phone system at 800-635-0579. Choose the medical claims option and enter the date of service in question. The resulting claim detail will include any appeals or reconsiderations in process.

NOTE: Questions on BlueCard® claims with dates of service Jan. 1, 2020, and after must be submitted via the online inquiry form. We expect all servicing channels to be available for BlueCard claims questions by February 2020 – please continue to watch Happening Now for updates.

Claims System Transition

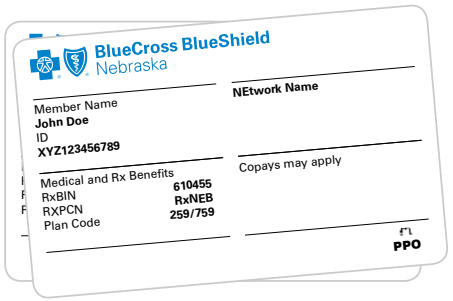
BCBSNE has successfully transitioned all lines of business to our new HealthRules system. HealthRules provides a next-generation core administration system for health plans, which allows for improved efficiencies in administration.

As we process all commercial, supplement and BlueCard claims in HealthRules, our continued goal is to minimize disruption to our customers.

We encourage your continued use of our self-service tools including NaviNet, MedPolicy Blue, Interactive Voice Response (IVR) and Claims Inquiry located on our eligibility and claims page.

Member ID cards

As our group and Medicare Supplement clients move to the new system, we recommend that you obtain a copy of your patients' member ID cards at every visit to ensure you have the most up-to-date coverage information.



Plan Codes

The plan code on the front of the new BCBSNE member ID cards show:

New Plan Code: 259/759

Reminders

Peer-to-Peer Discussion vs Appeal

You have received a denial in response to your service request. What do you do now?

If the denial letter states we are missing specific information, **the information needs to be submitted via fax.** Be sure to include the authorization number on the fax.

A request for a **peer-to-peer** call with the reviewing physician must be made within 14 days of the original denial.

- This allows the provider to discuss the case with the BCBSNE physician reviewer, providing additional information that may not have been submitted with the request.
- The BCBSNE nurse will schedule a time with the providers office.
- The BCBSNE physician reviewer will attempt the scheduled peer-to-peer call twice.
- If the provider is unavailable during the scheduled time, the peer-to-peer review will be closed, and an appeal will be the only option.
- If the BCBSNE physician reviewer is unable to overturn the decision, the provider can move forward with an appeal.

An **appeal** must be requested in writing. A peer-to-peer call is not necessary prior to an appeal. An appeal may be initiated immediately after receiving a denial.

REMINDER: Once an appeal is started the peer-to-peer option is forfeited. Peer-to-peer reviews are not allowed on post-service claims.

Human Papillomavirus Vaccine

Since 2017, Gardasil®9 has been the only HPV vaccine available in the U.S.

The only code that should be billed for the HPV vaccine is 90651: Human Papillomavirus Vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use. **BCBSNE does not allow reimbursement for quadrivalent (90649) and bivalent (90650).**

For more information, please see medical policy I.165 Human Papillomavirus Vaccine.

Preauthorization and Precertification:
Do they mean the same thing?

For BCBSNE, preauthorization and precertification do not mean the same thing.

Preauthorization applies to certain types of care and services that are required to be preauthorized prior to the service being performed.

Examples of care and services that require preauthorization include surgical procedures, prescription drugs and durable medical equipment. For a full list of care and services requiring preauthorization for BCBSNE members, please access the MedPolicy Blue tool.

Precertification applies to acute care (non-emergency) inpatient and observation admissions to hospitals or facilities on or before the first day of admission.

Precertification applies to skilled nursing facility admissions, inpatient physical rehabilitation, services such as home health nursing visits and hospice care, and inpatient mental health and residential admissions. Labor and delivery hospital stays (48 or 96-hour admissions) are excluded from this requirement.

Precertification is completed in NaviNet.

NOTE: If a patient will be admitted as inpatient or observation and the procedure also requires preauthorization, both a preauthorization and an inpatient/observation request must be submitted through NaviNet.

Preauthorization reminders

The preferred method to submit a preauthorization request is through NaviNet. If you are unable to submit a preauthorization request through NaviNet, please use the new preauthorization request form.

The preauthorization fax number is now 800-255-2838. The local fax number is no longer available for use. Please submit faxes using the 800-255-2838 fax number and only submit the form one time. Once you receive a successful fax confirmation acknowledgment, you do not need to re-fax the request.

Please do not call our office to confirm we have received your fax request. Your successful fax confirmation acknowledgement is your confirmation that we have received your fax.

If you are calling to check the status of your request, please allow at least 24 hours after you have sent in the fax for urgent requests and 48 hours for non-urgent requests before calling in to request a status of the authorization.

Did you know

Did you know you can submit your requests online through NaviNet and receive status updates on your submission at your desktop? Please use NaviNet to submit your preauthorizations and precertifications requests to utilize the most efficient submission method.

Precertification reminders

When calling in to request a precertification, please have the full address of your provider and facility available as well as any specialty information to ensure we can complete your request.

Get to Know Your **Provider Executive Team**

Rhonda Bopp
Provider Executive II

Meet Rhonda Bopp, provider executive II.

Rhonda has been with BCBSNE for five years. Previously, she worked at Bryan Physician Network as a revenue cycle manager and at ALN Medical Management as an account executive, where she led a team that managed the revenue cycle for several offices in Nebraska and on both coasts.

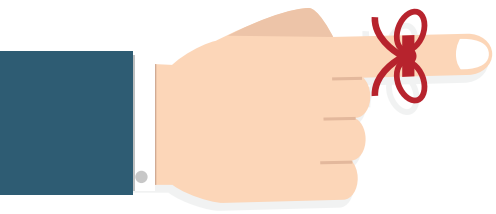
In her role at BCBSNE, Rhonda most enjoys collaborating with providers and working with the company's internal teams.

"We are a large company with a small family feel that considers our providers in all aspects of decision making," Rhonda said. "I enjoy being in my community and providing support to the providers in Lincoln and the surrounding areas."

Outside of work, Rhonda enjoys spending time with her family and being outdoors. Rhonda and Hank, her Newfoundland, like going for walks in nature.

Rhonda has been married for 29 years and has three grown daughters, two sons-in-law and two precious grandchildren, Ella and Greyson, whom she simply adores

PROVIDER SITE VISITS: Your provider executive is available to come to your office to address your concerns. If you are interested in having your provider executive make a site visit, please call or email them for scheduling. To find your provider executive, reference the provider contact directory.



REMINDER

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