

BlueNewsSM for Providers



BlueCross BlueShield of South Carolina and
BlueChoice[®] HealthPlan of South Carolina

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Meet Our New Provider Reps!



Maryanne Nevill

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are very excited to introduce you to Maryanne Nevill, our newest provider advocate. She will cover the Midlands region of South Carolina. Maryanne previously trained nurses, health coaches and authorization service associates for BlueCross. She has a wealth of industry knowledge, having also spent time as a sales executive for a durable medical equipment company.

We also want you to meet Jeanne Burke. Jeanne will serve as our Lowcountry provider advocate. Jeanne has years of insurance industry experience working as a client manager. She enjoys working in provider relations and problem-solving! Jeanne is currently in training and will be ready to meet her providers in June.

Focused Groups

Provider Advocate Ashley Jones (see profile on page 3), who has worked in Provider Relations for one year, has assumed responsibility for the following organizations:

- Greenville Health System
- MUSC
- Roper St. Francis
- Bon Secours Roper
- HCA Medical Facilities
- VA
- Lexington Medical Center
- McLeod Medical
- Palmetto Health
- Tenet Medical Facilities
- AnMed
- Doctors Care



Jeanne Burke

Provider Training Requests

While the team traditionally contacts your offices to schedule education visits, we have now developed a form for you to proactively request training from us. Whether you need general training for new office staff or want to know more about a particular topic, the form will allow you to identify how you want the training delivered. This will allow us to prepare exactly what you need and deliver it in the manner that best suits you and your team. Click here to access the form:

<https://www.surveymonkey.com/r/provedtrngreq>.

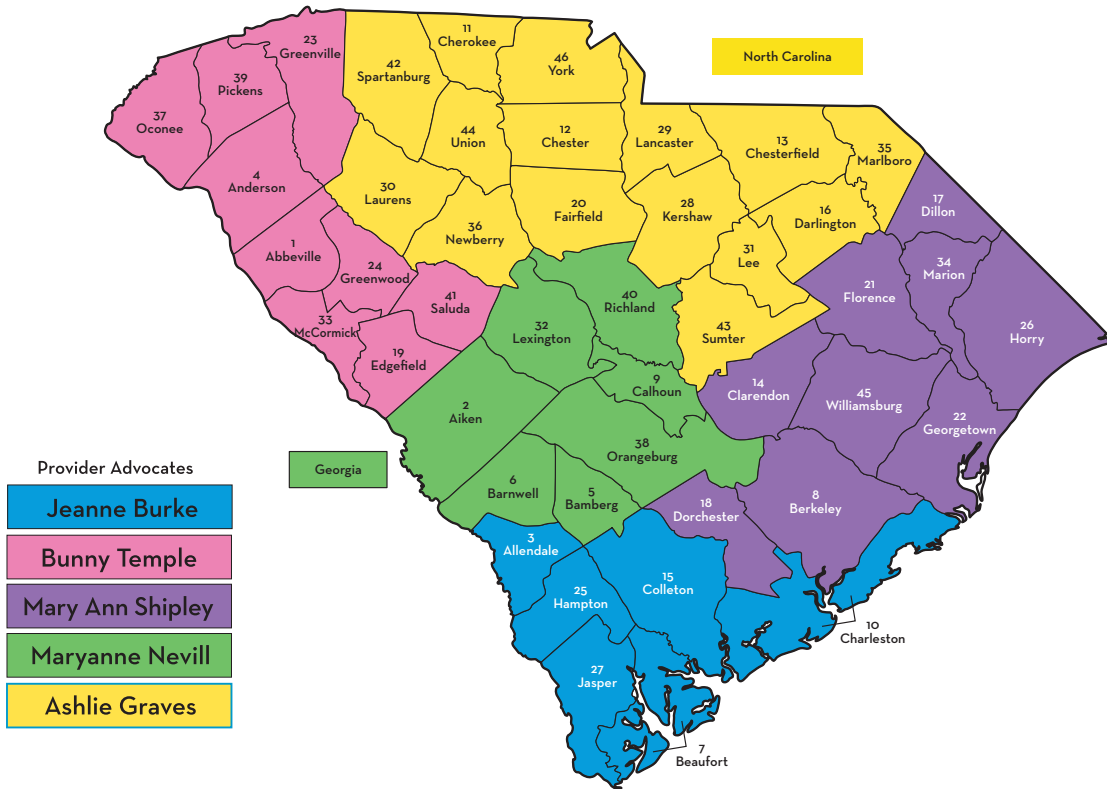
Your Feedback Is Important to Us!

After each training visit, providers receive a survey asking for feedback on the effectiveness of our training. We use this information to improve our materials, delivery methods and sometimes our policies. We encourage you to complete post-visit surveys to help us best serve our provider community.



Ashley Jones

Continued on page 2.



Education and Outreach

- Teosha Harrison, Manager
- James Carter, Manager
- Ashley Jones, Dedicated Facility Education
- Billy Quarles, Quality Education
- Contessa Struckman, Quality Education
- Sharman Williams, BlueCard and Ancillary Education
- Jamie Pringle, Internal Education
- Noelle Jacobs, Internal Education

Contact Information

Phone: 803.264.4730
 Email: provider.education@bcbsc.com

Find additional information, including our territory map and a county-by-county listing of provider representatives, online by clicking <http://web.southcarolinablues.com/providers/contactus/provideradvocates.aspx> or <http://www.bluechoicesc.com/providers/educationcenter/educationspecialist.aspx>. For more information about these changes or other services our area provides, please email provider.education@bcbsc.com or call **803-264-4730**.

New Provider Credentialing Section Added to BlueCross Website

South Carolina health care providers now have access to BlueCross BlueShield of South Carolina credentialing forms and information in a centralized section recently added to the company’s website, www.SouthCarolinaBlues.com.

In addition to the South Carolina Uniform Managed Care Provider Credentialing Application and the Uniform Credentials Update form (recredentialing), providers can also access a series of newly created checklists to ensure their applications and supporting documents are complete. The checklists are designed to reduce processing delays and requests for additional information by helping providers ensure their applications include all required information.

Credentialing application checklists are available for physicians and mid-level providers. Special checklists are available for dental, eye care, dermatology and chiropractic providers.

Providers can access the new “Provider Credentialing” section by clicking the “Provider” tab at www.SouthCarolinaBlues.com. The link to the Provider Credentialing page is available in the menu on the right side of the page.

Other forms available in the new section include those required for:

- Adding an Employer Identification Number (provider group) to our system
- Adding an office location
- Adding or terminating a practitioner affiliation
- Notifying us of an address change
- Updating Electronic Fund Transfer (EFT) information



Provider Relations Spotlight

In the upcoming issues of Blue News, we will introduce you to members of the BlueCross BlueShield of South Carolina Provider Relations staff. This month, we feature Ashley Jones, who serves as a provider relations and education advocate for some of the larger hospital systems in South Carolina. Ashley has worked with BlueCross for nine years.

NAME: Ashley Jones

WHERE WERE YOU BORN? Tuomey Hospital in Sumter, S.C.

TITLE/RESPONSIBILITIES: Provider Relations Consultant

YEARS WITH BLUECROSS: Nine

EDUCATION: Currently working on MBA in Health Care Administration and will be finished by July

PART OF MY JOB I ENJOY MOST: The satisfaction of knowing that I did a job well and assisted my providers to my fullest potential

FAMILY/PETS: Married with a beautiful 4-year-old

BEST VACATION I EVER HAD: My best vacation was when I went to Las Vegas with some of my friends. We originally missed our flight, so we ended up sleeping in the Atlanta airport. We slept in a freezing airport and were upset with one another, but we were determined to have fun in spite of missing our flight and having to sleep in the airport.

HOBBIES/INTERESTS: Cooking! I absolutely love to cook! Does talking count as a hobby?

FIRST CAR: 1999 Honda Prelude (her name was Big Red)

MOST RECENT APP YOU DOWNLOADED: Yummly (a cooking app)

IF YOU COULD HAVE ANY SUPER POWER, WHAT WOULD IT BE? I would want to have an invisibility cloak. I do not have a particular reason as to why I would want to be invisible. I think being invisible is cool!



Latest Medical Policy Updates Available in Monthly Bulletins

We frequently revise the medical policies we use to make clinical determinations for a member's coverage. Medical policies that have been recently reviewed, updated or newly added are listed in a monthly Provider News Bulletin, available on the Provider News pages of www.SouthCarolinaBlues.com and www.BlueChoiceSC.com.

Each policy listed in the bulletin includes a summary of the recent updates.

Providers may visit the Medical Policies and Clinical Guidelines pages of www.SouthCarolinaBlues.com and www.BlueChoiceSC.com to read any medical policy in its entirety.

BlueCross Announces ClaimsXten Upgrade for 2019

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan will upgrade their code-auditing system from ClaimCheck® to ClaimsXten™, Change Healthcare's next-generation solution for ensuring proper coding on health insurance claims.

All BlueCross and BlueChoice® lines of business will implement the ClaimsXten platform during the first quarter of 2019. ClaimsXten will allow BlueCross to better align claims adjudication with medical policies, benefit plans and the Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI).

CMS developed the NCCI to promote national correct coding methodologies and to control improper coding leading to incorrect payment for medical claims. CMS developed its coding policies based largely on rules defined in the American Medical Association's CPT Manual. Other factors include coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices.

Benefits of ClaimsXten include:

- Improved payment accuracy and consistency for professional and facility claims
- Streamlined claims adjudication
- Fewer manual reviews
- Enhanced payment transparency
- Reduced appeals
- Clinically supported rules and logic

ClaimsXten simplifies management of complex payment rules and analyzes claims in the context of claims history. While most of the existing ClaimCheck edits will remain in place, ClaimsXten will better analyze codes for issues that include:

- Deleted CPT codes
- Unbundled services
- Fragmented billing of pre- and postoperative care
- Appropriateness of procedures for age and gender
- Mismatch of diagnosis and procedure codes
- Invalid diagnosis codes
- Investigational or experimental procedures
- Invalid modifiers
- Medically unlikely number of units for the same DOS

Programs Available Via Palmetto Provider University

BlueCross' Provider Relations team created the Palmetto Provider University online as a convenient format for offering webinars and other educational programs and materials to network providers.

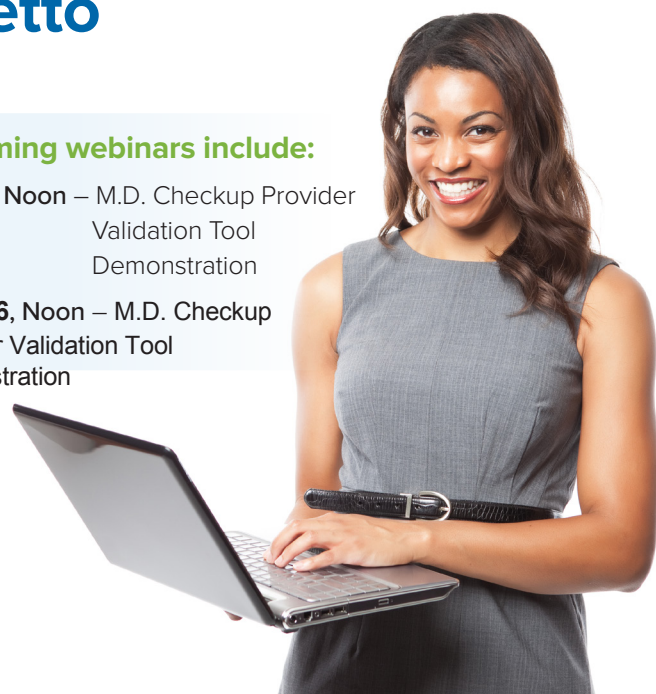
Providers can find the Palmetto Provider University webpage in the "Provider" section of www.SouthCarolinaBlues.com. Just navigate to the Provider section, click on Education Center and look for the Palmetto Provider University link.

Providers should complete and submit the online registration form on the site to sign up for a webinar or workshop. Those who register will receive a confirmation and instructions for accessing the webinar the day before the training session.

Upcoming webinars include:

June 14, Noon – M.D. Checkup Provider Validation Tool Demonstration

June 26, Noon – M.D. Checkup Provider Validation Tool Demonstration



CMS Audit Will Require Medical Record Review

Record Requests for HHS Risk Adjustment Data Validation Audit Begin June 1

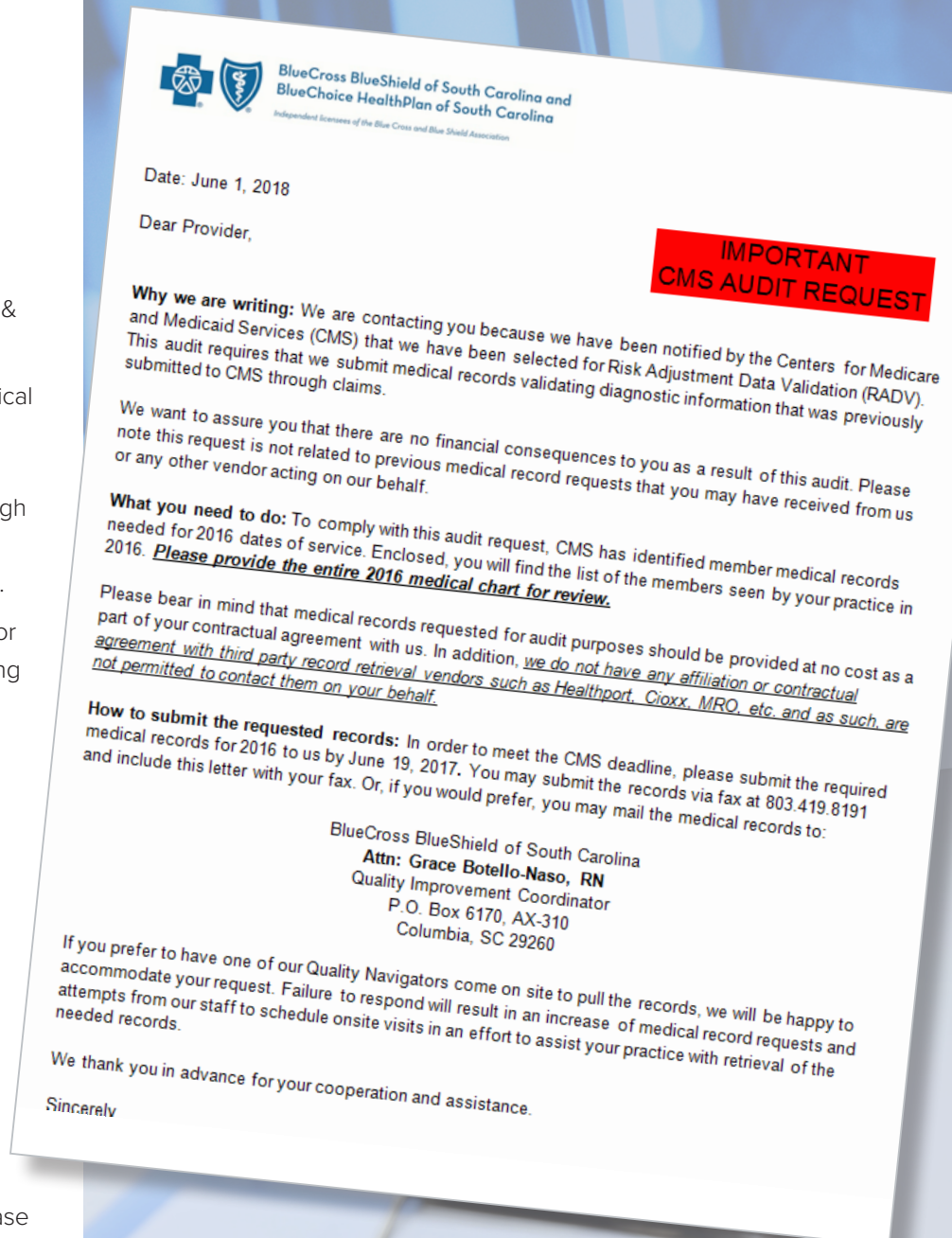
Some providers will begin receiving requests for medical records as part of the U.S. Department of Health and Human Services' (HHS) annual Risk Adjustment Data Validation (RADV) audit. The review is conducted by the Centers for Medicare & Medicaid Services (CMS).

CMS identifies a random sample of member medical records needed for the annual audit, which is designed to validate the accuracy of diagnostic information that health plans submit to CMS through claims. The audit involves medical records for members with individual and small-group policies.

The records required for this year's audit will be for 2017 dates of service. BlueCross will begin sending the requests June 1.

Not all providers will receive a request. Those who do will receive a letter similar to the one pictured with this article. The letter will identify the member(s) for whom records are needed. It also will include instructions for mailing or faxing the records. BlueCross quality navigators are available to pull the records at a provider's office, if requested.

Providers should return the medical records requested at no cost as part of their contractual agreement with BlueCross. If your practice contracts with a vendor that manages the release of patient information on your behalf, please work with your vendor to forward the data to us as a non-billable event. Make sure your vendor understands that you permit our health plans or our designated business partners to inspect, review and acquire copies of records upon request at no charge.



Ameritox, Ltd.: Network Update

BlueCross BlueShield of South Carolina and Blue Choice HealthPlan use Avalon Healthcare Solutions to establish and maintain a network of laboratories to serve BlueCross and BlueChoice members.

Effective March 16, 2018, Ameritox, Ltd. no longer provides toxicology services, and will therefore no longer participate in the Avalon network.

The Avalon network of laboratory providers is more than adequate to provide toxicology services for BlueCross and BlueChoice members. Below is a list of the laboratories participating in our network that are currently providing these toxicology services.

Approved Laboratories	Affiliation	Specialty
Aegis Sciences Corporation		Toxicology
American Institute of Toxicology		Toxicology
Carolina Medical Lab Group, Inc.		Full Service Lab
American Forensic Toxicology Services, LLC	Cordant	Toxicology
Regional Toxicology Services, LLC	Cordant	Toxicology
Rocky Mountain Toxicology, LLC	Cordant	Toxicology
Secon of New England, LLC	Cordant	Toxicology
Technical Resource Management, LLC	Cordant	Toxicology
Integrated Laboratory Solutions		Toxicology
Keystone Laboratories, Inc.		Toxicology
LabCorp (Laboratory Corporation of America)	LabCorp	Full Service Lab
MedTox Laboratories	LabCorp	Toxicology
LabSource, LLC		Toxicology
Mako Medical Laboratories		Toxicology
Millennium Health, LLC		Toxicology
Premier Medical Inc.		Toxicology/Routine
Quest		Full Service Lab
Select Laboratories		Regional Lab



Claims Filing Reminder:

Ensure Electronic Claims Include Correct Carrier Code

BlueCross uses carrier codes (payer ID) to route electronic transactions to the appropriate line of business once the Gateway accepts the claim. Failure to use the correct electronic carrier code for each plan can result in misrouted claims or delayed payments. If you transmit through a clearinghouse, check with the clearinghouse to see if it requires a different carrier code for claim submission.

Use these carrier codes for direct electronic claim submission to BlueCross.

Carrier Code	Line of Business (LOB)
400	State Health Plan
401	Preferred Blue SM and BlueEssentials SM (also includes all out-of-state BlueCard [®] claims)
402	Federal Employee Program (FEP)
403	BlueChoice HealthPlan Medicaid
922	BlueChoice HealthPlan and Blue Option SM
C63	BlueCross Medicare Advantage

Use these carrier codes for third-party administrators (TPAs) that use the Preferred Blue network and accept claims electronically.

Carrier Code	Line of Business (LOB)
130	Employers Life Insurance Company
315	Thomas Cooper
446	Employee Benefit Services, d.b.a. Key Benefit Administrators
498	Carolina Benefit Administrators
886	Planned Administrators Inc. (PAI)

Use these carrier codes when submitting dental claims.

Carrier Code	Line of Business (LOB)
38520	BlueCross BlueShield of South Carolina
77828	Companion Life

Providers Urged to Ensure E&M Codes Are Filed Correctly

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan are asking providers to ensure claims with Evaluation and Management (E&M) CPT codes are submitted correctly.

Some providers are submitting new-patient office visit or other outpatient codes for established patients. This error can lead to delays in claims processing or denials.

BlueCross and BlueChoice define a new patient as one who has not received an E&M or other face-to-face service from a physician (or from another physician of the same specialty in the same group practice) within the previous three years.

If a physician (or a physician of the same specialty within your practice) has seen a patient within the previous three years, please submit the appropriate established-patient visit code when filing claims for that member. Please do not submit a new-patient code.

If you have questions about this bulletin, you may contact Provider Education at **803-264-4730** or submit your question using the [Provider Education Contact Form](#).





Provider.Education FAQs

Each month, we include a list of frequently asked questions submitted to Provider.Education@bcbssc.com. If you have a question, please email us, submit your question using the [Provider Education Contact Form](#) or call us at **803-264-4730**.

Your Question	Our Response
Where can I find a list of services for BlueCross Medicare Advantage members that require prior authorization or notification?	The list of services that require prior authorization or notification for our Medicare Advantage plans — BlueCross Total SM and BlueCross Secure SM — is available at www.SouthCarolinaBlues.com . Just go to the “Provider” section and click on “Medicare Advantage” and then on “Prior Authorizations and Referrals.”
How long does it take for a claim filed to my Medicare intermediary to cross over to BlueCross?	The claims you submit to the Medicare intermediary will cross over to the Blue Plan only after the Medicare intermediary processes them. This process may take about 14 business days. This means that the Medicare intermediary will be releasing the claim to the Blue Plan for processing about the same time you receive the Medicare remittance advice. As a result, upon receipt of the remittance advice from Medicare, it may take up to 30 additional calendar days for you to receive payment or instructions from the Blue Plan.
If I have not received payment for a claim, when should I refile the claim?	BlueCross will deny any claims you submit after the originals as duplicates. If you have not received payment for a claim, do not resubmit the claim. You should check claim status through My Insurance Manager SM or the VRU.
How can I avoid having claims reject at the Gateway? Where can I find information about successfully submitting claims?	Providers can access EDI reports under the “Office Management” tab on My Insurance Manager. The reports include information about the rejected claims, so providers can submit the claims as soon as possible. It will tell the providers if no claims have been received, as well as which claims have been accepted. We have a list of the most common claim edits on the HIPAA Critical Center, which is helpful in figuring out why the claim rejected upfront. Here’s the link: www.hipaacriticalcenter.com/home/systemnews/commonclaimredits.aspx .



Need to Get in Touch With Provider Relations and Education?

Provider advocates are always eager to assist you. If you have a training request, please contact your county's designated provider advocate by using the [Provider Advocate Training Request Form](#). For questions about an ongoing education initiative or a recent news bulletin, submit the [Provider Education Contact Form](#). These forms are located on the "Contact Us" page of our provider websites. You can also reach our Provider Education department by emailing Provider.Education@bcbsc.com or by calling **803-264-4730**.



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

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