

# BlueNews<sup>SM</sup> for Providers



BlueCross BlueShield of South Carolina and  
BlueChoice<sup>®</sup> HealthPlan of South Carolina

Revised Alpha-Prefixes  
Approaching CMS Review  
NEW Provider Advocate  
Training Request Form

Locating Laboratory Policies  
Attitudes in the Workplace  
Provider 101 Webinar Questions  
Prescription Drug Changes

## Promote Men's Health on Wear BLUE Day 2017: Friday, June 16\*



Whether it's your friend, brother, dad, boyfriend, spouse or boss, show them you care about them and their health by wearing blue. If Friday of Men's Health Week doesn't work for you, then pick any other day of the year, and start a fun **Wear BLUE** day at work.

Host a **Wear BLUE** day to raise awareness and money for education about men's need to seek regular checkups, or testicular cancer education, prostate cancer education or other health issues that affect men. (Cardiovascular disease, skin cancer, lung cancer, diabetes, gout and more.)

Men live sicker and die younger. **Wear BLUE** was created to raise awareness about the importance of men's health and to encourage men to live longer and healthier lives.

Men's health awareness can mean many different things. It means raising awareness of making healthy lifestyle choices, making regular annual visits to the doctor, getting educated on heart disease or diabetes, starting general health conversations with their male friends and much more. The information, tools and resources on this website can help you plan an impactful **Wear BLUE** event where you live, work, play and pray.

\*Men's Health Network. (May 26, 2017). *Wear BLUE Day 2017: Friday, June 16*. Retrieved from <http://www.menshealthnetwork.org/wearblue/>.

# You're Doing What to Alpha-Prefixes?!

The three-character prefix is a foundational component of the BlueCard® Program. The information the prefix contains defines the service relationships and arrangements between the Blue Plan and its subscribers.

Based on the current growth rate of BlueCross and its affiliates, the number of available alpha prefix combinations will be exhausted in 2018. To accommodate this growth, we will increase the prefix pool by incorporating numbers into the prefix for new groups. Effective April 15, 2018, all Blue Plans and providers must be able to accept a prefix that includes a combination of alpha and numeric characters.

When BlueCross members arrive at your office or facility, continue to ask to see their current member identification card (ID card) at each visit. Doing so will help you:

- Identify the member's product.
- Obtain health plan contact information.
- Speed claims processing.

Remember: ID cards are for identification purposes only. They do not guarantee eligibility or payment of the claim. You should always verify patient eligibility by calling **800-676-BLUE (2583)**.

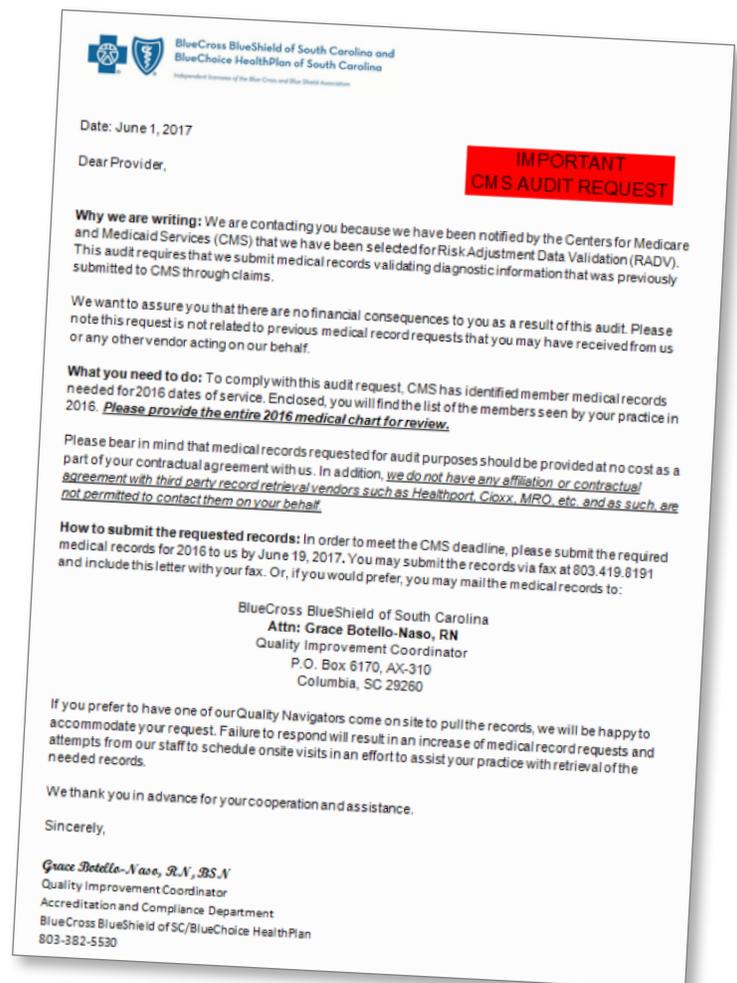
## Medical Record Requests for CMS Risk Adjustment Validation Program Began June 1

In last month's issue, we hinted at this approaching CMS review. There is now an example of the actual letter a provider may receive if his or her patient is selected as part of the random sample audit.

All providers will not be required to participate in this audit process. If you are one of the Providers that are chosen, you will receive this letter. Follow the instructions closely, making sure to respond in a timely way to the requests for patient information.

As a reminder, we do NOT pay for fees for your practice to supply medical records to our health plans. 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.

Providers that do not send the requested patient information in a timely manner — or who send an invoice for payment — will be contacted by a Provider Advocate to facilitate release of medical records.



# There's A New Way to Contact Provider Relations and Education

We've recently implemented the [Provider Advocate Training Request Form](#) for providers to request training. The form asks the requestor about what topic(s) will be covered during training; who will be in attendance (e.g., billers or clinicians); how the training will be delivered (e.g., in-person or conference call); and when the training is to be given.

The Provider Advocate Training Request Form differs from the recently updated and renamed [Provider Education Contact Form](#). Use the former to request training from us. Use the latter for questions you may have for us that are not related to specific claims only or patients. You can no longer use the Provider Education Contact Form to request training.

Find these forms on the Contact Us/Provider Advocates page of [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com). Stay tuned for the Provider Advocate Training Request Form to be added also to [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).



## We've Made It Easier to Locate Laboratory Medical Policies

Our medical policies and clinical guidelines can be viewed online when visiting the Provider page of [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).

To make it easier for our laboratory providers to locate relevant policies, we've added this service type to the Categorical List of medical policies we use to make clinical determinations for a member's coverage. The search (by code) capability works even better when entering a code while inside this category. Please visit the Medical Policies and Clinical Guidelines page frequently to stay abreast of policy changes and to read any policy in its entirety.



## Featured Webinar: Credentialing Process

In June, our online training will be about the credentialing process. We'll give an overview of the steps in becoming a credentialed provider, including how BlueCross and BlueChoice® validate practitioners' qualifications and response times to various provider file updates. See date and time listed to join us.

- **Tuesday, June 15, 2017 — noon (approximately one hour)**

Next month, our featured webinar is Provider 101. Register for any online training at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) on the Provider Training page.

# Do Negative & Positive Attitudes Affect the Workplace?\*

Attitude is catching. It can jump from person to person like a forest wildfire jumps tree to tree. Think about that negative person at work. You know the one. She rarely has anything positive to say. The smallest event sets her off. When she gets like that, people around her find reasons to escape, in fear of catching her negative vibe. The Institute of HeartMath, one of a number of scientific bodies that study the effects of positive and negative attitudes and emotions, also links them to health and disease. Attitudes at work have long-reaching effects in the workplace environment and beyond.

## Workplace Influences

People's attitudes in the workplace directly affect job performance, teamwork, creativity, leadership, decision-making, turnover and negotiations, according to Wharton University professor Sigal Barsade and Dr. Donald Gibson, dean of Dolan's School of Business. "People are not islands, emotionally or otherwise," the two said in a paper. "Rather, they bring all of themselves to work, including their traits, moods and emotions, and their affective experiences and expressions influence others." People are conductors for emotions in the same way utility lines conduct electricity.

## Job Performance

People with positive attitudes tend to fare better at work because they can process information with greater awareness and efficiency, and more appropriately. People with negative moods and attitudes dedicate excess time and energy to supporting the mood, which prohibits them from taking in the needed information that can help them perform better in their jobs. A negative attitude puts a negative spin on new information coming in, which prevents a clear view of the circumstances or situation. A positive attitude takes less energy to maintain, which allows a person to be more responsive in the work environment.

## Meetings

Employees' attitudes are essential to what happens in the workplace. When you are in a brainstorming session or a staff meeting, it's hard for everyone not to be bothered by the negative person who attacks ideas that bloom from brainstorming. A negative attitude stifles the flow of ideas between people because it shuts down creative thinking

processes. Make a decision to avoid negativity by not letting a negative person become the focal point for the meeting. When the person with the negative attitude is allowed to rant, the whole group can become contaminated by the negativity.



## Negativity and Stress

There is already enough stress in the workplace dealing with the day-to-day issues that arise. Venting or repressing anger, one form of negativity, in the workplace or anywhere else increases stress for yourself and others. A negative attitude can lead to a greater risk of developing heart disease and other health-related problems. Emotional management — changing negative attitudes to positive ones — can actually undo the cardiovascular effects caused by negativity.

## Lead with a Positive Attitude

A positive attitude can help buffer negativity in the workplace. You can't change people's basic nature, but you have the choice to avoid them whenever possible. If you find that a coworker continually brings you down, minimize your contact with him or her to keep your attitude positive. Maintaining a positive attitude adds emotional resilience to negative attitudes and continues to spiral toward greater well-being, emotions and attitudes. When you maintain your positive attitude, it can reverberate throughout the entire organization. Besides — you know it's true — a positive attitude just feels better.

*\*Reeves, Laurie. (May 23, 2017). How Do Negative & Positive Attitudes Affect the Workplace? Retrieved from <http://woman.thenest.com/negative-positive-attitudes-affect-workplace-2811.html>.*

# Answering Your Questions about the BlueCross Provider 101 Webinar

The table includes questions providers have asked after our online training, and our responses. Although we highlight frequently asked questions (FAQs) in our monthly newsletter, the best place to view the entire list of FAQs is in the Education Center of our provider websites at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).

| Your Question  | Our Response   |
|--|--|
| Can you submit a corrected claim electronically?   | Yes, you can submit a corrected (replacement) claim using your clearinghouse or via My Insurance Manager. Within My Insurance Manager, choose the Replacement of Prior Claim option when progressing through the Claims Entry menu.  |
| Who should I contact if my claims are not getting to BlueCross through our clearinghouse?  | Our EDI department can work with your clearinghouse if there is a problem with us not getting your claim submissions. Contact EDI by emailing <a href="mailto:edi.services@bcbssc.com">edi.services@bcbssc.com</a> or by calling <b>800-868-2505</b> .   |
| Our organization is not allowed to submit records or any protected health information (PHI) online, so we use traditional mail to send supporting medical documentation. What steps should be taken if, after 30-45 days, the provider reconsideration status is not available to view in My Insurance Manager <sup>SM</sup> ? | When documentation is received by the plans via mail, it can take time to send it to the appropriate area for review. It may take 30+ days from the date it is mailed to review completion. After the review is complete, the appropriate service area will initiate claim adjustments – viewable in My Insurance Manager – or generate letters of denial to providers.  |
| Did you know you can use Claim Attachments in My Insurance Manager for processed claims that may require documentation?  | Using this feature expedites the review process for denied claims or services within claims. Once you've uploaded the documentation, it's automatically routed to the appropriate area for review. Remove the administrative task mentioned – use Claim Attachments!   |
| How do I find out what the contracted rates are for various codes on various plans?  | Only State Health Plan and State Dental Plan fee schedules can be accessed via My Insurance Manager.<br><br>For other plans' rates, please contact your Provider Contracting Manager. If you are not sure of whom you should contact, please send an inquiry to <a href="mailto:provider.education@bcbssc.com">provider.education@bcbssc.com</a> or submit the <a href="#">Provider Education Contact Form</a> . |
| How long should a claim remain in "Pending" status within My Insurance Manager?  | It can take up to 30 days for a claim to complete the process from receipt to adjudication. If you see that claims are consistently taking longer than 30 days to process, please contact your Provider Education Advocate.  |

# Pharmacy Corner: Prescription Drug Changes

Effective July 1, 2017, BlueCross and BlueChoice will implement changes to the pharmacy benefits that will affect our member's prescription drug coverage and medical benefits. Our pharmacy committee, composed of independent doctors and pharmacists, continually reviews and compares prescription drugs to ensure the drugs we cover include proven medications to treat the majority of medical conditions. The decision to exclude or change the benefit coverage of any of the drugs below was made because other safe, effective, less costly alternatives are available. These changes apply to BlueCross, BlueChoice and Federal Employee Program (FEP) plans. They do not apply to members in a Marketplace/Affordable Care Act (ACA) plan or State Health Plan (SHP).

1. Certain prescription and over-the-counter (OTC) drugs in the proton pump inhibitors (PPI) and non-sedating antihistamines (NSAs) drug classes will be excluded under the pharmacy benefit.

| PPI                                 |                  |                               |             |
|-------------------------------------|------------------|-------------------------------|-------------|
| Excluded Drugs (Prescription & OTC) |                  |                               |             |
| Aciphex                             | First Omeprazole | Omeprazole (OTC only)         | Prilosec    |
| Dexilant                            | Lansoprazole     | Omeprazole/Sodium Bicarbonate | Protonix    |
| Esomeprazole                        | Nexium           | Prevacid                      | Rabeprazole |
|                                     |                  |                               | Zegerid     |

Note: We will continue to cover prescription Omeprazole and Pantoprazole (generic versions of Prilosec and Protonix) under the pharmacy benefit.

| NSAs                                |           |               |                              |
|-------------------------------------|-----------|---------------|------------------------------|
| Excluded Drugs (Prescription & OTC) |           |               |                              |
| Alavert                             | Clarinx   | Claritin-D    | Fexofenadine-Pseudoephedrine |
| Allegra                             | Clarinx-D | Desloratadine | Xyzal                        |
| Allegra-D                           | Claritin  | Fexofenadine  | Zyrtec                       |
|                                     |           |               | Zyrtec-D                     |

Note: We will continue to cover all formulations of prescription and OTC Cetirizine and Loratadine (generic versions of Zyrtec and Claritin) — including combinations with pseudoephedrine — under the pharmacy benefit.

2. The drug Spinaraza will be covered only for members with Type 1 Spinal Muscular Atrophy (SMA) under the member's medical benefit.

If you have questions about this bulletin, please send an email to [provider.education@bcbssc.com](mailto:provider.education@bcbssc.com) or submit your question using the [Provider Education Contact Form](#).

# Claims and Billing Minute: Filing a Professional Claim Void

If you need to void a previously paid claim, the void must contain the following three items:

1. Frequency Code “8” (Void) in CMS-1500 Box 22 (Resubmission Code).

|                               |                                     |
|-------------------------------|-------------------------------------|
| 22. RESUBMISSION<br>CODE<br>8 | ORIGINAL REF. NO.<br>6D208455800005 |
|-------------------------------|-------------------------------------|

This corresponds to the CLM05-3 segment in the 2300 Loop of the electronic claim file.

**CLM\*436944\*271\*\*\*11:B:8\*Y\*A\*Y\*Y~**

2. The BlueCross or BlueChoice claim number (“ICN” or “DCN”) of the previously paid claim in CMS-1500 Box 22 (Original Ref. No.).

|                               |                                     |
|-------------------------------|-------------------------------------|
| 22. RESUBMISSION<br>CODE<br>8 | ORIGINAL REF. NO.<br>6D208455800005 |
|-------------------------------|-------------------------------------|

This corresponds to an REF segment with an F8 qualifier in the 2300 Loop of the electronic claim file.

**REF\*F8\*6D208455800005~**

3. A brief description of the reason for the void (OPL claim, workman’s comp, etc.) in CMS-1500 Box 19 (Additional Claim Information).

|   |
|---|
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)<br>VOID CLAIM - WORK RELATED INJURY - COVERED BY WORKMEN'S COMP |
|---|

This corresponds to an NTE segment in the 2300 Loop of the electronic claim file.

**NTE\*ADD\*VOID CLAIM – WORK RELATED INJURY – COVERED BY WORKMAN'S COMP~**

# 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@bcbssc.com](mailto:provider.education@bcbssc.com) or by calling **803-264-4730**.



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

Independent licensees of the Blue Cross and Blue Shield Association

*Benefits Disclaimer: The information listed is general information and does not guarantee payment. Benefits are always subject to the terms and limitations of specific plans. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan of South Carolina has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.*

*Publication Disclaimer: For educational and research purposes only. While the articles in this publication are derived from sources believed reliable, it is not intended to be professional health care advice. Every effort has been made to ensure that the information in this editorial was correct. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.*