Second Quarter 2019

BlueNews℠ for Providers

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

2019 Medicare Advantage (MA) PPO Network Sharing

What is Blue Cross and Blue Shield (Blue) MA PPO Network Sharing?

All Blue® MA PPO Plans participate in reciprocal network sharing. This network sharing allows all Blue MA PPO members to obtain in-network benefits when traveling or living in the service area of any other Blue MA PPO Plan, as long as the member sees a contracted MA PPO provider.

What does the Blue MA PPO Network Sharing mean to me?

If you are a contracted MA PPO provider with BlueCross BlueShield of South Carolina and you see MA PPO members from other Blue Plans, these members will be extended the same contractual access to care and will be reimbursed in accordance with your negotiated rate with your BlueCross BlueShield of South Carolina contract. These members will receive in-network benefits in accordance with their member contract.

If you are not a contracted MA PPO provider with BlueCross BlueShield of South Carolina and you provide services for any Blue MA members, you will receive the Medicare allowed amount for covered services. For urgent or emergency care, you will be reimbursed at the member's in-network benefit level. Other services will be reimbursed at the out-of-network benefit level.

How do I recognize an out-of-area member from one of these Plans participating in the Blue MA PPO network sharing?

The MA in the suitcase indicates a member who is covered under the MA PPO network sharing program. Members have been asked not to show their standard Medicare ID card when receiving services. Instead, members should provide their Blue Cross and/or Blue Shield member ID.

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Do I have to provide services to MA PPO members from these other Blue Plans?

If you are a contracted MA provider with BlueCross BlueShield of South Carolina, you should provide the same access to care as you do for BlueCross BlueShield of South Carolina MA PPO members. You can expect to receive the same contracted rates for such services.

If you are not a BlueCross BlueShield of South Carolina MA contracted provider, you may see Blue MA members but you are not required to do so. Should you decide to provide services to Blue MA members, you will be reimbursed for covered services at the Medicare allowed amount based on where the services were rendered and under the member's out-of-network benefits. For urgent or emergency care, you will be reimbursed at the in-network benefit level.

What if my practice is closed to new local Blue MA PPO members?

If your practice is closed to new local Blue MA PPO members, you do not have to provide care for Blue MA PPO out-of-area members. The same contractual arrangements apply to these out-of-area network sharing members as your local MA PPO members.

How do I verify benefits and eligibility?

- Call BlueCard® Eligibility at 800-676-Blue (2583) and provide the member's prefix located on the ID card.
- You can also use the online tool, My Insurance Manager℠, to access the following for BlueCross BlueShield of South Carolina members:
  - Benefits and Eligibility
  - Claims Entry
  - Prior Authorization Request and Status
  - Claims Status
  - Remittance Information
  - Your Mailbox
  - EDI Reports.

This valuable tool can be freely accessed after you have registered with a valid Tax ID number in our system. Secure encryption technology ensures that any information you send or receive is completely confidential. My Insurance Manger can provide you with eligibility information and general benefits for BlueCross BlueShield of South Carolina MA members. It can also give eligibility information and general benefits at the service-type level for BlueCard members. This system is not available while weekly maintenance is performed on Sunday evenings from 5 p.m. until midnight.

If you experience difficulty obtaining eligibility information, please record the prefix and report it to Provider Services at 800-868-2510.

Where do I submit the claim?

You should submit the claim to BlueCross BlueShield of South Carolina under your current billing practices. Do not bill Medicare directly for any services rendered to a Blue MA member.

What will I be paid for providing services to these out-of-area MA PPO network sharing members?

If you are an MA PPO contracted provider with BlueCross BlueShield of South Carolina, benefits will be based on your contracted MA PPO rate for providing covered services to MA PPO members from any MA PPO Plan. Once you submit the MA claim, BlueCross BlueShield of South Carolina will work with the other Blue Plan to determine benefits and send you the payment.

What will I be paid for providing services to other MA out-of-area members not participating in the MA PPO Network Sharing?

When you provide covered services to other MA PPO out-of-area members not participating in network sharing, benefits will be based on the Medicare allowed amount. Once you submit the MA claim, BlueCross BlueShield of South Carolina will send you the payment. However, these services will be paid under the member's out-of-network benefits unless for urgent or emergency care.

What is the member cost sharing level and copayments?

Claims for MA PPO members who see MA PPO contracted providers in the BlueCross BlueShield of South Carolina network will pay at the same cost sharing level (in-network cost sharing) they would pay if they received covered benefits from any MA PPO in-network providers. You can collect the copayment amounts from the member at the time of service.

May I balance bill the member the difference in my charge and the allowance?

No, you may not balance bill the member for this difference. Members may be billed for any deductibles, coinsurance and/or copays.

What if I disagree with the reimbursement amount I received?

If there is a question concerning the reimbursement amount, contact your local Plan at 800-868-2510. We will coordinate with the respective Blue Plan when necessary on your behalf. If you have any questions regarding the MA program or products, contact BlueCross BlueShield of South Carolina at 800-868-2510.

Provider Education Consultant Spotlight

NAME: Kristin Scott

WHERE WERE YOU BORN? Youngstown, Ohio

TITLE/RESPONSIBILITIES: Internal Provider Relations and Education Consultant

YEARS WITH BLUE CROSS: I will be celebrating my nine-year anniversary with the company in November.

EDUCATION: I have an undergraduate degree in public relations and business, and a master's degree in health care administration.

PART OF MY JOB I ENJOY MOST: I enjoy communicating with providers, advocating for them and knowing what I do helps us all work together more efficiently.

FAMILY/PETS: I am happily married with two bonus sons. I also have two cats and two dogs. I enjoy a little chaos and fur in my life.

BEST VACATION I EVER HAD: My honeymoon in Jamaica was my favorite location. Some of my best memories are of childhood vacations to Sanibel Island, Fl., with my entire family.

HOBBIES/INTERESTS: In my free time I write for several local magazines, volunteer with Women in Philanthropy, spin and garden.

FIRST CAR: My first car was a 2000 white Pontiac Sunfire.

MOST RECENT APP YOU DOWNLOADED: I recently downloaded AnyList. It's amazing. You can make lists and share them with other participants. You write the grocery list and it automatically goes to your husband's phone. Genius.

IF YOU COULD HAVE ANY SUPERPOWER, WHAT WOULD IT BE? I would love to fly!

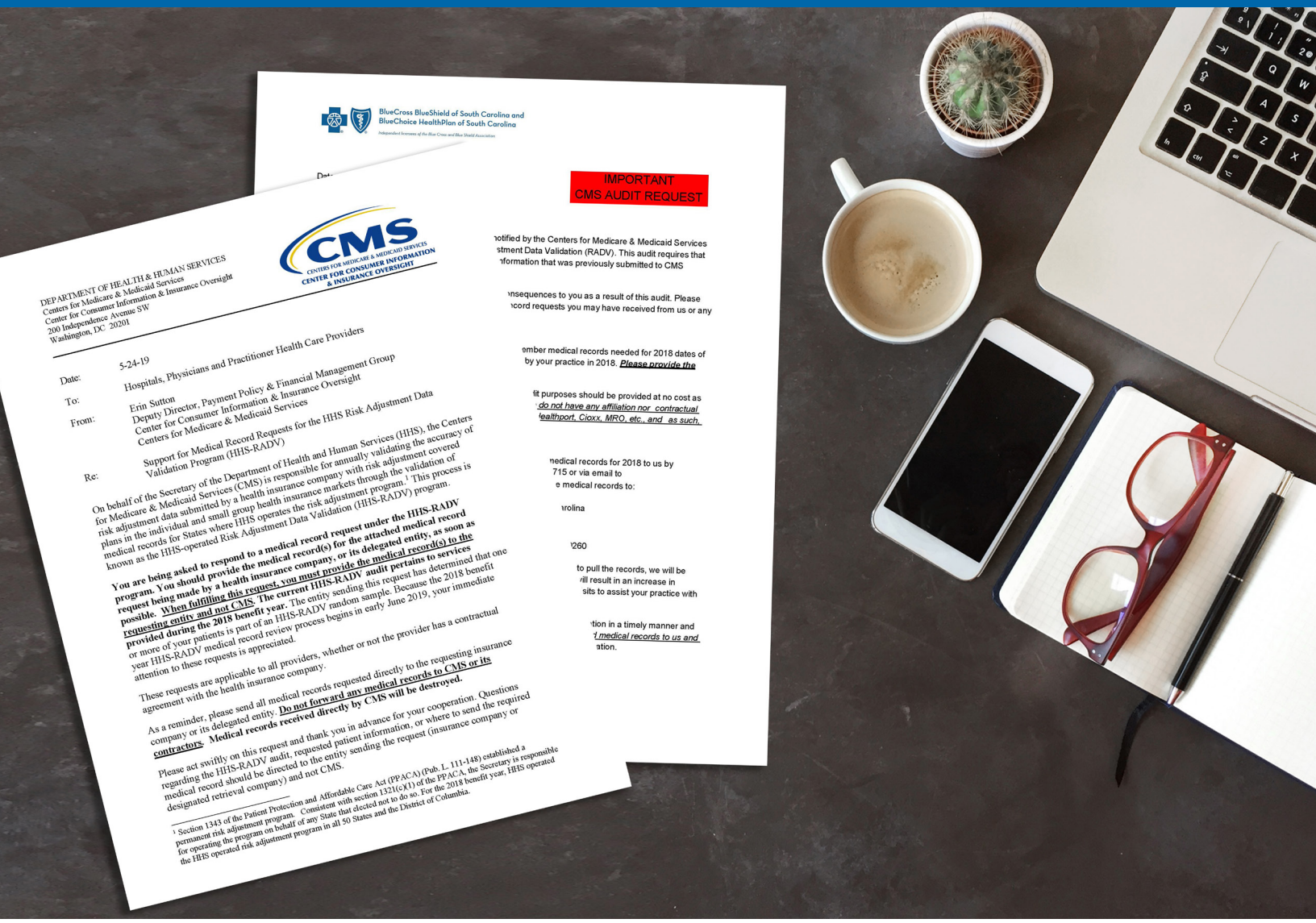
Casting and Splint Supplies

BlueCross and BlueChoice HealthPlan adopted the Centers for Medicare & Medicaid (CMS) coding guidelines for casting and splint supplies administered by practitioners. We will now allow CPT codes Q4001 – Q4051 for dates of service beginning March 1, 2019. Please begin using these codes in place of A4580 and A4590. Future claims submitted for A4580 or A4590 will not be reimbursed.

BlueCross will adjust previously submitted claims on your behalf; therefore, it is not necessary for you to inquire on these claims.

Review your current coding practices and update as needed.

If you have questions about this bulletin please contact Provider Relations and Education by submitting the **Provider Education Contact Form** or by calling 803-264-4730 and a knowledgeable education specialist will respond.



CMS Audit Will Require Medical Record Review

RECORD REQUESTS FOR HHS RISK ADJUSTMENT DATA VALIDATION AUDIT BEGAN JUNE 10

Some providers began 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. CMS conducts the review.

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 are for 2018 dates of service. BlueCross began sending the requests June 10. Not all providers received a request. The letter identifies the member(s) for whom records are needed. It also includes 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.

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

SCMA Offers CME on Substance Abuse

Through the Opioid Risk Prevention Partnership, the South Carolina Medical Association (SCMA) is sharing a one-hour continuing medical education (CME) program to help physicians and clinical care teams facilitate conversations with patients who have acute pain, chronic pain and addiction.

The course is titled "Effective Pain Management for a Healthier SC: A CME on Acute Pain, Chronic Pain, and Opioid Misuse/Opioid Use Disorder." It presents information to help providers through every step of these conversations — describing the current use and misuse landscape, sample talking points, strategies to build trust and reinforce confidentiality, and recommended evidence-based treatment and pain management alternatives.

Physicians must renew their South Carolina license by **June 30**. This CME can serve as one of the two required CME hours about substance abuse.

Access the CME at **www.scmedical.org**. The course is free for SCMA members and is being offered to other licensed health care providers free for a limited time.

Upcoming Trainings

Provider Education conducts webinars throughout the year. Upcoming trainings include the following:

- My Remit Manager – June 27, 2019
- Quality – July 17, 2019
- DME – July 24, 2019
- Medicare Advantage – July 31, 2019

Register for these trainings and find the full list in the Palmetto University section of **www.SouthCarolinaBlues.com**. Please note from there you will be sent over to Eventbrite, a third-party company solely responsible for the privacy policy and contents of its site, for training registrations and a full list of upcoming trainings. Be sure to use your office email and contact information when registering.

Your Newest Provider Education Consultants

Join us in welcoming our newest provider education consultant Tammy Jones and Tracy Brown.

Tammy joined the team June 4, 2019. She has been with BlueCross for 20 years with a background in training and operations leadership. She has a passion for traveling, teaching and meeting new people.

Tracy started working for BlueCross in 2018 in National Alliance. She has more than 20 years of health care administration and management experience. She has a passion for helping people and doing charity work with homeless veterans at Central Midlands Transitional Retreat in Lexington, and DYI home improvement projects.

HEDIS Measurements and Diabetes Screenings

For the month of June, we are focusing on HEDIS measures for diabetes screenings. Prevention is the best way to avoid illnesses and catch cancer early. You can help our members — your patients — stay healthy with these diabetes screenings.

About This Measure

This measure assesses whether patients diagnosed with diabetes (Type 1 and Type 2) have had the following care:

- Appropriate Hemoglobin A1C testing. We base member compliance on the value from the last HbA1c testing performed during the measurement year.
- Retinal or dilated eye examination. We base member compliance on eye screening for diabetic retinal disease by one of these:
  - A retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year
  - A negative retinal or dilated eye exam (negative for retinopathy) by an optometrist or ophthalmologist in the measurement year or year prior
- Screened or monitored for kidney disease

We base member compliance on completion of one of the following during the measurement year:

- Completion of a urine screening test for albumin or protein
- Treatment for nephropathy (including prescription of an ACE inhibitor or ARB)
- Evidence of stage 4 chronic kidney disease, end-stage renal disease or kidney transplant.
- A visit with a nephrologist

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

What codes do I file?

When filing claims, you can help improve our awareness of the services you provide related to HbA1c testing and/or values by using these codes:

- HbA1c Test < 7.0: 3044F
- HbA1c Test 7.0 - 9.0: 3045F *
- HbA1c Test > 9.0: 3046F
- HbA1c Test (does not communicate value) 83036*, 83037*

* Submission of these codes may not close the gap. Medical records will be requested to confirm result value.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross or BlueChoice® 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.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager, available at **www.SouthCarolinaBlues.com** or at **www.BlueChoiceSC.com**.

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 Provider Advocates page of our provider websites.

BlueCross BlueShield of South Carolina and
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Independent licensees of the Blue Cross and Blue Shield Association

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