Agenda

- Product Updates
- Safety Net
- Clear Coverage™ Authorization Tool
- Website Updates
- EDI Updates
- Clinical Editing
- BlueCard®
- Medicare Updates
- ICD-10
- Reminders
- How Can We Help?
Product Updates
Product Updates

New Product: Essential Plan

Essential Plan offered on the marketplace starting January 1, 2016:

- A basic plan for low income individuals (household income at 138-200 percent of federal poverty level/immigrants with household income below 200 percent of federal poverty level).
- For individuals that do not have access to affordable coverage through an employer.
- Are age 64 and younger and ineligible for Medicaid or Child Health Plus
  - Benefits do not include pediatric benefits so children should be enrolled in Child Health Plus
- Included in “Special Programs” product portfolio
- Reimbursed using the same fee schedule as Healthy NY
- Utilization management rules are the same as Healthy NY
Product Updates

**New Product: Essential Plan**

- Prefix YNC
- Replaces two of the required Silver cost-share reduction plans
- Premium is set by the New York State Department of Health, and collected by the health plan

**Option 1:**
- 100-150 percent of Federal Poverty Level
  - $0 premium
  - $0 copay PCP/specialist
  - $0 copay inpatient hospital/urgent care/outpatient
  - $0 copay for imaging services
  - $0 copay for lab services
  - $0 copay for PT/OT/ST
Product Updates

New Product: Essential Plan

Option 2:

- 150-200 percent of Federal Poverty Level:
  - $20 premium/month
  - $15 PCP copay / $25 specialist copay
  - $150 inpatient hospital copay / $25 urgent care copay / $50 outpatient copay
  - $25 imaging copay
  - $25 lab copay
  - $15 PT/OT/ST copay
Enrollment Through NYS Marketplace

Open Enrollment:
For 2016 – Qualified Health Plans (QHP)
- November 1, 2015 to January 31, 2016

Safety Net Enrollment (Child Health Plus, Medicaid and Medicaid Managed Care):
- Available throughout the year

Essential Plan
- Available throughout the year
Enrollment Through NYS Marketplace

Through NY State Marketplace

- Must apply on the nystateofhealth.ny.gov website
- Based on income and household size
- Up to 400% Federal Poverty Level (FPL) apply through Marketplace for possible tax credits and subsidies
- State determines eligibility
- Apply by the 15th of month for coverage starting the first of the following month

If people do not want to apply on the Marketplace

- Excellus application now online:
- No income information needed
- If income above 400% FPL
- Excellus determines eligibility
- Apply by the 25th of month for coverage starting the first day of the following month
Penalties For No Insurance

Not covered in 2015, the penalty when filing taxes:
- Single $325 per person
- Family $975 per family
Or 2% of your household income whichever is greater

Not covered in 2016, the penalty when filing taxes:
- $695/adult, up to $2,085 per family
Or 2.5% of household income whichever is greater
www.nystateofhealth.ny.gov

Or

1-855-355-5777

Phone Questions
1.888.669.3913
Mon.-Thurs. 8 a.m. -7 p.m.
Fri. 9 a.m.-7 p.m.

In Person visits with MFE
Set up Appointments
Mon.-Fri. 9 a.m.-4 p.m.
Excellus 1.800.716.4885
Product Updates

Discontinued Products

Effective January 1, 2016:

- SimplyBlue Plus (Silver)
- Platinum Standard Individual PPO
- Medicare Bassett PPO (replaced with Medicare Bassett HMO/POS)
Health Care Reform Updates

High-Deductible Health Plan Patient Education

How it Works

With a High Deductible Health Plan (HDHP), preventive services such as routine physicals, screenings and vaccinations are covered in full.* The deductible does not apply to preventive services; they are covered in full from day one.

View Larger Image

High Deductible Health Plan | Example

Let's say your deductible is $2,000.
You go to your doctor for low back pain.
You pay $100 for the visit.
You still have to pay $1900 more to reach your deductible.
Your doctor orders an MRI of your lower back.
You pay $1,000 for the MRI.
You still have to pay $900 more to reach your deductible.

After a series of visits to your doctor and a chiropractor, you have $50 left to reach your deductible. Now you will pay a percentage of cost, called coinsurance.

If your coinsurance is 20% and the next time you visit your doctor your bill is $100, then you'll pay $20 and we will pay $80.
Health Care Reform Updates

High-Deductible Health Plan Patient Education

Patient Payment / Cost Sharing Notification Notepad

Dear Valued Member,

Your plan may require member cost-sharing, which means that you may be responsible for paying a copayment, coinsurance, or for the service itself (if your deductible has not been met) to your provider at the time of the visit.

Because your plan does not reimburse your physician for these fees, please be considerate by paying promptly at a time agreed upon by you and your physician.

Thank you!

excellusbcbs.com
A nonprofit independent licensee of the BlueCross BlueShield Association

Ways to live healthier and save money
The goal of consumer-driven health care is to empower you to take control of your care.
Here are some things you can do to make sure you’re taking care of yourself and getting the most value for your dollar.

Use network providers
Access the in-network doctors, specialists and pharmacies listed on our website and you can save money on your care.

Get recommended preventive care
Preventive care is covered in full on your plan. Getting regular exams and screenings will help you live healthier. You can find a list of preventive services on our website.

Ask for generic drugs
Generic drugs are safe, effective, and approved by the Food and Drug Administration. They just cost you less. A lot less. Ask your doctor or pharmacist if generic drugs are right for you.

Take advantage of the online resources we offer
- Blue 365 - discounts on health and fitness products and services
- 6,000+ Health topics online
- Health coaching to provide you with answers to virtually any health care question
- Quit for Life® tobacco cessation program

Take care of yourself
Use Step Up - our free fitness and nutrition program.
Find health tips and healthy recipes on our website excellusbcbs.com/member

B-3558 / 5300-11M
Safety Net
Safety Net

Effective **August 1, 2015**, we assumed administrative responsibility for all Child Health Plus, HMOBlue Option, Blue Choice Option, Premier Option and Premier Child Health Plus products:

- Claims Processing
- Utilization Management
- Provider Communication
- Provider Reimbursement
- Customer Service
- Provider Relations
- Programs
Safety Net

Members were issued new ID cards in July 2015. Prefix and ID number remained the same:

- Child Health Plus prefix: VYB
- HMOBlue Option prefix: VYT
- Blue Choice Option prefix: VYT

![ID Card Examples](image-url)
Safety Net

With the transition, we are focusing on New York State Department of Health requirements:

- Access and Availability
- Appointment Standards
- Department of Health Calls to Offices
- Provider Directory Accuracy

We will work with your offices to help ensure that you are compliant
Safety Net

**Provider Directory Accuracy**

*Do we have your current...*

- Provider roster
- Office hours
- Office locations/phone numbers
- Email address
- Patient status: “accepting new” or “closed to new”
### Safety Net

#### NYSDOH Appointment Standards

<table>
<thead>
<tr>
<th>Category</th>
<th>Wait Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Non Urgent Sick</td>
<td>Within 48-72 hours (as clinically indicated)</td>
</tr>
<tr>
<td>Well Child/Preventive</td>
<td>Within 4 weeks</td>
</tr>
<tr>
<td>Routine Preventive (non urgent)</td>
<td>Within 4 weeks</td>
</tr>
<tr>
<td>Specialist Referral Non Urgent</td>
<td>Within 4-6 weeks</td>
</tr>
<tr>
<td>Adult Baseline/Routine Physical</td>
<td>Within 12 weeks</td>
</tr>
<tr>
<td>Newborn Initial Visit</td>
<td>Within 2 weeks of hospital discharge</td>
</tr>
<tr>
<td>Initial Prenatal Visits</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Trimester: Within 3 weeks</td>
</tr>
<tr>
<td></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Trimester: Within 2 weeks</td>
</tr>
<tr>
<td></td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Trimester: Within 1 week</td>
</tr>
</tbody>
</table>
Safety Net

Quality Measures

- **CAHPS** - Consumer Assessment of Healthcare Providers and Systems
  - Survey sent to Safety Net members annually
    (we also notify providers of the survey mailing to our members)
  - Allows members to offer their opinions on care, which provides opportunities for improvement
  - Please encourage your patients to participate

- **HEDIS** (Healthcare Effectiveness Data and Information Set) Quality Standards
  - Tracks quality measures to maximize compliance:
    - Helps ensure that well child visits are scheduled
      - First 15 months visits
      - Ages 3-6 year visits
    - Adolescent annual visit
    - Child and adolescent immunizations
    - Chlamydia screening

For additional information and for education, call 1-877-208-5027, and select option #7 to speak with an Outreach Coordinator.
Clear Coverage Authorization Tool
Clear Coverage Authorization Tool

Clear Coverage is web-based, real-time preauthorization software from McKesson

- Accessible via our website: ExcellusBCBS.com/Provider
- Provides greater self-service options
- Faster turnaround: 60 percent to 80 percent of requests receive an immediate response
- Most clinical information is immediately accessible for evaluation
- Evidence-based clinical decision support includes InterQual criteria for standards of care
## Clear Coverage Authorization Tool

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 1, 2015</td>
<td>Knee Replacement, Hip Replacement, Bariatric Procedures</td>
</tr>
<tr>
<td><strong>COMING SOON...</strong></td>
<td></td>
</tr>
<tr>
<td>February 1, 2016</td>
<td>Blepharoplasty</td>
</tr>
<tr>
<td>February 1, 2016</td>
<td>Varicose Vein Treatments</td>
</tr>
<tr>
<td>February 1, 2016</td>
<td>Hysterectomy for non-cancer diagnosis</td>
</tr>
<tr>
<td>To be announced</td>
<td>Neuropsychology Testing</td>
</tr>
<tr>
<td>To be announced</td>
<td>Breast Reconstruction, Breast Reduction Surgery</td>
</tr>
</tbody>
</table>
Website Updates

ExcellusBCBS.com/Provider
Web Updates

Login or Register

News You Can Use
May 28 - The H69 denial code on our remittance is for our internal purposes only. We use it to track claims in subrogation with other carriers. You may disregard this denial code when reconciling your remittances. H69 does not change the payment for any claim(s).

Provider Home
- View Eligibility & Benefits
- Check Claims
- Referrals & Auths
- View Our Policies

Quick Links
- Print Forms
- Prior Authorization Forms
- Fee Schedules
- Staff Training
- Update Practice Information

Connection Newsletter
Inside this month's newsletter:
- Customer Care Staff Training June 5 & June 26
- Do We Owe You Money?
- Is Your Information Up-to-Date?
- June 2015 Connection Newsletter (PDF)
- Provider News & Updates
Web Updates

Searching for Information Just Got Easier!

1- Filter results by Web pages or documents

2- Icons indicate if result is a Web page or document

3- View a portion of the result content that matched your search term

4- Search tips provide helpful info for more involved searches
Web Updates

Additional New Features -

- Simplified navigation for searching eligibility
- Search up to three services
- Check up to ten patients at one time
- Easier to view patient deductible and out of pocket
- Search other Blues Plan members by claim number
- Request adjustments online
- Sort your claims
Mobile ID Cards

We will offer mobile ID cards to our members. Using this mobile-friendly feature, members can quickly and conveniently access their subscriber ID card and account statements — *anytime, anywhere!*

*If a member uses his or her mobile ID card, please be aware:*

- The mobile ID displays just like a hard copy of the ID card.
- If your office or facility requires a copy of the member’s ID for your files, the members can send you his or her ID card information via email. Simply, provide the member with your email address and the member will email you his or her ID card information.
EDI Updates

New clearinghouse environment as of January 1, 2016:

- No longer accept electronic submissions using a dial-up connection
- Connectivity will only be provided via secure file transport
- Be sure your software vendor is working with you

Questions? Email them to Edi.Solutions@excellus.com
Clinical Editing
Clinical Editing

Review Process

Clinical editing reviews are edits/denials made by code editing software which include, but are not limited to:

- Inclusive / Incidental
- Invalid procedure code
- Rebundled
- Invalid modifier for procedure code
- Mutually Exclusive
- Required Diagnosis
- Duplicate
- Missing Modifier
- Modifier 51 placement
Clinical Editing

Review Process

If you would like to request a clinical editing review:

- You have 120 calendar days from the date of remittance to request a clinical editing review.
- The Clinical Editing Review Request form is located on the *Print Forms* section of our website, ExcellusBCBS.com/Provider.
- All documentation to support the review should be attached to the form.
  - We need the CE form with medical documentation when the modifier is being added due to a clinical edit for all modifiers, including modifier 25.
- A letter will be sent with rationale as to review and determination.
- If the edit is overturned, clinical editing staff will request an adjustment.
BlueCard
BlueCard

Medicare Advantage PPO

- Medicare Advantage PPO network allows members to obtain in-network benefits when traveling or living in a service area of any other BCBS Medicare Advantage PPO Plan
  - Members are extended the same contractual access to care
  - Providers are reimbursed in accordance with their Excellus BCBS contract
  - An “MA” will be noted in the suitcase on the member’s PPO ID card. This indicates that the member is covered under the Medicare Advantage PPO network sharing program
BlueCard

Medicare Advantage PPO

**Remember:**

- Check eligibility and benefits electronically through our website
- Call **BlueCard Eligibility at 1-800-676-BLUE** (2583) and provide the member’s alpha prefix
- Submit your claims to Excellus BCBS, do not bill Medicare
- Benefits will be paid at the in-network level
- Members are only liable for deductibles, coinsurance and/or copays
- Contact our Customer Care department if you have questions regarding claims or payment
Medicare Updates
Medicare Updates

Members enrolled in Medicare Advantage plans after June 30, 2015, were issued new ID cards with subscriber ID numbers beginning with the letter “M”

- **No change** to ID numbers for existing Medicare members
- Prefixes remains the same:
  - Rochester Region Medicare HMO-POS: VYU
  - Central New York, Central New York Southern Tier and Utica Regions Medicare PPO: VYM and YNM
ICD-10

Reminder:

- ICD indicators required on paper claims submitted after September 26:
  - Date of claim submission NOT date of service
  - Use “0” to indicate ICD-10
  - Use “9” to indicate ICD-9

- ICD 10 Header Codes will not be accepted by the health plan

- Do not send a claim adjustment request if the claim is denied for invalid diagnosis code on the Payer report
Reminders
Reminders

Grievance vs. Appeal

A grievance is a contractual denial or dispute of payment:

- Claim denies for no authorization
- Claim denies for contract exclusion
- Claim denies for benefit exhausted
- Copay/deductible/coinsurance disputes

An appeal is a denial for pre- or post-services:

- A denial that involves not medically necessary or experimental/investigational
- In order for an appeal to be filed, there must be an initial review
Reminders

Which form should I use?

Request for Adjustment Form:
- Additional information was requested on a remit
- Correcting an original claim
- Member eligibility updated after a denial
- COB changes
- Incorrect benefits applied
- Incorrect denial
- Incorrect provider paid
- Incorrect payment

Clinical Editing Review Request Form:
- Bundled
- Incidental
- Daily max met
- Modifier
- CCI denial
- Invalid procedure code
- Invalid modifier for procedure code

Note: For a grievance to be filed for Clinical Editing, there must be a claim denial and a dispute completed
Reminders

*Which form should I use?*

- **Request for Timely Filing Review**
  - Request for consideration of delayed submission

- **APC Pricing Dispute Form**
  - Disagreement with a claim that paid using APC Pricing
  - Must include detailed pricing expectation sheet for each line item

- **DRG Review Request Form**
  - Disagreement with a claim that paid using DRG pricing
  - Must include DRG calculation sheet
How Can We Help?
How Can We Help?

Customer Care

**Phone Number** (all regions): 1-800-920-8889

**Hours**: Monday through Thursday: 8 a.m. to 5:30 p.m.
Friday: 9 a.m. to 5:30 p.m.

**BlueCard Dedicated Line** (all regions): 1-800-404-1445

From your phone key pad, select option “2” for claims

**Hours**: Monday through Thursday: 8 a.m. to 5:30 p.m.
Friday: 9 a.m. to 5:30 p.m.
How Can We Help?

Fax Numbers

Medical Specialty Drug Unit: 1-800-306-0188
Behavioral Health: 1-585-399-6640
Medical Records Unit: 1-877-220-7323

Utilization Management:

- Inpatient Admissions: 1-800-292-5109
- Outpatient: 1-800-222-8182
- Skilled Nursing Facilities: 1-315-731-2529
- Durable Medical Equipment: 1-800-292-5109

For members with Family Health Plus, Child Health Plus & Medicaid Managed Care:

- Utilization Management: 1-585-244-3121/1-866-433-8250
- Behavioral Health: 1-585-244-3121/1-866-433-8250
How Can We Help?

Other Key Department Phone Numbers:

- EDI Team: 1-877-843-8520
- Web Help Desk: 1-800-278-1247
- Pharmacy Help Desk: 1-800-724-5033
How Can We Help?

Provider Relations

Provider Relations representatives are liaisons between your office and our health plan. We can:

- Hold orientation sessions and seminars for you and your staff
  - Navigating the Blues
- Educate your staff on our policies and protocol
- Train your staff to use our electronic tools:
  - Clear Coverage for authorizations and referrals
  - eviCore for radiology preauthorization requests
  - Website
- Answer inquiries regarding provider participation agreements, reimbursement, incentive programs, etc.
Thank You!