

NCHFMA Health Insurance Institute



Agenda

- Investing in our Community
- Latest News and Reminders
- Healthy Blue + Medicare (HMO/POS D-SNP)
- Electronic Solutions
- Questions



Investing in our Community

Blue Cross NC continues investing in our North Carolina communities this year with a focus on:

- Diabetes Epidemic in NC
- Creating More Primary Care Physicians in North Carolina
- Opioid Epidemic
- Behavioral Health needs
- Blue Cross invests \$4.3 million in child well-being
- Food Security/Housing Security
- Maternal and Infant Health

Latest News and Reminders



HEDIS Measurement Year 2023 Medical Record Review

- The Centers for Medicare & Medicaid Services (CMS) requires all Medicare Advantage Organizations and Qualified Health Plans on Exchange(s) to report HEDIS results, as does the National Committee for Quality Assurance (NCQA) for accreditation and quality initiative monitoring.
- HEDIS Medical Record Review reflects the care patients receive that is not captured via the claims process.
- Your contract as a participating provider has language around the provision of the requested records to Blue Cross and Blue Shield of NC (Blue Cross NC), at no charge, to capture the content of clinical encounters with our members and to allow Blue Cross NC to fulfill reporting requirements.
- You are able to upload the records requested into Blue e via the Clinical Data Exchange or you may fax the medical records.
- Please send all records within 5 business days of receiving the medical record request.
- Blue Cross NC does not pay for HEDIS medical records.

2024 Provider Coding Education Webinar Schedule

Blue Cross NC's Risk Adjustment Coding Provider Education and Engagement Team is offering live webinars in 2024. Each webinar is approved for one CEU credit through the American Academy of Professional Coders (AAPC).

These webinars focus on coding educational topics and highlight coding tips and guidelines. We encourage you and your staff to take advantage of these free educational opportunities.

The process of risk adjustment relies on providers to perform accurate medical record documentation and coding practices to capture the complete health condition(s) of each individual patient at each visit (or encounter). Our webinars are created to appeal to coders and providers.

To register, please click the link below. We look forward to further collaboration with you.

Embolism and Deep Vein Thrombosis (DVT) Coding
May 21, 2024, at noon ET [Register for webinar](#)

Telehealth

Telehealth is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. Telehealth includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications

- Blue Cross NC continues to reimburse properly reported Telehealth covered services claims at the non-facility rates. Providers must continue to report Telehealth covered services with a place of service (POS) code 02 or 10.
 - 02 Telehealth Provided Other than in Patient's Home
 - 10 Telehealth Provided in Patient's Home
- Telehealth services must be submitted with the appropriate modifier to distinguish between different forms of telehealth (synchronous vs asynchronous, audio vs audio/video, etc.)
- Periodically review our Telehealth Reimbursement Policy as it is subject to change.
<https://www.bluecrossnc.com/content/dam/bcbsnc/pdf/providers/policies-guidelines-codes/policies/commercial/reimbursement/telehealth.pdf>



Level I Appeals Form

The screenshot shows a web browser with two tabs open: 'Claims, appeals and inquiries' and 'request.pdf'. The URL in the address bar is 'bluecrossnc.com/providers/claims-appeals-inquiries'. The page features the Blue Cross NC logo and navigation links for 'Shop Plans', 'Members', 'Providers', 'Employers', 'Agents', 'Contact Us', a search bar, and a 'Log In' button. The main content area contains text about viewing instructions for submitting claims, appeals, and inquiries.

Commercial - Level 1 Provider Appeal Form

Member's plan type	Claims	Appeals	Inquiries
Commercial and State Health Plan	Submit Claims	File Appeals	File Inquiries
Blue Medicare HMO SM and Blue Medicare PPO SM	Submit Claims	File Appeals	File Inquiries
Dental Blue®	Submit Claims	File Appeals	File Inquiries
Federal Employee Program® (FEP)	Submit Claims	File Appeals	File Inquiries

Commercial - Level 1 Provider Appeal Form

Providers can submit a Level I Provider Appeal form for the following claim denials.

- Coding/bundling denials
- Service not considered medically necessary (post service claim denials only)
- Inpatient administrative denials

Providers may not appeal any issues that are considered member benefits or contractual issues.

- Deductible/co-insurance issues
- Membership Issues
- Request for additional payment above UCR
- Administrative prior authorization denial for place of service other than inpatient

When submitting a Level I Provider Appeal, it is important to:

- Complete the form in its entirety to be considered valid
- Include pertinent medical records/documentation to support the denial in question for the date of service on the claim

Doctor Claim Inquiry form

- If providers choose to submit their claims question(s) in writing, the Doctor Claim Inquiry form will be required and when appropriate, supporting documentation will also be required.
- The form is available to help you receive the answers to questions pertaining to topics such as an overpayment, denials or submitting additional documentation.
- If the form is not completed in its entirety and/or documentation is not attached to support the review, you will receive a mail back letter to the address provided on the form in the provider information section, advising the inquiry cannot be reviewed. It is very important that you provide all necessary provider information on the Doctor Claim Inquiry Form.
- The form and any supporting documentation should be mailed to BCBSNC, PO Box 2291, Durham, NC 27702-2291. Please visit the [Provider Portal](#) to access the [revised Doctor Claim Inquiry form \(PDF\)](#). If you have any questions, please call [800-214-4844](#).

Provider / Doctor Claim Inquiry

Avalon

Blue Cross NC reminds providers that Avalon Healthcare Solutions (Avalon) manages the exclusive network of independent reference laboratories for our commercially-insured and administered products. Only laboratories contracted with Avalon are eligible to provide in-network laboratory services and receive payments under our members' in-network benefits.

Please remember:

- Your patients with Blue Cross NC coverage depend on participating providers' use of in-network laboratories.
- Patients have the lowest out-of-pocket costs when in-network services are obtained.
- Blue Cross NC requires pre-certification from Avalon for certain laboratory services, tests, and procedures, in advance (pre-service) of being performed in an office, hospital outpatient, or independent laboratory.
- <https://www.bluecrossnc.com/providers/policies-guidelines-codes/cpt-service-codes>

Brighton Health Plan Solutions (Brighton)

Brighton Health Plan Solutions

Blue Cross NC has partnered with Brighton Health Plan Solutions (Brighton) to administer claims along with member and provider services on behalf of Blue Cross NC to select self-insured employer group customers. Brighton is a national Third-Party Administrator (TPA).

Providers will continue to use the Blue e provider portal to access information on member eligibility, claims status, claims entry, authorization and claim edits. There will be links within Blue e to provider policies that apply for Brighton-administered benefits.

Member ID cards and provider EOP's are co-branded with the Brighton name and Blue Cross NC logo.



Healthy Blue + Medicare (HMO/POS D-SNP)



Update for 2024

Dental Network now allows member to see any dentist

OTC is going from \$190 to \$257/month

Dental allowance going from \$5,000 allowance to Unlimited Allowance

Rx co-pay for Tiers 1-6 is now \$0

Catastrophic coverage is now \$0

Healthy Blue + Medicare (HMO/POS D-SNP)

Plan Benefits	All Segments
Premium	\$0
PCP/Specialist co-pay	\$0/\$0
ER/Urgent Care	\$0
Inpatient Hospital	\$0
Out-patient Hospital Services	\$0
Dental	\$0 Copay and unlimited allowance for covered preventative and comprehensive services

HEALTHYBLUE + MEDICARE (HMO/POS D-SNP)



Upgrading our dental services for Healthy Blue + Medicare and updating our OTC amount to aid members in all 100 counties!

No Co-Pays

- No Rx Co-pays
- PCP or Specialist copay
- Urgent Care
- Hospital



OTC

- Expanded OTC to cover non-Food Items
- Added \$60/month to OTC



Dental

- OON Coverage
- Unlimited Dental Benefit for Covered Services



Supplemental Benefits

- Silver & Fit
- Mom's Meals
- Hearing Aids
- \$400 Eyewear Allowance



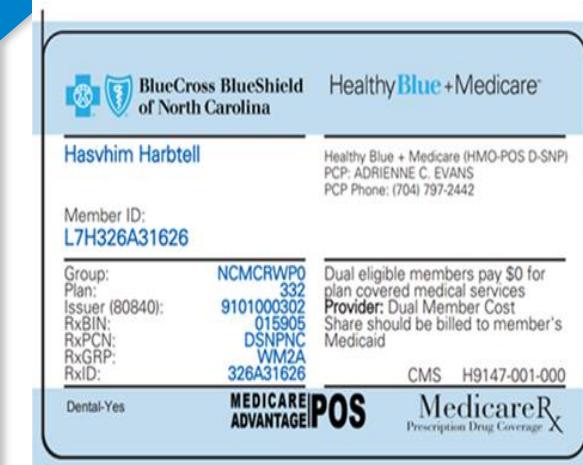
Transportation

- Non-Emergent Transportation
- Gym, Pharmacy, Grocery
- Unlimited Mileage



Healthy Blue + Medicare (HMO/POS ID Card)

Healthy Blue + Medicare (HMO/POS D-SNP)



Healthy Blue + Medicare (HMO/POS D-SNP)

Healthy Blue + Medicare (HMO/POS D-SNP)

Model of Care training

Annually, a representative from each provider's practice and/or facility must attest to completing the Special Needs Plans (SNPs) and Model of Care overview. Representatives must complete an attestation form at the end of training.

- [Model of Care training \(PDF\)](#)
- [Model of Care attestation form](#)

If you have an issue with completing the attestation form online after reviewing the Model of Care training, you can print a copy of the form, complete all required information and fax to [919-765-7109](tel:919-765-7109). You can also submit via email to DSNP_providerattestations@bcbsnc.com.



Healthy Blue + Medicare (HMO/POS D-SNP)

Dental benefits now cover out of network dental visits, so members have a choice of dentist.

There is no limit on dollar amount, and services cover dentures, implants, and cleanings.

- Unlimited transportation to gym, grocery stores and pharmacies (non- medical needs)
- \$400 annual eyewear allowance
- 3,000 annual hearing aid allowance (both ears combined)
- Rx co-pay for Tiers 1-6 is now \$0
- OTC amount went up from \$190 to \$250 per month
- OTC benefits now include “Non-Food” grocery items (such as toothpaste, soap and cleaning supplies)

***Healthy Blue + Medicare
(D-SNP) is now offered in
all 100 counties***

e Solutions/Blue e



Electronic Solutions facilitates the exchange of electronic information between Blue Cross NC and providers, employer groups, clearinghouses, and other BCBS Plans. Functional areas within our Department:

Support Services

HelpDesk – provides HIPAA trading partner and ***Blue e*** user support; performs daily balancing and controls; monitors production systems and triages issues.

Production Support – establishes trading partner and ***Blue e*** user connectivity; educates trading partners and ***Blue e*** users on Blue Cross NC requirements; monitors production systems and supports phased trading partner rollout of capabilities.

Project Team – implements and supports projects that impact HIPAA and ***Blue e***.

Audit and Compliance – ensures HIPAA Transaction and Code Set compliance and adherence to BCBSA requirements

LRM requirements; participates in industry workgroups; and supports daily and monthly auditing.

EDI HelpDesk Assistance for Providers

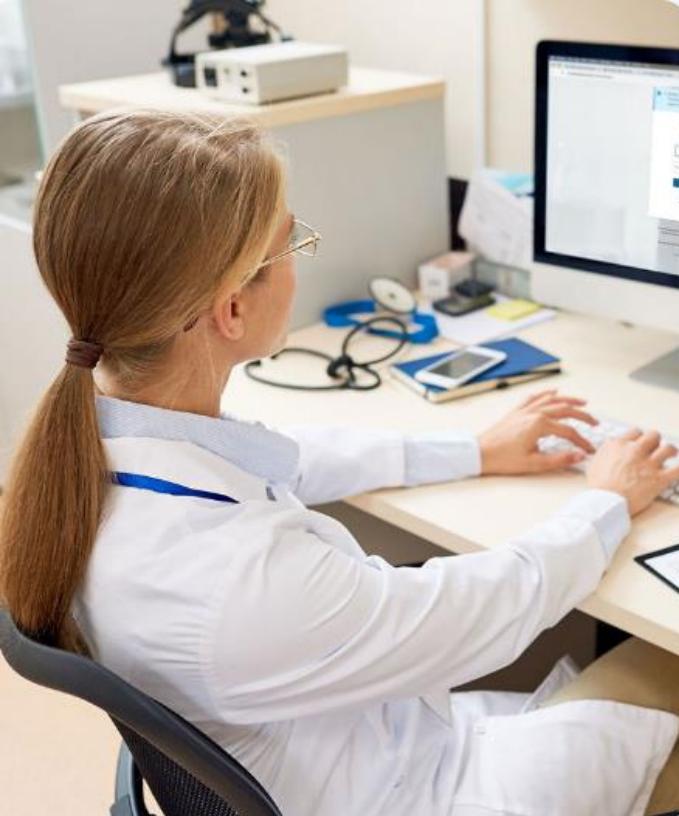
e Solutions/*Blue e*

Blue e

- Entity / Account Management
- Password Reset
- Forms Assistance/Issues
- Self Service Direction

Electronic Data Interchange

- Electronic Funds Transfer (EFT) Enrollment
- Electronic Transaction Error Research
- 837 Claims Submissions
- 835 (Electronic Remittance Transaction)
- System Failures/Outages
- Provider Education



e Solutions/Blue e

Blue e

Blue e is your provider portal for Blue Cross and Blue Shield of North Carolina. Here are some of the transactions available in **Blue e** that can speed up your administrative processes.

- Health Eligibility – verify benefits and digital ID cards on request.
- CMS1500 and UB04 - claims entry for professional & institutional claims.
- 837 Claim Error Listing – check for rejected Blue e claims.
- Claim Status – check the status of a claim.
- Remittance Inquiry – search for an explanation of payment (EOP)
- Authorizations – request various types of authorizations and status.
- Fee Schedule – verify a provider fee schedule.
- Electronic Funds Transfer – manage your direct deposit payments.

Here is the link to sign up for **Blue e**:

<https://www.bluecrossnc.com/providers/about-blue-e>

Blue e Updates

Blue Cross NC is enhancing our ability to accept prior authorization requests electronically.

MHK Portal

- The new prescription authorization transaction is now available in ***Blue e***. Providers now have the ability to submit medical and pharmacy drug requests via a SSO in ***Blue e***.
- **Most Recent Changes in Blue e**
- CMS1500
- UB04
- **Future Enhancements**
- Claim Status

EDI HelpDesk Contact Information

EDI HelpDesk toll free number

1-888-333-8594 Opt# 1

Monday through Thursday 8am to 5pm

Friday 8am to 4pm

Email address for HIPAA transaction issues

EDICUSSUP@bcbsnc.com

Email address for Blue e issues

Blueehelpdesk@bcbsnc.com

Thank You!

