

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



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

Federal Employee Program (FEP)  
Provider Remittances  
Reminder: Itemized Bills  
Home Delivery of Prescriptions  
Reminder: Provider Reconsiderations

Reminder: High-Dollar Claims  
Review and Reconsideration  
Welcome to the Team  
Specialty Drug Updates  
Understanding My Provider  
Enrollment Portal



## Federal Employee Program (FEP) Provider Remittances

At the end of January 2022, Federal Employee Program (FEP) updated its remittance and payment processes. As of February 2022, the plan only creates 835 electronic remittance advice (ERA) files, which must be accessed through My Remit Manager<sup>SM</sup> outside of My Insurance Manager<sup>SM</sup>.

With My Remit Manager, you can:

- Quickly view the ERA details.
- Instantly see claims errors or rejections.
- Easily sort information by name, check number, etc.
- Conveniently view and print individual or group remittances.

You can register for an account [here](#). Already signed up? Access My Remit Manager [here](#).

If you have questions, please contact the electronic data interchange (EDI) team at [EDI.Services@bcbsc.com](mailto:EDI.Services@bcbsc.com).

## Reminder: Itemized Bills

Itemized bills are required for high-dollar prepayment (HDPR) reviews and should be submitted, when requested, via My Insurance Manager using the claims attachment feature. As a reminder, the dollar amount for HDPR reviews was reduced to \$100,000 on Jan. 1, 2021.

*Note: Medical records should not be submitted in lieu of itemized bills. If medical records are needed, a separate request will be sent to include instructions on how to submit. Please refrain from submitting unwarranted medical records.*

When submitting itemized bills, be sure they are specific. Each line must have a clear description that includes doses, names of supplies and so forth. Also, be sure the revenue code and date of service for each line is present.

### Example of an acceptable itemized bill

42 Rev. Co.	43 Description	44 HCPCS/Rate/HPPS Code	45 Serv. Date	46 Serv. Units	47 Total
0250	Dicyclomine 10 MG		010322	1	27.00
0250	Nitroglycerin 0.4 MG		010322	1	28.73
0250	Midazolam 10 MG	J2250	010322	2	29.09
0250	Atorvastatin 40 MG		010322	2	76.93
0272	Catheter Angiographic		010322	1	226.00
0272	Guidewire Vascular 3CM	C1769	010322	1	3597.00
0278	Device Vascular Closure	C1760	010322	1	2563.00

### Example of an unacceptable itemized bill

42 Rev. Co.	43 Description	44 HCPCS/Rate/HPPS Code	45 Serv. Date	46 Serv. Units	47 Total
0250	Pharmacy			336	7780.81
0272	Sterile Supply			8	7680.40
0278	Supply/Implants			2	6358.00

If you have any questions regarding this bulletin, please feel free to contact the provider education team at 803-264-4730 or [Provider.Education@bcbsc.com](mailto:Provider.Education@bcbsc.com).





# Home Delivery of Prescriptions

## A Smart Solution for Maintenance Medication

As a value-added service, Optum Rx® offers home delivery for maintenance medication. With the high cost of prescription medication, providers can offer patients home delivery as a more convenient and potentially less costly option, helping improve medication adherence. Optum Rx is an independent company that provides pharmacy benefit management services on behalf of BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.

What patients can expect:

- The pharmacy benefit manager calls to verify the shipping address, payment and the preferred method of communication.
- A pharmacist reviews the prescription for accuracy with 10 safety checks.
- More than 70 percent of orders are shipped in one day, and patients get free shipping on all standard orders.
- Medications are sent in eco-friendly, temperature-sensitive, waterproof and tamper-proof packaging.
- Three-month supplies are available for maintenance medications.
- Patients have payment options to choose from.

### What patients can do with home delivery

	Phone	Online	App
Order refills	X	X	X
Transfer retail to home delivery	X	X	X
Check order status	X	X	X
Order specialty drugs (requires prior authorization)	X	X	
Request mail order forms	X	X	X
View prescription claims history		X	X
View prescription drug pricing and coverage information	X	X	X
View summary of prescription drug benefit		X	X
Find prescription drug information		X	X

### How to get started

Send an electronic prescription to the pharmacy benefit manager via your current electronic health record:

Optum Home Delivery  
 NCPDP: 0556540  
 6860 W. 11th St., Ste. 150  
 Overland Park, KS 66211-2454

*Note: Please use your current electronic prescribing capabilities as the most secure, accurate and efficient way to prescribe.*

If you have any questions regarding this bulletin, please feel free to contact the provider education team at 803-264-4730 or [Provider.Education@bcbssc.com](mailto:Provider.Education@bcbssc.com).

## Reminder: Provider Reconsiderations

Provider reconsiderations are used to request a review of a claim that has processed with an adverse determination. Requests should be submitted in writing and include:

- Provider Reconsideration Form, completed in its entirety.
- An explanation of the issue(s) you'd like us to reconsider.
- Any additional supporting documentation, such as:
  - The patient's health history.
  - Operative reports, office notes, pathology reports, hospital progress notes, radiology reports and/or lab reports.

*Note: Providers should be specific in their requests. For example:*

- Per medical policy 70113, surgical treatment of gynecomastia is considered medically necessary for members with Klinefelter's Syndrome, and on Jan. 20, 2020, the member was diagnosed with Klinefelter's Syndrome, listed in the attached medical records.

- Please review the attached medical documentation that shows medical necessity for the member to receive growth hormone therapy due to a growth hormone deficiency.
- Per our calculations, line 3 is reimbursed at \$1,200 per unit. However, the claim paid \$600 per unit. Please review the attached documents, including the fee schedule for additional payment.

### Reasons that would not require a reconsideration include:

- Membership, eligibility or benefit issues.
- Lack of authorization for nonemergent services when the member presents as a BlueCross BlueShield of South Carolina member.

## Reminder: High-Dollar Claims Review and Reconsideration

Hospitals are required to submit itemized bills, when requested, to process high-dollar claims when the following criteria are met:

- Inpatient institutional (acute care) claims
- Claims with an allowed amount of \$100,000 or more
- Any pricing methodologies except for the following that do not incorporate individual charges due to global pricing:
  - Per-diem
  - Flat-fee case rate
  - DRG rate (with no portion being charge-sensitive)

Itemized bills can be uploaded via My Insurance Manager (MIM) using the claims attachment feature. MIM can be accessed through [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).

*Note: After a high-dollar review, charges on the claim are reduced based on Corporate Audit findings on the claim line with the highest charges. The audit threshold is based on the admission date. If the provider wants a re-review, it should only be submitted after the provider receives a remit from the initial review process.*

### High-Dollar Reconsiderations

High-dollar reviews in which the approved amounts, based on original charges and post-review charges, were affected can be submitted for reconsideration. The provider will need to know the approved amount on the charges both before and after the high-dollar review.

All reconsiderations need to support why the corporate Inpatient Non-Reimbursable Charge/Unbundling Policy is not applicable based on the rationale of the item provided on the report.

*Note: Providers should always review their remit to determine if there are other messages that could affect the way the claim processed outside a high-dollar review.*

# Welcome to the Team!

This quarter, we would like to welcome two wonderful ladies to Provider Relations and Education. Each brings a vast amount of knowledge and skills that will make them a great asset to the team. The new representatives are being trained and should be fully acclimated to their duties during the next quarter.



**Name:** Emma Johnson

**Title:** Provider Relations Consultant

**Hometown:** Myrtle Beach, South Carolina

**Years with BlueCross:** 25

**Brief bio:** Emma began her career with the company in 1995 at the PGBA office in Surfside Beach, South Carolina. During her tenure, she has held several positions, including customer service advocate, provider file specialist and fraud analyst. She is the mother of two adult children. In her downtime, she enjoys going to the beach and spending time with family and friends.



**Name:** Keisha Samuel

**Title:** Provider Relations Consultant

**Hometown:** Elgin, South Carolina

**Years with BlueCross:** 24

**Brief bio:** Keisha has been a long-time employee within the insurance industry for BlueCross and Palmetto GBA. She has held various positions throughout her tenure, including customer service representative, claims analyst, team coordinator, business analyst and now provider education representative. She's the proud mother of two adult daughters and has been happily married for over 27 years. She enjoys trying "non-scary" new adventures, looking for new learning opportunities, traveling, watching television, exercising and shopping. She looks forward to this great opportunity as a provider education representative.



## Specialty Drug Updates

Applying medical policy criteria completely and accurately is critical to ensuring benefits and reimbursement are applied correctly to our members' claims. System updates are also necessary to ensure proper payments and medical policy alignment are applied.

The processing system of BlueCross and BlueChoice® will be updated to better align the effectuation of our current medical policies around certain medical specialty drugs. We wanted to share this important information with you, our valued network provider, and thank you for servicing our members.

On April 25, 2022, the following drugs were impacted by this update:

- Actemra® (Tocilizumab) . . . . . CAM 061
- Avastin® (Bevacizumab) . . . . . CAM 067, CAM 5107 and CAM 50118
- Remicade® (Infliximab) . . . . . CAM 50115

On May 30, 2022, the following drugs were impacted by this update:

- Tecentriq™ (Atezolizumab) . . . . . CAM 150
- Darzalex® (Daratumumab) . . . . . CAM 172
- Darzalex® FasPRO (Daratumumab) . . . . . CAM 172
- Imfinzi® (Durvalumab) . . . . . CAM 216
- Opdivo® (Nivolumab) . . . . . CAM 106
- Soliris® (Eculizumab) . . . . . CAM 220
- Ultomiris™ (Ravulizumab) . . . . . CAM 220
- Yervoy® (Ipilimumab) . . . . . CAM 091
- Entyvio™ (Vedolizumab) . . . . . CAM 104

On June 27, 2022, the following drugs were impacted by this update:

- Lucentis® (Ranibizumab) . . . . . CAM 30927
- Eylea® (Aflibercept) . . . . . CAM 90327
- Xolair® (Omalizumab) . . . . . CAM 058
- Immune Globulin Therapy . . . . . CAM 80105
- Krystexxa® (Pegloticase) . . . . . CAM 084
- Nucala® (Mepolizumab) . . . . . CAM 141
- Ocrevus® (Ocrelizumab) . . . . . CAM 170
- Stelara® (Ustekinumab) . . . . . CAM 194
- Neulasta® (Pegfilgrastim) . . . . . CAM 197
- Tysabri® (Natalizumab) . . . . . CAM 059

*Note: The medical policies have not changed. The diagnoses listed on each policy are not a guarantee of payment and are listed for your reference. They may not be all-inclusive.*

We recommend frequently visiting the Medical Policies pages to remain abreast of any policy updates.

Once you have accessed the [Medical Policies](#) pages:

- 1 Key the policy number in the search box (e.g., CAM 061) and select Search.
- 2 Select Show Advanced Options.
- 3 Select Exact Phrase and select Search.
- 4 Select the corresponding policy.

If you have any questions, please feel free to contact the provider education team at 803-264-4730 or reach out to your education representative directly.



# My Provider Enrollment Portal

## Understanding My Provider Enrollment Portal

BlueCross implemented its new provider enrollment tool, My Provider Enrollment Portal (MyPEP), on April 4, 2022. All providers who credential with BlueCross can take advantage of the amazing features inside the new tool, including initiating new enrollments, recredentialing, making updates for their practice and more, all electronically!

For those who have submitted applications through our old enrollment process, don't worry. The applications will still be reviewed and processed accordingly. But going forward, be sure to submit new applications through the new portal.

Access MyPEP [here](#).

### Things to note:

#### Initial sign-up

When signing up for MyPEP, please be mindful that multiple users are unable to share the same email address. For this reason, be sure to sign up with your individual email account instead of a group or shared email account to help avoid any issues with accessing the portal.

#### Case numbers

When submitting applications and forms, always keep track of your case numbers, as you need them to check statuses, submit case comments, upload contracts and more.

#### Statuses

You will see several statuses inside the portal, including the following:

- **In Progress** — The application or form is being worked on by the practitioner or an individual on the practitioner's behalf. It has not yet been completed and submitted.

*Note: While the application is in progress, the BlueCross enrollment team will review and upload all applicable contracts to the case within two business days of receipt of the practitioner and related group information. This will ensure the contracts can be included with the application and other required forms.*

- **Awaiting Signature** — The application or form has been completed by the practitioner or an individual on the practitioner's behalf and includes all required documents (located in the Documents section within the created case) and signatures. Once all signed documents are uploaded to the case and received by the BlueCross enrollment team, the status will change to Under Review.
- **Awaiting Provider Response** — One or more items are needed from the provider to continue the enrollment process.
- **Under Review** — The application or form has been assigned to a BlueCross enrollment team member and is being worked on.
- **Congratulations! Complete** — BlueCross has approved the application or form.
- **Denied** — BlueCross did not approve the application or form.
- **Canceled** — The application or form is no longer being worked on and has been closed by BlueCross.

#### Contracts

During the review process, a BlueCross enrollment team member will send the appropriate contracts to the practitioner or the individual who completed the application on the practitioner's behalf. He or she will send contracts through the portal under the associated case number to have the necessary signatures added.

The practitioner or the individual who completed the application on the practitioner's behalf will be notified by email. Once he or she has logged into the portal, a notification will be located at the bottom of the homepage advising that contracts are awaiting signature.

Be sure to download, print and have the practitioner sign contracts in ink. After, please upload signed contracts to the appropriate case. Once the enrollment team member receives the signed contracts, he or she will continue the process.

*Continued on the next page ...*

### Case comments

There may be times when you have questions about a specific case. With the new Chatter feature, you can add case comments to ask direct questions about specific cases. Once the case comment is posted, the BlueCross enrollment team will get a notification. Someone will review the comment and respond within two business days.

*Note: Be detailed in your case comments and, when necessary, ask probing questions. This will help reduce the need for follow-up questions and allow for quicker resolution.*

### Support

Complete the support form for questions regarding correct applications and forms or if you don't see a provider you expected to see in the provider directory. Behavioral health providers need to include the provider's specialty in the description box, as well.

For specific questions on a case, please go into that case and submit a case comment. Someone will respond within two business days.

*Note: The Support feature inside MyPEP is for enrollment questions only. Please use My Insurance Manager, call the Provider Services number on the back of the member's ID card or use another appropriate avenue for questions related to authorizations, benefits, claims, eligibility, etc.*

### Provider education

For assistance with passwords, technical issues or questions that are not related to a specific case, please contact the provider education team at [MyPEP.Portal@bcbsc.com](mailto:MyPEP.Portal@bcbsc.com) or 803-264-0009.

You can also view the manual and frequently asked questions [here](#).

*Note: The above email address and phone number are for MyPEP inquiries only. Please use My Insurance Manager, call the Provider Services number on the back of the member's ID card or use another appropriate avenue for questions related to authorizations, benefits, claims, eligibility, etc.*



## Need To Get in Touch With Provider Relations and Education?

The provider education team is always eager to assist you. If you have a training request, use the **Provider Training Request Form**. For questions about an ongoing education initiative or recent news bulletins, submit the **Provider Education Contact Form**. Lastly, be sure to view the **Provider Education Territory Map** for the latest updates.

This information is located on the Provider Education page of our website.





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

Independent licensees of the Blue Cross 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.