

BlueNewsSM for Providers



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



2025 Annual Provider Summit

Reminder: Medicare
Advantage And Cotiviti

New Prior Authorization
Process Coming Soon

Medical Policy Updates

Reminder: Signing Your
Provider Enrollment
Documents

2025 ANNUAL PROVIDER SUMMIT

After four long years, BlueCross BlueShield of South Carolina has decided to host its 2025 Annual Provider Summit in person. We have new information to share with you and would love for you to attend.

We can't fail to mention the prizes we have to give away. You do not want to miss your chance at being entered into the drawings. We are hosting six sessions. For each location, there is a morning and afternoon session; **9 a.m. to noon** and **1 p.m. to 4 p.m.** Choose the session that works best for you. [Register](#) today so you do not miss out. We look forward to having you and look forward to a momentous event!

Dec. 2, 2024 | Embassy Suites Golf Resort | 670 Verdae Blvd., Greenville, SC 29607

Dec. 4, 2024 | Trident Technical College | Building 920, 7000 Rivers Ave., N. Charleston, SC 29406

Dec. 10, 2024 | Richland Two Institute of Innovation Conference Center
763 Fashion Drive, Columbia, SC 29223

REMINDER: MEDICARE ADVANTAGE AND COTIVITI

On **Sept. 1, 2022**, BlueCross' Medicare Advantage plans began working with Cotiviti. Cotiviti is a leader in payment accuracy for periodic reviews of paid medical claims.

Cotiviti uses Clinical Chart Validation (CCV) to conduct post payment audit validation in the review of inpatient claims. These reviews ensure proper billing and require a copy of medical records for the following inpatient services:

- ▶ Diagnosis Related Group (DRG)
- ▶ Observation (OBV)
- ▶ Readmission (RAD)

If a claim is identified for review, you will receive a letter identifying the claim(s) selected. Details related to the guidelines and time frames to submit the required medical records will follow.

If you have any questions about the CCV audits, please call Cotiviti Provider Services at 770-379-2325. They are available Monday through Friday from 8 a.m. to 5 p.m., Eastern time.



COMING SOON!

NEW PRIOR AUTHORIZATION PROCESS COMING SOON

On **Nov. 15, 2024**, BlueCross will be making changes to the prior authorization (PA) process. While you will still sign on through My Insurance ManagerSM, the portal will route you to a new web-based application, powered by Cohere Health, that will enhance the efficiency of PA decisions.

These latest changes will only affect the authorizations managed by BlueCross. The PA process for our third-party vendors such as Evolent, Avalon Healthcare Solutions, HealthHelp and Novologix will remain the same.

Benefits of the new process include the following:

- ▶ Accelerates and expands real-time approvals
- ▶ Decreases administrative efforts
- ▶ Meets new CMS¹ and NCQA² requirements that shorten the time for PA decisions
- ▶ Enables a more seamless provider experience

The new process will:

- ▶ Verify member eligibility.
- ▶ Check PA requirements, including medical record requirements.
- ▶ Expand fast-track approvals and real-time responses.
- ▶ Allow for digital submission of medical records.
- ▶ Verify the provider's network.
- ▶ Verify procedure and diagnosis codes.
- ▶ Align with our clinical policies.

What you need to do

To get ready, be sure to register with Cohere Health to access the new web-based application before the implementation date. If you already have an account with Cohere Health, you do not need to create a new one. You can continue logging in as usual.

There are also available webinars and a beneficial learning center that will help prepare you for the coming changes. We encourage you to review these resources at your earliest convenience.

¹ Centers for Medicare and Medicaid Services (CMS)

² National Committee for Quality Assurance (NCQA)

Evolent, Avalon Healthcare Solutions, HealthHelp and Novologix are independent companies that manage utilization management services on behalf of BlueCross and BlueChoice[®] HealthPlan.



MEDICAL POLICY UPDATES

BlueCross BlueShield of South Carolina frequently revises the medical policies used to make clinical determinations for a member's coverage.

Review the [latest medical policy updates](#). We strongly encourage you to visit the [Medical Policies and Clinical Guidelines](#) pages regularly to stay abreast of these changes and to read any policy in its entirety.

The screenshot shows the website's navigation bar with the South Carolina logo and links for SHOP PLANS, MEMBERS, PROVIDERS (highlighted), EMPLOYERS, and AGENTS. Below the navigation bar is a breadcrumb trail: Home / Providers / Policies and Authorizations / Medical Policies. The main heading is "Medical Policies". The text explains that medical policies include evidence-based treatment guidelines and address common medical situations, and that they can be reviewed online. A list of five points provides additional context: policies are not medical advice, they change to stay up-to-date, they are for information only, they address frequent situations, and they may include services not covered under a specific health plan. At the bottom, there are three blue buttons with icons and text: "Commercial & Contracted Policies >", "Healthy Blue Policies >", and "Medicare Advantage Policies >".

REMINDER: SIGNING YOUR PROVIDER ENROLLMENT DOCUMENTS

All provider enrollment processes must go through My Provider Enrollment Portal (MyPEP). This includes initial enrollment, updates and corrections.

Once you complete the application in the portal, the system will generate the required documents that must be signed before selecting the Confirm button. **You must sign the system generated documents** (i.e., application, Authorization to Bill, Hold Harmless, etc.)

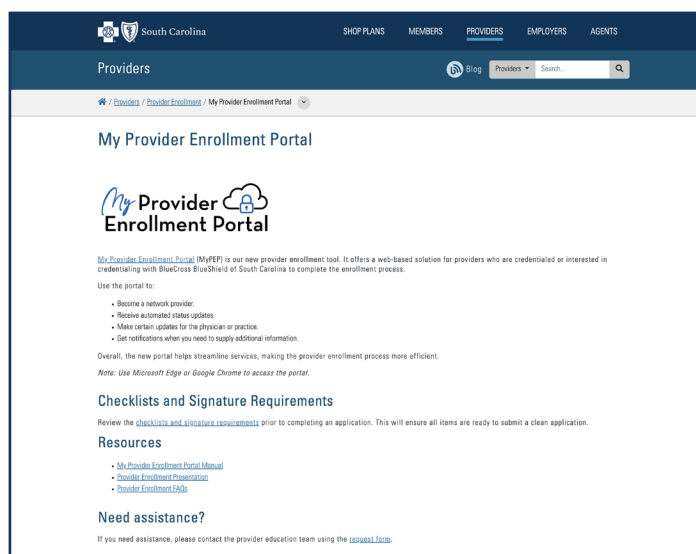
Use the following steps to sign the system generated documents:

1. Select My Forms.
2. Select the appropriate case number.
3. Select Form Information.
4. Under Documents, select the documents that require signature.
5. Download and print the documents.
6. Scan the signed documents and follow steps 1 – 4 to select Upload Files.

Once **all required documents with applicable signatures, initials and dates have been uploaded**, select the Confirm button.

You should not select the Confirm button until you have completed all the steps. Selecting the Confirm button will submit the documents to us. If they are not signed, we cannot start the review process. The documents will be returned for missing signatures.

For additional guidance on MyPEP and the provider enrollment process, review the [available resources](#) online today.



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

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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.

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