



# BLUE REVIEW<sup>SM</sup>

A Provider Publication

February 2019

## Education & Reference

### **Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2019**

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions or drugs moving to a lower out-of-pocket payment level, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of New Mexico (BCBSNM) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Pharmacy Program Updates effective as of Jan. 1, 2019.

[View Updates](#)

### **We Need Your Help to Improve Behavioral Health Care Access!**

The way our members find care is our online [Provider Finder](#)<sup>®</sup> tool. We want to give them the information they need to get the help from the right professional at the right time. As a provider of behavioral health services, please help us make sure we have the right information about your practice. The surveys below will gather details about your practice, so we can make them available to our members.

[Read More](#)

## 2019 Standards of Medical Care in Diabetes

The American Diabetes Association (ADA) has released the 2019 Standards of Medical Care in Diabetes. The new guideline includes the ADA's current clinical practice recommendations and is intended to provide clinicians, patients, and others with tools to evaluate the quality of care. The Standards of Medical Care in Diabetes is updated annually, or more frequently online if new evidence or regulatory changes merit immediate incorporation. A link to the 2019 Standards is now available in the [Clinical Practice Guidelines](#) section under the Clinical Resources tab at [bcbsnm.com](http://bcbsnm.com).

## Why Doctors Review Health Insurance Claims

A recent article published in our online magazine, [Making the Health Care System Work](#), pulls the curtain back on one step in the health insurance process that few know about – clinical review. [Why Doctors Review Health Insurance Claims](#) explains how experienced physicians work within our company to offer peer-level review of certain benefit preauthorization requests and claims.

[Read More](#)

## Clinical Payment and Coding Policies

Blue Cross and Blue Shield of New Mexico (BCBSNM) has adopted additional clinical payment and coding policies. These policies are based on criteria developed by specialized professional societies, national guidelines (e.g. Milliman Care Guidelines (MCG)) and the CMS Provider Reimbursement Manual and are not intended to provide billing or coding advice but to serve as a reference for facilities and providers. For more information about clinical payment and coding policies and to view the policies, please visit the [Clinical Payment and Coding Policies](#) page at [bcbsnm.com/provider](http://bcbsnm.com/provider).

## Blue Cross Medicare Advantage<sup>SM</sup> (Medicare)

### CMS-Required Training for Dual-Special Needs Plans

Providers who treat dually-eligible Medicare and Medicaid members are required by the Centers for Medicare and Medicaid Services (CMS) to complete an annual Dual-Special Needs Plan (DSNP) training on DSNP plan benefits and requirements, including coordination of care and Model of Care elements.

[Read More](#)

## Blue Cross Community Centennial<sup>SM</sup> (Medicaid)

### 2018 Medical Record Review

The BCBSNM Quality Improvement Department performs an annual medical record review audit to assess whether practitioners/providers meet the minimum New Mexico Administrative Code (NMAC) and Human Services Department (HSD) medical record documentation standard requirements for Blue Cross Community Centennial members. Medical records are also evaluated against BCBSNM-established medical record standards.

[Read More](#)

### 2019 Blue Cross Community Centennial Prior Authorization Updates

BCBSNM has updated the available list of procedure codes requiring prior authorization for Blue Cross Community Centennial members to better align with the current prior authorization requirements.

Select codes from the following service categories **no longer require** prior authorization, effective January 1, 2019, and have been **removed** from the [list of procedure codes requiring prior authorization](#) for Blue Cross Community Centennial members.

[Read More](#)

### Reminder: *GuidingCare*<sup>®</sup> is Now Available for New Mexico Medicaid Providers

Altruista Health *GuidingCare*, a web-based health care management tool in the Availity<sup>®</sup> Provider Portal, is available for providers that participate with BCBSNM for Blue Cross Community Centennial. This tool was developed specifically for use by health care providers, support services organizations and other appropriate contributors to assist in the patient's care management.

[Read More](#)

### Not Yet Contracted?

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. If you are interested in becoming a Blue Cross Community Centennial provider, please call 505-837-8800 or 1-800-567-8540.

### Reminder: Update your Enrollment Information

Due to Centennial Care requirements, all enrollment information (changes to demographics, licensure or certification, provider status, etc.) must be updated on the [NM Medicaid Provider Web Portal](#).

Such services are funded in part with the State of New Mexico.

## BCBSNM Website

It's important for you to stay informed about news that could affect your practice. BCBSNM offers many ways to stay informed via our website, [bcbsnm.com/provider](https://bcbsnm.com/provider), and our provider newsletter, *Blue Review*. [Signing up is easy](#).

## Medical Policy Updates

Approved new or revised medical policies and their effective dates are usually posted on our website the 1st and 15th of each month. These policies may impact your reimbursement and your patients' benefits. These policies are located under the [Standards & Requirements](#) tab at [bcbsnm.com/provider](https://bcbsnm.com/provider).

## Claims Inquiries

Our Provider Service Unit (PSU) handles all provider inquiries about claims status, eligibility, benefits and claims processing for BCBSNM members. For the BCBSNM BlueCard® PSU, call 800-222-7992. For out-of-area claims inquiries, call 888-349-3706.

- [Network Services Contacts and Related Service Areas](#)

## Do We Have Your Correct Information?

Maintaining up-to-date contact and practice information helps to ensure that you are receiving critical communications and efficient reimbursement processes. Please complete our quick and easy [online form](#) for any changes to your contact or practice information.

## Member Rights and Responsibilities

[BCBSNM policies](#) help address the issues of members participating in decision making regarding their treatment; confidentiality of information; treatment of members with dignity,

courtesy and a respect for privacy; and members' responsibilities in the practitioner-patient relationship and the health care delivery process.

## [bcbsnm.com/provider](https://bcbsnm.com/provider)

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## Attention: We Need Your Help to Improve Behavioral Health Care Access!

The need for behavioral health care continues to rise across the country<sup>1</sup>. For a variety of reasons, 56 percent of people who need behavioral health care do not get it<sup>2</sup>. One reason is because they don't know where to go for help. Blue Cross and Blue Shield of New Mexico (BCBSNM) is making it easier for our members to know where to go.

The way our members find care is our online [Provider Finder](#)<sup>®</sup> tool. We want to give them the information they need to get the help from the right professional at the right time. As a provider of behavioral health services, please help us make sure we have the right information about your practice. The surveys below will gather details about your practice, so we can make them available to our members. Please take the survey that applies to your practice.

- Professional: <https://bit.ly/2SOIMXA>
- Facility: <https://bit.ly/2FIIHg6>

We will update Provider Finder with the information you provide in the survey.

The surveys will be open from Jan. 21 to March 1, 2019. Skip any questions that do not apply to your practice. Thank you for helping us to connect our members with the behavioral health care they need.

<sup>1</sup><https://health.usnews.com/health-care/patient-advice/articles/2018-05-25/whats-the-answer-to-the-shortage-of-mental-health-care-providers>;

<https://www.modernhealthcare.com/article/20180324/NEWS/180329964>; <https://www.eab.com/research-and-insights/continuing-and-online-education-forum/expert-insights/2017/mental-health-counselors-demand>

<https://www.nbcnews.com/better/health/mental-health-services-how-get-treatment-if-you-can-t-nca875176>; <https://www.apa.org/monitor/2018/04/datapoint.aspx>

## Why Doctors Review Health Insurance Claims

A recent article published in our online magazine, [Making the Health Care System Work](#), pulls the curtain back on one step in the health insurance process that few know about – clinical review. [Why Doctors Review Health Insurance Claims](#) explains how experienced physicians work within our company to offer peer-level review of certain benefit preauthorization requests and claims.

The article touches on the role doctors and nurses take in building a bridge between the care our members need and the business requirements with an insider's point of view. Doctors and nurses on staff with BCBSNM have access to policy guidelines, best practices from other providers in the network, and the benefit information for the patient's health plan. They review cases for proper documentation, medical necessity and other criteria.

The article also looks at how clinical reviews may offer alternative treatments, reduce unwarranted care and recognize fraud, waste or abuse. However, while the peer review process can help hold costs in check and identify potential fraudulent or wasteful activity, the doctors who participate know in the end it's about the member, not about the money.

Read [Why Doctors Review Health Insurance Claims](#) and other articles about issues facing health care in our online magazine, [Making the Health Care System Work](#).

## 2018 Medical Record Review

The Blue Cross and Blue Shield of New Mexico (BCBSNM) Quality Improvement Department performs an annual medical record review audit to assess whether practitioners/providers meet the minimum New Mexico Administrative Code (NMAC) and Human Services Department (HSD) medical record documentation standard requirements for Blue Cross Community Centennial<sup>SM</sup> members. Medical records are also evaluated against BCBSNM-established medical record standards.

BCBSNM randomly selected 20 primary care/obstetrics/gynecology providers who had at least 10 member encounters between September 2017 and August 2018. BCBSNM requested a total of 200 medical records and received 180. BCBSNM staff assessed and scored a minimum of five charts per provider against NMAC and HSD medical record standards. BCBSNM has established an overall threshold score goal of 80% or better for NMAC/HSD medical record standards. Although BCBSNM-established medical record standards are scored and held to the same threshold of 80% or better, BCBSNM medical record standards are not part of the cumulative score for the medical record review audit.

Provider groups that do not meet the minimum threshold of 80% must provide a corrective action plan in writing within 30 calendar days to the Quality Improvement Department and

will be included in the next annual medical record review. Results are later presented to the Quality Improvement Committee (QIC). This committee consists of medical directors, external practitioners, and BCBSNM management.

Overall Medical Record Review Score	2018 Results	2017 Results
80% to 200%	18	16
<79%	0	2
No Response	2	2

Practitioners and practice groups were provided a copy of NMAC, HSD, and BCBSNM standards to review with the medical record request. Assessment results revealed there was a slight increase of practitioners and practice groups compliant on most standard requirements. Medical records contained proper documentation of current or existing problem, patient identification, and documentation for both encounter and entry date. Although some practitioners may discuss advance directives with members, BCBSNM found that proper documentation was lacking from the medical records received.

To view, download, or print a sample of an advance directive form and to learn more about Medical Record Review standards, please follow the table of contents links from the Provider Reference Manual section of our website. BCBSNM would like to thank all primary care and obstetrics/gynecology health providers for their cooperation and diligence with their medical records. You can contact the Medicaid Quality Improvement Department at 1-855-699-0042 with questions or concerns.

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## 2019 Blue Cross Community Centennial<sup>SM</sup> Prior Authorization Updates

Blue Cross and Blue Shield of New Mexico (BCBSNM) has updated the available list of procedure codes requiring prior authorization for Blue Cross Community Centennial members to better align with the current prior authorization requirements.

Select codes from the following service categories **no longer require** prior authorization, effective January 1, 2019, and have been **removed** from the [list of procedure codes requiring prior authorization](#) for Blue Cross Community Centennial members:

- Cardiology
- Radiology
- Medical oncology
- Musculoskeletal
- Sleep
- Specialty drug
- Patient self-management education and training

Services performed without prior authorization may be denied for payment in whole or in part, and you may not seek reimbursement from members.

Member eligibility and benefits should be checked prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. It is strongly recommended that providers **ask to see the member's ID card for current information** and a photo ID to guard against medical identity theft.

To obtain prior authorization through BCBSNM for covered services that continue to require prior authorization, you may continue to use iExchange®. This online tool is accessible to physicians, professional providers and facilities contracted with BCBSNM. For more information or to set up a new account, refer to the iExchange page in the Provider Tools section of our Provider website.

Our goal is to provide our members with access to quality, cost-effective health care. If you have any questions, please contact your [Provider Network Representative](#).

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or predetermined for benefits is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

iExchange is a trademark of Meddecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity and Meddecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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## Reminder: *GuidingCare*® is Now Available for New Mexico Medicaid Providers

As a reminder, Altruista Health *GuidingCare*, a web-based health care management tool in the Availity® Provider Portal, is available for providers that participate with Blue Cross and Blue Shield of New Mexico (BCBSNM) for Blue Cross Community Centennial<sup>SM</sup>.



This tool was developed specifically for use by health care providers, support services organizations and other key partners to assist in the patient's care management. Not only will this tool help assigned physicians monitor their NM Medicaid members' rendered services, but it also provides quick access to the following patient information:

- Care plans
- Activities
- Quality measures
- Care transitions

### **Attend Online Training**

BCBSNM is hosting additional one-hour training sessions for providers to learn how to navigate the *GuidingCare* tool. To register for an upcoming webinar, visit the [Training page](#) of our Provider website, or select a session date and time below:

- [Wednesday, March 6, 2019 – 10 to 11am \(MST\)](#)
- [Thursday, March 7, 2019 – 2 to 3pm \(MST\)](#)

Learn more and find additional resources by visiting the [Altruista Health's GuidingCare Portal page](#) in the Education & Reference/Tools section of our Provider Website at [bcbsnm.com/provider](http://bcbsnm.com/provider).

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. *GuidingCare* is a trademark of Altruista Health, a separate company that provides collaborative health care management solutions for payers and providers. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity and Altruista Health. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly. Such services are funded in part with the State of New Mexico.