



BLUE REVIEWSM

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Education & Reference

Automated Phone System Change For Behavioral Health Services

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As of Dec. 16, 2018, in the event a call to BCBSNM is needed to verify patient coverage for behavioral health services for commercial retail, and Medicaid managed care members, providers must first obtain eligibility and benefit details through the Interactive Voice Response (IVR) phone system.

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Close HEDIS® Gaps Easily Through The Availity Provider Portal

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Behavioral Health Forms Get A Facelift

Starting Jan. 8, 2019, you will notice some changes to BCBSNM behavioral health request forms. The changes may make it easier for you to navigate the forms. The forms also include the new Current Procedural Terminology (CPT®) codes for Applied Behavioral Analysis (ABA).

[Read More](#)

2019 Annual HEDIS Medical Record Review Begins February 2019

Annually, BCBSNM collects healthcare effectiveness data through medical record chart review for reporting to the National Committee for Quality Assurance (NCQA) and the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS). To meet these requirements, BCBSNM will be collecting medical records using internal resources. If you receive a request for medical records, we request you reply within 3 to 5 business days. Cooperation with the collection of HEDIS data or any quality improvement activities is required under a providers' contractual obligation at no cost to BCBSNM.

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Notification Of Annual Benefit Updates

BCBSNM will be updating member files with annual benefit changes over the next several weeks. In addition, updates are in progress due to open enrollment. As always, we encourage you to verify your patients' coverage first, using Availity or your preferred vendor portal. In the event you are instructed to contact BCBSNM Provider Customer Service, please recognize that hold times may be longer than normal. For patients who are not scheduled for appointments, deferring eligibility and benefit information requests to a later date is appreciated.

Checking eligibility and/or benefit information 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 any questions, please call the number on the member's ID card. 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. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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.

Blue Cross Medicare AdvantageSM (Medicaid)

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](#)

New Opioid Drug Management Program For Medicare Members

On Jan. 1, 2019, BCBSNM implemented a new opioid drug management program to promote the safe and effective use of prescription opioids for our Medicare Part D members who have prescription drug benefits administered through Prime Therapeutics.

Similar to the Appropriate Use of Opioids program that was implemented August 2018 for our non-Medicare members, this new program includes improved point-of-sale safety alerts and drug management programs to better coordinate care when chronic high-risk opioid use is present. These new policies are aimed to improve identification and better manage potential opioid misuse.

[Read More](#)

Blue Cross Community CentennialSM (Medicaid)

New Concurrent Opioid And Benzodiazepine Prior Authorization Program For Blue Cross Community Centennial Members

To support safe and effective opioid prescription use by our members, effective Jan. 2, 2019, BCBSNM will require prior authorization approval for concurrent opioid and benzodiazepine prescriptions for members with Blue Cross Community Centennial prescription drug coverage. Blue Cross Community Centennial members filling concurrent or overlapping opioid and

benzodiazepine prescriptions without this prior authorization will be denied at the pharmacy as part of our ongoing efforts to enhance patient safety.

[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, 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.

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](#)

- [Network Services Regional Map](#)

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

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Automated Phone System Change For Behavioral Health Services

Checking eligibility and benefits electronically through the Availity™ Provider Portal or your preferred Web vendor is the quickest way to access behavioral health coverage information for Blue Cross and Blue Shield of New Mexico (BCBSNM) members. Online eligibility and benefit quotes include the patients' coverage status and benefit details, such as applicable copayment, coinsurance, deductible amounts and preauthorization requirements.

As of Dec. 16, 2018, in the event a call to BCBSNM is needed to verify patient coverage for behavioral health services for commercial retail, and Medicaid managed care members, providers must first obtain eligibility and benefit details through the Interactive Voice Response (IVR) phone system by calling 888-349-3706 or 888-898-0070 (for Medicare members, see Note below). The IVR furnishes the same basic eligibility and benefit information as a Customer Advocate provides. Our Customer Advocates will continue to be available for additional assistance and more complex benefit information.

Learn More

To learn more about online solutions, refer to the [Tools page](#) in the Education and Reference section of our Provider website. For IVR navigational assistance, refer to the [Eligibility and Benefit Caller Guide](#) located in the Claims and Eligibility section of our website.

Note: *To verify eligibility and benefits requests via phone for Medicare Advantage members, refer to the number on the member's ID card.*

Checking eligibility and/or benefit information 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 any questions, please call the number on the member's ID card.

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. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Close HEDIS® Gaps Easily Through The Availity™ Provider Portal

Providers may now **quickly comply with Healthcare Effectiveness Data and Information Set (HEDIS) measures using Availity's new Clinical Quality Validation (CQV)**. CQV will allow providers to electronically document their patient's care and assessments to close quality HEDIS gaps for Blue Cross and Blue Shield of New Mexico (BCBSNM) members. Additionally, CQV helps support BCBSIL's Centers for Medicare & Medicaid Services (CMS) star rating for HMO and PPO Blue Cross Medicare AdvantageSM plans. This new validation process will also verify that the data submitted by the provider is supported in the medical record.

CQV Functionality:

- Captures quality-related medical documentation to close quality HEDIS gaps
- Ensures quality measures documented in medical records are captured accurately for submission to CMS for HEDIS Stars ratings
- Will display care gaps that BCBSNM provides to Availity
- Provides alerts of care gaps, directing providers to access their work queue

Existing Availity users do not have to complete an additional registration to access CQV. However, Availity administrators need to ensure their users are assigned the Medical Staff and Office Staff roles.

CQV Benefits:

- Improved engagement, health outcomes
- Offers an easy, consistent completion process
- Improves quality of information collected
- Maintains document integrity and security
- Reduces manual processes, decreases medical requests during HEDIS seasonal reporting

Learn More About CQV:

- A [CQV Tip Sheet](#) is available on our Provider website for quick reference and navigational assistance.
- Refer to Availity's [Quick Start Guide for Clinical Quality Validation](#).
- Registered users may log on to the [Availity Provider Portal](#) for an on-demand webinar. Once you log on, select "Help & Training," then "Get Trained" and search for the Clinical Quality Validation recording.

Note: This new feature is offered as an added service and does not replace manual processes currently in place.

Not yet registered with Availity? Visit availity.com to get started. If you need assistance, you may contact Availity Client Services at 800-282-4548.

At this time, electronic medical record request and submission process through CQV are only available for closing quality HEDIS care gaps and are not available for medical record requests resulting from utilization review activities or the claims adjudication process.

HEDIS is a registered trademark of the National Committee for Quality Assurance.

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Behavioral Health Forms Get A Facelift

Starting, Jan. 8, 2019, you will notice some changes to Blue Cross and Blue Shield of New Mexico's (BCBSNM) behavioral health request forms. The changes may make it easier for you to navigate the forms. The forms also include the new Current Procedural Terminology (CPT®) codes for Applied Behavioral Analysis (ABA).

Please use the CPT codes for 2019 as communicated by the American Psychological Association and the American Medical Association.

The changes include:

- A new ABA Clinical Service Request Form that replaces the following forms:
 - ABA Initial Treatment Request
 - ABA Managed Care/Concurrent Review
 - ABA Treatment Request Member Schedule forms
- A new ABA Initial Assessment Request form
- Updates to the following existing forms:

- Electroconvulsive Therapy (ECT) Request Form
- Focused Outpatient Management Program (FOPM)
- Intensive Outpatient Program (IOP) Request Form
- Psychological or Neuropsychological Testing Request Form

Find these, and other forms, under the [Education and Requirements](#) tab at bcbsnm.com.

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2019 Annual HEDIS® Medical Record Review Begins February 2019

Annually, Blue Cross and Blue Shield of New Mexico (BCBSNM) collects healthcare effectiveness data through medical record chart review for reporting to the National Committee for Quality Assurance (NCQA) and the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS). The Healthcare Effectiveness Data and Information Set (HEDIS) are performance measures that measure care and service performance. HEDIS performance measures are developed and maintained by NCQA and is the most widely used set of performance measures utilized by the managed care industry.

To meet these requirements, BCBSNM will be collecting medical records using internal resources. If you receive a request for medical records, we request you reply within 3 to 5 business days. Cooperation with the collection of HEDIS data or any quality improvement activities is required under a providers' contractual obligation at no cost to BCBSNM. These activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule and patient authorization for review of information is not required

A BCBSNM representative may be contacting your office or facility anytime between January and April 2018 to request a patient's medical record. Appointments for onsite visits will be scheduled with your staff, if applicable. If you have any questions about a HEDIS medical record request, please contact the BCBSNM HEDIS representative at the phone number listed on the letter that is attached to the medical record request.

HEDIS is a registered trademark of NCQA.

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.

You may also recognize this program as Blue Cross Medicare Advantage Dual Care (HMO-SNP)SM.

Because it is important for providers to complete the required training, Blue Cross Medicare Advantage will inform providers of their specific DSNP Model of Care (MOC) training requirements and expectations. Providers can submit proof of completion by:

1. Completing a computer based training module issued to them and/or their provider group or,
2. Submitting an attestation after a live training provided by a Network Representative

Blue Cross Medicare Advantage will retain these attestations in each provider's file. The adherence of the required DSNP training is critical to our member's health and care.

If you have any questions about the training or would like a one-on-one training session, please reach out to your assigned [Provider Network Representative](#) at 1-800-567-8540.

New Opioid Drug Management Program For Medicare Members

On Jan. 1, 2019, Blue Cross and Blue Shield of New Mexico (BCBSNM) implemented a new opioid drug management program to promote the safe and effective use of prescription opioids for our Medicare Part D members who have prescription drug benefits administered through Prime Therapeutics.

Similar to the [Appropriate Use of Opioids program](#) that was implemented August 2018 for our non-Medicare members, this new program includes improved point-of-sale safety alerts and drug management programs to better coordinate care when chronic high-risk opioid use is present. These new policies are aimed to improve identification and better manage potential opioid misuse.

Elements in the program also follow safety guidelines as recommended by the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS) and other nationally recognized guidelines. Some of the program highlights include:

7 Day Supply Limit for Opioid Naïve Patients

An initial supply of prescription opioids may be limited to a supply of 7 days or less for an opioid naïve patient. A member is considered “opioid naïve” if they have not filled an opioid prescription (long-acting or short-acting) within the past 90 days.

- Members may not be subject to this program criteria if:
 - There is claim history that the member is currently being treated with opioid therapy within the past 90 days OR
 - The health care provider states the member is currently being treated with opioid therapy OR
 - The member is being treated for active cancer-related pain OR
 - The member is being treated for sickle cell disease-related pain OR
 - The member is residing in a long-term care facility OR
 - The member is in hospice care or receiving palliative (end-of-life) care

The dispensing pharmacist can contact the number on the member ID card to assist in these situations. Members or their health care provider can also call.

Opioid Care Coordination Alert

There may be a limit on the cumulative daily Morphine Milligram Equivalent (MME) reported. The MME is calculated across the submitted claim and selected historical claims. This point-of-sale edit may deny claims that exceed a threshold for maximum number of prescribing health care providers and maximum number of pharmacies dispensing opioid prescriptions.

The dispensing pharmacist may consult with the health care provider and, if the prescription is deemed appropriate, may enter an override. Please be aware that on-call staff may receive outreach from pharmacies regarding this MME limit. Please ensure your staff are educated on the importance of responding timely to these inquiries.

Additional Opioid Safety Edits for Possible Duplicate or Key Potentiator Drugs

Additional safety edits will alert pharmacists at the point-of-sale about members who may be taking duplicate or key potentiator drugs, such as duplicate long-acting opioids or concurrent opioid and benzodiazepine use.

The dispensing pharmacist may be able to enter an override for these edits if the prescription is deemed appropriate. They may also consult with health care providers when needed.

These new policies are not intended as prescribing limits, but as tools to better alert health care providers of potential opioid misuse or abuse. Providers and members may request a coverage determination for MME exceptions if necessary and appropriate. Please be aware that providers and on-

call staff may receive urgent outreach from pharmacies regarding these edits. Please ensure all staff are educated on the importance of responding timely to these inquiries.

This information is for informational purposes only and is not intended to replace your clinical judgement. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage. Only you, in direct consultation with your patient, can determine your patient's drug therapy, regardless of the member's benefits.

Prime Therapeutics is a separate pharmacy benefit management company contracted by BCBSNM to provide pharmacy benefit management and other related services. BCBSNM, as well as several Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

New Concurrent Opioid And Benzodiazepine Prior Authorization Program For Blue Cross Community CentennialSM Members

Recent data shows that more than 115 Americans die each day from an opioid overdose,¹ and more than 30 percent of opioid overdose events involve the use of opioids and benzodiazepines taken at the same time.²

Using these drugs together can cause increased sedation and respiratory depression, which are common effects of both medicines.² Long-term use of these medicines at the same time also drastically raises the chance of an opioid-linked overdose.³

To support safe and effective opioid prescription use by our members, effective Jan. 2, 2019, Blue Cross and Blue Shield of New Mexico (BCBSNM) will require prior authorization approval for concurrent opioid and benzodiazepine prescriptions for members with Blue Cross Community Centennial prescription drug coverage. Blue Cross Community Centennial members filling concurrent or overlapping opioid and benzodiazepine prescriptions without this prior authorization will be denied at the pharmacy as part of our ongoing efforts to enhance patient safety.

Providers can access, complete and submit the prior authorization form electronically from the [CoverMyMeds.com](https://www.covermymeds.com) login page, the Prime Therapeutics® website [MyPrime.com](https://www.myprime.com), via fax to **877-480-8130**, or over the phone at **866-202-3474**.

Members and providers can call the Member Services number on the member's ID card for any questions about this change.

References

1. Hernandez, Inmaculada, et al. "Association Between Concurrent Opioid-Benzodiazepine Use and Risk of Opioid-Related Overdose." *JAMA*, American Medical Association, 22 June 2018, jamanetwork.com/journals/jamanetworkopen/fullarticle/2685628
2. National Institute on Drug Abuse. "Benzodiazepines and Opioids." *NIDA*, 15 Mar. 2018, www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids.
3. Centers for Disease Control and Prevention (CDC). National Vital Statistics System, Mortality. CDC WONDER Online Database. <https://wonder.cdc.gov/>. Published 2017.

Blue Cross and Blue Shield of New Mexico (BCBSNM) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSNM and contracting pharmacies is that of independent contractors. BCBSNM, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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