



BLUE REVIEWSM

A Provider Publication

June 2019

Education & Reference

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2019

Based on the availability of new prescription medications and Prime National Pharmacy and Therapeutics Committee' review of the changes in the pharmaceutical market, revisions have been made to the BCBSNM drug lists. These changes include additions and exclusions (drugs no longer covered) to the drug list or drugs moving to a different out-of-pocket payment level (either a higher or lower out-of-pocket level). Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

[View the Pharmacy Program Updates effective as of July 1, 2019.](#)

In-home Colorectal Cancer Screening Test Provided to Select Members

Some of your Blue Community HMOSM patients who are 51 to 75 years old and have not had a screening may receive a Fecal Immunochemical Test (FIT) Kit. The FIT Kit is a convenient option for our members to be screened in the comfort and privacy of their homes at no additional charge.

[Read More](#)

Screening and Treatment for Hepatitis C

National data indicates that New Mexico has one of the highest prevalence of Hepatitis C virus (HCV) infection of any state (one source estimates the infection rate at 1.3% of the non-incarcerated population). With an asymptomatic phase that may last decades, it is

important for those at increased risk to be offered screening so that exacerbating behaviors can be modified, and potentially curative treatment can be considered.

[Read More](#)

Thank You for Participating in the HEDIS Medical Records Project

The Quality team at Blue Cross and Blue Shield of New Mexico would like to thank you for your participation in our annual HEDIS Medical Record Project! Your willingness to provide medical records as well as welcome our nurses into your offices is greatly appreciated. Without your cooperation, successful completion of the HEDIS Medical Record Project would not be possible.

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Helping Patients Shop for Cost-Effective Knee/Hip Replacements

A surprising number of younger Americans are choosing to have knee and hip replacement procedures. However, they might be paying more — between 30 to 40 percent more — than they really need to.

Those are just two of the unexpected findings from a new report by Blue Cross Blue Shield Association (BCBSA). The data shows that 242,000 Americans spent \$25 million replacing their worn out or damaged joints during 2017. Those under 65 are the primary market.

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Changes to Specialty Drugs Preauthorization List: Always Check Preauthorization Requirements

BCBSNM has updated its Specialty Pharmacy Infusion Site of Care Benefit Preauthorization Drug List. Two codes have changed. The changes reflect replacement Healthcare Common Procedure Coding System (HCPCS) codes assigned by The Centers for Medicare & Medicaid Services (CMS):

- Fasenra — changed from C9466 to J0517
- Radicava — changed from C9493 to J1301

[Read More](#)

Blue Cross Medicare AdvantageSM (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](#)

Reporting On-Demand Application Now Available for Government Programs via Availity[®] Provider Portal

As of May 20, 2019, providers can view, download, save and/or print the Provider Claim Summary (PCS) online for Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM members.

[Read More](#)

Blue Cross Community CentennialSM (Medicaid)

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 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://www.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.

Clinical Payment and Coding Policies

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. 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](#)

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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In-home Colorectal Cancer Screening Test Provided to Select Members

The Centers for Disease Control and Prevention says one-third of adults age 50 or older have not been screened for colorectal cancer as recommended.¹ Together, we can help our members at the greatest risk of developing colorectal cancer get the screening they need by making it easier. Some of your Blue Community HMOSM patients who are 51 to 75 years old and have not had a screening may receive a Fecal Immunochemical Test (FIT) Kit. The FIT Kit is a convenient option for our members to be screened in the comfort and privacy of their homes at no additional charge.

We let our members know they will receive the test and that taking the test is voluntary. Members have until **Nov. 15, 2019**, to complete and submit their test for processing. Home Access Health Corporation will process the tests and send results to the member and the primary care providers they specify.

How You Can Help:

- Discuss the importance of colorectal cancer screening and healthy lifestyle choices that promote wellness with your patients.
- If your patients receive a FIT Kit and call your office with questions, please encourage them to participate and complete the kit as soon as possible.

If you have any questions, please contact your Blue Cross and Blue Shield of New Mexico Provider Network Representative.

¹ CDC, Screen for Life: National Colorectal Cancer Action Campaign, October 29, 2018, <https://www.cdc.gov/cancer/colorectal/sfl/index.htm>

This material is provided for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

Screening and Treatment for Hepatitis C

National data indicates that New Mexico has one of the highest prevalence of Hepatitis C virus (HCV) infection of any state (one source estimates the infection rate at 1.3% of the non-incarcerated population). With an asymptomatic phase that may last decades, it is important for those at increased risk to be offered screening so that exacerbating behaviors can be modified, and potentially curative treatment can be considered.

A goal of Blue Cross and Blue Shield of New Mexico (BCBSNM) is to identify and treat as many of our members that are 18 years of age and older. BCBSNM encourages HCV screening for all members according to [U.S. Preventive Services Task Force \(USPSTF\)](#)¹, the [Centers for Disease Control \(CDC\)](#)², and the [American Association for the Study of Liver Diseases \(AASLD\)-Infectious Diseases Society of America \(IDSA\)](#)³ HCV guidelines. The HCV guidelines recommend one-time screening for those born from 1945 through 1965. Screening is also recommended for persons found to be at increased risk for HCV infection, defined as:

- Current or past injection drug use
- Blood transfusion or solid organ transplant prior to July 1992
- Long-term hemodialysis
- Born to an HCV-infected mother
- Incarceration
- Intranasal drug use
- Getting a non-professional tattoo
- Persons with HIV infection
- Persons with unexplained liver disease
- Other known percutaneous exposures to HCV (such as health care workers after needlesticks involving HCV-infected blood)

For HCV treatment coverage under BCBSNM Medicaid/Commercial/Retail:

- Prior Authorization is required.
- For Blue Cross Community CentennialSM members, the preferred HCV treatments are Mavyret and generic Epclusa.
- For BCBSNM commercial and retail members, the preferred HCV treatments are Harvoni, Epclusa, Mavyret, Sovaldi, and Vosevi.
- HCV drugs must be filled at AllianceRx Walgreens Prime specialty pharmacy. Call 1-877-627-6337 (TTY: 711) to reach this pharmacy.

For Blue Cross Medicare Advantage (HMOSM) and Blue Cross Medicare Advantage (PPOSM) Members, the preferred HCV treatments are Harvoni, with Epclusa and Mavyret for genotype 2 or 3.

1 Final Recommendation Statement: Hepatitis C: Screening. U.S. Preventive Services Task Force. December 2016.

2 Viral Hepatitis — Hepatitis C Information. Centers for Disease Control and Prevention. October 2015. <http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>

3 AASLD-IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection, November 2018. <https://www.hcvguidelines.org>

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Thank You for Participating in the HEDIS Medical Records Project

Blue Cross and Blue Shield of New Mexico (BCBSNM) is proud to be accredited by the National Committee for Quality Assurance (NCQA). NCQA accreditation demonstrates our dedication to improving the quality of our members' health and wellness.

The Quality team at Blue Cross and Blue Shield of New Mexico would like to thank you for your participation in our annual HEDIS Medical Record Project! Your willingness to provide medical records as well as welcome our nurses into your offices is greatly appreciated. Without your cooperation, successful completion of the HEDIS Medical Record Project would not be possible.

The Healthcare Effectiveness Data and Information Set (HEDIS[®]) are performance measures that are reflective of the clinical services that our members are receiving. The performance measures differ with lines of business, so BCBSNM provides resources for commercial, retail and Medicaid networks. These resources assist providers in understanding the measures and documentation that is reflective of HEDIS measure compliance and may be helpful in providing optimal health care for members.

These resources can be found under the "Clinical Resources" tab at bcbsnm.com/provider.

Below are direct links to the Clinical Quality Improvement Reference and the Performance Measures and Preventive Health provider resources.

BCBSNM Commercial:
[Clinical Quality Improvement Reference](#)

BCBSNM Medicaid:
[Provider Resource: Performance Measures](#)
[Provider Resource: Preventive Health](#)

Helping Patients Shop for Cost-Effective Knee/Hip Replacements

A surprising number of younger Americans are choosing to have knee and hip replacement procedures. However, they might be paying more — between 30 to 40 percent more — than they really need to.

Those are just two of the unexpected findings from a new report by Blue Cross Blue Shield Association (BCBSA). The data shows that 242,000 Americans spent \$25 million replacing their worn out or damaged joints during 2017. Those under 65 are the primary market.

The report entitled [“Planned Knee and Hip Replacement Surgeries Are on the Rise in the U.S.”](#) describes a growing national market for shiny new hips and knees. Interestingly, the exact same procedures cost 30 to 40 percent less in outpatient settings than inpatient venues. Yet only 11 percent of knee replacements happened in outpatient locations during 2017. Hip replacements were even lower at eight percent.

- An inpatient knee replacement costs around \$30,249, while an outpatient procedure runs about \$19,002.
- An inpatient hip replacement costs \$30,685, compared to \$22,078 at an outpatient setting.

It's also worth noting that prices can vary dramatically, even in the same city. In Dallas, for example, some hip replacement patients paid nearly four times the lowest price available.

Why are prospective patients missing out on these big savings? Given today's health care complexities, they simply might not know where to look. That's where you come in. They trust you to help them make informed, well-educated choices. And that's where we come in. We can help you direct your patients to affordable, high-quality care designed to meet their needs.

Patient safety, of course, dictates where these procedures should best take place. But the report notes that safety is comparable in both inpatient and outpatient settings. In some instances, outpatient complication rates are actually lower than inpatient.

So how to help guide patients to the best solution for their individual needs? You can start by steering them to [Blue Distinction® Centers+](#). It's an elite distinction awarded to health

care facilities for high-quality, cost-efficient specialty care. Savings can be as high as 24 percent compared to non-Blue Distinction Centers+.

There's also Blue Access for MembersSM, a 24/7 online service with, among other features, cost estimates, quality rankings and patient reviews of hospitals nationwide. We've made it a priority to give members advanced, easy-to-use tools and options that will help them make informed decisions about the best care choices for their particular needs.

So, the next time a patient comes to you with questions about the ups and downs of hip or knee replacement, isn't it nice to know you can give them resources and savings as well as peace of mind?

Find out more in the [BCBSA Health of America Report](#).

Changes to Specialty Drugs Preauthorization List: Always Check Preauthorization Requirements

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- Fasenra — changed from C9466 to J0517
- Radicava — changed from C9493 to J1301

The [Specialty Pharmacy Infusion Site of Care Benefit Preauthorization Drug List](#) can be found on the [Preauthorization page](#) of the BCBSNM [provider website](#).

For these select drugs you may need to submit a benefit preauthorization request to BCBSNM prior to administration of the drug and selection of Infusion Site of Care.

We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity® Provider Portal or your preferred vendor portal. It's also important to check eligibility and benefits for each patient at every visit to confirm coverage details. This step also helps you identify benefit preauthorization/prenotification requirements. You may also call the number on the member's ID card for assistance.

Also, stay current with BCBSNM [Medical Policy](#), under "Specialty Medication Administration Site of Care" RX 501.096.

For more information refer to the [Preauthorization web page](#) and [Specialty Pharmacy Program web page](#) on our [provider website](#) or contact our Provider Service Unit at **888-349-3706**.

Checking eligibility and benefits and/or obtaining benefit preauthorization/prenotification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient.


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Reporting On-Demand Application Now Available for Medicare Advantage via Availity® Provider Portal

This notice applies to providers submitting claims for the following government programs Blue Cross and Blue Shield of New Mexico (BCBSNM) members:

- **Blue Cross Medicare Advantage (HMO)SM**
- **Blue Cross Medicare Advantage (PPO)SM**

As of May 20, 2019, for the above-referenced members, registered Availity users may access Reporting On-Demand to view, download, save and/or print the Provider Claim Summary (PCS) for claims processed on or after April 12, 2019. Reporting On-Demand is located in the BCBSNM-branded Payer Spaces section on the Availity Portal. This online application gives you a way to get claim outcome results for multiple patients, in one central location.

For instructions on how to use this application, you'll find a [Reporting On-Demand tip sheet](#)  in the [Provider Tools section](#) of our Provider website.

In addition to Reporting On-Demand, BCBSNM supports an array of online tools that are available to registered Availity users, at no additional cost. To register, simply go to availity.com , select "Register," and complete the online application today.

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.