



BLUE REVIEWSM

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Education & Reference

2019 Benefit Preauthorization Changes: eviCore® Training, Reminders and Resources

As we announced in November 2018, Blue Cross and Blue Shield of New Mexico (BCBSNM) will expand the number of outpatient services requiring benefit preauthorization for some BCBSNM members with commercial PPO products/networks, effective Jan. 1, 2019. With this expansion, you will need to obtain benefit preauthorization through eviCore healthcare (eviCore) for the following care categories:

- Advanced Imaging
- Musculoskeletal (includes joint and spine surgery)
- Pain Management

To help you and your staff get ready for these benefit preauthorization requirement changes, eviCore will be hosting several online orientation sessions. You will be able to attend the web orientation session that works best for you and your schedule.

[Read More](#)

Additional 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. 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.

Responding to Electronic Quality and Risk Adjustment Medical Record Requests via Availity™ Provider Portal

BCBSNM is committed to making it easier for providers to do business with us. Providers may now receive electronic quality and risk adjustment medical record requests from BCBSNM. The necessary documentation can be submitted electronically through the Availity Provider portal.

[Read More](#)

Blue Cross Medicare AdvantageSM (Medicaid)

Cardiology Services No Longer Require Preauthorization for Blue Cross Medicare Advantage, Effective Dec. 17, 2018

For dates of service on or after Dec. 17, 2018, BCBSNM will no longer require preauthorization for cardiology services for Blue Cross Medicare Advantage members. This change applies only to cardiology services for Blue Cross Medicare Advantage members, including those who are attributed to DaVita Medical Group.

[Read More](#)

Federal Employee Program® (FEP®)

Introducing FEP Blue FocusSM

Starting Jan. 1, 2019, you may begin seeing Blue Cross and Blue Shield of New Mexico (BCBSNM) FEP members with FEP Blue Focus, a new benefit plan consistent with our commitment to expand access and make health care more affordable. We will also continue to offer FEP members our Standard Option and Basic Option products.

[Read More](#)

Blue Cross Community CentennialSM (Medicaid)

Change in Preferred Diabetic Testing Supplies for Blue Cross Community CentennialSM Members, Effective Jan. 1, 2019

Beginning Jan. 1, 2019, OneTouch[®] diabetic testing supply products will become preferred products for Blue Cross Community Centennial prescription drug coverage. To minimize disruption in therapy, current members will continue to receive coverage for non-preferred products for 60 days after the effective date. After March 3, 2019, members will only receive coverage for the preferred product. We encourage you to help transition your patients to our preferred product during this time span.

[Read More](#)

Performance Measure — Timeliness of Postpartum Care

The HEDIS technical specification defines the postpartum care measure as a postpartum visit, which occurs on or between 21 and 56 calendar days after delivery. Postpartum visits do not have to be performed by the obstetrician who delivered the baby; they may be performed by OB/GYN practitioners or midwives, family practitioners, advanced practice nurses, or other PCPs. Documentation of the postpartum visit is vital and there are specific HEDIS requirements for documenting the visit.

[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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2019 Benefit Preauthorization Changes:

eviCore® Training, Reminders and Resources

We know it's a busy time of year, so we wanted to remind you of some upcoming changes, as well as related resources to help you and your staff prepare.

As we announced in [November 2018](#), Blue Cross and Blue Shield of New Mexico (BCBSNM) will expand the number of outpatient services requiring benefit preauthorization for some BCBSNM members with commercial PPO products/networks, effective Jan. 1, 2019. With this expansion, you will need to obtain benefit preauthorization through eviCore healthcare (eviCore) for the following care categories (eviCore is an independent specialty medical benefits management company that provides utilization management for BCBSNM):

- Advanced Imaging
- Musculoskeletal (includes joint and spine surgery)
- Pain Management

We work to make health care more affordable for our members through initiatives and programs focused on providing the access to care that our members need. That's why we will be working more closely with eviCore for preauthorization of certain services and why some other services will now require preauthorization by BCBSNM.

Sign Up for an eviCore Training Session

To help you and your staff get ready for these benefit preauthorization requirement changes, eviCore will be hosting several online orientation sessions. You will be able to attend the web orientation session that works best for you and your schedule. Visit the [Provider Resource page](#) on the eviCore website, where you will find the training session invite, along with registration instructions.

Benefit preauthorization through BCBSNM will continue to be required for other services/care categories. For benefit preauthorization through BCBSNM, we encourage you to use our online tool, [iExchange®](#).

Services performed without benefit preauthorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSNM members. *Obtaining benefit preauthorization/pre-notification is not a substitute for confirming eligibility and benefits.*

Always Check Eligibility and Benefits First

Benefits will vary based on the service being rendered and individual and group policy elections. It is critical to check eligibility and benefits for each patient to confirm coverage details. This step will also identify benefit preauthorization/pre-notification requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the [Availity® Provider Portal](#) or your preferred web vendor portal.

Learn More About Availity and iExchange

We offer a variety of webinars with an emphasis on using electronic options. We encourage you to attend a BCBSNM Back to Basics: "Availty 101" webinar for an overview of electronic transactions, such as eligibility and benefits, that can be conducted via the Availity Portal. Also, be sure to sign up for an iExchange webinar to learn how to access and navigate our online benefit preauthorization tool.

Dates, times and online registration links for upcoming BCBSNM webinars, visit the [Webinars page](#).

Stay Informed

Continue to watch the [News and Updates](#) for more information in the coming weeks.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSNM. 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. iExchange is a trademark of Meddecision, Inc. (Meddecision), 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 eviCore, Availity or Meddecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Checking eligibility and benefits and/or obtaining preauthorization/pre-notification for a service is not a guarantee of payment of benefits. Payment of benefits 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 the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider. **If you have any questions, please call the number on the member's BCBSNM ID card.**

Responding to Electronic Quality and Risk Adjustment

Medical Record Requests via Availity™ Provider Portal

As we announced in [November 2018](#), Blue Cross and Blue Shield of New Mexico (BCBSNM) will expand the number of outpatient services requiring benefit preauthorization for some BCBSNM members with commercial PPO products/networks, effective Jan. 1, 2019. With this expansion, you will need to obtain benefit preauthorization through eviCore® healthcare (eviCore) for the following care categories (eviCore is an independent specialty medical benefits management company that provides utilization management for BCBSNM):

BCBSNM is committed to making it easier for providers to do business with us. Providers may now receive electronic quality and risk adjustment medical record requests from BCBSNM. The necessary documentation can be submitted electronically through the Availity Provider portal.

Submitting requested records is simple. Once users have logged into the Availity web portal, requests for these medical records from BCBSNM will display in the **Notification**

Center, providers may then upload and submit medical record documentation using the "Medical Attachments" application. Providers may track and audit their submissions.

To receive and respond to these medical records requests, you must be registered with [Availity](#). To enable this feature, administrators must log in and select Enrollment Center > Medical Attachments Setup, then enter the required data.

BCBSNM is aiming to integrate payer-provider transactions and processes within providers' daily Availity workflow. We anticipate this new electronic quality and risk adjustment medical records submission capability has the potential to:

- Lessen the administrative burden and inconveniences associated with mailing or faxing medical records
- Reduce delays and frustrations associated with paper submissions
- Lessen in-person visits to retrieve medical records

Mailing and faxing medical records remain options for all participating providers. Network providers who are not Availity users are encouraged to register with availability.com and complete the online application, at no charge.

Becoming a registered Availity user grants access to many other tools and resources, while also allowing you to begin using new payer-provider's business solutions immediately upon launch.

For more information, refer to the [Responding to Electronic Quality and Risk Adjustment Medical Records Requests Tip Sheet](#) in the Provider Tools/Education and Reference Center at bcbsnm.com/provider. BCBSNM will be providing additional information regarding electronic medical records submissions in 2019.

At this time, medical records for utilization review and claims adjudication cannot be electronically requested or submitted through Availity. We are working on enhancing capabilities throughout 2019.

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.

Cardiology Services No Longer Require Preauthorization for Blue Cross Medicare AdvantageSM, Effective Dec. 17, 2018

For dates of service on or after Dec. 17, 2018, Blue Cross and Blue Shield of New Mexico (BCBSNM) will no longer require preauthorization for cardiology services for Blue Cross Medicare Advantage members.

This change applies only to cardiology services for Blue Cross Medicare Advantage members, including those who are attributed to DaVita Medical Group. To confirm that a particular cardiology service no longer requires preauthorization, please consult the updated Blue Cross Medicare Advantage preauthorization list available under the [Claims & Eligibility tab](#) at bcbsnm.com/provider.

Claims for services for which preauthorization is required by BCBSNM and not obtained by network providers may be denied for payment in whole or in part, and network providers 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. When services may not be covered, members should be notified that they may be billed directly.

If you have any questions regarding this communication, please contact your [Provider Network Representative](#).

Federal Employee Program® (FEP®) Introduces FEP Blue FocusSM

Starting Jan. 1, 2019, you may begin seeing Blue Cross and Blue Shield of New Mexico (BCBSNM) FEP members with FEP Blue Focus, a new benefit plan consistent with our commitment to expand access and make health care more affordable. We will also continue to offer FEP members our Standard Option and Basic Option products.

Some of the features of FEP Blue Focus include:

- The first ten office visits of the year to in-network doctors for only \$10
- No more than a \$5 copay for preferred generic drugs
- No copay for the first two telehealth visits, \$10 copay for each additional visit
- No copay or coinsurance for ER visits for accidental injuries if the visits are within 72 hours of the injury

BCBSNM is proud of our long history of serving federal employees, retirees and their families with products that deliver high-quality, comprehensive coverage. We appreciate your continued partnership in serving our FEP members.

Change in Preferred Diabetic Testing Supplies for Blue Cross Community CentennialSM Members, Effective Jan. 1, 2019

Beginning Jan. 1, 2019, OneTouch[®] diabetic testing supply products will become preferred products for Blue Cross Community Centennial prescription drug coverage.

- Blue Cross Community Centennial members currently using other diabetic testing supply products will need to switch their blood glucose meters, test strips and lancets to the OneTouch products. Members currently using Bayer Contour[®] diabetic testing supply products will receive a letter about this change.
- To minimize disruption in therapy, current members will continue to receive coverage for non-preferred products for 60 days after the effective date. After March 3, 2019, members will only receive coverage for the preferred product. We encourage you to help transition your patients to our preferred product during this time span.
- **Please note:** To align with this benefit change, providers should make every effort to transition new Blue Cross Community Centennial members to OneTouch products by January 1, 2019 (new members have transition benefits).

Products Removed from Drug List on Jan. 1, 2019	Alternative Products Added to Drug List on Jan. 1, 2019
Bayer Contour Test Strips 25s	OneTouch Verio Flex [®] System Kit
Bayer Contour Test Strips 50s	OneTouch Ultra [®] Test Strips 25s
Bayer Contour Test Strips 100s	OneTouch Ultra Test Strips 50s
Bayer Contour Next Test Strips 25s	OneTouch Ultra Test Strips 100s
Bayer Contour Next Test Strips 50s	OneTouch Verio [®] Test Strips 25s
Bayer Contour Next Test Strips 100s	OneTouch Verio Test Strips 50s
Bayer Breeze 2 Test Strips 30s	OneTouch Verio Test Strips 100s
Bayer Breeze 2 Test Strips 50s	OneTouch Ultra 2 System
Bayer Breeze 2 Test Strips 100s	OneTouch UltraMini [™] System Kit Silver Moon [™]
Bayer Contour Meter Kit	OneTouch UltraMini System Kit Pink Glow [™]

Bayer Contour Next Meter Kit	OneTouch UltraMini System Kit Blue Comet™
Bayer Contour Next Link Meter Kit	OneTouch Verio System Kit
Bayer Contour Next One Meter Kit	
Bayer Breeze 2 Meter Kit	

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Members and providers can call the Member Services phone number on the back of the member's ID card for any questions about this change. Such services are funded in part with the State of New Mexico.

Performance Measure – Timeliness of Postpartum Care

According to the American College of Obstetricians and Gynecologists (ACOG) committee opinion in May 2018, "The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being ... As many as 40% of women do not attend a postpartum visit." Blue Cross and Blue Shield of New Mexico (BCBSNM) encourages providers to improve the timeliness of postpartum care consistent with Healthcare Effectiveness Data and Information Set (HEDIS®) reporting.

The HEDIS technical specification defines the postpartum care measure as a postpartum visit which occurs on or between 21 and 56 calendar days after delivery. Postpartum visits do not have to be performed by the obstetrician who delivered the baby; they may be performed by OB/GYN practitioners or midwives, family practitioners, advanced practice nurses, or other PCPs. **Documentation of the postpartum visit is vital** and there are specific HEDIS requirements for documenting the visit.

To conform to HEDIS reporting, providers must include a note with name and credentials of the person who conducted the postpartum visit, the date when postpartum visit occurred, **and at least ONE** of the following:

- Pelvic exam
- Evaluation of weight, blood pressure, breast and abdomen. Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.
- Notation of postpartum care:
 - "PP care," "PP check," "6-week check"
 - A preprinted "PP care" form in which information was documented during the visit

Documentation must be legible.

Here are some additional tips to meet the HEDIS measure for postpartum visits:

- Utilize the [BCBSNM Clinical Quality Improvement Reference](#).
- Consider using a standard form such as the ACOG [antepartum/postpartum record](#).
- Book your patient's postpartum visit in advance of the delivery.
- Schedule a postpartum visit early in the post 21- to 56-day interval to allow time for rescheduling for missed or cancelled appointments.
- Schedule postpartum visit back-to-back with newborn visits.
- Remind new moms about the importance of their own follow-up.
- **Consider unbundling codes for all obstetrical services.** Global billing or bundling codes do not provide specific information needed for the HEDIS prenatal and postpartum care measures. Codes unbundled for HEDIS reporting remain subject to bundling edits for claims processing.

If you have any questions, please contact BCBSNM Provider Customer Service at 1-800-693-0663, Monday through Friday, 8 a.m. to 5 p.m.

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

HEDIS is a registered trademark of NCQA.