BlueCross BlueShield of New Mexico

BLUE REVIEW℠

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Education & Reference

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 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.

View the Pharmacy Program Updates effective as of October 1, 2019 at bcbsnm.com/provider.

Reminder: Verify Procedure Code Preauthorization Requirements Online

In the Dec. 2018 News & Updates we announced a new online capability that allows providers to verify preauthorization requirements for specific Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes via an eligibility and benefits inquiry in the Availity® Provider Portal. Since implementation many updates have been made to improve articulation.

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Member Letters Have a New, Simpler Look

BCBSNM knows your time is valuable. To make our member letters (that you receive copies of) more straightforward and simple, we have a fresh, updated look eliminating nonessential

information. Best of all, the new layout is now in color and includes symbols that are easy to understand. The changes are designed to make it almost effortless to locate answers for the most common questions about the services your patients received. Both you and your patients can find the information you need fast. As always, you will be copied on member letters related to service request approvals and denials. Keep a lookout for the redesigned letters.

Blue Cross Medicare Advantage℠ (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.

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Notice of Change to Preservice Appeals Process for your Medicare Patients Covered by Blue Cross and Blue Shield of New Mexico

Beginning Nov. 1, 2019, eviCore® healthcare (eviCore), an independent medical benefits management company, will no longer administer the appeals process for denied and partially denied prior authorizations for members of Medicare in New Mexico. BCBSNM will assume responsibility for conducting the preservice appeals process, from preservice appeal intake to appeal determination. eviCore, will however, continue its role in administering the initial determination of prior authorization requests.

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Blue Cross Community Centennial℠ (Medicaid)

Blue Cross Community Centennial℠ Quality Toolkit Updates

BCBSNM has revised the Quality Toolkit for Blue Cross Community Centennial contracted providers available at bcbsnm.com/provider. These tools contain a collection of preventive health guidelines and best practices selected from the Healthcare Effectiveness Data and Information Set (HEDIS®) standardized performance measures. The updated Quality Toolkit includes information about the Consumer Assessment of Health Plans Survey (CAHPS®); adult, children, and women's health; and much more. We hope these tools will provide you with a better understanding of the standards and documentation required for these measures.

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, 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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Reminder: Verify Procedure Code Preauthorization Requirements Online

In the Dec. 2018 News & Updates we announced a new online capability that allows providers to verify preauthorization requirements for specific Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes via an eligibility and benefits inquiry in the Availity® Provider Portal. Since implementation many updates have been made to improve articulation.

HOW TO RECEIVE ACCURATE RESULTS

To ensure code-specific preauthorization requirements are returned online, a valid CPT/HCPCS code(s)* and associated place of service must be submitted in the eligibility and benefit inquiry (270). If a CPT/HCPCS code is not entered, then the place of service and benefit/service type are required. If a benefit/service type is not selected, the place of service and at least one CPT/HCPCS code is required. Additionally, no benefit or preauthorization information will return for the benefit/service type if one is not selected.

* *Providers may enter up to eight procedure codes in the inquiry.*

The eligibility and benefit inquiry response (271) displays preauthorization requirements in the Pre-Authorization Info tab. In some instances, providers may receive a "Auth Info Unknown" response for the requested benefit/service type. If preauthorization is required or unknown, contact information for completing the request and other important details are included.

As a reminder, **the CPT/HCPCS code inquiry option is for preauthorization determination only and is not a code-specific quote of benefits**.

EXCEPTIONS

Online code-specific preauthorization information is not yet available for the following Blue Cross and Blue Shield of New Mexico (BCBSNM) members:

- Federal Employee Program® (FEP®)
- Blue Cross Medicare Advantage (HMO)℠ and Blue Cross Medicare Advantage (PPO)℠

RESOURCES

Learn how to successfully verify preauthorization requirements for benefits and procedure online by referencing the General Eligibility and Benefits Expanded Tip Sheet located on the Online Transaction Tip Sheet page at *bcbsnm.com/provider*. For additional assistance, contact the Provider Education Consultants at PECS@bcbsnm.com.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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 or contract of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

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representations or warranties regarding any products or services provided by independent 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.

CMS-Required Training for Dual-Special Needs Plans

November 14, 2018

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)℠.

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.

Notice of Change to Preservice Appeals Process for your Medicare Patients Covered by Blue Cross and Blue Shield of New Mexico

There are important changes to the preservice appeals process for your Blue Cross and Blue Shield of New Mexico (BCBSNM) patients enrolled in Medicare programs.

Beginning Nov. 1, 2019, eviCore® healthcare (eviCore), an independent medical benefits management company, will no longer administer the appeals process for denied and partially denied prior authorizations for members of Medicare in New Mexico. BCBSNM will assume responsibility for conducting the preservice appeals process, from preservice appeal intake to appeal determination. eviCore, will however, continue its role in administering the initial determination of prior authorization requests.

Note: The medical policies being used for preservice appeal reviews will not change. Remember when submitting a preservice appeal to always follow the directions included within the denial letter.

These changes are designed to streamline workflows and lead to an improved member and provider experience.

Going forward, it is critical to use Availity® or your preferred vendor to check eligibility and benefits, determine if you are in-network for your patient, and whether any preauthorization or prenotification is required. Availity allows you to determine if preauthorization is required based on the procedure code. Refer to "Eligibility and Benefits" on the provider website for more information on Availity. Providers can also refer to the Preauthorizations/Claims & Eligibility page on bcbsnm.com/provider for assistance.

For other services requiring preauthorization through BCBSNM, use iExchange® to preauthorize those services. For more information or to set up an iExchange account, please go to https://www.bcbsnm.com/provider/tools/iexchange.html.

Payment may be denied if you perform procedures without authorization. If this happens, you may not bill your patients.

As a reminder, it is important to check eligibility and benefits prior to rendering services. This step will help you determine if benefit preauthorization is required for a particular member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSNM's provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized 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.

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