

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

April 2020

## Education & Reference

### **Three New ClaimsXten™ Rules to be Implemented June 2020**

On or after June 15, 2020, we will update our ClaimsXten software database to better align coding with the reimbursement of claim submissions. The rules for Revenue Codes Requiring Healthcare Coding System (HCPCS) Codes, Lifetime Event, and Multiple Medical Same Day Visits will be updated.

[Read More](#)

### **Obtain Your Provider Claim Summary (PCS) Online — PCS Mailing Discontinuation as of May 4, 2020**

As of May 4, 2020, Blue Cross and Blue Shield of New Mexico (BCBSNM) will discontinue the mailing process for paper PCS receivers. If you currently receive mailed PCS reports and would like to continue to receive via mail or learn more about Reporting On-Demand, you may submit a request to the Provider Education Consultants.

[Read More](#)

### **Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2020, Part 1**

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 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 April 1, 2020 \(Part 1\).](#)

## 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.

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### **CMS Star Ratings Matter: Survey to Assess Medicare Advantage Members' Experiences**

The Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) survey will be sent to a random sample of members enrolled in our Blue Cross Medicare Advantage<sup>SM</sup> and/or prescription drug plans. The survey will be conducted from March through June 2020. If your patients receive a CAHPS survey, please encourage them to respond.

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

### **Required Cultural Competency Training Available Online**

The New Mexico Human Services Department (HSD) requires all providers contracted within a New Mexico Medicaid Network, like Blue Cross Community Centennial, to take annual cultural competency training. This training is intended to include all cultures and not be limited to any particular group and is designed to address the needs of racial, ethnic, and linguistic populations that may experience unequal access to health services.

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## **Telemedicine Grant Funding Opportunity for Contracted Providers**

BCBSNM is offering a telemedicine grant funding opportunity for contracted behavioral health and primary care providers with funding ranging from \$10,000.00 to \$50,000.00 per award. Deadline for applications is April 27, 2020.

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## **2020 Centennial Care Performance Measures**

HSD continues support of Health Effectiveness Data and Information Set (HEDIS®) measures as the standard for Quality Performance Measures for New Mexico Medicaid managed care organizations. HSD has specified the performance measures targeted for calendar year 2020. BCBSNM seeks collaborative opportunities with contracted providers in the Blue Cross Community Centennial network on the HEDIS measures described below to drive high-quality outcomes in 2020.

[Read More](#)

## **Updates Made to the Blue Cross Community Centennial Section of the BCBSNM Provider Reference Manual**

The Blue Cross Community Centennial section of the BCBSNM Provider Reference Manual (PRM) has been updated, effective May 1, 2020.

Changes to the PRM include, but are not limited to, the following sections:

- Program overview
- Health Care Management
- Member Rights and Responsibilities
- Obligation to Provide Access to Care
- Pharmacy Services
- Contact Lists

The updated PRM is available for review on the [Provider Reference Manual webpage](#) at [bcbsnm.com/provider](https://bcbsnm.com/provider). Blue Cross and Blue Shield of New Mexico reminds providers to review the PRM for all changes.

## **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](#). Failure to update information on the NM Medicaid Provider Web Portal may result in the denial of claims

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](http://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](http://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](http://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](http://bcbsnm.com/provider)

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## Three New ClaimsXten™ Rules to be Implemented June 2020

On or after June 15, 2020, we will update the ClaimsXten software database to better align coding with the reimbursement of claim submissions.

- On or after June 15, 2020 we will update three rules: Revenue Codes Requiring Healthcare Coding System (HCPCS) Codes, Lifetime Event, Multiple Medical Same Day Visits.

<b>Revenue Codes Requiring (HCPCS) Code</b>	<p>This rule recommends the denial of claim lines if they are:</p> <ul style="list-style-type: none"><li>• Submitted with a revenue code that requires a HCPCS code, and</li><li>• No HCPCS code is present.</li></ul> <p>If a claim is missing a HCPCS code, the claim line will be denied.</p>
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<p><b>Lifetime Event</b></p>	<p>This rule audits claims to determine if a procedure code has been submitted more than once or twice on the same date of service or across dates of service when it can only be performed once or twice in a lifetime for the same member.</p> <p>The Lifetime Event is the total number of times that a procedure may be submitted in a lifetime.</p> <p>This is the total number of times it is clinically possible or reasonable to perform a procedure on a single member. After reaching the maximum number of times, additional submissions of the procedure are not recommended for reimbursement.</p>
<p><b>Multiple Medical Same Day Visits</b></p>	<p>This outpatient facility rule identifies and recommends the denial of claims with multiple Evaluation &amp; Management (E&amp;M) codes and other visit codes that are:</p> <ul style="list-style-type: none"> <li>• Submitted on the same date of service,</li> <li>• Performed at the same facility,</li> <li>• Submitted with the same revenue code, and</li> <li>• Where the second and subsequent E&amp;M code submitted lacks the required modifier –27.</li> </ul> <p>If a claim is missing a HCPCS code, the claim line will be denied.</p>

To determine how coding combinations may be evaluated during claim adjudication, use Clear Claim Connection™ (C3). Refer to the [Clear Claim Connection page](#) for answers to [frequently asked questions](#) about ClaimsXten and details on how to gain access to C3.

ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSNM. Change Healthcare is solely responsible for the software and all the contents. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Change Healthcare. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

## Obtain Your Provider Claim Summary (PCS) Online — PCS Mailing Discontinuation as of May 4, 2020

Are you tired of waiting on your paper mailed provider claim summary (PCS) reports to determine the outcome of claims processed by Blue Cross and Blue Shield of New Mexico (BCBSNM)? No need to wait, you can obtain your PCS online using the Reporting On-Demand tool via the Availity® Provider Portal. Online self-service access to the PCS allows you to acquire claim processing details in just a few clicks.

## What is changing?

As of May 4, 2020, BCBSNM will discontinue the mailing process for paper PCS receivers. If you currently receive mailed PCS reports and would like to continue to receive via mail or learn more about Reporting On-Demand, you may submit a request to the [Provider Education Consultants](#).

## How do I obtain my PCS reports online?

Providers can view, download and/or print the PCS once BCBSNM processes the claim using the Reporting On-Demand tool, at no cost. This online application is in BCBSNM-branded Availity Payer Spaces and gives you a way to get claim outcome results for multiple patients in one central location. For navigational instructions, refer to the [Reporting On-Demand tip sheet](#) on our Provider website.

Reporting On-Demand is available to registered Availity users. If you are not yet registered with Availity, visit [Availity](#) and complete the online, no cost, guided registration today.

## Not Registered for Electronic Remittance Advice (835 ERA)?

The ERA or ANSI 835 transaction is a HIPAA-compliant method of receiving **claim payment and remittance** details. The ERA can be **automatically posted** to your patient accounting system. When you enroll for ERA, you can automatically be enrolled for the electronic payment summary (EPS), which is an electronic version of the PCS.

If you have not yet enrolled to receive 835 ERA or EPS files from BCBSNM, you can enroll online via the Availity Portal. Refer to the [Availity EFT & ERA Enrollment tip sheet](#) for enrollment instructions. Additionally, ERA receivers may also use [Availity's Remittance Viewer tool](#) to search, view, save and print remittance information, even if the ERA is delivered to an appointed receiver.

## Training

BCBSNM is hosting complimentary webinars you to learn how to obtain the PCS report online using the Reporting On-Demand tool. Simply click on your preferred date and time below to register.

- [April 14, 2020 – 2 p.m. to 2:30 p.m.](#)
- [April 16, 2020 – 9 a.m. to 9:30 a.m.](#)
- [April 28, 2020 – 1 p.m. to 1:30 a.m.](#)
- [April 30, 2020 – 11 a.m. to 11:30 a.m.](#)

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. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity or eviCore. 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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# CMS Star Ratings Matter: Survey to Assess Medicare Advantage Members' Experiences

As a Medicare provider, you play an important role in an annual survey to assess our members' experiences with their health plans and prescription drug services. The Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey will be sent to a random sample of members enrolled in our Blue Cross Medicare Advantage<sup>SM</sup> and/or prescription drug plans. The survey will be conducted from March through June 2020. If your patients receive a CAHPS survey, please encourage them to respond.

The CAHPS survey evaluates how our members interact with their health plan, including with you, their Medicare provider. Survey results identify opportunities to improve member satisfaction. Results also affect the Centers for Medicare & Medicaid Services (CMS) Star Ratings, which rate Medicare Advantage plans on a scale from one to five stars. More information on the Star Ratings is available on the CMS [Medicare website](#).

## CAHPS Survey Questions

The CAHPS survey asks members to rate their last six months of care. Examples of survey topics and questions include:

- Getting needed care – Did you receive the care you felt you needed quickly and were you able to get urgent appointments with a specialist if needed?
- Provider communication – Did your provider show respect, spend enough time and explain things in a way you could understand?
- Customer service – Did you receive helpful information from office staff?
- Care coordination – Was your provider informed and up-to-date about the care you received from other providers?
- Flu vaccination – Did your provider educate you on the benefits and importance of a yearly flu vaccination?
- Smoking cessation – Did your provider ask if you smoke or use tobacco and if so, advise you to quit and discuss medications and strategies?

## How You Can Help Improve Members' Experiences

You and your staff can help improve members' experiences year-round. Questions to consider include:

- Do you or your office staff assist patients in scheduling appointments with specialists?
- Are urgent care walk-in appointments available in the morning and evening hours?
- Do you spend time explaining things to patients in a way they can easily understand?
- Do you provide patients with educational materials?
- Do you discuss treatment and medication options with patients?
- Do you educate patients about preventive illnesses?



## Learn More

[See this flier](#) to learn more about the CAHPS survey and steps you can take to improve results. More information is available on the [CMS website](#).

This information is for informational purposes only and is not a substitute for the sound medical judgment of a provider. Members are encouraged to talk to their provider if they have any questions or concerns regarding their health.

HMO, PPO, and HMO Special Needs Plans provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. Enrollment in HCSC's plans depends on contract renewal.

Prescription drug plans provided by Blue Cross and Blue Shield of New Mexico, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.


CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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## Telemedicine Grant Funding Opportunity for Contracted Providers

Blue Cross and Blue Shield of New Mexico (BCBSNM) encourages its contracted providers to furnish covered services to BCBSNM members via qualifying and compliant interactive telecommunications systems and/or asynchronous store-and-forward technology, where clinically appropriate, especially to those members living in rural or frontier areas of the state. Coverage requirements may vary by line of business. For example, Medicare guidelines for telehealth reimbursable services may be more rigorous than New Mexico Medicaid's.

BCBSNM is offering a telemedicine grant funding opportunity for contracted behavioral health and primary care providers with funding ranging from \$10,000.00 to \$50,000.00 per award. Deadline for applications is April 27, 2020. See attached [Telehealth Grant Funding Provider Letter](#) for application requirements.

To assist, BCBSNM has a Telemedicine — [Telehealth Quick Reference Guide](#)  available for providers at the BCBSNM website under the Providers tab in the [Standards & Requirements section](#). The guide includes information about reimbursable Telemedicine including software/hardware requirements for several lines of business, as well as other resources to assist providers in furnishing reimbursable Telemedicine services ("Telehealth," in Medicare parlance). Note, however, that the guide is informational and not dispositive; final coverage determinations shall be made in accordance with applicable laws and other program requirements, with which providers should be familiar and comply. Examples of Telemedicine services may include:

- Dermatology
- Retinal eye scans

- Sleep medicine
- Psychotherapy, individual and family
- Pharmacologic management
- Psychiatric diagnostic evaluation
- E-visits furnished by MDLive

For the New Mexico Medicaid program, BCBSNM reimburses the code Q3014 Telehealth originating site facility fee the lesser of billed charges or \$79.45 if all program requirements are met. Please see the Quick Reference Guide identified above for additional information.

**If you are a participating provider who would like to be an originating site for behavioral health Telemedicine services**, (e.g., where the member would go to receive behavioral health services from a remotely located behavioral health provider), please send an email with a brief description of your interest to Steve DeSaulniers, BCBSNM Behavioral Health Program Manager at [stephen\\_c\\_desaulniers@bcbsnm.com](mailto:stephen_c_desaulniers@bcbsnm.com). BCBSNM may be able to help connect you with behavioral health providers who furnish Telemedicine.

**If you are a Telemedicine provider who participates with BCBSNM and would like to work with other participating providers who are interested in furnishing an originating site for your Telemedicine services**, please email Steve DeSaulniers at [stephen\\_c\\_desaulniers@bcbsnm.com](mailto:stephen_c_desaulniers@bcbsnm.com) with a brief description of your interest. BCBSNM may be able to help connect you with such originating site providers.

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

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## 2020 Centennial Care Performance Measures

Blue Cross and Blue Shield of New Mexico (BCBSNM) aims to work with independently contracted providers in the Blue Cross Community Centennial<sup>SM</sup> network to offer members access to quality health care as measured through Health Effectiveness Data Information Set (HEDIS<sup>®</sup>). HEDIS metrics are developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across managed care organizations. The New Mexico Human Services Department (HSD) continues support of HEDIS measures as the standard for Quality Performance Measures for New Mexico Medicaid managed care organizations. HSD has specified the performance measures targeted for calendar year 2020. BCBSNM seeks collaborative opportunities with contracted providers in the Blue Cross Community Centennial network on the HEDIS measures described below to drive high-quality outcomes in 2020.

	Performance Measure	Sub-measure
Physical Health	Well-Child Visits in the First 15 Months of Life (W15)	The percentage of members who turned fifteen (15) months old during the measurement year and had six (6) or more well-child visits.
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	The percentage of members ages three (3) through seventeen (17) years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.
	Prenatal and Postpartum Care (PPC)	<i>Prenatal Care.</i> The percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year in which enrolled member received a prenatal care visit in their first trimester or within forty-two (42) calendar days of enrollment.
		<i>Postpartum Care.</i> The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
Childhood Immunization Status (CIS)	The percentage of children 2 years of age who had	

	immunizations as outlined in Combination 3 (see below).							
	Antigen	DTaP	IPV	MMR	HiB	HepB	VZV	PCV
	Number of Vaccinations Needed	4	3	2	3	3	1	4

	Performance Measure	Sub-measure
<b>Behavioral Health</b>	Antidepressant Medication Management (AMM)	<i>Continuous Phase</i> The percentage of members age eighteen (18) years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty (180) calendar days (6 months) of continuous treatment with an antidepressant medication.
	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)	The percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
	Follow-Up After Hospitalization for Mental Illness (FUH)	<i>30-Day</i> The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health

		practitioner within 30 days after discharge.
	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	30-Day The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days of the ED visit.
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	The total percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following; Initiation of Alcohol and/or Other Drug Treatment.

BCBSNM thanks the contracted providers in the Blue Cross Community Centennial network for the care they give to members. For complete information including performance measure reference guides, please visit [bcbsnm.com/provider](http://bcbsnm.com/provider) under the “Clinical Resources” tab. Providers with questions or inquiries regarding Blue Cross Community Centennial performance measurements and/or the Quality Improvement Program are encouraged to [email](#) BCBSNM.

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