

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

February/March 2020

## Education & Reference

### **Two New ClaimsXten™ Rules to be Implemented in 2020**

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### **New BCBSNM 837 Commercial Claim Validation Edits**

As of April 1, 2020, Blue Cross and Blue Shield of New Mexico (BCBSNM) will implement new electronic claim submission validation edits for commercial Professional and Institutional claims (837P and 837I transactions). These claim edits will be applied to claims during the pre-adjudication process to help increase efficiencies and to comply with Medicare data reporting requirements.

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### **Prior Authorization Changes for ID Prefixes BBE, BHP, BNK, BRG and BYR**

Effective March 1, 2020, some Blue Cross and Blue Shield of Illinois (BCBSIL) members in New Mexico will have new prior authorization requirements through eviCore healthcare (eviCore). The members have the following ID prefixes: BBE, BHP, BNK, BRG, BYR.

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### **Shared Decision-Making Aids Available Online**

BCBSNM has developed a list of evidence-based shared decision-making aids that provide information about treatment options, lifestyle changes and outcomes. These aids are not intended to replace your guidance, but to complement the conversations you have with your patients. Engaging your patients in decision making can lead to better outcomes and quality of life. You can find these shared decision-making aids at [bcbsnm.com/provider](http://bcbsnm.com/provider) under the “Clinical Resources” tab in the related resources.

[Read More](#)

### **Introducing a New Preauthorization Submission Tool via Availity® Provider Portal**

A new online application for submission of electronic benefit preauthorization requests — Health Insurance Portability and Accountability Act of 1996 (HIPAA) 278 transactions — will soon be available via the Availity Portal. This new tool — Availity Authorizations — offers more convenient functionality, helping make it faster and easier to submit and receive confirmation of online requests when benefit preauthorization from BCBSNM is required.

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### **2020 Annual HEDIS® Medical Record Review Begins February 2020**

Annually, BCBSNM collects healthcare effectiveness data through medical record chart review for reporting to the National Committee for Quality Assurance (NCQA) and the Center for Medicare and Medicaid Services (CMS) for the Quality Rating System (QRS). To meet the reporting requirements, BCBSNM will be collecting medical records using internal staff. If you receive a request for medical records, we request you reply within 5 business days.

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## **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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### **Thank You: RADV/IVA Project 2019**

The Network Services RADV-IVA Team at BCBSNM would like to thank you for your participation in our annual RADV/IVA Project. Your willingness to provide medical records in

timely manner is greatly appreciated. Without your cooperation, successful completion of the project would not be possible.

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## Updates Made to the Medicare Advantage Section of the Provider Reference Manual

The Medicare Advantage section of the Provider Reference Manual (PRM) has been updated, effective Feb. 20, 2020.

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

- 10 — Quality Improvement

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.

## 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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### 2019 Medical Record Review

The BCBSNM Quality Improvement Department performs an annual medical record review audit to assess whether practitioners/providers meet the minimum New Mexico Administrative Code (NMAC) and HSD medical record documentation standard requirements for Blue Cross Community Centennial members. BCBSNM randomly selected 22 primary care/obstetrics/gynecology providers who had at least 10 member-encounters between September 2018 and August 2019.

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### Pregnant Women and Vaccines

According to the Centers for Disease Control and Prevention (CDC), although vaccines are available, many mothers and babies go unprotected against the both flu and whooping cough. Moreover, according to a CDC Internet Panel Survey (2019), 25% of women reported that they

had not been offered the flu and whooping cough vaccine. One common reason pregnant women did not receive a flu shot was a concern about the shot's effectiveness.

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### 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](https://bcbsnm.com/provider)

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# Two New ClaimsXten™ Rules to be Implemented in 2020

We will soon update our ClaimsXten software database to better align coding with the reimbursement of claim submissions.

## Update Schedule

On April 20, 2020, we will update two rules:

- Bilateral Services for Professional Claims
- Modifier to Procedure Validation Filter — Non-Payment Modifiers

## Update Details

<b>Bilateral Services for Professional Claims</b>	This rule identifies claim lines where the submitted procedure code was already billed with a modifier — 50 for the same date of service. The same service performed bilaterally should not be billed twice when reimbursement guidelines require the code to be billed once with a bilateral modifier. The rule denies the second submission.
<b>Modifier to Procedure Validation Filter — Non-Payment Modifiers</b>	For non-payment modifiers, this rule identifies claim lines with an invalid modifier to procedure code combination. It recommends the denial of procedure codes when billed with any non-payment affecting modifier that is not likely or appropriate for the procedure code billed. When multiple modifiers are submitted on a line, all are evaluated and if at least one is found invalid with the procedure code, the line is recommended for denial.

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.

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## New BCBSNM 837 Commercial Claim Validation Edits

As of April 1, 2020, Blue Cross and Blue Shield of New Mexico (BCBSNM) will implement new electronic claim submission validation edits for commercial Professional and Institutional claims (837P and 837I transactions). These claim edits will be applied to claims during the pre-adjudication process to help increase efficiencies and to comply with Medicare data reporting requirements.

Providers submitting these claims electronically on or after April 1, 2020, may see new edit messages on the response files from their practice management system or clearinghouse vendor(s) before the claim is adjudicated. These responses will specify if additional data elements are necessary. If you receive claim rejections, the affected claims must be corrected and resubmitted with the needed information as specified in the rejection message.

If you have questions regarding an electronic claim rejection message, contact your practice management/hospital information system software vendor, billing service or clearinghouse for assistance.

\* These new validation edits do not apply to Medicare Advantage electronic claim submissions.

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## Prior Authorization Changes for ID Prefixes BBE, BHP, BNK, BRG and BYR

**Effective March 1, 2020**, some Blue Cross and Blue Shield of Illinois (BCBSIL) members in New Mexico will have new prior authorization requirements through **eviCore healthcare (eviCore)**. The members have the following ID prefixes:

- BBE
- BHP
- BNK
- BRG
- BYR

### Services Requiring Prior Authorization

The new requirements apply to the following outpatient services:

- Advanced Imaging
- Cardiology
- Genetic Testing
- Joint and Spine Surgery
- Pain Management

- Radiation Therapy
- Sleep Studies

## eviCore Instructions

There are two ways to secure a prior authorization through eviCore:

- **Online** — The [eviCore web portal](#) is the quickest way to open a case, check status, review guidelines and more.
- **By phone** — Call eviCore at 855-252-1117 between 7 a.m. and 7 p.m. (CT), Monday through Friday.

## Requirements Vary by Member

Prior authorization requirements are specific to each member based on their benefit plan. Check eligibility and benefits before rendering services. Submitting an electronic 270 transaction via the Availity® Provider Portal or your preferred vendor portal provides information about:

- Coverage
- Network status
- Prior authorization requirements
- Other important details

*Obtaining benefit prior authorization is not a substitute for checking eligibility and benefits. We will not pay for services performed without required benefit prior authorization. Providers may not seek reimbursement from BCBSNM members. If you have any questions, contact 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. 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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## Introducing a New Preauthorization Submission Tool via Availity® Provider Portal

A new online application for submission of electronic benefit preauthorization requests — Health Insurance Portability and Accountability Act of 1996 (HIPAA) 278 transactions — will soon be available via the Availity Portal. This new tool — Availity Authorizations — offers more convenient functionality, helping make it faster and easier to submit and receive confirmation of online requests when benefit preauthorization from Blue Cross and Blue Shield of New Mexico (BCBSNM) is required. For Federal Employee Program® (FEP®),



providers should continue to use their current benefit preauthorization process until this the new application becomes available in the near future.

### What does this mean?

BCBSNM's current electronic preauthorization tool, iExchange®, will be deactivated on **April 15, 2020**, and all electronic preauthorization requests should be submitted using this new capability. This includes benefit preauthorization requests for inpatient admissions, select outpatient services and behavioral health services handled by BCBSNM.

The process of submitting preauthorization requests to eviCore is not changing.

Medical and surgical predetermination of benefits requests should be submitted via fax or mail by using the [Predetermination Request Form](#), along with the pertinent medical documentation.

### What should you do?

During the transition period, providers should migrate from iExchange to the new five-step Availity Authorization application. Providers not yet registered with Availity can sign up today at [Availity](#), at no charge. For registration assistance call Availity Client Services at 800-282-4548.

Submitting online preauthorization requests using Availity's Authorizations application is easy and consists of only five steps:

1. Log into [Availity](#)
2. Select Patient Registration menu option, choose Authorizations & Referrals, then Authorizations
3. Select Payer BCBSNM, then choose your organization
4. Select Inpatient Authorization or Outpatient Authorization
5. Review and submit your authorization

This new online option increases administrative efficiencies for your organization by also allowing providers to:

- access and verify status of requests
- upload clinical medical records
- edit and/or extend requests
- obtain printable confirmation number for your records

### For More Information

Continue to watch the News and Updates for implementation details related to this new functionality. If you need further assistance or customized training, contact our [Provider Education Consultants](#).

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSNM. eviCore is wholly responsible for its own products and services. 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 eviCore and Availity. 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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## **2020 Annual HEDIS® Medical Record Review Begins February 2020**

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 Center for Medicare and Medicaid Services (CMS) for the Quality Rating System (QRS). The Healthcare Effectiveness Data and Information Set (HEDIS®) are performance measures that evaluate the care and service our members receive. HEDIS performance measures are developed and maintained by NCQA and are the most widely used set of performance measures used in the managed care industry.

To meet the reporting requirements, BCBSNM will be collecting medical records using internal staff. If you receive a request for medical records, we request you reply within 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 between February and April, 2020, to request a patient's medical record or to schedule an appointment for an on-site visit, 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 the National Committee for Quality Assurance (NCQA).

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## Thank You: RADV/IVA Project 2019

Thank you for Participating in the 2019 Risk Adjustment Data Validation/Initial Validation (RADV/IVA) Project.

The Network Services RADV-IVA Team at Blue Cross and Blue Shield of New Mexico (BCBSNM) would like to thank you for your participation in our annual RADV/IVA Project. Your willingness to provide medical records in timely manner is greatly appreciated. Without your cooperation, successful completion of the project would not be possible.

As you may recall from previous articles, the RADV/IVA Project focuses on accurately determining the severity of illness of your patients — our members. This determination is based on documentation present, or in some instances absent, from the medical records submitted to us. The Centers for Medicare and Medicaid Services (CMS) takes the results of the sample population and infers the level of severity across the entire targeted BCBSNM population under audit. This inference ultimately impacts CMS payments. Watch the Blue Review for additional articles to convey our, and our auditor's, findings so you may consider any adjustments you deem necessary to accurately capture the severity level of the patients you treat.

We look forward to working with you in 2020. We welcome your feedback regarding additional information or topics of interest you would like to see specific to RADV.

If you have any questions, please contact the BCNSM RADV/IVA team at (505) 816-5600.

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## 2019 Medical Record Review

The Blue Cross and Blue Shield of New Mexico (BCBSNM) Quality Improvement Department performs an annual medical record review audit to assess whether practitioners/providers meet the minimum New Mexico Administrative Code (NMAC) and Human Services Department (HSD) medical record documentation standard requirements for Blue Cross Community Centennial<sup>SM</sup> members. Medical records are also evaluated against BCBSNM-established medical record standards.

BCBSNM randomly selected 22 primary care/obstetrics/gynecology providers who had at least 10 member-encounters between September 2018 and August 2019. BCBSNM requested a total of 220 medical records. BCBSNM staff assessed and scored a minimum of five charts per provider against NMAC and HSD medical record standards. BCBSNM has established an overall threshold score goal of 80% or better for NMAC/HSD medical record standards. Although BCBSNM-established medical record standards are scored and held to the same threshold of 80% or better, BCBSNM medical record standards are not part of the cumulative score for the medical record review audit.

Provider groups that do not meet the minimum threshold of 80% must provide a corrective action plan in writing within 30 calendar days to the Quality Improvement Department and will be included in the next annual medical record review. Results are later presented to the Quality Improvement Committee (QIC). This committee consists of medical directors, external practitioners, and BCBSNM management.

Overall Medical Record Review Score	2019 Results	2018 Results	2017 Results
<b>80% to 100%</b>	19	18	16
<b>&lt;79%</b>	1	0	2
<b>No Response</b>	2	2	2

Practitioners and practice groups were provided a copy of NMAC, HSD, and BCBSNM standards to review with the medical record request. Assessment results revealed there was a slight decrease of practitioners and practice groups compliant on most standard requirements from the 2018 medical record audit. Medical records contained proper documentation of current or existing problem, patient identification, and documentation for both encounter and entry date. Although some practitioners may discuss advance directives with members, BCBSNM found that proper documentation was lacking from the medical records received.

To view, download, or print a sample of an advance directive form and to learn more about Medical Record Review standards, please follow the table of contents links from the Provider Reference Manual section of our website. BCBSNM would like to thank all primary care and obstetrics/gynecology health providers for their cooperation and diligence with their medical records. You can contact the Medicaid Quality Improvement Department at 1-855-699-0042 with questions or concerns.

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

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# Pregnant Women and Vaccines

According to the Centers for Disease Control and Prevention (CDC), although vaccines are available, many mothers and babies go unprotected against the both flu and whooping cough.<sup>1</sup> Moreover, according to a CDC Internet Panel Survey (2019), 25% of women reported that they had not been offered the flu and whooping cough vaccine.<sup>2</sup> One common reason pregnant women did not receive a flu shot was a concern about the shot's effectiveness.

The CDC recommends that expecting mothers be vaccinated against whooping cough and the flu, both of which can be fatal to newborn infants. For general vaccine recommendations, refer to the CDC immunization schedule.<sup>3</sup>

Providers contracted with Blue Cross and Blue Shield of New Mexico (BCBSNM) offer important care to their patients through the prenatal and postpartum period. Providers are best situated to consider, educate and where indicated and consented, give CDC-recommended vaccines. The clinical setting is conducive for education about maternal vaccination.

BCBSNM requests that providers consider the following:

- Discussing with your pregnant patients the benefits of vaccinations
- Recommending flu and Tdap vaccines
- Providing referrals to other vaccination providers if you do not provide vaccines
- Reinforcing that the best way to protect both mother and child against the flu and whooping cough is vaccination.

1. CDC Pregnancy and Vaccination, <https://www.cdc.gov/vaccines/pregnancy/pregnant-women/index.html>

2. <https://www.cdc.gov/vitalsigns/maternal-vaccines/data-visualization.html#info1>

3. CDC recommended Adult Immunization schedule by medical condition and other indications 2019, <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html>

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