

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

July 2021

## Education & Reference

### COVID-19 Information for Providers

Please check the following Blue Cross and Blue Shield of New Mexico (BCBSNM) resources frequently for updates to important information related to COVID-19:

- [Provider Information on COVID-19 Coverage](#)
- [BCBSNM News and Updates](#)
- [BCBSNM COVID-19 Member Website](#)

### Coming Soon: View Professional Provider Fee Schedule via Avality®

Fee schedules are a key component of your contractual relationship with BCBSNM. To ensure you have this information quickly, BCBSNM is implementing a new online Fee Schedule viewer tool via the Avality Provider Portal for participating professional providers. Once available professional providers may use this Avality offering to electronically request a range of up to 20 procedure codes and immediately receive the contracted price allowance for the patient services you perform.

[Read More](#)

**Reminder: Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization**

As announced in the June *Blue Review*, BCBSNM is changing prior authorization requirements that may apply for some commercial members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). A summary of changes is included below.

**Important Reminder:** Always check eligibility and benefits first through Availity® or your preferred vendor, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

[Read More](#)

### **Delivering Quality Care: Supporting Mental Health**

Mental health conditions are common, affecting people of all ages. The Centers for Disease Control and Prevention (CDC) estimates that half of Americans will be diagnosed with a mental illness or disorder at some point in their lives. The number of Americans seeking help for mental health has increased during the pandemic. We encourage providers to talk with our members about their mental health, including signs of depression and anxiety in adults and children. Consider encouraging members to get help if needed.

[Read More](#)

### **Catch Up Now on Child and Adolescent Vaccinations**

Due to COVID-19, children and adolescents have fallen behind on receiving recommended vaccines. The Centers for Disease Control and Prevention (CDC) recommends that children get caught up now with vaccinations so that they're protected as they return to in-person learning. We encourage providers to schedule catch-up vaccinations as soon as possible and prepare for COVID-19 vaccine protocols.

[Read More](#)

### **Earn CME/CEU Credit at Free Webinar on Opioid Use**

Join our board-certified psychiatrists and behavioral health medical directors for a one-hour webinar on opioid use disorder. The webinar is on Friday, Aug. 20, 2021, at 8 a.m. Mountain time. It's free to all providers. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).

[Read More](#)

## **In-Home Test Kits for Colorectal Cancer Screening**

BCBSNM is working with Home Access Health Corporation to provide in-home test kits for certain members who need a colorectal cancer screening. Because of the COVID-19 pandemic, many may have delayed getting appropriate care. Home Access Health is sending Fecal Immunochemical Test (FIT) kits to eligible Blue Community HMO<sup>SM</sup> members at no additional charge.

[Read More](#)

## **Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 — Part 2**

This article is a continuation of the previously published Quarterly Pharmacy Changes Part 1 article. While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

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 July 1, 2021](#) 

## **Provider Access and Availability Survey**

Every year, we reach out to a selection of our provider community to find out how your office is doing in meeting our member's needs for accessibility. This year the surveys will be sent first by postcard around the first week of July with access to an online version of the survey. We will then reach out in late August and early September, by phone, to any provider who does not respond by the end of July to the online survey.

This survey takes less than five minutes and only requires awareness of provider office scheduling and, for Primary Care Providers (PCPs), the after-hours messaging used by your office. The Provider Reference Manual (section 4.2.7 for PCP and 4.3.3 for Specialist and BH Access Standards) outlines the expected appointment availability your provider office has for our BCBSNM members as well as the requirements for PCP offices around after hours messaging to patients. Thank you in advance for making certain your office responds to this important survey.

Blue Cross Medicare Advantage<sup>SM</sup> (Medicare)

## **Closing Gaps in Care for Group Medicare Advantage (MA) Members**

The Blue Cross and Blue Shield (BCBS) National Coordination of Care program is again serving Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup> (Group MA PPO) members. The program paused during the global pandemic. BCBSNM will work with you to help close gaps in care for BCBSNM and other Blue Cross Group Medicare Advantage (PPO) members. If we need medical records, you won't receive requests from multiple BCBS plans or their vendors. You will receive requests only from BCBSNM or our vendor, Change Healthcare.

[Read More](#)

## **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](#)

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

### **Reminder: Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization for Blue Cross Medicare Advantage<sup>SM</sup> and Blue Cross Community Centennial<sup>SM</sup> Medicaid programs**

**What's Changing:** BCBSNM is changing prior authorization requirements for Blue Cross Medicare Advantage and Blue Cross Community Centennial members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA).

[Read More](#)

## **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.

[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 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](https://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](https://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](https://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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## Coming Soon: View Professional Provider Fee Schedule via Availity®

Fee schedules are a key component of your contractual relationship with Blue Cross and Blue Shield of New Mexico (BCBSNM). To ensure you have this information quickly, BCBSNM is implementing a new online Fee Schedule viewer tool via the Availity Provider Portal for participating professional providers. Once available professional providers may use this Availity offering to electronically request a range of up to 20 procedure codes and immediately receive the contracted price allowance for the patient services you perform.



### How to Access the Availity Fee Schedule Listing Tool:

- Log in to [Availity](#) 
- Select Claims & Payments from the navigation menu
- Select Fee Schedule Listing

*Note: Availity Administrators must assign the “Provider Fee Schedule” role for users to gain access to this tool.*






### How to Use the Availity Fee Schedule Listing Tool:

- Select BCBSNM as the payer
- Select your organization and Tax ID number
- Enter the Billing National Provider Identifier (NPI) and Rendering NPI (if applicable)
- Select the Network, Place of Service, and Provider
- Enter the procedure code(s) and modifier(s)

You must be registered with [Availity](#)  to use the new Fee Schedule tool. You can sign up today at Availity, at no charge. For registration assistance, call Availity Client Services at 800-282-4548. If you do not have online access, you may continue to submit your requests using the [Professional Fee Schedule Request](#)  form located on our provider website.

### Training

BCBSNM is hosting complimentary webinars for you to learn how to use the new Availity Fee Schedule Listing tool. To register for a webinar, click on your preferred session date below.

- [July 26, 2021 – 9:00 a.m. to 9:30 a.m.](#) 
- [July 27, 2021 – 9:00 a.m. to 9:30 a.m.](#) 
- [July 28, 2021 – 1:00 p.m. to 1:30 p.m.](#) 
- [July 29, 2021 – 9:00 a.m. to 9:30 a.m.](#) 
- [July 30, 2021 – 1:00 p.m. to 1:30 p.m.](#) 

### For More Information

Watch for the instructional Fee Schedule Tool User Guide that will be added to the [Provider Tools](#) section of our website. If you have further questions, please contact our [Provider Education Consultants](#).

## Medicare Advantage

A link to this fee schedule is available by selecting the Claims & Payments menu, Fee Schedule Listing, and then choose the appropriate Additional Fee Schedule for Medicare. It can also be found via the Resources tab in the BCBSNM-branded Payer Spaces section in the [Availity portal](#).

Availity is a trademark of Availity, L.L.C., 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 third-party vendors and the products and services offered by them.

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## Delivering Quality Care

### Supporting Mental Health

*To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in News and Updates.*

Mental health conditions are common, affecting people of all ages. The [Centers for Disease Control and Prevention](#) (CDC) estimates that half of Americans will be diagnosed with a mental illness or disorder at some point in their lives. The number of Americans seeking help for mental health has increased [during the pandemic](#). We encourage providers to talk with our members about their mental health, including signs of depression and anxiety in [adults](#) and [children](#). Consider encouraging members to get help if needed.

### Closing Care Gaps

As part of monitoring and helping improving quality of care, we track two measures related to mental health:

- [Follow-up after Hospitalization for Mental Illness](#) (FUH)
- [Follow-up after Emergency Department \(ED\) Visit for Mental Illness](#) (FUH)

Both are Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA). Follow-up care for people with mental illness is linked to fewer repeat emergency department (ED) visits and improved physical and mental function, according to [NCQA](#).

### About FUH

As defined by [NCQA](#), FUH applies to members ages 6 and older who had a follow-up visit with a mental health provider after they were hospitalized for the treatment of selected mental illness or intentional self-harm. FUH captures the percentage of discharges for which members had a follow-up visit:



- Within 30 days of discharge (31 total days)
- Within seven days of discharge (8 total days)

## About FUM

FUM focuses on follow-up visits for mental illness after an ED visit for members ages 6 and older with a diagnosis of mental illness, according to [NCQA](#). FUM captures the percentage of ED visits for which members had a follow-up visit:

- Within 30 days of the ED visit (31 total days)
- Within seven days of the ED visit (8 total days)

For more information, see our [HEDIS tip sheets](#).

## Tips to Consider

### For EDs and hospitals:

- Help our members schedule an in-person or telehealth follow-up visit with a mental health provider within seven days of discharge. The follow-up visit must be on a different date than the discharge date.
- Educate members about the importance of following up with treatment.
- Focus on member preference for treatment, allowing members to take ownership of the treatment process.

### For providers:

- Encourage members to bring their discharge paperwork to their first appointment.
- Educate members about the importance of following up and adhering to treatment recommendations.
- Use the same diagnosis for mental illness at each follow-up visit. A non-mental illness diagnosis code will not fulfill this measure.
- Coordinate care between behavioral health and primary care providers:
  - Share progress notes and updates.
  - Include the diagnosis for mental illness.
  - Reach out to members who cancel appointments and help them reschedule as soon as possible.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate 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.

HEDIS is a registered trademark of the NCQA.

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# Catch Up Now on Child and Adolescent Vaccinations

Due to COVID-19, children and adolescents have fallen behind on receiving recommended vaccines. The Centers for Disease Control and Prevention (CDC) recommends that [children get caught up now with vaccinations](#) so that they're protected as they return to in-person learning. **We encourage providers to schedule catch-up vaccinations as soon as possible and prepare for COVID-19 vaccine protocols.**

## What You Need to Know About COVID-19 Vaccine Protocols

The Pfizer COVID-19 vaccine has received emergency use authorization for children ages 12 and older. By fall, COVID-19 vaccines may be approved for younger children. The CDC recommends the COVID-19 vaccine for [everyone ages 12 and older](#).

In [updated clinical guidance](#), the CDC says that **other vaccines may be given with the COVID-19 vaccine**. It's no longer necessary to wait 14 days between the COVID-19 vaccine and other vaccines as a precaution, according to the CDC. The [American Academy of Pediatrics](#) supports giving COVID-19 vaccines with other vaccines to those 12 and older who are behind on or due for routine immunizations.

To help children and adolescents catch up on all needed vaccines, the [CDC recommends](#) that providers:

- Identify members whose children have missed vaccinations and contact them to schedule appointments
- Check at each visit for any missing immunizations and deliver vaccines that are due
- Let members know what precautions are in place for safe delivery of in-person services

## Why Catching Up on Vaccinations Is Crucial

Vaccines protect children from serious and potentially life-threatening diseases. According to the [National Committee for Quality Assurance](#), as of Feb. 14, 2021:

- Overall adolescent vaccination rates are down as much as 22% due to the pandemic
- Overall provider orders (other than flu) from the federally funded Vaccines for Children Program are down by almost 10.9 million doses
- This decline includes MMR/MMRV vaccines for measles, mumps, rubella and varicella, which are down by 1.4 million doses

## More Resources

- [COVID-19 coverage](#)
- [Preventive care guidelines](#) on immunization schedules

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## Earn CME/CEU Credit at Free Webinar on Opioid Use

Join our board-certified psychiatrists and behavioral health medical directors for a one-hour webinar on opioid use disorder. The webinar is on **Friday, Aug. 20, 2021, at 8 a.m.** Mountain time. It's free to all providers. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).

The webinar will provide a high-level overview of the assessment and treatment of opioid use disorder in a primary care setting. This introductory training focuses on substance abuse in the primary care setting, with treatment options across settings.

### How to Attend

Register [here](#) .

### Future CME/CEU Offering

We will offer a free webinar on comorbid behavioral health and physical health conditions on Oct. 29, 2021.

Watch [News and Updates](#) and our [Provider Training](#) page for details on these and other trainings.

The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation.

Social Work CEUs Approved by NASW1-NM. The Licensee must maintain proof of continuing education courses taken for the past four (4) years. The New Mexico Regulations and Licensing Department, Boards and Commissions, Social Work Licensing Board reserves the right to audit a licensee's continuing education records as it deems necessary. This event has been approved for a total of 1 CEU.

Physicians (MDs) and nurses can use AOA Cat 1-4 credit toward licensure. Psychologists, social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

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# In-Home Test Kits for Colorectal Cancer Screening

Blue Cross and Blue Shield of New Mexico (BCBSNM) is working with Home Access Health Corporation to provide in-home test kits for certain members who need a colorectal cancer screening. Because of the COVID-19 pandemic, many may have delayed getting appropriate care. Home Access Health is sending Fecal Immunochemical Test (FIT) kits to eligible Blue Community HMO<sup>SM</sup> members at no additional charge.

## How It Works

The process is quick and easy for members to follow:


- Home Access Health sends the kits to eligible members ages 50 to 75 who have been identified with a gap in care for colorectal cancer screening. Completing the kit is voluntary.
- The kits don't require fasting, dietary restrictions or preparation. Medications are taken according to members' normal schedule.
- Members complete the test kit at home, provide the name of their primary care provider (PCP) and mail the test for processing to Home Access Health by Dec. 31, 2021. An addressed, postage-paid envelope is included.
- Home Access Health sends results to the member and their PCP in three to four weeks.

## How You Can Help

As a trusted provider, you can encourage our members to take advantage of this opportunity to learn more about their health.

- Discuss the importance of colorectal cancer screening and healthy lifestyle choices with our members.
- If our member receives a kit and calls your office with questions, discuss their screening options.
- Document any test results in the member's medical record and discuss the results with our member.

## FIT Testing

- The [U.S. Multi-Society Task Force on Colorectal Cancer](#)  recognizes annual FIT testing and colonoscopy every 10 years as the two cornerstones of screening.
- FIT testing is appropriate screening for individuals with an average risk for colorectal cancer. Average risk means no family history of colorectal cancer, no personal history of inflammatory bowel disease, no previous polyps and no previous colorectal cancer.

## Questions? Contact your BCBSNM Provider Network Representative.

Home Access Health Corporation is an independent company that provides health screenings for BCBSNM. Home Access Health Corporation is solely responsible for the products and services it provides.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.

# Closing Gaps in Care for Group Medicare Advantage (MA) Members

The Blue Cross and Blue Shield (BCBS) **National Coordination of Care** program is again serving **Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup>** (Group MA PPO) members. The program paused during the global pandemic. As we told you in [January 2020](#), the program supports continuity of care for all BCBS Group MA PPO members.

## What This Means for Medicare Providers

Blue Cross and Blue Shield of New Mexico (BCBSNM) will work with you to help close gaps in care for BCBSNM and other BCBS Group MA PPO members. If we need medical records, you won't receive requests from multiple BCBS plans or their vendors. You will receive requests only from BCBSNM or our vendor, Change Healthcare. We may request medical records for:

- Risk adjustment gaps related to claims submitted to BCBSNM
- Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measures
- Centers for Medicare & Medicaid Services (CMS) Star Ratings

## Important Reminders

- Respond quickly to requests related to risk adjustment, HEDIS and other government-required activities as your contract requires.
- You don't need patient-authorized information releases to fulfill medical records requests and risk adjustment gaps through this program.
- Use the [Availity Provider Portal](#) or your preferred vendor to verify BCBSNM and other BCBS members' eligibility and benefits before every appointment. Eligibility and benefit quotes include:
  - Membership verification
  - Coverage status
  - Prior authorization requirements
  - Provider's network status for the patient's policy
  - Applicable copayment, coinsurance and deductible amounts
- Ask to see the member's ID card and a photo ID to help guard against medical identity theft.
- Notify members that they may be billed directly when services may not be covered.

**Questions?** Call the Customer Service number on the member's ID card.

Checking eligibility and/or benefit information and/or obtaining prior authorization or pre-notification 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

HEDIS is a registered trademark of the National Committee for Quality Assurance.

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Change Healthcare is an independent third-party vendor that is solely responsible for the products or services they offer. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by independent third-party vendors. If you have any questions regarding the services they offer, you should contact the vendor directly.

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