

April 2018

Please share this newsletter with others in your group or practice.

Blue Review is Getting an Update!

Beginning in May, *Blue Review* will have a new, easier-to-read format designed to get you the information you need quickly. Along with the new look, the *Blue Review* publication schedule will change to the second Friday of each month. If you have any questions, please feel free to email NMBLueReviewEditor@bcbsnm.com.

Updated Forms are Available on Provider Website

Staying up to date is important for all aspects of health care, including using the most current forms available on the Blue Cross and Blue Shield of New Mexico (BCBSNM) provider website at bcbsnm.com/provider. When sending forms via facsimile, make sure to verify the fax number on the form and that all requested information is complete and accurate. You can find the current versions of forms for everything from behavioral health to pharmacy, and more, under the [Education and Reference tab](#) of the provider website. For more information, or if you have any questions about submitting forms to BCBSNM, please contact your Provider Network Representative at 1-800-567-8540 or 505-837-8800.

Quickly Manage and Respond to Risk Gaps through the Availity Web Portal

Blue Cross and Blue Shield of New Mexico (BCBSNM) is now participating in **Claim Encounter Reconciliation Application (CERA)** through the Availity™ web portal. The CERA application allows providers to electronically respond to requests for information related to potential risk adjustment gaps for BCBSNM members. This new, easy-to-navigate feature:

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

What you need to do as an administrator to get started:

1. [Log in to the Availity Web portal](#)
2. Select **My Providers | Enrollments Centers** and then select **Claim Encounter Reconciliation Application (CERA) Setup**
3. Complete the three-step wizard

Free training is available, once you log in to Availity:

- [Getting Started Guide for CERA](#)
- View the CERA – Training Demo in the Availity **Help & Training | Get Trained** section to understand the setup process and get started working with the tool
- View Availity’s on-demand webinar: [Claim Encounter Reconciliation Application \(CERA\) Recording](#) for additional learning

If you need assistance, please contact Availity Client Services at 800-282-4548.

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BCBSNM Approves Coverage of New Shingles Vaccine: Shingrix

Blue Cross and Blue Shield of New Mexico (BCBSNM) now covers Shingrix, a new two-dose vaccine approved by the Food and Drug Administration (FDA) in October 2017 for reducing shingles and related nerve pain. Until recently, the only vaccine available for shingles was Zostavax, which is 51 percent effective. Clinical trials show Shingrix is 91 percent effective.

For immunocompetent adults 50 and older, the Advisory Committee on Immunization Practices (ACIP) recommends Shingrix over Zostavax. They also recommend that immunocompetent adults who have already had Zostavax also get Shingrix.

BCBSNM covers two doses of Shingrix administered to patients 50 and older, even if they have already received Zostavax based on current ACIP recommendations. **It is important to check eligibility and benefits information to confirm details regarding copays, coinsurance and deductibles before administering this vaccine to BCBSNM members.**

Vaccine	Shingrix	Zostavax
Dosage schedule	Two doses (2 nd dose 2-6 months later)	One dose
Vaccine description	Recombinant, adjuvanted	Live-attenuated
FDA recommended age	Adults 50 and older even if previously vaccinated with Zostavax	Adults 50 and older
Overall efficacy by year 3*	91%	51%
Administration site	Intramuscular	Subcutaneous
CPT® Code	90750 - Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	90736 - Zoster (shingles) vaccine (HZV), live, for subcutaneous injection

*Zostavax and Shingrix prescribing information

For more information on Shingrix, see the Center for Disease Control and Prevention's [Jan. 26, 2018, edition of Morbidity and Mortality Weekly Report](#). Click [here](#) for the FDA-approved prescribing information for Shingrix. For more information on patient coverage, contact your BCBSNM representative.

Details on our complete, approved immunization schedule can be found on the BCBSNM Provider page under Standards & Requirements, Clinical Payment and Coding Policies, [“Preventive Services Policy CPCP006”](#).

Cancer Prevention: The Added Value in Adolescent Immunizations

Human Papillomavirus (HPV) is a very common virus. The Centers for Disease Control (CDC) estimates that about 79 million people are currently infected with HPV in the United States, and about 14 million people in the U.S. get a new HPV infection every year¹. More than 40 percent of people become infected during their lifetimes with certain ‘higher risk’ types of HPV that are associated with cervical, vaginal, vulvar, anal, throat, and penile cancers².

Vaccination is a safe and effective way to prevent infection by these ‘higher risk’ virus types. The CDC, the American Cancer Society, the American Academy of Pediatrics and others recommend that children who are 11 to 14 years of age, get two doses of HPV vaccine—rather than the previously recommended three doses—to protect against cancers caused by HPV³. (See immunization schedule.) The second dose should be given 6-12 months after the first dose³. Research demonstrates an advantage to vaccinating at this age since there is a stronger immune response against HPV infection compared to older teenagers and young adults.

Healthy People 2020 is a national health initiative that has set a goal for 80 percent of all adolescents to receive a tetanus-diphtheria-acellular pertussis (Tdap) booster, one dose of meningococcal (MCV4) vaccine, and complete the HPV vaccination series beginning by 13 years of age⁴.

Better adherence to the schedule of recommended vaccines by clinicians and a two-dose vaccination sequence for those beginning HPV vaccination prior to 15 years of age (as opposed to a three-dose sequence) have worked to improve HPV vaccination rates in recent years. To further improve HPV vaccination rates, consider these five research- and expert-based strategies:

1. **Provide a strong recommendation for all vaccines⁵**. Parents trust their providers’ recommendations and a confident recommendation from their child’s provider is a proven strategy to increase both a parent’s knowledge about HPV infection and their consent to vaccinate. In fact, when providers don’t recommend HPV vaccination as often and consistently as other adolescent vaccines, parents may think HPV vaccination is optional or unnecessary.

2. **Keep the primary message focused on cancer prevention.** Educate parents about the diseases that can be prevented by adolescent vaccines and talk about HPV vaccination in terms of cancer prevention. Research shows that parents are more likely to vaccinate against HPV infection when providers focus on the HPV vaccine's cancer-prevention benefits⁶.
3. **Administer vaccines together**⁵. To increase vaccination rates, experts recommend that providers administer the HPV vaccine at the same time that they give other adolescent vaccines⁵. For 11 and 12-year-old patients, it is common to administer Tdap, HPV, and Meningococcal vaccines together.
4. **Use all opportunities to Immunize**⁵. Avoid missed opportunities to administer the HPV vaccine. Research shows that providers tend to underestimate the challenges associated with adolescent vaccine compliance⁷. Since adolescents may be more likely to seek medical care for focused complaints, review a patient's immunization status during all office visits, and do not limit immunizations to well-child examinations or immunization-only appointments⁵.
5. **Use decisions support and appointment reminders tools**⁵. Schedule next-dose appointments before patients and their parents leave the office. Appointment reminder tools that alert parents to an upcoming appointment (or to follow up on a missed appointment), and providers' use of electronic medical record decision support prompts can increase immunization compliance rates.

These practice strategies will help ensure that children receive all recommended vaccines on time. For additional information please go to www.cdc.gov/vaccines.

References:

¹CDC. Basic Information about HPV and Cancer. Accessed 1/05/18 at https://www.cdc.gov/cancer/hpv/basic_info/index.htm

²Chesson HW, Dunne EF, Hariri S, Markowitz LE. The estimated lifetime probability of acquiring human papillomavirus in the United States. *Sexually Transmitted Diseases*. 2014; 41(11): 660-664.

³CDC. Human Papillomavirus (HPV) ACIP Vaccine Recommendations. Accessed 12/20/2017 at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html>

⁴Healthy People.gov. Immunizations and Infectious Diseases. Accessed 11/27/2017 at <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>

⁵Bernstein HH, Bocchini JA, AAP Committee on infectious diseases. Practical approaches to optimize adolescent immunization. *Pediatr*. 2017; 139(3): e20164187

⁶Malo TL, Gilkey MB, Hall ME, Shah PD, Brewer NT. Messages to motivate human papillomavirus vaccination: national studies of parents and physicians. *Cancer Epidemiol Biomarkers Prev.* 2016; 25(10): 1383-1391

⁷Perkins RB, Clark JA, Apte G, et al. Missed opportunities for HPV vaccination in adolescent girls: a qualitative study. *Pediatrics.* 2014; 134(3). Available at: www.pediatrics.org/cgi/content/full/134/3/e666

Working Together to Improve the Member-Provider Experience: Choosing the Best Direction

Blue Cross and Blue Shield of New Mexico (BCBSNM) is focused on improving our members' experience when they access care. On occasion, a member or their representative may call BCBSNM to voice concerns and/or dissatisfaction with a provider or care received. The BCBSNM Quality and Accreditation Department is responsible for processing complaints from commercial and marketplace members regarding the quality of care and/or the quality of service that they receive from their BCBSNM participating providers.

These quality-of-service and quality-of-care complaints are investigated and tracked to identify trends and best practices to improve the member-provider experience. The complaint investigation process involves reaching out to providers and may also involve collaboration with other BCBSNM departments such as network services, provider relations and/or claims processing.

BCBSNM will publish a series of articles throughout this year to address some of our members' most frequent concerns and remind providers of some of their related contractual obligations. We hope that we can work together with you and your staff to improve the care that you furnish to your patients (our members).

The first member concern that we will address is: "Can my doctor refer me to any provider or facility of his/her choice?"

As of the date of publication, referrals, routine or otherwise, are not required by BCBSNM. If a contracted provider chooses to make a referral, however, the provider's contract with BCBSNM states the provider's obligation to refer members to other contracted providers so that out-of-pocket costs are limited and maximum benefits from their health plan are received.

For BCBSNM members with health plans that do not have out-of-network benefits, prior authorization from BCBSNM is required for coverage of non-emergency services furnished by out-of-network providers. Even for members with health plans that include out-of-network benefits, contracted providers are required to refer members to other contracted providers to maximize their benefits; however, prior authorization is not required for such a member to see a non-contracted provider if they so choose (other prior authorization requirements continue to apply).

The Blues Provider Reference Manual (PRM) is part of your contract with BCBSNM. Sections from the PRM, including, but not necessarily limited to those excerpted for your ease of reference below, address your responsibilities regarding referrals to (the use of) contracted and non-contracted providers. Improved adherence to these responsibilities should help alleviate member complaints in this area.

[Blues Provider Reference Manual 2018, Section 4, Professional Provider Responsibilities, 4.2 Primary Care Providers \(PCPs\)](#)

For BCBSNM members, PCPs must:

- Use BCBSNM-contracted specialists, ancillary providers, hospitals, pharmacies, laboratories, radiologists, and behavioral health professionals and physicians. This means, for example, that a physician, professional provider, facility or ancillary provider who or which participates with BCBSNM **is required** to admit, transfer to, or refer BCBSNM Members to another professional provider, facility or ancillary provider who or which also participates with BCBSNM, except in emergencies or as may otherwise be required by applicable law.

[Blues Provider Reference Manual 2018, Section 4, Professional Provider Responsibilities, 4.3.1 Specialist Responsibilities](#)

BCBSNM requires PCPs to refer members to in-network specialists, unless they have preauthorization from the Medical Director or his or her designee to refer the member to an out-of-network specialist. Follow the referral and preauthorization procedures (see Blues Provider Reference Manual 2018, Section 10, Preauthorization).

For BCBSNM members, **specialists must**:

- Use BCBSNM-contracted ancillary providers, hospitals, pharmacies, laboratories, radiologists, and behavioral health professionals and physicians.

[Blues Provider Reference Manual 2018, Section 10, Preauthorization, 10.1 Obtaining Preauthorization, Requests for Out-of-Network Providers](#)

In the event medically necessary covered services are not reasonably available through professional Participating Providers, you, as a Participating Provider, should make a referral to an out-of-network professional. However, to be covered, referrals for out-of-network provider services for HMO members require preauthorization by BCBSNM. If not obtained, the out-of-network service will not be covered. BCBSNM's Medical Director must review and approve these referrals before out-of-network services are scheduled or rendered.

These out-of-network referrals will only be preauthorized when a medically necessary covered service is not reasonably available through a Participating Provider.

Before BCBSNM may deny such a referral to an out-of-network physician or health care professional, the request must be reviewed by a specialist similar to the type of specialist to whom a referral is requested.

Below are some suggestions that may assist in referring members to appropriate providers and ultimately improve member-provider experiences:

1) Encourage your patients to be aware of their coverage, benefits and networks. [Provider Finder](#), located at bcbsnm.com, can assist providers and members in identifying contracted practitioners and/or facilities for each BCBSNM health plan. Contracted providers should confirm another provider's contracted status before referring a member to that other provider.

2) Encourage your patients to call a BCBSNM Customer Service Advocate (CSA) before services are furnished to verify whether a provider is in or out of the network for their health plan. Also, encourage your patients to directly ask the provider about the provider's contracted status with BCBSNM.

Numbers for CSAs are found on the back of the member's BCBSNM ID card. If a member does not have their BCBSNM card, they may call:

Commercial members: 1-800-432-0750

Marketplace members: 1-866-236-1702

3) BCBSNM Provider Network Representatives are available to assist contracted providers: **Monday - Friday, 8 a.m. to 4 p.m. Phone: (505) 837-8800 or toll free at 1-800-567-8540.** Provider Network Representatives can tell you if another provider is contracted with BCBSNM for your patient's BCBSNM health plan.

By working together with BCBSNM, you can better refer your patients, our members, to appropriate providers for timely care and optimal use of their covered plan benefits.

Our next *Blue Review* article will explore member concerns regarding Durable Medical Equipment.

Updated Online NDC Units Calculator Tool Now Available

Providers treating Blue Cross and Blue Shield of New Mexico (BCBSNM) members now have access to a user-friendly online National Drug Code (NDC) units calculator tool for assistance with converting applicable classified or specified Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) units to NDC units.

RJ Health, an independent third-party specialty drug data company, has provided a newly updated units calculator tool, which is now known as RC Claim Assist™. You may access RC Claim Assist at no cost through the [Availity™ Web Portal](#). If you are a new Availity user, you will need to select the *Register now* link. Providers may search for billable NDC Units by HCPCS/CPT code, by NDC code and/or by Drug Name.

A user guide for RC Claim Assist, as well as updated NDC Billing FAQs and NDC Billing Guidelines will be available soon. These resources will be posted in the [Claims & Eligibility/Submitting Claims](#) section of our Provider website.

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Fall Prevention: Resources for Providers and Members

Blue Cross and Blue Shield of New Mexico (BCBSNM) [Preventive Care Guidelines](#) support the [Centers for Disease Control and Prevention](#) (CDC) and the [U.S Preventative Services Task Force](#) initiatives to address fall prevention. New Mexico Human Services Department (HSD) and the Medicaid Managed Care Organizations (MCOs) track and monitor fall risk and prevention on a quarterly basis. Falls are a growing danger because Americans are living longer than ever.

According to the CDC, every second, an older adult falls; every 20 minutes, an older adult dies from a fall. With one in four Americans 65 or older falling each year, adult falls result in more than 2.8 million injuries treated in emergency rooms, 800,000 hospitalizations, and 27,000 deaths each year. The cost of fall injuries in the United States totaled \$31 billion in 2014.

According to New Mexico Department of Health, adult falls were:

- The third leading cause of injury death in New Mexico in 2014
- The leading cause of injury hospitalization
- The leading cause of injury death for residents 65 and older

Health Care Providers can do the following:

1. [Identify and screen high-risk patients](#) who present with an acute fall, have a history of two falls in the past year, or have gait or imbalance problems.
2. Ask three simple questions:
 - Have you fallen in the past year?
 - Do you feel unsteady when standing or walking?
 - Do you worry about falling?
3. Review and manage medications
4. Evaluate balance, vision, and for presence of orthostatic hypotension.
5. Ask about the home environment and footwear.
6. Recommend vitamin D for bone, muscle and nerve health.
7. [Educate patients on fall prevention](#), and encourage **exercise** for strength and balance.
8. Consider implementing [STEADI algorithm](#) into electronic health records system.

Member Resources:

- [New Mexico Aging & Long-Term Services Department, Senior Centers](#)
- [Selected Educational Falls Prevention Resources for Older Adults and Caregivers](#)
- [Stopping Elderly Accidents, Deaths & Injuries](#)
- Members can also reach out to BCBSNM Care Coordination by calling 877-232-5518 for more information Monday through Friday, 8 a.m. to 5 p.m.

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Blue Cross Community CentennialSM (Medicaid)

Rendering, Ordering, Attending and Referring Provider Information Required for Blue Cross Community Centennial Claims

As a reminder, in accordance with the requirements found in the New Mexico Human Services Department (HSD) Supplements [17-07](#), [17-08](#) and [17-09](#), released on Sept. 11, 2017, the appropriate rendering, ordering, attending and referring provider must be billed on claim submissions. Effective for claims with dates of service Apr. 15, 2018, and after, providers must include the appropriate information regarding the rendering, ordering, attending and referring providers on all claim submissions. If this detailed information is not included in the claim submission, Blue Cross and Blue Shield of New Mexico will deny Blue Cross Community Centennial claims for dates of service on or after Apr. 15, 2018. Please refer to the HSD Supplements for the situations which are exempt from this requirement.

For more information about including the appropriate rendering, ordering, attending and/or referring provider information on Blue Cross Community Centennial Claims, please refer to the HSD Supplements above or contact your provider network representative at (505) 837-8800 or toll free at 1-800-567-8540.

CareLink New Mexico Integrates Physical and Behavioral Health Services

CareLink New Mexico (CLNM) is a program to coordinate the integration of physical and behavioral health services for Medicaid beneficiaries with diagnoses of Serious Mental Illness (SMI) or Severe Emotional Disturbance (SED). The following organizations and facilities are available to create network relationships, which may be established through memoranda of agreement (MOAs) (required for primary care, local hospitals and residential treatment facilities) or other less formal processes.

Visit the [Medicaid page](#) at bcbsnm.com/provider for more details.

Not yet contracted?

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. If you are interested in becoming a Blue Cross Community Centennial provider, please call 505-837-8800 or 1-800-567-8540.

Reminder: Update your Enrollment Information

Due to Centennial Care requirements, all enrollment information (changes to demographics, licensure or certification, provider status, etc.) must be updated on the [NM Medicaid Provider Web Portal](#).

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Provider Resources

BCBSNM Website

It's important for you to stay informed about news that could affect your practice. Blue Cross and Blue Shield of New Mexico (BCBSNM) offers many ways to stay informed via our website, bcbsnm.com/provider, and our provider newsletter, *Blue Review*.

Signing up is easy. Go to bcbsnm.com/provider, select *Update Your Information*, complete the form, and click *Submit*.

We guard your privacy. BCBSNM treats your email address as confidential. We never sell or give your email address(es) to any third party without your permission.

Don't have email? If you do **not** have an email address, please call 1-800-567-8540 or (505) 837-8800. We can mail paper copies of *Blue Review* to providers.

The *Blue Review* is posted online after the email distribution date—go to bcbsnm.com/provider, then select *Blue Review*.

Stay current with BCBSNM provider news and updates. Visit bcbsnm.com/provider regularly—look under *Education and Reference / News and Updates*.

Medical Policy Updates

Approved new or revised Medical Policies and their effective dates are usually posted on our website the first and fifteenth of each month. These policies may impact your reimbursement and your patients' benefits. These policies are located under the [Standards & Requirements tab](#) at bcbsnm.com/provider.

Claims inquiries?

Our Provider Service Unit (PSU) handles all provider inquiries about claims status, eligibility, benefits, and claims processing for BCBSNM members. **Call 888-349-3706** For out-of-area claims inquiries, please call the BCBSNM BlueCard PSU at 800-222-7992.

[Network Services Contacts and Related Service Areas](#)

[Network Services Regional Map](#)

Do we have your correct information?

Maintaining up-to-date contact and practice information helps to ensure that you are receiving critical communications and efficient reimbursement processes. Please

complete our quick and easy [online form](#) for any changes to contact or practice information.

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Member Rights and Responsibilities

Blue Cross and Blue Shield of New Mexico (BCBSNM) is committed to ensuring that enrolled members are treated in a manner that respects their rights as individuals entitled to receive health care services. BCBSNM is committed to cultural, linguistic and ethnic needs of our members. 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 also holds forth certain expectations of members with respect to their relationship to the Managed Care Organization and the independently contracted providers participating in Blue Cross Community Centennial. These rights and responsibilities are reinforced in member and provider communications, including those on the Provider website.

BCBSNM encourages all our independently contracted providers to become familiar with the following member rights and responsibilities, so you can assist us in serving our members in a manner that is beneficial to everyone.

[Commercial, Exchange, and FEP](#)
[Blue Cross Community Centennial \(Medicaid\) \(Page S97\)](#)
[Medicare \(Page S20\)](#)

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You can find *Blue Review* [online!](#)

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