

## February 2017

Please distribute this newsletter, which contains claims, billing, Medical Policy, reimbursement, and other important information, to all health care providers, administrative staff, and billing departments/entities that this email address represents.

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

Ideas for articles and letters to the editor are welcome;  
email [NM\\_Blue\\_Review\\_Editor@bcbsnm.com](mailto:NM_Blue_Review_Editor@bcbsnm.com)

### 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. Additionally, the Centers for Medicare & Medicaid Services require Blue Cross and Blue Shield of New Mexico (BCBSNM) to make sure that our online Provider Finder<sup>®</sup> and provider directory are kept current with our provider demographic information. Please complete our quick and easy [online form](#) if you have:

- Moved to another location
- Left a group practice
- Changed your phone number
- Changed your email address
- Retired
- Any other changes to your practice information

### 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. On our website, you may view active, pending and updated policies and/or view draft policies and provide comments. The policies are located under the [Standards & Requirements tab](#) at [bcbsnm.com/provider](http://bcbsnm.com/provider).

### Office Staff

#### Claims inquiries? Call the Provider Service Unit (PSU) at 888-349-3706

Our PSU handles all provider inquiries about claims status, eligibility, benefits, and claims processing for BCBSNM members. *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**

### **ClaimsXten™ Quarterly Updates**

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to or deleted from the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. [Read more](#)

### **Annual Medical Record Data Collection for Quality Reporting begins February 1, 2017**

Blue Cross and Blue Shield of New Mexico (BCBSNM) collects performance data using specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS) and by the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS). HEDIS is the most widely used and nationally accepted effectiveness of care measurement available and HHS requires reporting of QRS measures. These activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization for release of information is not required. [Read more](#)

### **Receipt of Credentialing Application Notification**

BCBSNM will notify applicants by certified mail within 10 days of receipt that the credentialing request has been received and that:

- If the application is found to be complete, the credentialing process will begin according to the 45-day time period set forth in Subsection C of 13.10.28.11 NMAC.
- If the application is found to be incomplete, the 45-day credentialing process DOES NOT commence until all requested information has been provided and application deemed complete by BCBSNM.

### **80% by 2018 Will you commit?**

In cooperation with the American Cancer Society and the National Colorectal Cancer Roundtable, Blue Cross and Blue Shield of New Mexico (BCBSNM) pledged to have 80% of BCBSNM's members age 50-75 screened for colon cancer by 2018. [Read more](#)

### **Medicaid only**

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

### **Not yet contracted?**

BCBSNM's Medicaid plan is Blue Cross Community Centennial.

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. To become a Blue Cross Community Centennial provider, you **must** sign a Medicaid amendment to your Medical Services Entity Agreement (MSEA).

If you have any questions, please call 505-837-8800 or 1-800-567-8540 if you are interested in becoming a Blue Cross Community Centennial provider.

### **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](#).

### **Preterm Labor Prevention Program**

Blue Cross Community Centennial has the Special Beginnings® Maternity Care Coordination Program. This program is designed to help pregnant members better understand and manage their pregnancy. There is a program within this program known as the Preterm Labor Prevention Program. Women with a history of preterm labor and/or delivery may be candidates for 17 Alpha-hydroxyprogesterone caproate, or 17-P. Providers who identify their patients requiring this additional support can work collaboratively with BCBSNM and the Special Beginnings Care Coordinators to implement this program. For members not previously identified at risk for preterm labor/delivery the following steps are in place. [Read more](#)

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

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### **Additional Code-auditing Software Scheduled for Implementation as of April 30, 2017**

Blue Cross and Blue Shield of New Mexico (BCBSNM) will be implementing an additional code-auditing software system, effective April 30, 2017. \* This software will enhance auditing of professional and outpatient facility claims for correct coding according to Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT®) and Centers for Medicare & Medicaid Services (CMS) guidelines. Upon implementation, providers may use the Claim Inquiry Resolution tool, available on the Availity™ Web portal, to research specific claim edits. For additional information, watch the *Blue Review*, as well as the News and Updates section of our Provider website. [Read more](#)

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## ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to or deleted from the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version.

Blue Cross and Blue Shield of New Mexico (BCBSNM) will normally load this additional data to the BCBSNM claim processing system within 60 to 90 days after receipt from the software vendor and will confirm the effective date via the [News and Updates](#) section of the BCBSNM Provider website. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) also will be posted on the BCBSNM Provider website.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSNM's code-auditing software. Refer to our website at [bcbsnm.com/provider](http://bcbsnm.com/provider) for additional information on gaining access to C3.

For more details regarding ClaimsXten, refer to the [C3 page](#). Additional information may also be included in upcoming issues of the *Blue Review*.

Checks of eligibility and/or benefit information are not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

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## Annual Medical Record Data Collection for Quality Reporting begins February 1, 2017

Blue Cross and Blue Shield of New Mexico (BCBSNM) collects performance data using specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS) and by the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS). HEDIS is the most widely used and nationally accepted effectiveness of care measurement available and HHS requires reporting of QRS measures. These activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, and patient authorization for release of information is not required.

To meet these requirements, BCBSNM will be collecting medical records using internal resources and leveraging independently contracted third party vendor, CIOX. If you receive a request for medical records, we encourage you to reply within 3 to 5 business

days. Cooperation with the collection of HEDIS data or any quality improvement activities are required under providers' contractual obligation at no cost to BCBSNM or as stated within the provider's individual contract.

A BCBSNM representative or a representative from the vendor referenced above may be contacting your office or facility anytime between December 2016 to February 2017 to identify a key contact person and to ascertain which data collection method your office or facility prefers (fax, secure email, or onsite). Appointments for onsite visits will be scheduled with your staff, if applicable. You will then receive a letter outlining the information that is being requested, and the medical record request list with members' names and the identified measures that will be reviewed. If you have any questions about medical record requests, please contact a BCBSNM representative at the phone number listed on your provider letter.

HEDIS is a registered trademark of NCQA.

CIOX 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.

## **80% by 2018 Will you commit?**

In cooperation with the American Cancer Society and the National Colorectal Cancer Roundtable, Blue Cross and Blue Shield of New Mexico (BCBSNM) pledged to have 80% of BCBSNM's members age 50-75 screened for colon cancer by 2018.

Dr. Eugene Sun, BCBSNM's Chief Medical Officer, said, "Overall health is important to us at BCBSNM. We strongly encourage all our members age 50 and older to get screened for colon cancer. Members younger than 50 with risk factors for colon cancer may need screening starting at an earlier age. We are reaching out to you, as their providers, to help get the word out and to make colorectal cancer screening a priority."

## **How far away are we from reaching this goal?**

"In 2016, the national HEDIS average, for all lines of business, was **59.99%** compared to BCBSNM's Commercial PPO/HMO HEDIS result of **49.6%**."

## **We need your help to reach this goal!**

Over the next few months, we will be providing informational articles on Colorectal Cancer (CRC) screening as well as barriers to CRC screening. These articles will provide useful information such as:

- ✓ CRC screening test options and selection of the best "fit" for your patient
- ✓ Overcoming barriers to CRC screening
- ✓ How to implement a CRC screening program in your practice

**What influences these results?**

**YOU DO!** The biggest influencer to motivate patients to get screened is YOU, the physician, and your staff by combining the ability to identify those who need it AND to engage with your patient to talk about CRC screenings and get them screened! Once your patients have been screened, they can be easily tracked by your office for annual follow-up.

**What actions can you take to make a difference?**

- ✓ Easily identify patients by using colored folders or flagging the EMR for those age 50-75 and start that conversation
  
- ✓ Have standing orders for CRC screenings for those age 50-75 and follow through with the patient
  
- ✓ Direct your most persuasive and educated staff to answer questions and concerns and help the patient commit and complete CRC screenings

**Remember: The best CRC screening test is the one that gets done!**

**Thank you in advance for your commitment to this important preventive screening!**

The CDC is providing **FREE** continuing education for PCPs, nurses, nurse practitioners and clinicians who perform colonoscopies.

For a link to the **Screening for Colorectal Cancer: Optimizing Quality (CME)**, go to <http://www.cdc.gov/cancer/colorectal/quality/> to download, print or watch the presentations on YouTube. Expires March 10, 2017