BlueCross BlueShield of New Mexico

Blue Review℠

A Provider Publication

November 2017

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

You can view this newsletter online at www.bcbsnm.com/provider/news/bluereview.html

==

2018 HEDIS® Medical Record Review Begins February 2018

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 review of information is not required.

To meet these requirements, BCBSNM will be collecting medical records using internal resources. 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 is required under a provider's contractual obligation at no cost to BCBSNM or as stated within the provider's individual contract.

A BCBSNM representative may be contacting your office or facility anytime between January and February 2018 to identify a key contact person and to ascertain which data collection method your office or facility prefers (fax, secure email, or onsite visit). 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 HEDIS representative at the phone number listed on your provider letter.

New Medical Record Retrieval Vendor for Out-of-Area Blue Plan Member Records

The "risk adjustment" requirement under the Affordable Care Act (ACA) requires Blue Cross and Blue Shield of New Mexico (BCBSNM) to meet data submission and coding accuracy standards. Patient medical records are necessary to help ensure that these requirements are satisfied.

Currently, BCBSNM works with Verscend to retrieve medical records for all out-of-area Blue Plan members to support the Healthcare Effective Data and Information Set (HEDIS) risk adjustment requirement under ACA and government-required programs.

Effective Jan. 1, 2018, Inovalon will replace Verscend as the new medical record retrieval vendor. Between now and Jan. 1, 2018, you may see requests from both Verscend and Inovalon as the transition is completed on Jan. 1, 2018.

Both Verscend and Inovalon are independent companies and contractually bound to preserve the confidentiality of health plan members' protected health information (PHI) obtained from medical records, in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Please note that patient-authorized information releases are not required in order for you to comply with the requests from Verscend or Inovalon for medical records.

As outlined in your contract with BCBSNM, you are required to respond to requests for medical records from BCBSNM related to covered services. This also applies to requests from BCBSNM's designated agents, like Verscend and Inovalon, in support of risk adjustment, HEDIS and other government-required activities within the requested timeframe. BCBSNM is working diligently to ensure this process is followed.

For your convenience, medical records may be submitted in the following ways:
Inovalon

- Fax: 877-221-0604
- Email: EMRService@inovalon.com (send secure)
- Mail: Inovalon Document Processing, 7777 Market Center Ave, Suite E, El Paso, TX 79912

Verscend

- Upload the record image to Verscend's secure portal and enter your password that is included with your Verscend request. Select the files to be uploaded.
- Fax: 888-231-9601
- Mail: Verscend, 66 E. Wadsworth Park Dr., Draper, UT 84020

Providers are permitted to disclose PHI to health plans without authorization from the patient when both the provider and health plan had a relationship with the patient and the information relates to the relationship [45 CFR 164.506(c)(4)]. For more information regarding privacy rule language, please visit hhs.gov/ocr/privacy.

If you have any questions, contact your assigned Provider Network Representative.

New Online Magazine Spotlights Emerging Episodes of Care Payment Model

At Blue Cross and Blue Shield of New Mexico (BCBSNM), we believe that having access to affordable, quality coverage can make a positive and often profound difference in our members' lives.

This is one of the reasons we've launched Making the Health Care System Work, our new online magazine, to help tell our story and explore ways we can all work together to make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding bold solutions for the future.

In our recent online article – Should health care be a package deal? – we explore how the health care industry is moving toward viewing and paying for all of the care associated with a single condition or procedure, such as knee replacement surgery and rehabilitation, as one product. This new “episodes of care” payment model has all parties focused on cost and quality, something that is not happening enough in the current fee-for-service model.

Join the Conversation
Subscribe to get updates from Making the Health Care System Work delivered right to your inbox. We will let you know when new stories are published and share featured stories that explore how we can help expand access to quality coverage and care, reduce costs and improve health.

BCBSNM Celebrates LGBTQ Inclusion

Blue Cross and Blue Shield of New Mexico is committed to promoting the health and wellness of our members and communities. Our commitment guides us in fostering greater access to care, working to lower the overall cost of care -- while helping improve care quality and patient outcomes.

Our responsibility to an ever-increasing, diverse member base led us to work with our lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) employees to understand the health care needs of the LGBTQ population. We are proud to inform you that this partnership resulted in the creation of the BCBSNM Values LGBTQ Inclusion resource webpage. This webpage underlines the importance of this dynamic community and supports our pledge “to do everything in our power to stand with our members in sickness and in health.”

We invite you to visit our new webpage and learn how you can join us in supporting the LGBTQ community. You will find examples of our internal and external commitments as well as information on GLMA: Health Professionals Advancing LGBT Equality (formerly known as the Gay & Lesbian Medical Association). GLMA is an online Provider Directory that lists primary care providers, specialists, therapists, dentists and other health care professionals that welcome LGBTQ individuals and families. We hope you find this information helpful.

BCBSNM stands by our core values of integrity, respect, commitment, caring and excellence. We recognize the diverse worldviews that drive most health care choices in multicultural homes. To that end, we are committed to providing a variety of products and services that help meet the unique needs of our members by meeting them where they are and hope that you will join us.

Important Information on ABA Forms, Authorizations and Payment

As of July 2017, our website has updated forms to use when requesting Applied Behavioral Analysis (ABA) services. Blue Cross and Blue Shield of New Mexico (BCBSNM) constantly looks for ways to enhance the quality and effectiveness of provider interactions. This includes looking for operational and clinical efficiencies that add value while not sacrificing quality. The ABA service request forms were updated to capture sufficient data needed by the Clinical Reviewer and reduce additional clinical requests of the provider. Providers should begin using these updated forms as soon as possible. You can access the ABA forms on the BCBSNM provider website under Education and Reference, then Forms.

Starting October 1, 2017, Blue Cross and Blue Shield of New Mexico (BCBSNM) aligned our ABA authorizations and payments of t codes with CMS-recommended edits. These edits limit how many units of the ABA t code can be billed per day. For more information on these CMS edits, please visit the CMS Medically Unlikely Edits webpage and use the link for “Practitioner Services MUE Table – Effective 10/1/17” at the bottom of the page. The t codes are listed along with the units per day that can be billed.

Billing for Binaural Hearing Aids

Binaural hearing aid codes allow providers to save time by billing a single Current Procedural Terminology (CPT®) code for members requiring bilateral hearing aids. It is important to remember that these codes only need to be billed once to cover both ears and should never be billed twice for the same service.

As of January 2017, Blue Cross and Blue Shield of New Mexico (BCBSNM) has updated our billing system to not allow dual billing of binaural hearing aid codes. This edit applies to the following CPT codes:

- V5258 hearing aid, digital, binaural, BTE
- V5259 hearing aid, digital, binaural, CIC
- V5260 hearing aid, digital, binaural, ITC
- V5261 hearing aid, digital, binaural, ITE

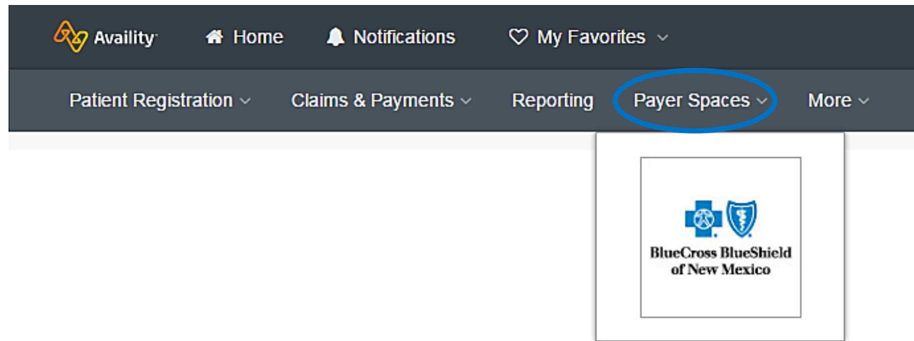
For more information, please refer to the American Medical Association guide for coding and billing for procedures and services with CPT and Healthcare Common Procedure Coding System codes.

How to Find BCBSNM Resources in Availity™ Payer Spaces

Have you recently been searching in the Availity Web Portal to locate a specific Blue Cross and Blue Shield of New Mexico (BCBSNM) tool or enrollment option? Some of our electronic resources offered through Availity have moved to the BCBSNM-branded Payer Spaces section in Availity.

The BCBSNM Payer Spaces section contains payer-specific in-house applications, resources, and links to the BCBSNM Provider website for quick access to pertinent information. You can also view the latest Availity News and Announcements for various payer-specific articles, newsletters and reference documents.

Providers may access BCBSNM Payer Spaces by selecting the Payer Spaces drop-down option from the Availity navigation menu.



The following online tools and resources are now available via the **Resource** tab within the BCBSNM Payer Spaces section:

- Electronic Fund Transfer (EFT) online enrollment
- Electronic Remittance Advice (ERA) online enrollment
- iExchange® online benefit preauthorization registration
- National Drug Code (NDC) units calculator
- Electronic Refund Management (eRM) tool
- and more…

Note: *The BCBSNM Claim Research Tool remains available in the* ***Claims & Payments*** *tab on the Availity navigation menu.*

To learn more about BCBSNM's electronic offerings, visit the Provider Tools page in the Education and Reference Center of our website at *bcbsnm.com/provider*. For assistance or customized training, contact a BCBSNM Provider Education Consultant at *PECS@bcbsnm.com*.

Adhering to Vaccination Guidelines

Timely vaccines protect the health of children and adults, saving lives and ensuring the safest, most effective disease prevention possible. To help keep Blue Cross and Blue Shield of New Mexico (BCBSNM) members safe, doctors treating them should adhere to guidelines recommended by the U.S. Food and Drug Administration (FDA) and Advisory Committee on Immunization Practices (ACIP).

BCBSNM has identified two categories of vaccines that may have been administered in a manner that doesn't align with FDA and ACIP guidelines.

For those vaccine categories – one for HPV prevention and one for the prevention of shingles resulting from the herpes zoster virus – BCBSNM will:

- Continue to reimburse for claims that are medically necessary and supported by the FDA guidelines

- Consider vaccines administered outside of the FDA and ACIP recommendations experimental, investigational or unproven, and will periodically review such claims
- Recover reimbursements for these vaccines administered outside of the FDA and ACIP recommendations per our contracts

HPV Vaccination Guidelines

Gardasil, Gardasil 9 and Cervarix are vaccines for the prevention of HPV infections and associated diseases, including cancers. Administration of these vaccines is recommended for males and females between nine and 26 years old. Vaccination at age 11 or 12 is optimal. Since 2006, these vaccines have been administered in three doses, with the second dose at one or two months after the first and the third dose six months after the first. In October 2016, for patients between nine and 14 years old, the ACIP recommendation was updated to two doses, with the second dose six to 12 months after the first. For patients between 15 and 26 years old, the three-dose regimen is still recommended.

Shingles Vaccination Guidelines

Zostavax is a vaccine that prevents shingles and its complications. Zostavax is recommended as a single dose by the FDA at age 50 or older and by the ACIP at age 60 or older.

BCBSNM considers the vaccine medically necessary for anyone age 50 or older in recognition of the FDA guidance.

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."

Make Your Focus Clear on Eye Care with Retinopathy Screening

According to the National Eye Institute (NEI), "Diabetic retinopathy is the most common diabetic eye disease and a leading cause of blindness in American adults."[1] This alarming statistic has been reported by the NEI since 2010.[2] Key risk factors for progression of diabetic retinopathy to vision loss include the duration of diabetes, hyperglycemia and hypertension.[3]

The Healthcare Effectiveness Data and Information Set (HEDIS) established criteria for performing dilated eye examinations in patients with diabetes.[4] In the Comprehensive Diabetes Care (CDC) Eye Exam sub-measure, using HEDIS 2018 Technical Specifications, patients ages 18–75 years with type 1 or type 2 diabetes are required to have had a retinal or dilated eye exam by an optometrist or ophthalmologist in the current year or the year prior. A dilated or retinal eye exam performed in the previous year with no evidence of retinopathy satisfies the sub-measure.

Blue Cross and Blue Shield of New Mexico (BCBSNM) may determine compliance with the CDC eye exam measure in one of two ways: claims data and/or medical record review.

When medical records are reviewed for evidence that a retinal or dilated eye exam took place in the required time frame, several options meet the measure criteria. Below are the options and the needed documentation:

1. **Dilated eye exam**:
   - Date of the dilated eye exam
   - Results including whether positive or negative for retinopathy
   - Signature of an optometrist or ophthalmologist who completed the exam

2. **Retinal eye exam**:
   - Date of the retinal eye exam or ophthalmoscopic exam
   - Results including whether positive or negative for retinopathy
   - Signature of an optometrist or ophthalmologist who completed the exam
   OR
   - A note or letter prepared and signed by a health care professional (optometrist, ophthalmologist, PCP or other) that indicates an ophthalmoscopic exam was completed by an optometrist or ophthalmologist with the date of the exam and results

3. **Fundus photography** (or chart that shows retinal abnormalities):
   - Date of fundus photography
   - Evidence that an optometrist or ophthalmologist reviewed the results of the fundus photography or chart (Note: Results may be read by a qualified reading center under the direction of a medical director who is a retinal specialist)
   - Signature of the optometrist or ophthalmologist who completed the exam

Getting clear on retinopathy screening

To recap, patients may be screened for diabetic retinopathy by having a dilated eye exam, ophthalmoscopic exam or fundus photography at an optometrist's or ophthalmologist's office.

Alternatively, patients may have retinopathy screening by remote retinal imaging, which is read by an optometrist, ophthalmologist or qualified reading center. In a remote imaging setting, findings suspicious of or positive for retinopathy necessitate referral to an eye care provider for a dilated eye exam.

Remote imaging may offer a convenient, fast and dilation-free exam option, especially in areas where eye care specialists may not be readily available. Patients who have not had or are adverse to a dilated eye exam may agree to a remote imaging study.

Offices may also find success in implementing the following processes:

- Annual messaging to your patients for their eye exam
- Standing orders so that staff may refer the patient to an eye care specialist as needed

Your personal recommendation to your patients to get screened for diabetic retinopathy is key!

Let's work together to get 20/20 results!

[1] https://nei.nih.gov/health/diabetic

[2] https://nei.nih.gov/eyedata/diabetic

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4657234/

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5123647/

Important Notice Regarding Allergy Services

Blue Cross and Blue Shield of New Mexico (BCBSNM) expects all providers to follow Current Procedural Terminology (CPT®) manual specifications for the diagnosis, treatment and management of all services provided, including all supporting and supplemental guides, and that care be reflected by appropriate documentation in the patient's medical record.

Specific to allergy testing and treatment services (CPT Code 95165):

CPT Code 95165 is defined as "*professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)"* (2013, AMA CPT Professional Edition, P. 531). A physician may delegate, with appropriate supervision, the performance of certain procedures and/or components of procedures for efficient use of physician, staff and patient time. A physician may delegate the tasks of physical antigen/serum missing, patient instruction for serum injection, and providing serum vials to the patient. However, after determining a patient is an appropriate candidate for immunotherapy (as described above) the physician must personally select the allergens for immunotherapy, determine the specific concentrations and dilutions, and order the specific shot schedule. The physicians must also personally monitor the patient's progress throughout the course of immunotherapy and not merely delegate that responsibility to ancillary (third party vendor) personnel.

In addition, BCBSNM limits the payment for allergy serum to the **amount actually provided to the patient on a given date of service** but no more than 60 units per two (2) months. This policy does not apply to rapid desensitization.

For more detailed information regarding BCBSNM Allergy Management policy, please refer to medical policy MED206.001 available under the Standards and Requirements tab of BCBSNM.com/provider.

Documentation Guidelines for Laboratory Audit/Review

To assist in prompt payment of claims, and to ensure payment integrity, Blue Cross and Blue Shield of New Mexico (BCBSNM) requires laboratory services to be properly documented.

Incomplete or illegible records can result in a denial of payment for services. For a claim to process and for BCBSNM benefits to be valid, there must be sufficient documentation in the provider's or hospital's records to verify the services performed were medically necessary and required the level of care billed. If there is no, or insufficient, documentation, then there is no justification for the services or level of care billed and request for payment for the services may be denied. Additionally, if there is insufficient documentation for the claims that have already been adjudicated by BCBSNM, reimbursement may be considered an overpayment and the funds may be recovered.

Laboratory claims should be submitted to the state Blue Cross and Blue Shield Plan where the sample was obtained regardless of where the testing facility resides.

Each laboratory claim should have valid laboratory medical records documenting the services ordered and the results of the services performed. Laboratory medical records consist of a signed valid requisition and complete results of the tests performed. A valid requisition is one received from the patient's treating physician or qualified health care provider (i.e., the provider treating the patient and who will use the test results in the management of the patient's specific medical problem). Records should be complete, legible and include the following:

Requisition

- Complete patient identification
- Complete ordering provider identification (minimum full name and NPI #)
- Signature of ordering physician (must be legible) ("Signature on File," signature stamp, or photocopies of signature are not acceptable)
- Facility and location where sample collected is relevant (state, office, home, hospital, Residential Treatment Center)
- Type of sample (e.g., blood, serum, urine, oral swab)
- Date and time collected
- Date and time received in the lab
- Identity of individual who collected sample
- For urine testing, a temperature at time of collection may be relevant and aid in validity
- ICD-10-CM diagnosis codes received from ordering provider (specificity required)
- Identify specific tests ordered (avoid "custom" panels)
- For drug testing, a current medication list may be relevant and aid in supporting medical necessity
- For drug testing, Point of Care (POC) test results may be relevant and aid in supporting medical necessity

Providers are reminded to refer to BCBSNM's Urine Drug Testing Policy MED207.154 available under the "Standards & Requirements" tab on BCBSNM.com/provider. In addition, it is useful to recall that Medicare will only pay for tests that are medically reasonable and necessary based

on the clinical condition of each individual patient. Confirmation of drug screening is only indicated when the result of the drug screen is different than suggested by the patient's medical history, clinical presentation or the patient's own statement. Medicare makes this statement to reinforce that the ordering provider is cautioned that the justification for the need for testing is required.

Laboratory Results Documentation

- Complete identification of performing entity (name, address, CLIA #)
- Identity of patient (full name, DOB)
- Identity of ordering provider (name, NPI #)
- Identity of facility, if applicable
- Date sample collected
- Date sample received in lab
- Date test results reported
- Complete test results including validity testing, if performed

Although BCBSNM does not require a laboratory provider to recover and submit medical records from an ordering provider, it should be noted that **the burden of proof remains with the billing provider to be able to substantiate the medical necessity of the laboratory services billed.** If necessary, BCBSNM will request records from an ordering provider to substantiate and provide supporting information during a laboratory claim audit/review. Insufficient or a lack of supporting information will result in denial of the laboratory claim. *See BCBSNM's Urine Drug Testing Policy MED207.154.* Medicare auditors similarly require a billing provider to assume responsibility for obtaining supporting documentation as needed from a referring physician's office. *See Medicare Program Integrity Manual (Pub. 100-08), Chapter 3, Section 3.2.3.*

The ordering provider's medical record must support the medical necessity for each service ordered. The record must be specific to an individual patient and not consist of "standing," "routine" or "orders per protocol." Such "one size fits all" ordering will not support the necessity for testing and may result in a payment denial for the laboratory service.

Familiarity with health care plan medical policies regarding laboratory testing may prevent unexpected claim denials. Orders alone do not ensure reimbursement. Medical policies, benefits, eligibility and medical record documentation are the determining factors for reimbursement.

Laboratories also should be mindful of requests for testing received from in-patient and intensive out-patient behavioral health facilities as laboratory services are included in per diem rates paid to the entities and should not be "unbundled" and submitted for separate claim reimbursement. In those instances, separate reimbursement for laboratory services may be denied or disallowed as payment is included in the ordering provider's per diem payment.

Health plan Medical Policies and Medicare Local and National coverage documents may be found online by searching a plan or Medicare's public website. Individual benefit/coverage

information may be found by phoning the customer service number on the back of the member's insurance card.

Operational Effectiveness: Better and Faster Ways to Do Business Together

How can we help providers so that they can effectively drive operational and clinical efficiencies while continuing to deliver quality care? Blue Cross and Blue Shield of New Mexico (BCBSNM) is committed to making system and process improvements and innovations to better support and collaborate with the providers. Now more than ever, collaboration is essential to help control rising health care costs, avoid redundant or unnecessary care, identify opportunities for members to get the right care at the right time and place, and streamline administrative work. Ultimately, we want to make it easier for providers to do business with us and we want to continue to earn their satisfaction.

In the months ahead, we are rolling out new ways to work together, which have been created with efficiency and effectiveness in mind. As we systematically deploy new processes and programs, we are helping providers realize the ability to integrate these new efficiencies into existing workflows with relative ease.

We are introducing more ways to transact provider-payer business electronically, with an increased emphasis on online forms, tools and other resources. The increased focus on electronic tools will help improve data accuracy, which in turn helps ensure claims process accurately and provider directories are up-to-date.

Another way we are building efficiencies into the provider-payer relationship is through various data solutions that will offer providers greater insight into our members' health status and the quality and cost of care they deliver. New Clinical Data Exchange (CDE) tool capabilities will streamline and speed the online exchange of member clinical data between providers and BCBSNM in a scalable and secure platform. This technology will enable connected providers to access a member's medical record and the health summary at the site of service. We anticipate this will help providers identify unmet care needs and avoid unnecessary or redundant services. We also anticipate that clinical data exchange will help reduce claims processing and payment time as a likely result of fewer pended, denied and appealed claims.

Care quality and cost analytics and reporting augment our clinical data exchange efforts. We are striving to make the health care system work better through the controlled deployment of a single, online platform for a suite of quality and efficiency analytics and reporting. Our new Provider Performance Analytics and Reporting tool is accessible in the BCBSNM-branded Payer Spaces section to registered Availity™ Web portal administrators and assigned users. This tool offers a robust suite of data dashboards that display valuable information about providers' overall BCBSNM member population and allows users to filter quality data in a variety of ways such as age range, diagnosis type, and contract type. Providers can view emergency room and pharmacy risk adjustment and incentive data, among other details. Our reporting tools can help illuminate the services that may help providers maximize reimbursement.

In addition, provider performance efficiency analytics offer insight into the cost of care by type of care episode and how it compares to care delivered by peer providers in the same market, specialty or network for similar BCBSNM members. This new platform will allow us to deliver reports faster, and with dynamic reporting capability.

As Executive Director of Quality and Accreditation, Terri Kitchen shares, “With so many different types of performance management metrics available through the dashboards, depending on what the end user needs, there’s probably a dashboard for that.” We believe that the quality and efficiency data will help providers identify and prioritize practice enhancement opportunities.

To prepare for the use of these new data solutions, we encourage you to become a registered Availity user – visit availity.com today to register online at no charge. Becoming a registered Availity user will give you immediate access to many tools and resources that are available now, while also ensuring you will be first in line to begin using new data solutions when they launch.

===

Blue Cross Community Centennial℠ (Medicaid)

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.

National Diabetes Month – November 2017

To coincide with national and state efforts to raise awareness of diabetes during National Diabetes Month (November), Blue Cross and Blue Shield of New Mexico (BCBSNM) is pleased to announce a new initiative that will engage our members to take proactive steps in their diabetic wellness.

A letter was sent in late October to our Blue Cross Community Centennial℠ members diagnosed with diabetes who have one or more 2017 HEDIS care gaps (A1c, diabetic nephropathy, diabetic retinopathy screenings) that remain uncompleted. Included in the mailing are:

- A unique member letter detailing their individual diabetic gaps in care that have not been completed in 2017.
- Education regarding the importance of completing each test annually.
- Direction to discuss diabetic needs and results of the tests with their health care provider.
- Information on Blue Cross Community Centennial diabetic resources available.
- Instructions on the use of an additionally enclosed Personal Care Record to help manage diabetes including:
    - The three 2017 HEDIS diabetic measurements for member tracking (A1c, diabetic urine test and diabetic eye exam)
    - Entry log fields for blood pressure, foot exam and weight

This mailing will reach approximately 5,600 of our BCBSNM members around the State of New Mexico. The goal of this intervention is to empower our Blue Cross Community Centennial members, who have been diagnosed with diabetes, to take action through education by increasing their diabetic wellness. Our hope is that it starts the dialogue between our Blue Cross Community Centennial members and their health care providers on staying healthy by managing diabetes.

Living365[SM] Diabetes Education Classes

Blue Cross and Blue Shield of New Mexico (BCBSNM) is working with Albertsons grocery stores around New Mexico to provide complimentary 75 to 90-minute diabetes coaching classes for Medicare Advantage and Medicaid members starting in November.

These classes will give members a chance to:

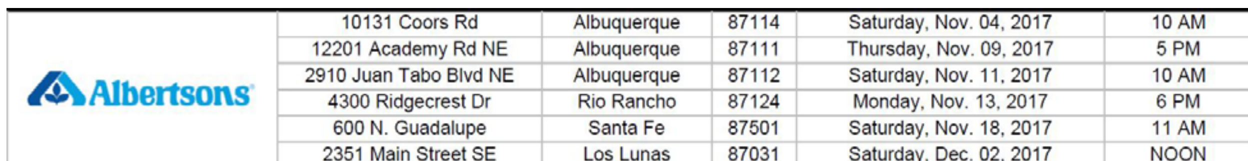
- Go on a ‘Healthy Eating’ grocery store tour led by a dietitian. During the tour, members will learn about counting carbohydrates, types of fat, reading food labels, better food alternatives and much more.
- Engage with an in-store pharmacist to learn more about diabetes and related treatments, including monitoring blood glucose and incorporating physical activity into their lifestyle.
- Participate in a question and answer session.
- Receive free educational materials and items including glucose tablets/gels, fiber supplements, diabetic skin cream and more.

Classes are limited to 25 Medicare Advantage or Medicaid members. Members must register ahead of time and bring their BCBSNM member ID card to the class. Each registered BCBSNM member may bring a guest – the guest does not have to be a BCBSNM member.

Please share this information with your Medicare Advantage and Medicaid patients with diabetes.

To register, members should call the Albertsons Patient Care Services Center at 877-728-6655 from Monday through Friday, 8 a.m. to 5:30 p.m. MST.

Class locations and times:



Albertsons	10131 Coors Rd	Albuquerque	87114	Saturday, Nov. 04, 2017	10 AM
	12201 Academy Rd NE	Albuquerque	87111	Thursday, Nov. 09, 2017	5 PM
	2910 Juan Tabo Blvd NE	Albuquerque	87112	Saturday, Nov. 11, 2017	10 AM
	4300 Ridgecrest Dr	Rio Rancho	87124	Monday, Nov. 13, 2017	6 PM
	600 N. Guadalupe	Santa Fe	87501	Saturday, Nov. 18, 2017	11 AM
	2351 Main Street SE	Los Lunas	87031	Saturday, Dec. 02, 2017	NOON

Albertsons is an independently contracted pharmacy solely responsible for the products and services they provide.

Cold Weather Asthma: Prevention Through Education

Asthma is a serious health and economic concern in the United States. Each year, asthma costs $56 billion and causes over 14 million missed days of work and 10 million missed days of

school.[1] Millions of physician's office, emergency department and outpatient hospital visits are attributed to a primary diagnosis of asthma each year, and nine people die from asthma each day.

Asthma exacerbation is more common with colder air during the winter months, and our members diagnosed with asthma may need educational reinforcement. To promote asthma wellness during this upcoming winter season, consider discussing the following with your patients:[2]

- Taking all medications as prescribed
  - Per 2017 HEDIS[3] asthma measure
    - Ratio of controller medications to total asthma medications greater than 50% during the measurement year
    - Remaining on an asthma controller medication for at least 75% of their treatment period
- Covering their nose and mouth with a scarf when going out in the cold
- Avoid exercising outdoors in severe cold weather

For additional resources to share with your clinic staff and patients, please visit the Taking on Asthma microsite where you can find information about asthma initiatives, a team approach for managing asthma with parents and schools, clinical practice recommendations, a variety of resources for physicians and current news related to asthma.

[1] https://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf
[2] http://www.lung.org/about-us/media/top-stories/cold-weather-your-lungs.html
[3] Effectiveness of Care, Respiratory Conditions. (2016). HEDIS 2017 Volume 2, 105-114.

==

Medicare

Living365[SM] Diabetes Education Classes

Blue Cross and Blue Shield of New Mexico (BCBSNM) is working with Albertsons grocery stores around New Mexico to provide complimentary 75 to 90-minute diabetes coaching classes for Medicare Advantage and Medicaid members starting in November.

These classes will give members a chance to:

- Go on a 'Healthy Eating' grocery store tour led by a dietitian. During the tour, members will learn about counting carbohydrates, types of fat, reading food labels, better food alternatives and much more.
- Engage with an in-store pharmacist to learn more about diabetes and related treatments, including monitoring blood glucose and incorporating physical activity into their lifestyle.
- Participate in a question and answer session.

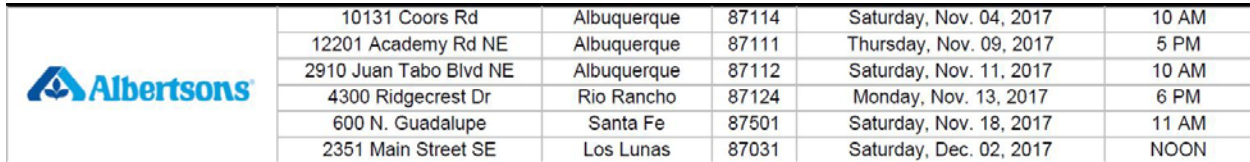
- Receive free educational materials and items including glucose tablets/gels, fiber supplements, diabetic skin cream and more.

Classes are limited to 25 Medicare Advantage or Medicaid members. Members must register ahead of time and bring their BCBSNM member ID card to the class. Each registered BCBSNM member may bring a guest – the guest does not have to be a BCBSNM member.

Please share this information with your Medicare Advantage and Medicaid patients with diabetes.

To register, members should call the Albertsons Patient Care Services Center at 877-728-6655 from Monday through Friday, 8 a.m. to 5:30 p.m. MST.

Class locations and times:



Albertsons	10131 Coors Rd	Albuquerque	87114	Saturday, Nov. 04, 2017	10 AM
	12201 Academy Rd NE	Albuquerque	87111	Thursday, Nov. 09, 2017	5 PM
	2910 Juan Tabo Blvd NE	Albuquerque	87112	Saturday, Nov. 11, 2017	10 AM
	4300 Ridgecrest Dr	Rio Rancho	87124	Monday, Nov. 13, 2017	6 PM
	600 N. Guadalupe	Santa Fe	87501	Saturday, Nov. 18, 2017	11 AM
	2351 Main Street SE	Los Lunas	87031	Saturday, Dec. 02, 2017	NOON

Albertsons is an independently contracted pharmacy solely responsible for the products and services they provide.

==

Federal Employee Program (FEP)

FEP Plan Update

This notice is to inform you that as of January 1, 2018, Blue Cross and Blue Shield of New Mexico (BCBSNM) will no longer offer the Federal Employee Health Benefits (FEHB) New Mexico BlueHMO Preferred plan. This change impacts only New Mexico BlueHMO Preferred members and they have been informed that current coverage will continue through the end of 2017.

Please note BCBSNM will continue to administer two FEHB PPO plans through its Blue Cross and Blue Shield Service Benefit Plan:

- Standard Option — a comprehensive PPO plan with both in- and out-of- network benefits
- Basic Option — providing in-network only benefits excluding emergencies

These options will be available to members whose BlueHMO plan is ending, and virtually all providers located in New Mexico that participate in BCBSNM's HMO network also participate in the BCBSNM PPO network. You can confirm a provider's participation status using Provider Finder (available at www.bcbsnm.com). Each provider's participation status is subject to change.

If you receive questions from current FEHB BlueHMO Preferred members regarding this change, please encourage them to contact the National Information Center at 1-800-411-BLUE (2583), and request an information packet.

Blue Cross and Blue Shield of New Mexico is proud of our long history of serving federal employees, retirees and their families with products that deliver high-quality, comprehensive coverage. We appreciate your continued partnership in serving our FEP members.

==

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*. Read more.

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.

==

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)

==

You can find *Blue Review* online!

We want your feedback on *Blue Review*! Have suggestions for future articles? Drop us a line anytime: NM_Blue_Review_Editor@bcbsnm.com.

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. iExchange is a trademark of Medecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity or Medecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

HEDIS is a registered trademark of NCQA.

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

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association.
P.O. Box 27630, Albuquerque, NM 87125-7630

© Copyright 2017 Health Care Service Corporation. All rights reserved.