

# provider update

**P=Professional**

**B=Behavioral Health**

**F=Facilities**

**May 2018**

## If You Verify It, They Will Come

Technology connects patients with the healthcare they need, which is why an online provider directory that displays accurate practice information is essential. For quite some time, we at Blue Cross & Blue Shield of Rhode Island (BCBSRI) have been engaging providers over the importance of verifying their practice information on our [Find a Doctor tool](#). The reason for this is simple—inaccurate or missing provider data creates barriers to care for both our members and other providers. For example, if our members can't find or contact you because they're viewing missing or outdated information, they can't access your services.

When a patient searches for an in-network provider on our Find a Doctor Tool, they deserve an experience that leads them to reliable information. Yet patients in Rhode Island and across the country regularly encounter inaccurate information when searching online provider directories. In fact, a 2017 audit of Medicare Advantage plans conducted by the Centers for Medicare and Medicaid Services (CMS) found that 52 percent of the provider directory locations listed had at least one inaccuracy. It's important that patients have access to correct practice information, especially since accurate provider directories are a CMS requirement, not to mention a contractual agreement with BCBSRI.

Here are some important things you can do to ensure the accuracy of your provider data:

- Make sure the primary address you have listed is the same address where a patient can make an appointment to see you.
- Stay current on whether or not you are accepting new patients, and report your "open" or "closed" panels when the status changes.
- List a primary phone number that is active and up-to-date.

Ensuring accurate practice information is critical, especially for providers who perform services at a number of locations. For example, a specialist may have privileges at a hospital or facility where they offer certain procedures, but the primary address where their patients can make appointments to see the provider is what should be listed in the online directory.

Since the last time I wrote on this topic in [January 2017's Provider Update](#), BCBSRI has continued to offer providers opportunities to verify accurate practice information. Here are some of the options we make available to you:

- Every quarter, we directly reach out to provider offices by fax, giving you the opportunity to verify your practice information as it appears on our find a doctor tool. We send out monthly reminders in the BCBSRI Update section of this newsletter.
- We are working diligently on a self-service Provider Portal that will make submitting your practice updates even easier.

To check if your information is accurate and up-to-date, please search your practice on our [Find a Doctor tool](#). I also encourage you to reach out to our Provider Relations team for help updating your practice information. You can reach out to them at [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).

In the meantime, please read our BCBSRI Update section below, which contains our quarterly process for verifying your practice information.

Thank you.

**Dr. Gus Manocchia**  
*Executive Vice President  
and Chief Medical Officer*



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# BCBSRI Update

## **PBF** **Choosing Wisely: Tackling low-value care one diagnostic test at a time**



**Matt Collins, MD, MBA**  
Vice President, Clinical Integration

This past March, I shared with you Choosing Wisely's\* recommendations on the appropriate use of imaging for patients with low back pain. I also shared the [great work happening right here in Rhode Island to reduce avoidable imaging](#) as a way to improve quality and reduce healthcare costs. With all of us at BCBSRI committed to supporting providers in driving high-value care, it's also worth considering ways we can prevent low-value care.

Low-value care is care that, in most cases, does not result in improved outcomes. These unnecessary services can potentially lead to indirect or direct harm to patients, as well. All this makes it important to consider what value and benefit certain healthcare services will bring to already healthy patients.

### ***Diagnostic testing before an outpatient, low-risk surgery can produce low-value care***

A few months back, I attended a presentation on low-value care hosted by the Rhode Island Business Group on Health (RIBGH). The featured speaker was A. Mark Fendrick, M.D., an internist from the University of Michigan's School of Public Health. Among the top five areas of low-value care that Fendrick shared with us, one in particular stood out—preoperative diagnostic tests for low-risk surgeries. The American Society of Anesthesiology recommends against such testing in otherwise healthy patients undergoing low-risk surgery.

I wanted to see how well BCBSRI's contracted physicians were adhering to this recommendation from the anesthesiologists' professional group. I looked at all diagnostic studies within 30 days of a low-risk, non-cardiac surgery. Between October 2016 and September 2017, BCBSRI and our members paid over **\$14 million** for potentially unnecessary diagnostic tests. What's even more concerning is that we reached this number through use of tests that were relatively low in cost.

This means that otherwise healthy members who exhibited no at-risk symptoms were administered diagnostic tests that likely added no value to their care. What they received instead was increased cost share. Besides, these kinds of tests can often trigger 'false alarms' in healthy patients, leading to even more tests. It's the perfect recipe for low-value care to quickly snowball.

### ***Choosing Wisely, by rethinking diagnostic testing for low-risk surgeries***

*It's important to keep in mind that lab testing and imaging studies for healthy patients rarely change the outcome of an already low-risk procedure, so it's important to always evaluate their actual need.*

*Choosing Wisely*, together with the American Society of Anesthesiology, recommends that providers order lab tests on low-risk surgical procedures for patients who may be pregnant, have diabetes, bleeding or blood clotting issues.

I encourage you to visit the [Choosing Wisely website](#) to explore ways you can help reduce low-value care. I also encourage you to share [Choosing Wisely materials on non-essential lab testing](#) with patients scheduled for a low-risk surgery.

\**Choosing Wisely* is an initiative of the ABIM Foundation, in partnership with more than 80 specialty societies, to help clinicians and patients engage in conversations about the overuse of tests and procedures and to support physician efforts to help patients make smart, effective healthcare choices.

# BCBSRI Update

## **PBF** Fax and email submission process for grievances and appeals

As a reminder, all submissions to the Grievance and Appeals Unit can be sent by fax or email.

- Commercial member complaints and appeals can be faxed to (401) 459-5005.
- Medicare member complaints and appeals can be faxed to (401) 459-5668.
- All provider complaints and appeals can be sent by encrypted email to [GAU\\_Complaints\\_Appeals@bcbsri.org](mailto:GAU_Complaints_Appeals@bcbsri.org).

BCBSRI will continue to accept paper submissions, but we strongly encourage your office to utilize fax or email as those methods are more efficient. If you have any questions, please call the Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 for out-of-state callers. We appreciate your support and participation as we work to streamline our process and improve our service.

## **PBF** Important: Verify your practice information!

BCBSRI regularly conducts quarterly fax-based validation and attestation of provider practice information displayed within our [Find a Doctor tool](#). We contact provider offices directly, via fax, to ensure this information is accurate and up-to-date.

The Centers for Medicare & Medicaid Services (CMS) requires providers to note whether the location included is the same as where a patient is able to make an appointment. CMS also requires providers to note whether they are accepting new patients.

Once your office has verified your information, please check the “attestation” box and fax it back to BCBSRI, as soon as possible. Please note that even if your information is presently accurate and not in need of updates, your office is still expected to verify your information, check the attestation box, and fax the form back to BCBSRI.

If you have questions about these verification efforts, please email [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).

## **PF** Transitioning pediatric members to adult primary care

BCBSRI knows how valuable primary care is to achieving better health and coordinating care, especially for patients with complex medical needs. This is why BCBSRI's case management program is ready to assist our pediatric members with their transition into adult primary care, including those who are medically complex and/or affiliated with a patient-centered medical home (PCMH). Whether the member has complex medical needs, such as a chronic condition or behavioral health concern, or they're ready to start managing their own healthcare, we're able to help members and their families navigate this important transition.

A practice staff member or a PCMH care coordinator may reach out to BCBSRI and inquire about transitioning a pediatric member into adult care. When you reach out, please be ready to provide us with the following information:

- Member name, date of birth, medical history, and current diagnoses, including behavioral health needs
- Social determinants of health, such as financial and transportation concerns
- All contact information for the PCMH pediatric practice and care coordinator
- Expected timeframe for transition
- Any other information that will help the member successfully transition to an adult PCP

Once you've provided BCBSRI with this information, we will refer you to a BCBSRI Health Advocate (HA), who will work directly with your practice to plan a successful transition into adult care. After additional research, our HA will contact you with the following resources:

- A list of two-to-three available adult PCPs
- An email, phone, or fax number of PCPs who have confirmed they are taking new patients and are able to address the member's needs.

We encourage you to speak to your pediatric patients and their families about managing their healthcare once they leave their pediatrician or PCMH Kids practice. To inquire more about this opportunity for case management and primary care transition, you're welcome to contact BCBSRI at 1-800-637-3718, ext. 2273. You can also email us at [triage\\_group@bcbsri.org](mailto:triage_group@bcbsri.org).

## **PBF** Hints for HEDIS® (and more)

As part of our ongoing efforts to provide the highest quality healthcare to our members, BCBSRI reviews data from the Healthcare Effectiveness Data and Information Set (HEDIS), CMS Stars, Consumer Assessment of Healthcare Providers and Systems, Medicare Health Outcomes Survey, and internal resources. This helps us identify opportunities to enhance clinical care for your patients, our members. Hints for HEDIS (and more) provides guidance and resources to help address these opportunities. If you have any questions, comments, or ideas regarding any of our quality or clinical initiatives, please contact Courtney Reger, RN, BSN, manager, quality at (401) 459-2763, or email [courtney.reger@bcbsri.org](mailto:courtney.reger@bcbsri.org).

### **Comprehensive Diabetes Care (CDC) measure**

Effective with HEDIS 2017, the National Committee on Quality Assurance (NCQA) introduced **3072F** as a new CPT® Category II code. Using the code 3072F identifies diabetic eye exams that are negative for retinopathy in the year prior to the measurement year. While CPT Category II codes are not reimbursed by BCBSRI, submission of this code and others will reduce the HEDIS medical record review burden on your practice. Effective immediately, you may begin submitting the code 3072F, including for claims with older dates of service.

The HEDIS CDC measure set includes screening rates for retinal eye exams, HbA1c, blood pressure, medical care for kidney problems, and rates of A1c control in patients with type 1 and type 2 diabetes.

The below table contains practice tips for HEDIS' CDC measures:

| <b>CDC measure</b>         | <b>Measure population: Type 1 or 2 diabetes</b>  | <b>Tips for success</b>   |
|----------------------------|--|---|
| Hemoglobin A1c testing     | An HbA1c test during the measurement year  | <ul style="list-style-type: none"> <li>• Pre-visit planning may be useful. For members with upcoming appointments, medical assistants can mail a reminder letter and a lab slip to those due for HbA1c screening and other tests to help increase rates.</li> <li>• Reinforce with members the importance of routine A1c testing as an indicator of diabetes control and a helpful guide for treatment planning.</li> </ul> |
| HbA1c poor control (>9.0%) | The most recent HbA1c test during the measurement year with a result greater than 9.0%<br><br>-or-<br><br>a missing result | <ul style="list-style-type: none"> <li>• For this measure, lower rates of poorly controlled members with diabetes are desirable.</li> <li>• Consider Diabetes Disease Management for patients with diabetes.</li> <li>• Consider endocrinology referral for complex or refractory cases.</li> </ul>   |
| HbA1c control (<8.0%)      | The most recent HbA1c test during the measurement year with a result less than 8.0%  | <ul style="list-style-type: none"> <li>• Reinforce members' achievement of target A1c and its association with lower rates of complications.</li> </ul>   |

# Quality

| <i>CDC measure</i>                | <i>Measure population: type 1 or 2 diabetes</i>   | <i>Tips for success</i>  |
|-----------------------------------|---|--|
| Eye exam (retinal) performed      | <p>A retinal eye exam by an optometrist or ophthalmologist in the measurement year</p> <p style="text-align: center;">-or-</p> <p>a “negative for retinopathy” retinal exam by one of the above specialists in the year prior to the measurement year</p> | <ul style="list-style-type: none"> <li>• While not a requirement, the retinal eye exam may include dilation.</li> <li>• Remind patients that diabetic eye disease can be asymptomatic, so routine exams are important for finding and treating problems early.</li> <li>• Use CPT Category II code 3072F when diabetic retinal screening is negative.</li> </ul>   |
| Medical attention for nephropathy | <p>A nephropathy screening test</p> <p style="text-align: center;">-or-</p> <p>evidence of nephropathy</p>  | <ul style="list-style-type: none"> <li>• Dispensation of at least one ACE-I or ARB medication counts as evidence of nephropathy.</li> <li>• Remind patients that like eye disease, diabetic kidney disease may be asymptomatic. Regular tests can detect issues early and treatment may help delay disease progression.</li> <li>• Pre-visit planning may be useful when screening tests are due. Have medical assistants note within patient schedules or records that a urine test for microalbumin is needed for members with upcoming appointments.</li> </ul> |
| BP Control (<140/90 mm Hg)        | The most recent blood pressure reading taken during an outpatient visit or during a nonacute inpatient encounter  | <ul style="list-style-type: none"> <li>• If the BP is out of range, take another reading during the same visit and document the lowest diastolic and systolic reading from that day.</li> <li>• Discuss the importance of BP control, especially with the additional cardiovascular risks for people with diabetes.</li> </ul>   |

## HEDIS measure for colorectal cancer screening

The HEDIS measure for Colorectal Cancer Screening (COL) evaluates the percentage of eligible members who have had fecal occult blood test (FOBT), flexible sigmoidoscopy, CT colonography, DNA-FIT test, or colonoscopy during certain timeframes. The HEDIS COL measure is summarized in the following table:

| Screening                   | Measure Population  | Exclusions   | Tips for Success  |
|-----------------------------|---|--|---|
| Colorectal cancer screening | <p>Adults aged 50-75 who have received one of the following screenings:</p> <ul style="list-style-type: none"> <li>• FOBT during the measurement year</li> <li>• Flexible sigmoidoscopy in the measurement year</li> </ul> <p>-or-</p> <p>the four years prior to the measurement year</p> <ul style="list-style-type: none"> <li>• Colonoscopy during the measurement year</li> </ul> <p>-or-</p> <p>the nine years prior to the measurement year</p> <ul style="list-style-type: none"> <li>• CT colonography during the measurement year</li> </ul> <p>-or-</p> <p>four years prior to the measurement year</p> <ul style="list-style-type: none"> <li>• FIT-DNA during the measurement year</li> </ul> <p>-or-</p> <p>the two years prior to the measurement year</p> | <ul style="list-style-type: none"> <li>• Colorectal cancer</li> <li>• Total colectomy</li> <li>• Enrolled in an Institutional SNP (I-SNP) at any time during the measurement year</li> <li>• Living long-term in an institution at any time during the measurement year</li> </ul> | <ul style="list-style-type: none"> <li>• A digital rectal exam is not counted as evidence of a colorectal screening.</li> <li>• Talk with patients about what to expect and how to prepare for a the screening (i.e., procedure, preparation, anesthesia, etc.). This may calm fears about the test and help patients schedule tests more readily.</li> <li>• Preventive tests are covered with no copay/ cost-share.*</li> </ul> |

As a preventive healthcare service, colorectal cancer screenings are generally covered at 100% and at no cost to the member, per the Affordable Care Act. If members have questions about which procedures are covered, please encourage them to call BCBSRI's customer service team at (401) 459-5000.

\*When suspicious tissue is encountered during routine screening and removed or sampled for biopsy, a test that is typically considered preventive may be coded as diagnostic. In this case, the member may be subject to copays or cost-sharing based on their respective benefit plan.

## **B** May is Mental Health Month

Mental Health Month was started in 1949 by the national organization Mental Health America to raise awareness about mental health conditions, as well as the importance of good mental health for everyone. The theme for 2018's Mental Health month theme is *Fitness #4Mind4Body* and emphasizes the importance of physical activity as a key component of overall wellness.

As a healthcare provider, you're aware that physical well-being can positively affect patients' mental well-being. Patients can achieve better mental health, when they are encouraged to pay attention to their physical well-being. A healthy lifestyle can help prevent the onset or worsening of mental health conditions, as well as chronic health problems like heart disease, diabetes, and obesity. When made a regular priority, physical activity can help people recover from these conditions.

You can learn more about May as Mental Health Month by [clicking here](#) to visit Mental Health America's website.

## **B** Why screen for depression in primary care?

Screening for depression is an important part of primary care. Here are some reasons why it's encouraged to screen patients for depression:

- The United States Preventative Task Force has issued guidelines for universal depression screenings, while stating that 100% of patients should receive annual screening for depression.
- Depression is one of the most common chronic conditions across the population. The National Alliance on Mental Illness estimates that one-in-four adults are living with depression at any given time.
- While most providers are able to identify severe depression in their patients, those with mild or moderate depression often go undetected. Speaking with your patients who have been identified during a primary care visit as having mild or moderate depression can bring them relief, as well as the opportunity to be given treatment options. It can also help patients create an action plan that may help them avoid more severe depression and the need for more intensive medical care in the future.

## **B** Why screen for substance use disorders in Primary Care?

BCBSRI encourages all primary care providers to universally screen for substance use disorders using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model. SBIRT is an evidence-based practice used to identify, reduce, and prevent the problematic use, abuse, and dependence on alcohol and illicit drugs. SBIRT consists of three major components:

- **Screening** — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools.
- **Brief intervention** — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.
- **Referral to treatment** — a healthcare professional provides a referral to brief therapy or treatment for patients who screen in need of additional services.

Screening for substance use disorders using the SBIRT model is a reimbursable service. Please [click here](#) to refer to the policy for details.

## **B** How do I connect a patient to Behavioral Health services?

The behavioral health system can be confusing and overwhelming for patients to navigate. As BCBSRI continues to expand our continuum of services for behavioral health, we realize that providers may have questions regarding the types of services available to their patients. We offer several ways to learn more about behavioral health benefits and services:

- **The Physician & Provider Service Center** can answer questions regarding a member's benefits, including member liability for services. They can also assist in locating a participating behavioral health provider. The Physician & Provider Service Center can be reached at (401) 274-4848 or 1-800 230-9050 for out-of-state callers. Additional information on participating behavioral health providers can be found at [bcbsri.com](http://bcbsri.com).
- **The Beacon Health Options Clinical Referral Line** is available 24/7 and is answered by clinical behavioral health staff. The clinical referral line can assist you in identifying a behavioral health provider, as well as provide support and guidance. The clinical referral line should not be used if there is concern of imminent danger, but can be a first point of contact in non-emergency situations. The clinician, who may be a registered nurse, independently licensed social worker, or mental health counselor will ask questions to understand your patient's needs. The clinician will provide you with information about what services are available, along with the names and contact information of the providers offering these services. You can contact Beacon Health's Clinical Referral Line at 1-800-274-2958. You may also share this number with your patients, should they prefer to contact Beacon Health Options directly.
- **Beacon Health Options Intensive Case Management Program** can assist your patients in effectively managing their behavioral health conditions. Independently licensed behavioral health clinicians will work with your patients to help them:
  - Understand the barriers preventing them from getting the most out of their treatment, or obtaining recommended treatment
  - Find and obtain services and/or resources needed to better manage their behavioral health condition(s)
  - Better manage their condition(s) through education and support
  - Have the necessary information to ensure effective care coordination
  - Ensure they have proper knowledge of their medications, as well as instructions from their providers

To refer a patient to the Beacon Health Options Case Management Program, please call 1-800-274-2958, and press option 3, followed by option 1.

You may also use our automated referral form at [bcbsri.com](http://bcbsri.com). Simply follow these easy steps:

1. Log on to the provider portal at [bcbsri.com](http://bcbsri.com)
2. Click on Tools and Resources
3. Click on Forms
4. Click on Case Management Request
5. Complete the required fields and click Go!



## **B Pediatric Psychiatry Resource Network available to pediatricians**

BCBSRI would like to remind our pediatricians that the Pediatric Psychiatry Resource Network (PediPRN) is now available to use for their patients. PediPRN is an innovative model of telephonic consultation and collaboration between pediatric primary care and child psychiatry providers. PediPRN uses a telephonic integrated care model to improve access to quality behavioral health expertise. The service is free and assists all Rhode Island pediatricians with the mental health care needs of their patients.

Pediatricians can call PediPRN with diagnostic or therapeutic questions. PediPRN psychiatrists will return the call within 30 minutes. The team will assist in developing a care plan for children with various psychiatric diagnoses and complex clinical presentations. The care plan could include recommendations for psychopharmacology, therapeutic treatment, and supportive services in the community. The team will also sponsor educational opportunities, via e-blasts and CME programs on pediatric psychiatry topics pertinent to the pediatric community.

PediPRN services are available weekdays from 8:30 a.m. to 5:00 p.m., with the exception of holidays. PediPRN is offered at three Lifespan facilities: Bradley Hospital, Rhode Island Hospital, and Newport Hospital.

Any child or adolescent in Rhode Island is eligible for this free service; however, pediatricians must be registered for PediPRN in advance of use. PediPRN is designed to improve access to high quality pediatric behavioral health services.

For more information, please visit PediPRN's website by [clicking here](#). You may also contact them directly by calling (401) 432-1KID (1543), or email them at [PediPRN@lifespan.org](mailto:PediPRN@lifespan.org).

## **B Achieve Solutions**

Achieve Solutions is a behavioral health and wellness website offered through BCBSRI's behavioral health partner, Beacon Health Options. The website helps individuals and families make informed decisions for their health and well-being and connects them to supportive services.

With more than 5,000 topical articles, educational resources, assistance materials and self-assessment tools, Achieve Solutions helps our members to better cope with and manage their health concerns, as well as everyday life challenges.

Providers can access content through Achieve Solutions by [clicking here](#).

# Behavioral Health

## B Behavioral Health Solutions at BCBSRI

In addition to offering traditional levels of behavioral healthcare, such as inpatient, outpatient, and professional services, BCBSRI collaborates with community-based partners to create a suite of behavioral health solutions for our members with complex conditions. The chart below provides an overview of our innovative offerings, along with information on the populations these programs serve and which BCBSRI members may access these services.

| <i>Program</i>   | <i>Description</i>   | <i>Community Partner</i>                  | <i>Target Population</i>                                     | <i>Available To</i>             | <i>Contact Number</i> |
|--|--|---|--|---------------------------------|-----------------------|
| HealthPath   | Home and community based program addressing mental health and substance use disorders by a team of clinicians  | Care New England                          | Adults with complex mental health or substance use disorders | Medicare and Commercial members | (401) 415-8868        |
| Mindful Teen   | Dialectic Behavior Therapy for individuals and families that focuses on high-risk behaviors and coping skills. Includes 24/7 phone coaching to prevent a crisis. | Lifespan: Bradley Hospital                | High-risk adolescents  | Commercial members              | (401) 432-1119        |
| Be Collaborative Care  | Comprehensive outpatient program to address eating disorders   | Be Collaborative Care                     | Adults and adolescents with an eating disorder               | Commercial members              | (401) 262-0841        |
| CODAC Center of Excellence   | Treatment for comprehensive opioid use disorders   | CODAC Behavioral Healthcare               | Substance use disorders                                      | Commercial members              | (401) 461-5056        |
| Medication-assisted treatment (MAT) program at Roger Williams Medical Center | Comprehensive substance use disorder treatment that bundles MAT, counseling, and other services together for one monthly member copay.                           | Roger Williams Medical Center             | Substance use disorders                                      | Commercial members              | (401) 456-2362        |
| Peer recovery coaching   | Members in recovery supported by highly trained individuals, who are in recovery themselves.   | The Providence Center and Anchor Recovery | Adults and adolescents with a substance use disorder         | Commercial members              | (401) 721-5100        |

## **P** New option for employer-based pharmacy benefit programs

90DayMyWay is an optional employer benefit program driving members to 90-day supply prescription for their chronic and long-term maintenance medications. This program delivers lower cost and supports improving member adherence. Members can choose to fill a prescription at a participating retail pharmacy, or they may use mail order for home delivery.

Here are some key points to keep in mind regarding 90DayMyWay:

- All long-term medicines must be filled in a 90-day supply.
- Not all members have this benefit. It is only available for adoption by our administrative-only service groups.
- This program does support an opt-out process for prescribers of patients for whom they do not feel the program is appropriate.

For a list of prescription drugs available through the 90DayMyWay program, please click [here](#).

## **PF** Medical drug review changes for Commercial members effective June 1, 2018

As part of our ongoing efforts to make high-quality and affordable healthcare available to our members, BCBSRI regularly reviews the list of prescription drugs we cover. Our goal is to make sure that our members continue to have access to effective medications at the lowest possible cost.

As a result, effective June 1, 2018, BCBSRI will begin requiring prior authorization for an expanded list of specialty drugs (list enclosed) that are covered under our Medical Benefit for Commercial products. **Please note that this does not apply to Medicare Advantage products at this time.** Prior authorization will be handled by our pharmacy benefits manager Prime Therapeutics, LLC, who will begin processing requests for prior authorization on June 1, 2018.

BCBSRI takes the health of its members seriously. Prior authorization helps ensure that prescription drugs are covered for our members when they are medically necessary. Changes to the list of drugs requiring prior authorization are made with clinical input from our committee of local, independent doctors and pharmacists. Safety, effectiveness, and cost are all considered before any decisions on changes are made.

BCBSRI members currently receiving these medications will be notified of this upcoming change. We are recommending that our members affected by these changes discuss their medication treatment options with their provider to determine whether their medications are still right for them.

You may obtain prior authorization through one of the following three methods:

### • **Electronic prior authorization (ePA)**

CoverMyMeds is the ePA tool offered through BCBSRI and Prime Therapeutics. Using CoverMyMeds allows for electronic submission of prior authorizations for any prescription drug. When you submit prior authorizations electronically, they are seamlessly integrated with your electronic health record system, offering you ePA functionality right in your office. Some of the benefits include:

- Reduction of administrative waste
- Faster determinations
- Validated and accurate prior authorization requests

To create a CoverMyMeds account:

- Go to [www.covermymeds.com](http://www.covermymeds.com)
- Click on “Create a Free Account”
- Log in using the email and password you registered with

# Pharmacy

- **Prior authorization by fax**

You can fax the prior authorization form to 1-855-212-8110

- **Prior authorization by mail**

Send your PA form to:

- Prime Therapeutics, LLC  
Attn.: Clinical Review Dept.  
1305 Corporate Center Dr.  
Eagan, MN 55121

Prior Authorization forms for drugs under both the medical benefit and pharmacy benefit are located in the Pharmacy Information section of the provider portal at [bcbsri.com](http://bcbsri.com). Additionally, please refer to the [Prior Authorization of Drugs policy](#) for more information.

For assistance with prior authorizations, please call Prime Therapeutics at 1-844-765-2892. For questions regarding the status of an existing prior authorization, please call BCBSRI's Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 for out-of-state callers.

For other questions, please contact your Provider Relations Representative at 1-844-707-5627 or [providerrelations@bcbsri.org](mailto:providerrelations@bcbsri.org).

Effective **June 1, 2018**, the following prescription drugs will require prior authorization:

|                         |                     |                              |
|-------------------------|---------------------|------------------------------|
| Abraxane                | Exondys             | Lucentis                     |
| Actemra                 | Eylea               | Lumizyme                     |
| Adcetris                | Fabrazyme           | Lutathera                    |
| Aldurazyme              | Fasenra             | Luxterna                     |
| Alimta                  | Flebogamma          | Macugen                      |
| Arzerra                 | Flolan              | Makena                       |
| Avastin                 | Gamastan S/D        | Myobloc                      |
| Bavencio                | Gammagard           | Naglazyme                    |
| Benlysta                | Gammagard S/D       | Neulasta, Neulasta ONPRO Kit |
| Bivigam                 | Gammaked, Gamunex-C | Neupogen                     |
| Botox                   | Gammaplex           | Nucala                       |
| Brineura                | Gamunex-C           | Ocrevus                      |
| Carimune, Gammagard S/D | Gazyva              | Octagam                      |
| Cerezyme                | Granix              | Opdivo                       |
| Cimzia                  | Herceptin           | Orencia                      |
| Cinqair                 | Imfinzi             | Parsabiv                     |
| Cinvanti                | Inflectra           | Perjeta                      |
| Cyramza                 | Kanuma              | Privigen                     |
| Dysport                 | Keytruda            | Provenge                     |
| Elaprase                | Krystexxa           | Radicava                     |
| Ellelyso                | Kymriah             | Remicade                     |
| Emend IV                | Kyprolis            | Remodulin                    |
| Entyvio                 | Lemtrada            | Renflexis                    |
| Erbix                   | Leukine             | Rituxan                      |

## Pharmacy

|                      |           |          |
|----------------------|-----------|----------|
| Rituxan Hycela       | Sustol    | Vpriv    |
| Rituxan Non-Oncology | Synagis   | Xeomin   |
| Sandostatin LAR      | Tecentriq | XGEVA    |
| Simponi              | Tysabri   | Xiaflex  |
| Soliris              | Varubi    | Xolair   |
| Somatuline Depot     | Vectibix  | Yervoy   |
| Somavert             | Veletri   | Yescarta |
| Spinraza             | Vimizim   | Zaltrap  |
| Stelara              | Visudyne  | Zarxio   |

## Claims

### **PBF** Medical records submissions

Effective immediately, please discontinue submitting medical records utilizing the *Medical Records Cover Sheet*. In order to provide more efficient processing of your medical record submissions, please keep in mind the following:

- If you have received a letter from BCBSRI requesting medical records, please attach the letter you received when submitting the associated medical records.
- If you have not received a letter, please utilize the [Physician/Provider Claim Adjustment Request](#) form and check the space marked "Other." This indicates medical records submission per BCBSRI's request. Please be sure to provide the claim identification number that is applicable to the medical record being submitted.

## Contracting & Credentialing

### **PF** Network changes for genetic testing laboratories

Please be advised that since January 1, 2018, Sequenom Laboratories no longer participates in BCBSRI's network. Sequenom provides genetic testing, specifically non-invasive prenatal testing (NIPT).

Please click on the links below to explore other laboratory choices when referring BCBSRI members for NIPT:

- [Ariosa](#)
- [Counsyl](#)
- [Natera](#)

For more information, please contact [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).

# Contracting & Credentialing

## **PBF** Laboratory changes in BCBSRI's network

As a BCBSRI-contracted provider, it is your obligation to coordinate member care with contracted, in-network providers. This includes services such as durable medical equipment, radiology, behavioral health providers, and clinical laboratory and pathology services.

We want to keep you up-to-date on all BCBSRI in-network developments. As such, the following laboratories **do not** participate within BCBSRI's network:

- Lehigh Valley Toxicology
- Mercy Diagnostics
- Total Toxicology
- U.S. Lab & Radiology, Inc.
- Quest
- Millennium Laboratories, Inc.

Before establishing a referral relationship, **please confirm that the provider you are referring members to is contracted within BCBSRI's network.** You can confirm participation by checking the status of providers on BCBSRI's [Find a Doctor tool](#).

# Policies

## **PF** Policies recently reviewed for annual update

The following policies were recently reviewed for annual updates:

- Anesthesia Services
- Bronchial Thermoplasty
- Cardiointegram
- Coding and Payment Guidelines
- Cranial Electrotherapy Stimulation and Auricular Electrostimulation
- External Ocular Photography
- Home Spirometry
- Hospital Readmission
- Hospital Utilization Review
- Injectable Agents for Asthma and Chronic Idiopathic Urticaria – Fasenra, Nucala, Xolair, Cinqair
- Inpatient Admission
- Intravenous Anesthetics for the Treatment of Chronic Pain
- Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease GERD
- Mental Illness and Substance Use Disorders Mandate
- Radiopharmaceuticals
- Rhinomanometry and Acoustic Optical Rhinomanometry
- Sympathetic Therapy for the Treatment of Pain
- Therapeutic Shoes for Diabetics Mandate
- Thoracic Lumbosacral Orthosis with Pneumatics
- Topographic Brain Mapping

To view the full text of these policies, please [click here](#).

For your review, we also post monthly drafts of medical policies that are in the process of being created or reassessed. As a reminder, you can provide comments on draft policies for up to 30 days. Draft policies are located on the [Policies page](#) in the Provider section of bcbsri.com. Once there, click on the Medical and Payment icon to view the relevant policy. From there, use drop-down box to sort policies by draft.

## **PF** New Policies

Please note that the following new policy has been created:

- Epidural Injections for Pain Management

Please review the full text of the policy, which can be found on the [Policies page](#) within the Provider section of bcbsri.com.

## **PBF** BlueCHIP for Medicare national and local coverage determinations policy

BCBSRI must follow CMS guidelines for national coverage determinations (NCD) or local coverage determinations (LCD). Therefore, policies for BlueCHIP for Medicare may differ from policies for Commercial products. In some instances, benefits for BlueCHIP for Medicare may be greater than what is allowed by CMS.

In the absence of an applicable NCD, LCD, or other CMS-published guidance, BCBSRI will apply policy determinations developed using peer-reviewed scientific evidence. BCBSRI will continually review NCD and LCD updates and implement appropriate policy changes.

Due to the ongoing effort to follow CMS NCDs and LCDs, many BCBSRI policies are now applicable to Commercial products only. In these instances, please refer to BlueCHIP for Medicare's National and Local Coverage Determinations policy for additional information on BlueCHIP for Medicare coverage.



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