
Blue Cross Blue Shield of Rhode Island

# provider update

**P**=Professional | **B**=Behavioral Health | **F**=Facilities

October 2016

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

***Greetings,***

*Our monthly newsletter includes news and updates for physicians, providers, and facilities in our network. It's full of important and useful information impacting how we do business together.*

*As always, please contact us with any comments or questions you have. We look forward to your continued partnership and collaboration.*

## Contents



# BCBSRI Update

## PBF BCBSRI to host provider symposium: *New Frontiers in Reimbursement*

Please join BCBSRI on Wednesday, November 9 for *New Frontiers in Reimbursement*, a free provider symposium that will highlight the rapidly changing reimbursement landscape and what it means to providers and their practices.

*New Frontiers in Reimbursement* will feature industry experts who will explain how programs like the Medicare Access & CHIP Reauthorization Act (MACRA) and Comprehensive Primary Care Plus (CPC+) will affect provider practices. Also, you'll learn what BCBSRI is doing to support practices in a world where reimbursement is focused on quality and value.

**Date:** Wednesday, November 9

**Time:** 5:30 to 8:30 p.m.
Check-in begins at 5:30 p.m. Light dinner served at 6:00 p.m.
Speaking program begins at 6:30 p.m.

**Location:** BCBSRI, 500 Exchange Street, Providence, RI

Space is limited, so please RSVP by emailing ProviderRelations@bcbsri.org.

## PBF Prime Therapeutics ePA training at the Crowne Plaza Hotel

Earlier this year, through *Provider Update* and direct mail, we shared the news that we had selected Prime Therapeutics, LLC (Prime) to be our new pharmacy benefit manager (PBM) effective January 1, 2017.

### Training and education

BCBSRI is committed to making PA requests more efficient for doctors. Prime has an electronic prior authorization (ePA) tool through CoverMyMeds®, which allows you to initiate and submit PA forms online in your office. We're holding two training seminars to introduce the new tool and process:

**Wednesday, November 16, 2016**
or **Thursday, November 17, 2016**, 6:00 to 8:00 p.m.
Crowne Plaza Hotel, Bristol Room
801 Greenwich Avenue
Warwick, RI 02886

To register for one of these seminars, please email ProviderRelations@bcbsri.org by **November 7, 2016**.

## Training and education *(continued)*

CoverMyMeds eliminates typical paper forms, faxes, and follow-up calls, but these methods will still be supported if you choose to use them. The advantages of ePA include:

- Reduction of administrative costs and manual intake processes
- Real-time notification of BCBSRI outcomes/decisions through an online portal
- An estimated 90 percent reduction in turnaround time
- Minimized need for calling doctors back, as requesters filling out the electronic form will be prompted if required fields are incomplete
- Initiation of the PA process by pharmacies, which can then forward the request to the prescriber and follow up with the prescriber

## Prime Therapeutics Q&As for your reference

Below are answers to questions you may have about our new partnership with Prime.

*Why Prime Therapeutics?*

We selected Prime following a comprehensive review process focused on choosing a PBM partner with a proven record of operational excellence and a commitment to serving the needs of providers and members. Prime is owned by 14 Blue Plans and is the fourth-largest PBM in the country. They have a 25-year track record of integrating pharmacy and medical data to identify opportunities for improved health outcomes and reduced pharmacy costs for members.

*How does this change affect my practice?*

BCBSRI has been working closely with Prime to make the transition as seamless as possible and minimize any impact this may have on you and your patients. Starting on January 1, 2017, claims for patients who have BCBSRI prescription drug coverage will be processed through Prime, not OptumRx. BCBSRI is working closely with OptumRx and Prime to evaluate all current prior authorizations (PAs), which will transfer to Prime by January 1, 2017. There will be patients who require new PAs, and we want you to have plenty of time to initiate the process. We will share changes to the PA program and identify when the initiation of PA requests can begin.

If patients are denied coverage as a result of a PA review and determination, they will receive a letter from Prime that outlines the reason for the denial and the appeal process. This is consistent with the usual utilization review process.

*Will patients be able to get the drugs I prescribe them?*

You can check the formulary status of drugs you prescribe through the electronic medical record via ePrescribe or through your existing workflow. If the drug you prescribe has a UR program attached to it, you will need to initiate a new PA request. Forms are available online at myprime.com. You can also initiate PA requests electronically through CoverMyMeds, Prime's electronic prior authorization (ePA) tool.

*Please note*: **The change in PBM does not affect the local pharmacy network**. Patients may continue to fill their prescriptions at the local pharmacy of their choice.

## Improved mail order experience

Starting on January 1, 2017, BCBSRI and Prime will make PrimeMail® available for our members using maintenance medications. Patients who use 90-day prescription services like PrimeMail have higher adherence rates than those who use 30-day retail pharmacies. In addition, 90-day supplies may save your patients money. Depending on their benefit plan, their out-of-pocket cost share is usually lower. Refillable mail order prescriptions at Catamaran Home Delivery (an OptumRx company) will automatically transfer to PrimeMail. To ease the transition from OptumRx to PrimeMail, Prime will manage personalized outreach to members who currently use mail-order pharmacy services.

## Specialty pharmacy

Walgreens Specialty Pharmacy and Village Fertility Pharmacy will continue to be our partners for your Commercial patients' specialty pharmacy medications.

# BCBSRI Update

## PBF Thank you for helping us achieve a 4.5 star Medicare rating!

We're extremely proud that we've earned a rating of 4.5 stars for our 2017 plans from the Centers for Medicare and Medicaid Services (CMS) as part of their Five-Star Quality Rating System*. The high-quality care that you provide to our members helped us achieve this notable accomplishment, and we appreciate your dedication and support.

*What is the Five-Star Rating System?*

The Five-Star Rating System is CMS' measurement of the quality and performance of all Medicare Advantage plans. It is designed to promote improved patient care, improved health, and lower healthcare costs.

These ratings give Medicare customers a comparison tool to evaluate Medicare Advantage plans from various insurers when it's time to enroll each year. There are 43 total rating measures across five main categories:

- Staying healthy
- Managing chronic conditions
- Member complaints
- Member experience with plan and providers
- Customer service

Specific measures include ratings for pharmacy, grievance and appeals, the enrollment process, and many more areas where our members interact with us and with their providers.

*What does the rating mean?*

It means that our members—as well as CMS—have rated BCBSRI Medicare plans very high in terms of quality, service, and many other factors. Some of the specific measures where we were rated highest include overall health plan customer service, drug plan customer service, and in the area of "member complaints and changes in the performance" of our health and drug plans.

*Want to learn more?*

To learn more about the CMS Five-Star Rating System, visit CMS.gov or Medicare.gov.

## PBF Important: Update your practice information!

When our members have up-to-date information about your practice, it helps ensure a positive experience for them and for you. Having accurate information is so important that it's a CMS requirement and a contractual obligation under your BCBSRI provider agreement. Providers must give BCBSRI a 60-day notification of any provider or practice changes.

Please take a moment to review your practice information in our Find a Doctor tool, focusing on the following areas:

- Your first and last name
- Practice name
- Practice location or locations
- NPI
- Specialty and sub-specialties
- Panel status
- BCBSRI product participation
- Practice phone number or numbers
- Wheelchair accessibility

Panel status refers to whether or not you are accepting new patients, which applies to specialists as well as PCPs.

If updates are needed, please fill out and submit the BCBSRI Practitioner Change Form. If you have any questions, please email ProviderRelations@bcbsri.org or call your provider relations representative.

**Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated each year and may change from one year to the next.*

# BCBSRI Update

## PBF Web-based referral management tool

The web-based referral tool is currently experiencing technical issues that are affecting some PCPs' ability to generate referrals to a limited number of specialists. While we work to resolve these issues, we have put a temporary override into our claims system that will prevent claims from denying for no referral on file. As we identify and resolve the technical issues, we encourage providers who are not experiencing issues to continue using the tool to enter referrals. BCBSRI also encourages specialists to continue to see patients even if a referral from the member's PCP is not in the tool.

When the technical issues are resolved, we will notify providers through the Alerts & Updates section of the secure provider site. Meanwhile, if you are experiencing issues with the tool, please send an email outlining the issue to ProviderRelations@bcbsri.org.

## P Weekly training webinars available for Blue Insights Population Health Management Tool

BCBSRI is pleased to offer a weekly training webinar for the Blue Insights Population Health Management tool. This web-based solution provides timely data that allows providers to manage populations of patients and monitor their opportunity for our PCP Quality Incentive Program.

**Blue Insights will allow you to view:**

- Prospective preventive and chronic disease gaps in care
- Your attributed members
- Providers who also treated your patient(s)
- Your high-risk patients and a report on your high-risk engagement
- Utilization information on your patients over the course of 24 months, which includes inpatient, ER, ambulatory surgery, radiology, and pharmacy
- Rx data to assist you in tracking whether the patient(s) filled their prescriptions

Training webinars are held on Thursdays from noon to 1:00 p.m. To enroll, please email PopulationHealthRegistry@bcbsri.org. For additional training and questions, please contact your provider relations representative or email ProviderRelations@bcbsri.org.

## PBF BCBSRI offers LGBTQ Safe Zone certification

BCBSRI encourages healthcare providers in our participating network to collaborate with us in support of the LGBTQ (lesbian, gay, bisexual, transgender, queer) community. Our goal is to identify environments in which LGBTQ members feel welcome and safe when seeking healthcare services locally. Healthcare settings that meet specific criteria will be referred to as LGBTQ Safe Zones and receive BCBSRI identification, such as an award, window cling, and designation in the Find a Doctor tool. More information about our program and the requirements can be found on our secure provider site or by clicking here. If you have questions, please contact Susan Walker, provider relations manager, at (401) 459-5381 or susan.walker@bcbsri.org.

## PF Hints for HEDIS (and more)

As part of our ongoing efforts to provide the highest quality care 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 Siana Wood, RN, senior quality management analyst, at (401) 459-5413 or siana.wood@bcbsri.org.

### October is Breast Cancer Awareness Month

According to 2013 data*, the incidence of breast cancer in Rhode Island for females of all races was 137.8 per 100,000. The 2013 age-adjusted female breast cancer death rate in RI was 19.4 per 100,000. These figures are comparable to national statistics for the same year (incidence of 123.7 per 100,000; female breast cancer death rate of 20.7 per 100,000), but opportunities remain for early detection and treatment of breast cancer.

BCBSRI's Well Adult Practice Guidelines are derived from the U.S. Preventive Services Task Force guidelines and contain guidance on screening for breast cancer in women. The recommendations on the next page pertain to women who are not at increased risk of breast cancer due to a known genetic mutation or history of chest radiation.

** U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2013 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2016.*

# Quality

| POPULATION | WOMEN AGED 40-49 YEARS | WOMEN AGED 50-74 YEARS | WOMEN AGED ≥ 75 YEARS |
|---|---|---|---|
| **RECOMMENDATION** | Individualize decision to begin biennial screening using film mammography according to the patient's circumstances and values | Screen every two years using film mammography. | No recommendation |

Mammograms are a covered service for BlueCHiP for Medicare and Commercial members. Mammograms performed as preventive are covered at 100% according to the Affordable Care Act. Benefit coverage for diagnostic mammograms varies according to the member's coverage. Please encourage members to obtain their mammograms according to the clinical recommendations for their age, risk level, and circumstances.

It is important to help members understand whether they have factors that increase their risk for breast cancer, as some are modifiable. Breast cancer also occurs in women without risk factors. The most significant factors for increased risk are being female, increasing age, and the existence of genetic mutations. In addition, the Centers for Disease Control* listed the following factors that may increase or decrease breast cancer risk:

| POPULATION | WOMEN AGED 40-49 YEARS |
|---|---|
| Long-term use of hormone replacement therapy | Being older when you first had your menstrual period |
| Personal history of breast cancer or non-cancerous breast diseases | Starting menopause at an earlier age |
| Family history of breast cancer (maternal or paternal) | Giving birth to more children, being younger at the birth of your first child, and breastfeeding your children |
| Treatment with radiation therapy to the breast/chest | Getting regular exercise |
| Exposure to diethylstilbestrol (DES) | Maintaining a healthy weight |
| Dense breasts by mammogram | |
| Drinking alcohol | |
| Night-shift work | |

# Quality

Whether members in your practice are coping with breast cancer or are newly diagnosed, they may seek recommendations for support services in the community to supplement their medical care. Here is a list of local organizations that can provide information, advocacy, and support regarding breast cancer:

- American Cancer Society, Rhode Island Chapter – Call (401) 243-2600. Cancer information specialists can also be reached 24 hours a day at 1-800-227-2345.
- Breast Cancer Council of Rhode Island – Call 1-800-216-1040 or ribcc@aol.com.
- Gloria Gemma Breast Cancer Resource Foundation – Call (401) 861-HERO (4376) or email info@gloriagemma.org.

You can also refer these members to our Case Management Department by calling (401) 459-2273 or emailing ClinicalPrograms@bcbsri.org.

## Disease-modifying anti-rheumatic therapy for rheumatoid arthritis (ART)

Osteoarthritis (OA) and rheumatoid arthritis (RA) are the two most common forms of arthritis but each has distinct disease processes. OA, a degenerative disease of the joints, is more common. RA is an autoimmune disease in which the body attacks its own healthy tissue around the joint areas. It is critical to properly diagnose patients and accurately code their records. **Some providers have reported that their EHRs supply "rheumatoid arthritis" as an initial choice when searching for arthritis diagnoses. Please use caution if this is the case in your practice**. An inaccurate diagnosis of RA can affect reimbursement, falsely elevate disease prevalence rates, and can prevent patients from obtaining life insurance. RA is normally confirmed by a series of tests. Once the diagnosis of RA is confirmed, the codes described in the table on page 8 should be used.

For both HEDIS and CMS Stars, the ART measure evaluates the use of DMARD therapy in members 18 years and older with rheumatoid arthritis. The BCBSRI Quality Management Department is conducting ongoing provider assessments via fax to learn more about our RA patients and possibly impact the ART measure. We welcome your feedback and any suggestions you have to enhance these efforts. Please contact Siana Wood, RN, senior quality management analyst, at (401) 459-5413 or siana.wood@bcbsri.org.

# Quality

Below is specific guidance about coding for RA, followed by a summary of the measure, population, and tips for success.

| Measure | Population: Numerator and Denominator | Tips for Success |
|---|---|---|
| **Disease-Modifying Anti-Rheumatic Therapy for Rheumatoid Arthritis (ART)** | *Numerator:* members from the denominator who had at least one ambulatory prescription dispensed for a DMARD (see table below) during the measurement year.<br>***Exclusions:*** members diagnosed with HIV or members who are pregnant during the current year<br><br>*Denominator:* members 18 years and older with two of the following events on different dates in the measurement year:<br>• Outpatient visit with any diagnosis of rheumatoid arthritis<br>• Nonacute inpatient discharge with any diagnosis of rheumatoid arthritis | Only utilize codes for rheumatoid arthritis (RA) if diagnosis has been confirmed.<br>For members with confirmed RA, DMARD therapy is the current standard of care.<br>For rule-out, suspect, or possible RA, code the symptoms or appropriate condition. Below you will find useful diagnosis codes that may more accurately describe the services provided to your patients:<br>• V13.4: Patient-Reported or Personal History of RA<br>• V17.7: Family History of Arthritis<br>• V82.1: Screening for RA<br>• 714.9: Unspecified Inflammatory Polyarthropathy<br>• 715.XX: Osteoarthritis<br>• 716.5: Unspecified Polyarthritis or Polyarthropathy<br>• 720.9: Unspecified Inflammatory Spondylopathy<br>• 725.0: Polymyalgia Rheumatica |

## NCQA Table ART-C: Medications counted as DMARD therapy

| Description | Prescription | J Codes |
|---|---|---|
| **5-Aminosalicylates** | • sulfasalazine | |
| **Alkylating agents** | • cyclophosphamide | |
| **Aminoquinolines** | • hydroxychloroquine | |
| **Anti-rheumatics** | • auranofin<br>• gold sodium thiomalate<br>• leflunomide<br>• methotrexate<br>• penicillamine | J1600, J9250, J9260 |
| **Immunomodulators** | • abatacept<br>• adalimumab<br>• anakinra<br>• certolizumab pego<br>• etanercept<br>• golimumab<br>• infliximab<br>• rituximab<br>• tocilizumab | J0129, J0135, J0717, J0718, J1438, J1602, J1745, J3262, J9310 |
| **Immunosuppressive agents** | • azathioprine<br>• cyclosporine<br>• mycophenolate | J7502, J7515, J7516, J7517, J7518 |
| **Janus kinase (JAK) inhibitor** | • tofacitinib | |
| **Tetracyclines** | • minocycline | |

# Quality

## Screening for colorectal cancer

Routine colonoscopy remains the most effective way to detect colon cancer and precancerous changes that might otherwise develop unnoticed. Preventive care such as colonoscopy is covered at no cost to the member (according to the Affordable Care Act). As of June 2016, the U.S. Preventive Services Task Force updated their screening guidelines. It is recommended that adults aged 50-75 undergo regular screening. Methods and screening intervals vary and may depend upon patient risk profile, health status, and other factors.

The HEDIS measure for Colorectal Cancer Screening (CCS) evaluates the percentage of eligible members who have had a fecal occult blood test, flexible sigmoidoscopy, or colonoscopy during certain timeframes. The measure is summarized below, along with tips for success.

| Test /Exam | Measure Population | Exclusions | Tips for Success |
|---|---|---|---|
| **Colorectal Cancer Screening** | Adults ages 50 to 75 who have had one of these three types of screenings:<br>• Fecal occult blood test (FOBT) during the measurement year<br>• Flexible sigmoidoscopy in the measurement year (or the four years prior to the measurement year)<br>• Colonoscopy during the measurement year (or the nine years prior to the measurement year) | • Colorectal cancer<br>• Total colectomy | • A digital rectal exam is not counted as evidence of a colorectal screening.<br>• Talk with patients about what to expect from the recommended screening (e.g. procedure preparation, anesthesia, etc). This may allay fears about the test and help patients schedule tests more readily.<br>• Preventive tests are covered with no copay/cost-share.* |

**When suspicious tissue is encountered during routine screening and removed or sampled for biopsy, a test 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.*

BCBSRI supports the American Cancer Society and the National Colorectal Cancer Roundtable in reaching a 80% screening rate for colorectal cancer by 2018. **Please see their handout on high-quality FOBT screening programs.**

## PBF Indication matters: evidenced-based prescribing and prior authorizations

A frequent cause for denial of coverage determination or prior authorization requests is when the condition indicated is not included in the FDA labeling or compendia support for a particular medication. Some common examples of indication based denials are:

- **nitrofurantoin**
  - > **Macrobid** (*nitrofurantoin monohydrate/nitrofurantoin macrocrystals*) is FDA approved to treat acute urinary tract infections (UTI).
  - > **Macrodantin** (*nitrofurantoin macrocrystals*) is FDA approved for both acute UTI and UTI prophylaxis. Authorization requests of Macrobid for the indication of UTI prophylaxis are denied although Macrodantin would have been approved.
  - > Authorization requests of Macrobid for the indication of UTI prophylaxis are denied although Macrodantin would have been approved.
- **doxepin**
  - > **Silenor** (*doxepin 3mg or 6mg*) is FDA approved to treat insomnia.
  - > **doxepin (10mg, 25mg, 50mg, 75mg, 100mg, 150mg)** is FDA approved to treat conditions such as anxiety, depression, and pruritus, but is not FDA approved to treat insomnia.
  - > Authorization requests of doxepin 10mg for the indication of insomnia are denied although Silenor would have been approved (if the patient has tried and failed zolpidem, zaleplon, or eszopiclone).

When selecting which drug to prescribe to treat a condition, it is important to check whether the drug and its strength actually carry that indication. Sometimes drugs are being used to treat a condition but lack FDA labeling or compendia support. Being aware of these nuances can be especially helpful when these drugs require prior authorization. BCBSRI's criteria are evidence-based and coverage determinations require that the drug and/or strength fit the indication.

## PB October 6 was National Depression Screening Day

BCBSRI supports and encourages use of the PHQ-9 for depression screening in primary care settings.

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

- The U.S. Preventive Services Task Force released new guidelines in January 2016 for universal depression screenings and stated that 100% of patients should be screened annually 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 at any given point in time is living with depression.
- Screening all patients for depression in primary care can be very useful. Most providers are able to easily identify their patients with severe depression. However, those with mild or moderate depression often go undetected. If mild or moderate depression is identified and discussed during a primary care appointment, it can be a relief to the patient to be able to discuss their feelings openly with the primary care provider and be given treatment options. It can also help the patient create an action plan that may help them avoid more severe depression, and the need for more intensive medical care in the future.

If your office is looking for more information regarding depression screening and follow up, please contact Sarah Fleury, LICSW, behavioral health performance specialist at (401) 459-1384 or sarah.fleury@bcbsri.org.

### *Antidepressant Medication Management*

The HEDIS measure Antidepressant Medication Management is the percentage of members 18 years of age and older who were treated with antidepressant medication, who had a diagnosis of major depression, and who remained on an antidepressant medication treatment. The measure examines performance in two rates: the effective acute phase and the effective continuation phase. Details about each phase, as well as tips for success, are listed below. **Please note that practices using our Blue Insights Population Health Management Tool can monitor their panel's rates for this measure in the registry.**

| Measure | Measure Population | Tips for Success |
|---|---|---|
| **Antidepressant Medication Management (AMM)** | *Effective Acute Phase Treatment:* the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks) | • A follow-up office visit to assess symptoms should be conducted at a maximum of 6 weeks.<br>• Visits should be sufficiently frequent to optimize adherence. Roughly half of all patients treated for depression stop taking their medication within the first month.<br>• Patients should be reminded that symptom alleviation may take two-four weeks and that it can sometimes take up to eight weeks for the medication to fully work.<br>• Patients should also be reminded to continue to take medications for at least six months even if symptoms improve. |
| | *Effective Continuation Phase Treatment:* the percentage of members who remained on an antidepressant medication for at least 180 days (six months) | |

# Benefits & Products

## PF The Medicare Annual Enrollment Period is here

October 15 marked the start of the 2017 Medicare Annual Enrollment Period (AEP). We're excited to once again offer many plan options to our Medicare members so they can choose the one that best meets their needs. As we announced earlier in this issue, our 2017 plans have earned a rating of 4.5 stars from the Centers for Medicare and Medicaid Services (CMS) as part of their Five-Star Quality Rating System*.

Here are some of this year's highlights and benefit changes:

- The Living Fit fitness benefit is back and available with all of our plans. This program offers fitness memberships for as low as $5 per month at more than 50 participating fitness centers, including YMCA locations.
- BlueCHiP for Medicare Standard with Drugs now offers richer benefits and no deductible for prescription drugs.
- The BlueCHiP for Medicare dental rider has a lower monthly premium than last year and its benefits now include simple extractions.
- OneTouch diabetic supplies are our preferred vendor for glucose monitors and diabetic test strips.
- A 24/7 Nurse Care Line has been added for all Medicare members and is available at no cost.
- Medicare members have a new and improved wellness portal to help them stay fit.

You can find more detailed information at bcbsri.com/Medicare.

Thank you as always for your partnership—we can't do it without you! If you or your patients have any questions regarding our Medicare Advantage plans, please contact the BCBSRI Medicare sales representative for your area of the state, and they'll be happy to assist you or your patient.

# Claims

## PBF Addressing the growing threat of ransomware

On July 11, 2016, the Office for Civil Rights ("OCR") published a report that assists healthcare entities with their understanding of the growing threat of ransomware. The OCR report explains how to tailor HIPAA compliance programs to address this threat and how an attack should be analyzed for HIPAA breach notification purposes.

### *What is ransomware?*

Hackers deliver this type of malware through spam, spear phishing e-mails, malicious files, or attachments. Once the threat is activated, the device becomes infected and the data it has access to is encrypted. In most cases, the user no longer has access to data stored locally and perhaps on network-attached storage. At this point, the hacker **will attempt to exchange the decryption key for a "ransom" fee. The fee is generally paid via an anonymous, digital currency like Bitcoin.** According to the OCR report, there have been 4,000 daily ransomware attacks since early 2016—up 300% from 2015—targeting individuals and small and large organizations alike.

** Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated each year and may change from one year to the next.*

# Claims

*What should BCBSRI providers do?*

Maintaining strict compliance with the HIPAA Security Rule can help prevent the admission of malware and ultimately ransomware. Highlights of the Security Rule include:

- Implement a robust and tested data backup plan as part of an overall business continuity/disaster recovery plan. Insist that your business associates do the same.
- Assess (and reassess) your organizational risk and develop a plan to manage identified gaps.
- Train personnel on security best practices, including safe e-mail and browsing techniques.

In addition, be sure to develop, test, and strengthen your incident response plan and document everything. The presence of malware, particularly ransomware, is considered a security incident and should trigger incident response and reporting procedures. If PHI has been compromised, time is of the essence. In addition to implementing your own mitigation procedures, the OCR recommends contacting the local field office of the FBI.

You can find additional information in an OCR fact sheet and in the HIPAA Security Rule.

# Contracting & Credentialing

## PBF Quest Diagnostics no longer in BCBSRI laboratory network

If you refer your patients to Quest Diagnostics or if you have BCBSRI patients who use Quest Diagnostics labs, we ask that you transition them to a participating laboratory as soon as possible. This facilitates a smooth transition for your patients and helps them avoid any out-of-pocket expenses they would incur if using Quest Diagnostics, which is now non-participating.

Please note that BCBSRI participating providers are required to refer members to BCBSRI participating providers, including ancillary providers, such as laboratories and durable medical equipment providers.

As of April 1, 2016, BCBSRI added the following laboratories and all of their locations to our BlueCHiP for Medicare network:

- CharterCARE Laboratory Services – Roger Williams Medical Center and Our Lady of Fatima Hospital
- CNE Laboratories
- South County Health Laboratories

We are pleased that we are able to add these system of care laboratories to our laboratory network to provide additional access for our BlueCHiP for Medicare members.

These laboratories join our existing laboratory service providers, including:

- East Side Clinical Lab
- Lifespan Laboratories
- Coastal Medical Laboratory
- Many specialty laboratories

A complete list of all BCBSRI participating laboratories is available on our Find a Doctor tool.

If you have any questions about these changes, please call our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only).

# Policies

## PF Policies recently reviewed for annual update

The following policies were recently reviewed for annual update. The full text is available on the Policies page of the Provider section.

- Autonomic Nervous System Testing Using Portable Automated Devices
- Cardiac Hemodynamic Monitoring
- Home Prothrombin Time Monitoring
- Intraoperative Neurophysiologic Monitoring
- Ocriplasmin for Symptomatic Vitreomacular Adhesions
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Sensory Integration Therapy and Auditory Integration Therapy
- Tumor Treating Fields Therapy for Glioblastoma
- Vertebral Axial Decompression

For your review, we also post monthly drafts of medical policies 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 of the Provider site. Once on that page, click the drop-down box to sort policies by draft.

## PF Allergy testing

Effective December 1, 2016, the Food Allergy Testing Policy will be updated to include specific allergy testing that is considered not medically necessary due to a lack of evidence proving the efficacy of the services. Additionally, the policy title will be changed to "Allergy Testing." As of December, the Antigen Leukocyte Antibody Test and the Leukocyte Histamine Release Test, filed with CPT codes 83516 and 86343 respectively, will be considered not medically necessary. Please see the full text of this policy.

## PF Autologous chondrocyte implantation

Based on newly available evidence, the policy for Autologous Chondrocyte Implantation was updated effective October 1, 2016 to reflect that the service is now medically necessary for the patella, when medical criteria is met. The medical criteria in the policy has been updated appropriately. Please see the full text of this policy.

## PF Autism mandate

Effective January 1, 2017, the Autism Mandate Policy has been updated. As groups renew in 2017, speech, physical, and occupational therapy services with a diagnosis of autism will no longer have any benefit limits. In addition, preauthorization for speech services will no longer be recommended. Applicable copays and deductibles will continue to apply. Prior to rendering services, **please contact Customer Service at the number on the back of the member's ID card to validate benefits.** Please see the full text of this policy.

## PF Drug testing

This policy, previously titled Urine Toxicology Testing, has been updated to specify that in outpatient pain management and substance abuse treatment, hair drug testing and oral fluid drug testing are considered not medically necessary. The current published evidence does not permit conclusions on the impact of hair or oral fluid drug testing on clinical outcomes. Please see the full text of this policy.

## PF Electronic brachytherapy for nonmelanoma skin cancer

A policy has been created for electronic brachytherapy for nonmelanoma skin cancer. The service is considered not medically necessary when used to treat nonmelanoma skin cancer. Any claim processed after December 1, 2016 will be denied as not medically necessary. Please see the full text of this policy.

# Policies

## PF Mepolizumab (Nucala)

A policy has been created for Mepolizumab (Nucala), a new drug used to treat severe asthma in appropriate patients. The drug is considered part of specialty pharmacy and will require prior authorization for members whose plans do not include a specialty pharmacy benefit. Please see the full text of this policy.

## PF Reslizumab (Cinqair)

A policy has been created for Reslizumab (Cinqair), a new drug used to treat severe asthma in appropriate patients. The drug is considered part of specialty pharmacy and will require prior authorization for members whose plans do not include a specialty pharmacy benefit. Please see the full text of this policy.

## PFB October 2016 HCPCS category II code changes

We have completed our review of the October 2016 HCPCS code changes, including category II performance measurement tracking codes. These updates have been added to our claims processing system and became effective on October 1, 2016. This list includes codes that have special coverage or payment rules for standard products. (Some employers may customize their benefits.) We may include codes for services that are:

- "Not Covered" – This includes services not covered in the main member certificate (e.g., covered as a prescription drug).
- "Not Medically Necessary" – This indicates services where there is insufficient evidence to support.
- "Not Separately Reimbursed" – Services that are not separately reimbursed are generally included in payment for another service or are reported using another code and may not be billed to your patient.
- "Subject to Medical Review" – Preauthorization is recommended for commercial products and required for BlueCHiP for Medicare.
- "Invalid" – Use alternate procedure code, CPT, or HCPCS code.
- "Medicare Lab Network Exempt" – This indicates that these codes are not subject to the exclusive lab networks agreement for BlueCHiP for Medicare plans. These lab tests can be performed by hospitals, physicians, and urgent care centers. As a reminder, all laboratory services that are not listed as exempt from the exclusive lab network must be performed at a BlueCHiP for Medicare network laboratory to be covered. The BlueCHiP for Medicare network includes East Side Clinical Laboratories, Coastal Medical, and Lifespan Laboratories, and, as of April 1, 2016, also includes all of the following laboratories and their locations:
    - CharterCARE Laboratory Services – Roger Williams Medical Center and Our Lady of Fatima Hospital
    - CNE Laboratories
    - South County Health Laboratories

We list exceptions to this general rule. Please note that as a participating provider, it is your responsibility to notify members about non-covered services prior to rendering them.

Please submit your comments and concerns regarding coverage and payment designations to:

Blue Cross & Blue Shield of Rhode Island
Attention: Medical Policy, CPT review
500 Exchange Street
Providence, Rhode Island 02903

# Policies

| Code | Comment |
|---|---|
| C9139 | Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and Commercial products |
| C9481 | Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and Commercial products |
| C9482 | Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and Commercial products |
| C9483 | Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and Commercial products |
| C9744 | Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and Commercial products |
| G0490 | Not separately reimbursed for professional and institutional providers for Commercial products |
| G0498 | Not separately reimbursed for professional and institutional providers for BlueCHiP for Medicare and Commercial products |
| G9685 | Not separately reimbursed for professional and institutional providers for BlueCHiP for Medicare and Commercial products |
| G9686 | Not separately reimbursed for professional and institutional providers for BlueCHiP for Medicare and Commercial products |

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