



# provider update

**P=Professional**

**B=Behavioral Health**

**F=Facilities**

September 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.*

## BCBSRI Update

### **PBF** Provider relations seminars: fall 2016

Please join us to learn about our Medicare Advantage plans that will be available to our Medicare eligible members on January 1, 2017.

We'll also review existing processes—including our web-based referral management tool, our population health management tool, and our upcoming transition to Prime Therapeutics, LLC, as our pharmacy benefits manager.

**Thursday, October 13, 2016**

George Auditorium, Rhode Island Hospital  
593 Eddy Street, Providence, RI 02903

**Friday, October 14, 2016**

Sopkin Auditorium, The Miriam Hospital  
164 Summit Avenue, Providence, RI 02906

**Tuesday, October 25, 2016**

Physicians' Auditorium, Memorial Hospital  
111 Brewster Street, Pawtucket, RI 02680

**Wednesday, October 26, 2016**

Gudoian Conference Room, Newport Hospital  
11 Friendship Street, Newport, RI 02840

**Friday, October 28, 2016**

Doctors' Auditorium, Kent Hospital  
455 Toll Gate Road, Warwick, RI 02886

**Thursday, November 3, 2016**

Kay Auditorium, Roger Williams Medical Center  
825 Chalkstone Avenue, Providence, RI 02908

All seminars will take place from 8:00 a.m. to 9:00 a.m. and complimentary coffee and breakfast will be served. Please [click here](#) to RSVP today!

### **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 Blue Cross & Blue Shield of Rhode Island (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](mailto:ProviderRelations@bcbsri.org) or call your provider relations representative.

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# BCBSRI Update

## **P Weekly Training Webinars Available for Blue Insights Population Health Management Tool**

Blue Cross & Blue Shield of Rhode Island (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



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

## **P Web-Based Referral Management Tool Is Now Available**

BCBSRI has introduced the new web-based referral management tool, which is now live and can be accessed through the "Referral" link on our [secure provider site](#).

When registering your practice on the referral tool, please be aware that you must have a valid:

- User name for bcbsri.com, which you currently use to log on to bcbsri.com
- Email address for bcbsri.com, which is the email you provided when first registering on bcbsri.com
- Tax ID credentialed with BCBSRI
- Organization or provider name credentialed with BCBSRI

We are asking all primary care physicians (PCPs) and specialists to use this tool to launch a referral and check the status of referrals from PCPs to specialists for specific BCBSRI products, including:

- BlueCHiP Commercial
- BlueCHiP for Medicare Advance
- New England Health Plan (NEHP)

Please note that NEHP cross-border referrals to providers not in the BCBSRI network will continue to follow the traditional fax-based process. However, services rendered within the BCBSRI network will need to be submitted through the web-based tool. Please also note that referrals initiated after July 1 need to be entered into the tool no later than September 1, regardless of whether or not a paper referral was already done.

PCPs will be responsible for generating referrals to specialists for members enrolled in these products. Specialists will be responsible for ensuring a referral is in place prior to rendering services. If services are rendered without a referral being entered in the referral management tool, the claim may be denied. Additionally, specialist-to-specialist referrals are not allowed. If a patient is referred by a specialist to another specialist, the PCP must initiate a new referral.

If you were unable to attend one of our seminars in June to learn how to use the referral tool, please enroll in one of our educational webinars. Webinars are available now and the schedule is as follows:

**Tuesdays, 7:30 to 8:30 a.m.**

**Wednesdays, noon to 1:00 p.m.**

**Thursdays, 4:00 to 5:00 p.m.**

To enroll in a webinar, please email [BCBSRIWebinar@bcbsri.org](mailto:BCBSRIWebinar@bcbsri.org). If you have any questions about this process, please contact your provider relations representative or send an email to [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).

## **PBF** 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](mailto:siana.wood@bcbsri.org).

### September is Child Obesity Awareness Month

The Centers for Disease Control reports that obesity has doubled in children and quadrupled in adolescents in the past 30 years. Obesity predisposes children to a host of chronic illnesses and potentially debilitating conditions such as type 2 diabetes, hypertension, cardiovascular disease, arthritis, certain cancers, and stroke. Several of our quality measures are aligned to track clinical care that can help change activity and nutrition habits for children and their families.

The HEDIS measure for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) looks for documentation of BMI (percentile or value, depending on age of patient), and evidence of counseling for both nutrition and physical activity in children and teens ages 3-17. The counseling you provide as clinicians counts toward this measure and can help encourage families with children who would benefit from increased activity, better nutrition, and weight loss. Additional details are as follows:

Measure	Compliance Requirements	Tips for Success
<b>BMI percentile documentation</b>	<p>Documentation must include height, weight and BMI percentile during the measurement year. Either of the following meets criteria:</p> <ul style="list-style-type: none"> <li>• BMI percentile</li> <li>• BMI percentile plotted on age-growth chart.</li> </ul> <p>For adolescents 16-17, documentation of a BMI value expressed as kg/m<sup>2</sup> is also acceptable. <b>BCBSRI has a limited number of pediatric BMI wheels available to practices; see page 4 to learn how to request these tools.</b></p>	<ul style="list-style-type: none"> <li>• Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit.</li> <li>• Services specific to an acute or chronic condition do not count toward the “Counseling for nutrition” and “Counseling for physical activity” indicators.</li> <li>• Suggestions for documenting nutrition counseling:               <ul style="list-style-type: none"> <li>- Current nutrition behaviors (e.g., appetite or meal patterns, eating and dieting habits)</li> </ul> </li> <li>• Suggestions for documenting physical activity counseling:               <ul style="list-style-type: none"> <li>- Physical activity counseling (e.g., child rides tricycle in yard)</li> <li>- Current physical activity behaviors (e.g., exercise routine, participation in (or an exam for) sports activities)</li> </ul> </li> </ul>
<b>Counseling for nutrition</b>	<p>Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> <li>• Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)</li> <li>• Checklist indicating nutrition was addressed</li> <li>• Counseling or referral for nutrition education</li> <li>• Educational materials on nutrition provided during a face-to-face visit</li> <li>• Anticipatory guidance for nutrition</li> <li>• Weight or obesity counseling</li> </ul>	

Measure	Compliance Requirements	Tips for Success
<b>Counseling for physical activity</b>	<p>Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> <li>• Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)</li> <li>• Checklist indicating physical activity was addressed</li> <li>• Counseling or referral for physical activity</li> <li>• Educational materials on physical activity provided during a face-to-face visit</li> <li>• Anticipatory guidance for physical activity</li> <li>• Weight or obesity counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Use our Blue Insights Population Health Management tool to monitor your patient panels and enter information to close clinical gaps in care.</li> </ul>

We have a limited quantity of pediatric BMI wheels available on a first-come, first-served basis. If your practice has an electronic health record system (EHR), please ensure it is calculating and recording the BMI percentile for your pediatric patients after entering the patient's height and weight. In many EHRs, this is a function that needs to be turned on in order to calculate BMI or BMI percentile. **In practices that routinely perform well on these measures, the clinical workflow includes obtaining and documenting a BMI at every visit, including sick visits.** Practices that have access to our population health registry can proactively monitor their patients' information for this measure and can also enter information to close gaps in care. BCBSRI's philanthropic BlueAngel Community Health Grants also support several community organizations working to combat childhood obesity. Read here about the grant recipients or find out how to apply: <https://www.bcsri.com/about-us/community/blue-angel-community-grants>.

## Osteoporosis

According to the National Osteoporosis Foundation's *Clinician's Guide to Prevention and Treatment of Osteoporosis: 2014 Issue*, 9.9 million Americans have osteoporosis. Two million fractures are attributed to osteoporosis annually, with 432,000 hospital admissions, 2.5 million medical office visits, and approximately 180,000 nursing home admissions nationally. Practice teams can help foster prevention of osteopenia and osteoporosis by discussing appropriate preventive measures with patients. Those at highest risk, according to the National Institutes for Health, include the following:

### Nonmodifiable risk factors:

- Gender: women have higher risk due to lower peak bone mass, smaller bone structure than men, and the sharp decline in estrogen levels associated with menopause.
- Age: Advancing age increases risk
- Body size: Slender, thin-boned women, and taller women are both at increased risk
- Race: Caucasian (white) and Asian women are at

highest risk. African American and Hispanic women have a lower but significant risk. Caucasian men are at higher risk than their non-Caucasian counterparts.

- Family history

### Modifiable risk factors:

- Hormone deficiencies: Premenopausal women with amenorrhea, menopausal women, and men with testosterone deficiency are at increased risk. Men taking certain medications for prostate cancer can also be at increased risk of osteoporosis.
- Diet: Diets low in calcium and vitamin D; excessive dieting, and inadequate caloric intake
- Medications: Long-term use of certain medications, including glucocorticoids and some anticonvulsants, leads to bone loss and increased risk of osteoporosis, as do some anticoagulants and immunosuppressants
- Inactive lifestyle or extended bed rest
- Excessive use of alcohol
- Smoking

Patient education should include osteoporosis risk factors, and the importance of adequate calcium and vitamin D intake, exercise, fall prevention, smoking cessation, and moderation of alcohol consumption. For additional fall prevention resources, access the American Geriatrics Society's Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons and Recommendations here: <http://geriatricscareonline.org/toc/updated-american-geriatrics-societybritish-geriatrics-society-clinical-practice-guideline-for-prevention-of-falls-in-older-persons-and-recommendations/CL014>.

The HEDIS measure for Osteoporosis Management in Women Who Had a Fracture (OMW) measure tracks the percentage of women ages 67 to 85 years old that have received a bone mineral density (BMD) scan or filled a prescription to prevent or treat osteoporosis within six months of a recorded fracture during the measurement year. HEDIS 2016 results indicate that only 37.35% of eligible female BlueCHIP for Medicare members met these criteria. This score ranks in the 50th national percentile, indicating opportunity for improvement.

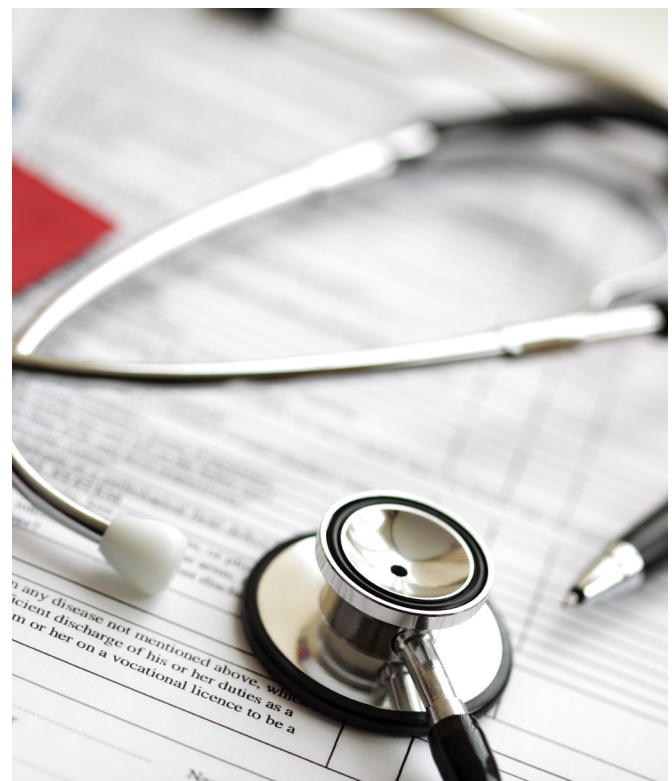
We continue to partner with MedXM, a company specializing in heel ultrasounds, a diagnostic test that fulfills this measure. MedXM schedules in-home visits for female BlueCHIP for Medicare members who have had a fracture and no BMD scan recorded within six months of the incident. Members who meet these criteria will receive a letter from BCBSRI about MedXM, and a phone call from MedXM to schedule a visit from a technician who will complete a heel ultrasound. A fax notification will be sent to all PCPs listing their patients who will receive outreach from MedXM. PCPs will also receive a copy of the results to review and file in the patients' records.

There is no charge for this in-home visit and it will not affect your patients' healthcare coverage in any way. These visits are not meant to replace the care your patients receive through their PCP. MedXM is not involved in the care or treatment of the patient, nor will they prescribe medications. Patients will be encouraged to remain up to date with their preventive care and routine office visits with their PCP.

## 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 6 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 email Siana Wood, senior quality management analyst, at [siana.wood@bcbsri.org](mailto: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
<b>Disease-Modifying Anti-Rheumatic Therapy for Rheumatoid Arthritis (ART)</b>	<p>Numerator: members from the denominator who had at least one ambulatory prescription dispensed for a DMARD (see table below) during the measurement year.</p> <p><i>Exclusions: (members diagnosed with HIV or members who are pregnant during the current year)</i></p> <p>Denominator: members 18 years and older with two of the following events on different dates in the measurement year:</p> <ul style="list-style-type: none"> <li>• Outpatient visit with any diagnosis of rheumatoid arthritis</li> <li>• Nonacute inpatient discharge with any diagnosis of rheumatoid arthritis</li> </ul>	<p>Only utilize codes for rheumatoid arthritis (RA) if diagnosis has been confirmed.</p> <p>For members with confirmed RA, DMARD therapy is the current standard of care.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• V13.4: Patient-Reported or Personal History of RA</li> <li>• V17.7: Family History of Arthritis</li> <li>• V82.1: Screening for RA</li> <li>• 714.9: Unspecified Inflammatory Polyarthropathy</li> <li>• 715.XX: Osteoarthritis</li> <li>• 716.5: Unspecified Polyarthritits or Polyarthropathy</li> <li>• 720.9: Unspecified Inflammatory Spondylopathy</li> <li>• 725.0: Polymyalgia Rheumatica</li> </ul>

## NCQA Table ART-C: Medications Counted as DMARD Therapy

Description	Prescription	J Codes
<b>5-Aminosalicylates</b>	• sulfasalazine	
<b>Alkylating agents</b>	• cyclophosphamide	
<b>Aminoquinolines</b>	• hydroxychloroquine	
<b>Anti-rheumatics</b>	<ul style="list-style-type: none"> <li>• auranofin</li> <li>• gold sodium thiomalate</li> <li>• leflunomide</li> <li>• methotrexate</li> <li>• penicillamine</li> </ul>	J1600, J9250, J9260
<b>Immunomodulators</b>	<ul style="list-style-type: none"> <li>• abatacept</li> <li>• adalimumab</li> <li>• anakinra</li> <li>• certolizumab pego</li> <li>• etanercept</li> <li>• golimumab</li> <li>• infliximab</li> <li>• rituximab</li> <li>• tocilizumab</li> </ul>	J0129, J0135, J0717, J0718, J1438, J1602, J1745, J3262, J9310
<b>Immunosuppressive agents</b>	<ul style="list-style-type: none"> <li>• azathioprine</li> <li>• mycophenolate</li> <li>• cyclosporine</li> </ul>	J7502, J7515, J7516, J7517, J7518
<b>Janus kinase (JAK) inhibitor</b>	• tofacitinib	
<b>Tetracyclines</b>	• minocycline	

## Adult body mass index assessment (ABA)

Percentage of members between 18 and 74 years old who had an office visit and whose BMI OR BMI percentile (under 20 years old ) was documented during the measurement year or the year prior to the measurement year. Weight, Height, and BMI percentile (under 20 years old) or BMI must come from the same data source.

- **EXCLUSIONS:** Members with a diagnosis of pregnancy in the measurement year or the year prior to the measurement year.

### *What is needed in the medical record?*

At least one BMI result recorded in the measurement year or the year prior to the measurement year during an office visit (see codes below).

- Members > 20 years on the date of service: documentation must indicate weight and BMI value, dated between 1/1/2015 – 12/31/2016.
- Members < 20 years on the date of service: documentation must indicate the height, weight and BMI percentile, dated between 1/1/2015 – 12/31/2016.

Weight and BMI value or percentile must be from the same data source and BMI percentile must be documented as a value (e.g., 85th percentile) or plotted on an age-growth chart.

### *Common chart deficiencies:*

- Height and/or weight are documented but there is no calculation of BMI.

- Ranges and thresholds are no longer acceptable for this measure. A distinct BMI value or percentile is required. Documentation of >99% or <1% meet criteria.

### *HEDIS 2016 Measurement Codes*

#### **CODES TO IDENTIFY BMI & BMI PERCENTILE**

- **ICD9-DIAG:** V85.0-V85.5
- **ICD10CM-DIAG:** Z68.1, Z68.20 – Z68.45; Z68.51 to Z68.54

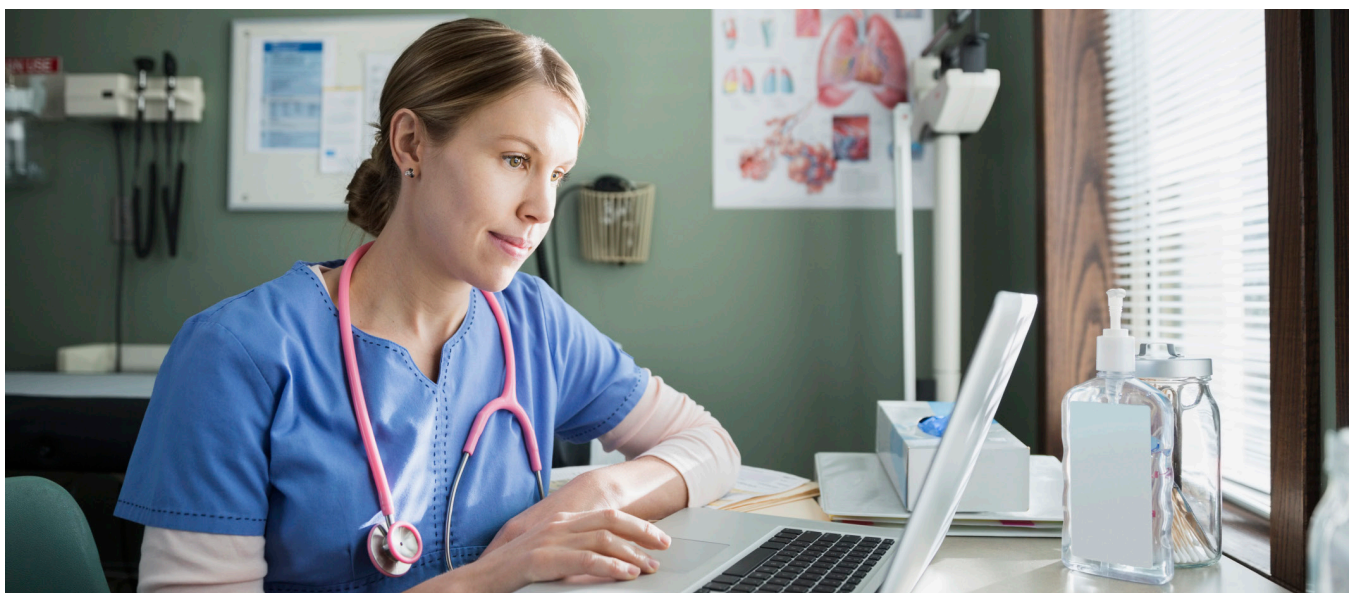
#### **CODES TO IDENTIFY OFFICE VISITS:**

- **CPT®:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411- 99412, 99420, 99429, 99455, 99456
- **HCPCS:** G0402, G0438, G0439, G0463, T1015

#### **EXCLUSIONS:**

- **ICD9-DIAG:** 630-679, V22, V23, V28
- **ICD10CM-DIAG:** 000-009, 010-016, 020-029, 030-048, 060-077, 080-082, 085-092, 094-09A, Z03.71-Z03.79, Z33.1, Z33.2, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36

If you have any additional questions about this measure, please contact Siana Wood, senior quality management analyst, at [siana.wood@bcbsri.org](mailto:siana.wood@bcbsri.org) or (401) 459-2644. BMI Calculator Wheels are also available (while supplies last) to practices that do not have an EHR or prefer this tool.



## October 1, 2016 formulary changes

The information below is effective as of October 1, 2016 and applies to commercial BCBSRI products, including the Large Group 4-Tier and 5-Tier formularies and the Small Group 5 Tier formulary. These changes do not apply to the Individual Market programs or to BlueCHIP for Medicare programs. Any changes to this list are the result of a comprehensive review of relevant clinical information by the BCBSRI Pharmacy and Therapeutics Committee.

### ***Brand name drugs (excluded from coverage - no medical necessity review supported)***

For the Large Group 4-Tier and 5-Tier formularies and the Small Group 5-Tier formulary, the following brand-name drugs are now available with generic equivalents. As a result, the brand name will be excluded from coverage effective October 1, 2016. The generic equivalent will be covered.

ACTIVELLA	CYCLOGYL SOL	KEFLEX	NUVIGIL
AMIDATE INJ	CYKLOKAPRON INJ	LANOXIN	OXISTAT CREAM
ANAPROX DS	DEMADEX	LASIX	PARNATE
ANDROGEL GEL	EC-NAPROSYN	LINCOCIN INJ	REGIMEX
ARIXTRA INJ	ELAVIL	MAXIPIME INJ	ROWASA KIT
CEFOTAN INJ	ELIMITE CREAM	NAFTIN CREAM	SOD EDECIN INJ
COPAXONE INJ 20MG/ML	FROVA	NAPROSYN	UNASYN INJ
CORDRAN CREAM	GLEEVEC	NASONEX SPRAY	VOLTAREN GEL
CORGARD	GLYSET	NEOPROFEN SOL	XOPENEX NEB
CRESTOR	INTEGRILIN INJ	NIMBEX INJ	ZAMICET SOL

For the Traditional Formulary, these brand products will continue to be covered with non-preferred co-pay.

### ***Standard Plan Exclusions – Update to all Commercial Benefit Plan Designs***

The following products are compound related kits and are designated as non-covered services and therefore do not qualify for coverage under the Standard Prescription Drug benefit guidelines. Effective October 1, 2016, these products will no longer be covered when submitted as a claim under the pharmacy benefit at a retail pharmacy.

ANA-LEX KIT	LIDOCAINE/HC KIT 2-2%	MESALAMINE KIT 4GM
ANALPRAM KIT ADVANCED	LIDOCAINE/HC KIT 3%-0.5%	SALICYLIC AC KIT 6%
DERMASORB TA KIT 0.1%	LIDOCAINE/HC KIT 3%-1%	SALICYLIC AC KIT 6% CREAM
HPR PLUS KIT	LIDOCAINE/HC KIT 3-2.5%	SALICYLIC AC KIT 6% CREAM & SALICYLIC AC KIT 6%

### ***Reminder: Brand drugs tier changes***

The following brand name drugs are available on a lower tier and their generics are on a higher tier.

ADDERALL XR	CONCERTA
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# Pharmacy

## Influenza vaccine at the pharmacy: update for the 2016-2017 flu season

BCBSRI is pleased to announce that we are continuing our partnership with Rhode Island-based pharmacies to once again be able to bill for flu vaccine administrations through the pharmacy benefits manager (PBM) system for all\* commercial and BlueCHiP for Medicare members.

There is no out-of-pocket charge to members for this service.

All major pharmacy chains and most local community pharmacies are participating.

This program will include all Commercial and Medicare Part D members. The system was ready to process claims effective August 11, 2016, but availability of the vaccines is dependent upon release and distribution of the state-supplied flu vaccine to the participating RI retail pharmacy network.

Members need only present their BCBSRI identification card at the participating Rhode Island-based pharmacy, and they will be eligible to receive the flu shot at no charge. This includes all\* Commercial and Medicare Part D members, even those members who have other coverage for their pharmacy benefits.

Pharmacies are reimbursed for administration only as the cost of the vaccine is already absorbed by BCBSRI through a fee assessment from the Rhode Island Department of Health (RI DOH). The following vaccinations are supplied through this program:

Vaccine	Age Range	Type	Thimerosal	NDC	CVX Code	CPT Code	Population
Fluzone 0.25mL	6-35 months	Quadrivalent	None	49281-0516-25	161	90685	Pediatric
Fluzone 0.5mL	3-18 years & 19+ years	Quadrivalent	None	49281-0416-50	150	90686	Adult & Pediatric
Fluarix 0.5mL	3-18 years & 19+ years	Quadrivalent	None	58160-0905-52	150	90686	Adult & Pediatric
Fluzone High Dose 0.5mL	65+ years	Trivalent	None	49281-0399-65	135	90662	Adult

*NOTE: The state has removed FluMist from the vaccine program*

Members obtaining a flu vaccine shot at a non-participating RI pharmacy or at an out-of-state pharmacy will need to pay out-of-pocket and request applicable reimbursement consistent with their benefit plan guidelines.

Please contact Provider Service with any questions.

*\*Plan 65 benefit plans are excluded.*



# Pharmacy

## Prime update: PrimeMail®

On January 1, 2017, Blue Cross & Blue Shield of Rhode Island (BCBSRI) will complete its transition to a new pharmacy benefits manager (PBM), Prime Therapeutics, LLC (Prime). The selection of Prime followed a comprehensive review process where BCBSRI focused on choosing a PBM partner that has a proven record of operational excellence and a commitment to serving the needs of providers and patients. And in this month's update about the transition to Prime, we are focusing on Prime's mail order service – PrimeMail.

BCBSRI and Prime will make PrimeMail available for patients who need long-term 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 save your patients money. Depending on their benefit plan, their out-of-pocket-share is usually lower.

Patients can easily receive prescriptions through PrimeMail:

- **Online and Mobile:** Ordering online or from a mobile phone is quick and easy. The medicine is always delivered in a plain-labeled package to help ensure patient's privacy.
- **Mail:** Mail the prescription with a completed order form and copay using the postage-paid envelope. Refill requests may also be mailed with a completed order form.

- **Phone:** Call 1-877-357-7463, 24/7, to refill or transfer a current prescription. Patients will need to have their member ID card, prescription information, and their doctor's contact information ready.

- **Provider:** A patient will ask you to fax a prescription request or send the prescription to PrimeMail electronically.

Prime will manage personalized patient outreach to current mail-service pharmacy members to ease the transition from OptumRx to PrimeMail. Patients can use the website to order refills, track prescription history, and find drug information. Prescription medicines are confirmed for accuracy and quality by registered pharmacists and delivered to the patient's door anywhere in the United States.

In addition, BCBSRI will launch a comprehensive educational program for Prime's electronic prior authorization (ePA) tool. That training will kick off in November. It will take place on November 16 and November 17 from 6:00 p.m. to 8:00 p.m. To register for one of these seminars, please send an email to [ProviderRelations@BCBSRI.org](mailto:ProviderRelations@BCBSRI.org). Please watch for information about other training opportunities in upcoming issues of Provider Update and on our provider portal on [bcbsri.com](http://bcbsri.com).

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

*Please watch future issues of Provider Update for additional information about the transition to Prime.*



# Behavioral Health

## September is National Recovery Month

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors National Recovery Month to increase awareness and understanding of mental and substance use disorders and celebrate the people who recover. This observance promotes the belief that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders.

BCBSRI has many resources available for our members with substance use disorders. In addition to covering traditional services that treat substance use disorders, such as inpatient detoxification and residential treatment, partial hospital programs, and intensive outpatient programs, BCBSRI offers the following innovative services. Please read on to learn more.

### ***CODAC Medication Assisted Treatment (MAT) Pilot Program***

This outpatient Buprenorphine/Naloxone or Buprenorphine program is offered by CODAC, a substance use disorder treatment facility. This program is designed to provide comprehensive medication assisted treatment-related services to BCBSRI commercial members to facilitate recovery from opioid use disorders. The goal of the program is to offer structured and intensive treatment including medication assisted treatment, such as Suboxone, nursing, counseling, and case management services that ultimately lead to recovery and the ability to maintain recovery in a less intensive treatment program. If you wish to refer someone to the program, please contact CODAC at (401) 461-5056.

### ***Butler Hospital's Ambulatory Detoxification Program***

This outpatient program that meets the needs of members who do not meet criteria for inpatient detox, but without structured supports are at high risk for relapse and higher utilization. In addition to supports typically found in a detox program, Butler's program includes a peer recovery coach who will follow the member after discharge. The peer recovery coach will engage the member while at Butler and will conduct follow up calls up to 30 days post discharge to ensure that the member is well-supported through their recovery. The program requires prior authorization through Beacon Health Options. If you wish to refer someone to the program, please contact Butler Hospital Intake at (401) 455-6214.

### ***Peer Recovery Coaches***

BCBSRI is piloting program through Anchor Recovery/The Providence Center that will provide an opportunity for Commercial members with substance use disorders to work with a peer recovery coach. Peer recovery coaching is a SAMHSA-recognized tool that facilitates

recovery and reduces healthcare costs. Peer recovery coaches are individuals in recovery themselves who have been through extensive training to provide support to their peers. Recovery coaches do not diagnose or treat addiction, but rather serve as a bridge to substance use services and community supports. At this time, services are offered via an alternative benefit and referrals are identified by ValueOptions and Anchor Recovery/The Providence Center. To learn more about Anchor Recovery visit: [www.anchorrecovery.org](http://www.anchorrecovery.org). To learn more about the Peer Recovery Coach program, please contact Sarah Fleury, LICSW, behavioral health performance specialist, at (401) 459-1384 or [sarah.fleury@bcbsri.org](mailto:sarah.fleury@bcbsri.org).

### ***HealthPath/HealthPath Connect***

HealthPath is an innovative pilot program, offered through a partnership between BCBSRI, Continuum, and Care New England, designed to provide BCBSRI members with comprehensive behavioral health services. The program highlights the benefits of team-based care through care delivery provided by a multidisciplinary team of psychiatrists, nurses, independently licensed clinicians, peer support specialists, and substance abuse specialists. This team provides individualized office, home, or community-based services depending on the patient's identified needs. HealthPath offers clients access to psychiatric care, counseling, case management, health and wellness care, life skills support (including vocational and educational training), medication management, transportation to and from medical appointments as needed, flexible appointment dates and times as well as weekend and holiday emergency care. The services are intended to assist members struggling with behavioral health conditions in reaching their highest level of functioning through a coordinated and individualized treatment approach.

HealthPath Connect offers members the same array of services as HealthPath but is intended for members who may need less intensive or less frequent services.

If you have a patient that you believe would benefit from HealthPath or HealthPath Connect, please contact Continuum Behavioral Health at (401) 415-8868 to schedule an intake appointment. Patients who present at intake and do not meet eligibility criteria will be referred to appropriate providers.



# Behavioral Health

## *How do I connect a patient to behavioral health services?*

The behavioral health system can be confusing and overwhelming for your 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 for their patients. There are several ways to learn more about behavioral health benefits and services:

- **The Provider Call Center**, (401) 274-4848 or 1-800-230-9050, can answer questions regarding a member's benefits, including member liability for services. They can also assist if you're simply looking for a participating behavioral health provider. You can also search our website, [bcbsri.com](http://bcbsri.com), if you are simply looking for a behavioral health provider.
- **The Beacon Health Options (Beacon) 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 providing 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 a mental health counselor, will ask questions to get a better understanding of your patient's needs. The clinician will provide you with information about services that are available and will offer the names and contact information for providers who offer these services. You can contact the Clinical Referral Line at 1-800-274-2958. You may also share this number with your patients if they prefer to contact Beacon themselves.
- **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 barriers that prevent them from getting the most from their treatment or in obtaining recommended treatment.
  - Help them find and obtain services or resources needed to better manage their behavioral health condition.

- Provide education and support to help them better manage their condition.
- Coordinate care with providers to ensure you and your patient have the necessary information to provide them with the best care and support.
- Work with them to ensure they know the medications they should be taking and understand the instructions you've provided to them.

To refer a patient to the Beacon Health Options Case Management Program, please call 1-800-274-2958, option 3, then option 1. You may also use our automated referral form at [bcbsri.com](http://bcbsri.com) by following these easy steps:

1. Log on to the provider portal of [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!





## Benefits & Products

### PF The mouth-body connection

The mouth-body connection is an important part of what we do at BCBSRI. Studies have shown a correlation between the health of the mouth and overall well-being and that's why preventive dental care is important. We offer a variety of Direct Pay dental products that help bring your patients one step closer to improving their health. To view our offerings for 2016, please visit [www.bcbsri.com](http://www.bcbsri.com) and choose "Dental Options" under the Shop for a Plan tab. For more information, please speak with your patient-centered medical home practice facilitator or provider relations representative.

If you would like Blue Cross Dental [brochures](#) to present to your patients, please email your request to [dentalbrochures@bcbsri.org](mailto:dentalbrochures@bcbsri.org). Be sure to include your practice name and address along with the number of brochures you would like.



## Claims

### P EDI – New professional claims mandate

Effective October 16, 2016, a new Blue Cross and Blue Shield Association mandate is required for professional providers to include the pickup point ZIP code on all air, land, and water ambulance claims. The claims should be filed to the local plan whose service area the point of pickup ZIP code is located in.

If you have any questions regarding this mandate, please contact your BCBSRI Provider Services representative at (401) 274-4848 or 1-800-230-9050.

#### *Claim editing updates*

BCBSRI will undertake an effort to implement a number of updates to our claim editing rules and processes to help ensure that claims for members enrolled in our Medicare Advantage plans are processed according to standard Centers for Medicare & Medicaid Services (CMS) medical necessity guidelines.

The goal of these claim editing updates is to more closely align how we process Medicare Advantage claims with the National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). NORDIAN is our CMS LCD DME contractor and NGS is our CMS Part B contractor. To ensure correct claims processing, we encourage our providers to review the CMS NCDs and LCDs that can be found on the CMS website <https://www.cms.gov/medicare-coverage-database/>. BCBSRI will continue to align with NCD and LCD updates and will make those updates on a quarterly basis.

# Contracting & Credentialing

## **PBF** Quest Diagnostics no longer in BCBSRI laboratory network effective July 1, 2016

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.

- Adrenal to Brain Transplantation
- Ambulance: Air and Water Transport
- Artificial Pancreas Device System
- Auditory Brain Stem Implant
- Automated Point-of-Care Nerve Conduction Tests
- Biofeedback
- Cellular Immunotherapy for Prostate Cancer
- Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management (former policy title: Prostate Cancer Genomic Assays)
- Genetic Testing for Mental Health Conditions
- Hyperbaric Oxygen Therapy
- Implantation of Intraström Corneal Ring Segments
- Intraocular Lens (IOL) Implants
- Lactation Consults
- Laser Removal of Port Wine Stains
- Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease
- Pediatric Feeding Disorders
- Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence
- Routine Foot Care and Nail Debridement
- Wireless Pressures Sensors in Endovascular Aneurysm Repair

### ***New policies***

- Dry Needling of Myofascial Trigger Points
- Phototherapy in the Home for Treatment of Dermatological Conditions

# Policies

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.



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