



provider update

P=Professional

B=Behavioral Health

F=Facilities

September 2015



*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.

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BCBSRI Update

**P Register Now:
Population Health Registry**

We have been working to develop a Population Health Registry for our provider network. This web-based solution will allow providers to manage populations of patients by aggregating disparate claims, electronic health record data, costs, lab results, and other clinical/financial data that will be updated in close to real time. The Population Health Registry will be made available to all Rhode Island primary care physicians and groups.

The overall goals of the Registry are to:

1. Provide timely, actionable data to providers in an electronic format.
2. Help providers optimally manage a population of patients.
3. Improve patient care outcomes.
4. Ultimately lower healthcare costs.
5. Provide support and tools for performance improvement initiatives, like Pay for Performance programs.

The registry will be made available in the early fall. You will be receiving more information regarding this exciting tool next month, so stay tuned.

Please [click here](#) to RSVP for an onsite introduction and live demonstration of the Population Health Registry tool on September 28 or 29 from 6-8 p.m. at the Crowne Plaza in Warwick.

PBF Increasing Cultural Competence in the Healthcare Setting

Registration is open for *Increasing Cultural Competence in the Healthcare Setting*, a conference presented by BCBSRI and Brown University's Warren Alpert Medical School and Office of Institutional Diversity & Inclusion.

Saturday, October 3, 2015
8:00 a.m. to 4:00 p.m.

Warren Alpert Brown Medical School,
Brown University

Keynote Speaker: Joseph R. Betancourt, MD, MPH, Director, The Disparities Solutions Center, Massachusetts General Hospital

Conference Goal

Providers will become aware of the importance of:

- Acknowledging culture with respect to providing care to culturally diverse patients
- Understanding their own cultural identities and how those influence provision of care
- Applying principles involving awareness of cultural identities during the provision of care

BCBSRI Update

This activity is approved for AMA PRA Category 1 Credit™.

[Click here](#) for conference registration.

For more information, please contact the Office of Continuing Medical Education at (401) 863-2871 or CME@Brown.edu.

PBF ICD-10 Transition on October 1, 2015

As of October 1, 2015, all providers, hospitals, and facilities must be transitioned to ICD-10. This date was set by the Department of Health and Human Services. The transition to ICD-10 codes impacts both the medical and behavioral health community, and BCBSRI will continue to share information to assist providers in preparing for the transition.

For Behavioral Health Providers

As of October 1, behavioral health providers will be required to use ICD-10 codes only. BCBSRI recommends that behavioral health providers consider the purchase of DSM-V as it has direct mappings from the DSM-V codes to the ICD-10 codes.

Resources for All Providers

The Centers for Medicare and Medicaid Services (CMS) has created a comprehensive website, [CMS ICD-10 Provider Resources](#), that contains materials to help providers with the transition, including:

- A checklist of tasks with estimated time frames for completion
- A guide outlining the tasks in each phase of the implementation and a

timeline with suggested start/finish dates for tasks

- Individual documentation for small, medium, and large practices
- Links to physician professional organizations that may provide specialty-specific information

We are now in the process of scheduling ICD-10 compliance testing with our Trading Partners (billing agencies, clearinghouses, etc.). If your practice submits claims via a billing agency or clearinghouse, please advise your billing agency or clearinghouse to schedule testing by emailing BCBSRI directly at ICD-10PartnerTesting@bcbsri.org. Practices that directly submit electronic claims to us should also contact us to schedule testing.

When preparing for testing with BCBSRI, you may want to do the following:

- Review provider documentation practices and level of coding expertise of office personnel.
- Assess the amount of testing required for internal office systems.
- Talk with your EDI vendor/clearinghouse about their role in supporting ICD-10 Trader Partner testing.

Your billing agency or clearinghouse will need sample test claims from you to initiate the testing process with us. Once a test file is submitted by your billing agency or clearinghouse, we will determine if the file is compliant by returning any errors to you on the Provider Control Report.

If your clearinghouse is Emdeon, please contact them directly to let them know

you want to test, as they have set up a testing site that BCBSRI will use to complete our portion of the testing.

If you have any questions related to testing electronic claims, please email us at ICD-10PartnerTesting@bcbsri.org.

PBF REMINDER: Web-Based Preauthorization

As recently communicated, we transitioned most of our current BCBSRI web-based/fax prior authorization processes to McKesson's Clear Coverage™ decision support tool in December 2014. As of October 1, 2015, existing or new codes are being added to services that already require preauthorization, and there are changes to the method in which preauthorization is obtained (traditional BCBSRI vs. Clear Coverage).

You can find more information—including a full list of the services that must be submitted for preauthorization through Clear Coverage—in the following policies on BCBSRI.com:

- [Preauthorization via Web-Based Tool for Procedures](#)
- [Preauthorization via Web-Based Tool for Durable Medical Equipment](#)

In addition, please review the Preauthorization [Quick Reference Guide](#) for a description of services by code(s).

P 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 analyst at (401) 459-5413 or siana.wood@bcbsri.org.

Fax Notices: Disease-Modifying Anti-Rheumatic Therapy for Rheumatoid Arthritis (ART)

In an effort to improve our HEDIS and STARS scores for the ART measure, our Quality Department sends fax-back notices to providers. The notices request information regarding patients with rheumatoid arthritis (RA) who have been prescribed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) medication, but for whom claims and pharmacy data indicate nonadherence. We ask that providers complete the form and send it back to us at the secure fax number listed on the notice. We recognize that DMARD therapy may not be appropriate for or tolerated by all patients with RA. If you have patients for whom an incorrect diagnosis code of RA was assigned, please correct their records. An inaccurate diagnosis of RA may have lifelong implications for patients, such as difficulty obtaining life insurance and potential treatment concerns when medical records are shared with new providers in an emergency.

Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of members aged 18-50 years old with a primary diagnosis of new-onset low back pain who did not have an imaging study—plain X-ray, MRI, CT scan—within 28 days of the diagnosis.¹ According to clinical evidence, diagnostic imaging is not necessary for most cases of new-onset back pain in the absence of red flags such as trauma, cancer, neurological impairment, or IV drug use.² BCBSRI uses the Clinical Guidelines for the Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. The full guideline is available on the [Annals of Internal Medicine](http://www.annals.org) website and contains additional guidance for diagnosis and treatment. The table below summarizes the HEDIS measure, population, and tips for improving performance.

Measure	Population: Numerator and Denominator	Tips for Success
Use of Imaging Studies for Low Back Pain (LBP)	<p>Numerator: Members from the denominator who had an imaging study with a diagnosis of low back pain and no exclusions</p> <p>Exclusions: Cancer, trauma, neurologic impairment, or IV drug abuse</p>	<ul style="list-style-type: none"> • Avoid ordering diagnostic studies in the first 6 weeks of new-onset back pain in the absence of red flags (e.g. cancer recent trauma, neurologic impairment, or IV drug abuse). • Encourage conservative treatment (pain management, activity modification, physical therapy) for new-onset low back pain without red flags. Remind patients that uncomplicated low back pain is typically a benign, self-limited condition, and that the majority of patients resume their usual activities in 30 days. • Use correct exclusion codes where necessary (e.g., code for cancer or other secondary diagnoses if these are why you are ordering the studies).
	<p>Denominator: Members 18-50 years old with a principal diagnosis of low back pain at either an outpatient or an emergency room visit</p>	

1. This measure is reported as an inverted rate. Members receiving imaging studies are subtracted from the denominator. A higher rate indicates better performance.
 2. Citations located at <http://www.qualitymeasures.ahrq.gov/content.aspx?id=48635&search=back+pain>

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

The AAB measure evaluates the inappropriate use of antibiotics in adults aged 18-64 years old with a diagnosis of acute bronchitis. The rationale is that the vast majority of cases of acute bronchitis are viral and do not require antibiotic therapy. This measure is aimed at improving antibiotic stewardship across the population. This helps stem the tide of antibiotic resistance in local communities and the nation as well as avoids potential side effects and complications of antibiotic therapy in an individual patient when the treatment is not clearly indicated.

Precise diagnostic coding is essential for accurate performance on this measure. There is only one code for acute bronchitis—466.0—and it does not differentiate clinically between a viral or bacterial process. Therefore, we recommend careful attention to use of this and other diagnostic codes to more precisely reflect the condition you are treating. Certain comorbid conditions that could influence your decision to prescribe antibiotic therapy for bronchitis are critical to document as well, since they will result in removal of the patient from the denominator in this measure and more appropriately reflect your clinical thought process.

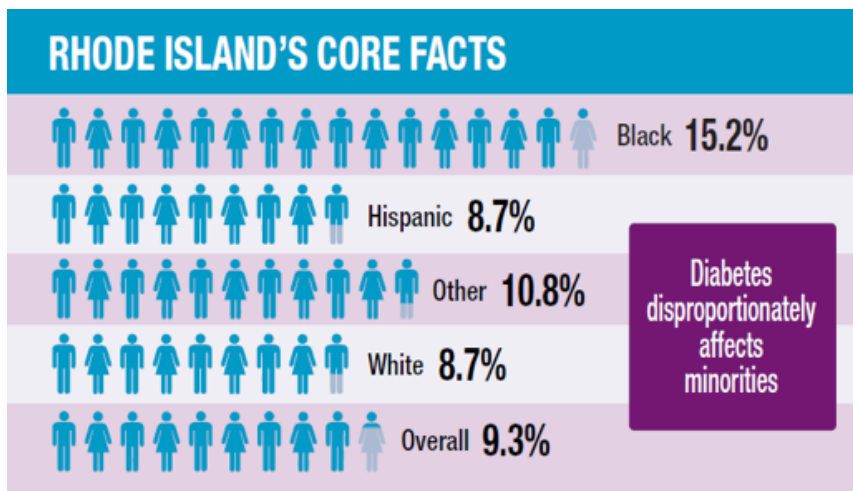
Here are some tips for clinical coding accuracy on this measure:

- Only use the code for acute bronchitis if the diagnosis is accurate/confirmed.
- Remember to code for relevant comorbidities if and when you do prescribe antibiotics for bronchitis:
 - > HIV
 - > Malignant neoplasm
 - > Emphysema
 - > COPD
 - > Cystic fibrosis

We also realize that much of the pressure for antibiotic therapy comes from patients themselves. To assist you in educating your patients on the importance of antibiotic stewardship and the facts about viral versus bacterial processes, we would be happy to supply you with free materials from the Centers for Disease Control and Prevention (CDC) about antibiotics. For providers, we also have exam room posters, treatment summaries for adult and pediatric populations, and Rx pads with symptomatic treatment for viral upper respiratory infections. If you would like to receive any of these materials, please contact Siana Wood, RN, senior quality management Analyst at (401) 459-5413 or siana.wood@bcbsri.org.

PBF Available Now: FREE Diabetes Program for Medicare FFS and Medicare Advantage Members

BCBSRI is pleased to announce a program for Medicare Advantage members with diabetes (or pre-diabetes) from disparate groups, made possible by Healthcentric Advisors (the Quality Innovation Network-Quality Improvement Organization). Communities of color suffer from diabetes at much higher rates than their white counterparts, as shown in this infographic:



Eligibility Guidelines

This program is based on the evidence-based Stanford Model of Diabetes Self-Management Education. Healthcentric Advisors seeks Medicare Advantage members with diabetes or pre-diabetes who also meet one or more of the following criteria:

- Identify as:
 - > African American
 - > Hispanic/Latino
 - > Asian/Pacific Islander
 - > Native American
- Live in a rural zip code

The program also welcomes Medicare Advantage members with diabetes and pre-diabetes who do not meet the above criteria. Please contact Brenda Jenkins (see below) for more information.

What the Program Offers

This free program includes:

- Groups of 10-20 participants facilitated by trained leaders
- Six weekly meetings, each two-and-a-half hours long, in community settings such as churches, community centers, libraries, and hospitals
- Meetings in English and Spanish
- Information about stress management, coping skills, exercise, medication, and healthy eating
- Participation by patients, including creating weekly action plans, sharing experiences, and helping each other solve problems they encounter with their self-management program

For more information or to refer patients, please contact Brenda Jenkins, RN, CDOE, D.Ay., CPEHR, PCMH CCE, by emailing bjenkins@healthcentricadvisors.org, calling (401) 528-3246, or securely faxing (401) 528-3237.

PBF Save the Date: Rhode Island Trans* Health Conference for Providers: January 30, 2016

BCBSRI is proud to help support, along with The Warren Alpert Medical School of Brown University and Rhode Island College, the state's second Trans* Medicine Conference for medical, behavioral health, and allied healthcare providers as well as self-identified members of the transgender and gender-nonconforming community. This one-day conference is scheduled for January 30, 2016 at Rhode Island College. The purpose of the conference is to:

- Provide education on important concepts related to caring for transgender patients.
- Enhance clinical expertise.
- Expand the community's access to care.

Experts from the region will present on best practices and lessons from their own work. Continuing education units will be available for physicians, nurses, and behavioral health providers. If you have questions about the conference, please email trans.med.ri@gmail.com.

P Quality Interactions

We are pleased to offer primary care physicians, mid-level practitioners and nurses an educational opportunity to enhance your communication with patients from different cultures. Through this online interactive training, Quality Interactions, you can take part in "real-life" patient encounters created to deepen your understanding of how the diverse patient population in Rhode Island views and values their health.

You have the option of doing this training online at your own pace. Please review the attached flyer and instructions for more information on Quality Interactions.

Incentives for Completing the Training

Complete each of the three Quality Interactions modules with a score of 70 percent or greater by October 1, 2015 and receive three FREE CME/CEU credits!

How to Use Quality Interactions

1. Visit <http://qualityinteractions.interac-tyx.com/login.aspx>
2. Select "New User"
3. Enter Organization ID 92700
4. Create a unique username and password, then complete and submit the registration form
5. Select the appropriate course title and complete it
6. Complete the evaluation (required)

Primary care physicians, mid-level practitioners, and nurses should take the Test Your Skills for Clinicians modules. Pediatric physicians, mid-level practitioners, and nurses should take the Test Your Skills for Pediatricians modules.

Please note: You don't need to take all three courses in one sitting; however, if you exit in the middle of a section, you'll have to retake that section the next time you log in. To prevent this, please log out between sections.

Questions?

Please contact PCMH@BCBSRI.org or call Sarah Enright, Sr. Provider Relations Representative, at (401) 459-5295.

Benefits & Products

PBF New Products for 2016

In 2016, we will introduce new products for Commercial and Medicare Advantage members. The products—BlueCHiP Advance and BlueCHiP for Medicare Advance—will feature a referral management component for services that are rendered outside the scope of the members' primary care physician. These products will be sold in the market this fall to our Commercial and Medicare Advantage populations and will be effective on January 1, 2016.

We will provide more detailed information in the October issue of Provider Update. In addition, we plan to host seminars regarding new product features for 2016 and how these products will impact your practice.

Office Managers & Providers – Register for Onsite Training

Provider Relations will be conducting seminars in October at the following locations:

Tuesday, October 20 7:30 – 8:30 a.m.	Hurvitz 2 Conference Room, The Miriam Hospital 164 Summit Avenue, Providence, RI 02906
Thursday, October 22 7:30 – 8:30 a.m.	George Auditorium, Rhode Island Hospital 593 Eddy Street, Providence, RI 02903
Friday, October 23 7:30 – 8:30 a.m.	Doctors' Auditorium, Kent Hospital 455 Toll Gate Road, Warwick, RI 02886
Tuesday, October 27 8:00 – 9:00 a.m.	Physicians' Auditorium, Memorial Hospital 111 Brewster Street, Pawtucket, RI 02680

Complimentary coffee and refreshments will be served.

[Click here to RSVP](#) for the 2016 Important Plan Information seminars.

PBF BlueCHiP for Medicare Select Network Expansion

We are pleased to welcome the following facilities as new additions to the BlueCHiP for Medicare Select provider network:

- CharterCARE Health Partners, including Our Lady of Fatima Hospital and Roger Williams Medical Center
- Cedar Crest Nursing Centre
- Overlook Nursing & Rehabilitation Center

As a reminder, members of the BlueCHiP for Medicare Select plan must use network providers specific to that plan.

P Patient-Centered Pharmacy Program

BCBSRI has partnered with six patient-centered medical homes to embed clinical pharmacists in their practices to focus on medication therapy management and engage high-risk members. Read a [guest post](#) published in Fierce Health Payer written by Beth Hebert-Silvia, our managing director of Pharmacy Services.

PB Update to Harvoni Medical Coverage for Health Exchange Policyholders

Effective August 1, 2015, the medical criteria has been updated to allow for approved use of the hepatitis C drug treatment Harvoni® for members enrolled through a coverage policy purchased from the BCBSRI Direct Pay program or through HealthSource RI, the state's health exchange.* The revised criteria will continue to provide access to coverage to all patients with a METAVIR score of F3 or F4. Criteria application is consistent with government-sponsored programs and other Commercial payers in our marketplace.

*BCBSRI members enrolled through HealthSource RI can be identified by the alpha prefix ZBN or ZBS on their ID number.

PF Reducing Risks of Preterm Births

A former orphan drug, 17P-alpha hydroxyprogesterone caproate (17P), injected weekly throughout the last 18-20 weeks of pregnancy is the standard of care shown to significantly reduce the rate of preterm delivery in a select risk group of women. In 2011, Makena, a standardized formulation of injectable 17P, was approved by the FDA but costs approximately 50 times more than the compounded version. Due to studies showing that all samples of compounded versions passed the United States Pharmacopeia tests for potency and total purity, the FDA released a statement permitting the continued compounding of 17P despite the availability of Makena.

BCBSRI is committed to our members' health and access to healthcare. Brand name Makena can cost around \$15,000 per course of treatment, which is especially steep in comparison to about \$300 for the compounded version. We are aware that this can create a financial barrier both to providers intending to buy-and-bill as well as to members needing to pay their cost share. Effective October 1, 2015, BCBSRI is updating our coverage of Makena and the compounded 17P as follows:

- Compounded 17P is available from participating compounding pharmacies for Commercial members with the BCBSRI pharmacy benefit for their non-preferred brand tier cost-share.
- Compounded 17P is available to buy and bill under medical coverage for members without mandatory specialty benefits. There is no prior authorization required, and providers should submit the unclassified J-code with the NDC.

If it is necessary for a patient to take the brand Makena rather than the compounded version 17P, an authorization will be required.

- Makena is available from Walgreens Specialty Pharmacy for Commercial members with BCBSRI pharmacy benefits for their specialty tier cost-share with a prior authorization from Catamaran.
 - > Prescribers should request prior authorizations from Catamaran by calling 1-800-391-1164 or faxing 1-866-391-7222 (Commercial). Forms and guidelines are available on [bcbsri.com](#).
 - > Walgreens Specialty Pharmacy, 1-888-782-8443, is BCBSRI's exclusive partner for members with mandatory specialty benefits.
- Makena administered in an office setting is available under medical coverage for members without mandatory specialty benefits.
 - > Prescribers should request a medical preauthorization from BCBSRI's Health Services Management Department by calling (401) 272-5670, extension 3012 or faxing (401) 272-8885.
 - > Prescribers should obtain Makena from Walgreens Specialty Pharmacy by calling 1-888-782-8443, which will submit a claim for the drug.
 - > Providers may submit a claim for administration of the drug.

To determine the exact benefits for any member, please contact the Physician & Provider Service Center online or by telephone at (401) 274-4848 or 1-800-230-9050.

Pharmacy

COVERAGE GUIDELINES		
Compounded 17P-alpha hydroxyprogesterone caproate through Pharmacy Coverage		
Policy Type	Prior Auth	Billing Instructions
Commercial with Mandatory Specialty	No	Compounding pharmacy submits prescription drug claim.
Commercial without Mandatory Specialty	No	
Medicare Part D (BlueCHIP for Medicare)	Not Covered	
Compounded 17P-alpha hydroxyprogesterone caproate through Medical Coverage		
Policy Type	Prior Auth	Billing Instructions
Commercial with Mandatory Specialty	No	Provider submits medical claim using unclassified J-code with NDC and administration code.
Commercial without Mandatory Specialty	No	
Medicare Part B (BlueCHIP for Medicare)	No	
Makena through Pharmacy Coverage		
Policy Type	Prior Auth	Billing Instructions
Commercial with Mandatory Specialty	Catamaran	Pharmacy submits prescription drug claim.
Commercial without Mandatory Specialty	Catamaran	Provider submits medical claim for administration in office.
Medicare Part D (BlueCHIP for Medicare)	Not Covered	
Makena through Medical Coverage		
Policy Type	Prior Auth	Billing Instructions
Commercial with Mandatory Specialty	Not Covered	
Commercial without Mandatory Specialty	BCBSRI	Provider obtains preauthorization from BCBSRI.
Medicare Part B (BlueCHIP for Medicare)	BCBSRI	Walgreens Specialty Pharmacy supplies & submits medical claim. Provider submits medical claim for administration in office.

KEY CONTACTS INFORMATION		
17P-alpha hydroxyprogesterone caproate Compounding Pharmacies (not exclusive)		
Boothwyn Pharmacy	1-800-476-7496	
PhusionRx Pharmacy	(401) 823-0000 or 1-855-PHUSION	
Prescription Drug Prior Authorizations		
Catamaran – Commercial	1-800-391-1164	Fax: 1-866-391-7222
Catamaran – Medicare	1-866-858-7907	Fax: 1-866-391-2929
Specialty Pharmacy		
Walgreens Specialty Pharmacy	1-888-782-8443	
Medical Preauthorizations		
BCBSRI Health Services Management	(401) 272-5670 x3012	Fax: 401-272-8885
Benefits, Eligibility, or Claims Information		
BCBSRI Provider Services	(401) 274-4848 or 1-800-230-9050	

Specialty P&T Determinations Pending Implementation

The Specialty Pharmacy and Therapeutics Committee oversees the designation of drugs as being consistent with inclusion in the specialty drug program and the creation of specialty medication usage policies to promote clinically appropriate safe and effective pharmacotherapy for plan members. The committee is comprised of board-certified network physicians, particularly those representing specialties that use drugs designated as specialty, as well as pharmacists, BCBSRI's associate chief medical officer, and others. The committee is chiefly responsible for establishing the specialty drug list. Typically, updates to the formulary are implemented each April and October.

A comprehensive listing of formulary changes will be included in October's *Provider Update*. Some of the recent specialty pharmacy determinations pending implementation for October 2015 are:

- Lemtrada (alemtuzumab)
 - > Approved to be covered under the medical benefit only.
- Harvoni (ledipasvir/sofosbuvir)
 - > Designated the preferred hepatitis C antiviral product;

- > Criteria updates include:
 - » Allowance for use in Genotypes 1, 4, 5, and 6.
 - » Allowance for use with ribavirin for 12 weeks of treatment for six-month post-liver transplant or for patients who are treatment experienced with a sofosbuvir regimen.
 - » For Healthcare Exchange marketplace membership, effective August 1, 2015, all patients must have a METAVIR score of F3 or F4 for coverage consideration.
- Viekira Pak (ombitasvir/paritaprevir/ritonavir, dasabuvir)
 - > Designated as non-formulary with coverage criteria for non-Harvoni-eligible patients.
 - > Designated as a specialty product, if authorized for use.
- Makena (17P alpha hydroxyprogesterone caproate)
 - > Approved interim pharmacy coverage policy through specialty pharmacy.
 - > Approved, pending an update of the medical claims system configuration, to process required administration codes through medical benefits.
 - > Established prior authorization criteria consistent with labeled indications.

Pharmacy

- Review of New Drugs:

- > Mircerca (methoxy polyethylene glycol-epoetin beta)
 - » Erythroetin-Stimulating Agent
 - » Indicated for use in both dialysis and non-dialysis patients for treatment of anemia associated with chronic kidney disease only.
 - » Designated as non-formulary with medical exception criteria requiring trial and failure of Procrit or Epogen and Aranesp.
 - » Designated as a specialty product, if authorized for use.
- > Farydak (panobinostat)
 - » Indicated for use in multiple myeloma in combination with Velcade and dexamethasone for patients who have tried at least two prior regimens including Velcade and an immunomodulatory agent.
 - » Approved as a specialty product.
 - » Established preauthorization criteria consistent with labeled indications and precautions.

- > Cholbam (cholic acid)

- » Indicated for use in the treatment of bile acid synthesis disorders due to a single enzyme defect.
- » Approved as a specialty product.
- » Established prior authorization criteria consistent with labeled indications and precautions.

- Review of Prostate Cancer Agents

- > Zytiga (abiraterone acetate)

- » Remains designated as specialty product.

- > Xtandi (enzalutamide)

- » Remains designated as specialty product.
- » Established prior authorization criteria requiring trial and failure of Zytiga.

Please refer to bcbsri.com for documents regarding the current Formulary, Prior Authorization Guidelines, and Forms.

PBF Reminder: Claims Adjustments

As of July 1, 2015, we no longer accept claims adjustments over the phone or through Secure Messaging on BCBSRI.com to make a correction to a claim that was previously submitted with incorrect information. This change was communicated in May, June, July and August *Provider Update*.

How This Impacts You

Electronic Submitters

Providers who submit claims through the Electronic Data Interchange (EDI) have the capability to also request adjustments. We encourage any participating providers who submit claims through the EDI to use this mechanism for all claims adjustments. Please convey this to your billing company or clearinghouse if they submit claims adjustments on your behalf.

If you have any questions on how to submit claims adjustments through the EDI, please check the [EDI Companion Guide](#) or call our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out-of-state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.

Paper Submitters

Providers who submit claims through regular mail must complete the [Adjustment Request form](#) and mail the information to:

Basic Claims Administration –
Inquiry Unit – 00066

Blue Cross & Blue Shield
of Rhode Island

500 Exchange Street
Providence, RI 02903-2699

PBF Health Reimbursement Arrangement Claims Processing

As a reminder, BCBSRI offers health plans that feature a fully integrated health reimbursement arrangement (HRA). An HRA is an employer-funded account that helps members pay for their out-of-pocket expenses. Traditionally, HRAs are administered by third-party administrators, who typically require providers to bill BCBSRI for the major medical claim and then separately bill the HRA administrator. With BCBSRI's integrated HRA health plans, you only need to bill BCBSRI for the major medical claim. We will electronically submit the claim to the HRA administrator. The main changes for providers are as follows:

- BCBSRI will send the HRA claim to the HRA administrator, which means you will not have to send a separate HRA claim.
- BCBSRI customer service can handle calls related to your BCBSRI patients' health plans and HRA claims.

We hope our integrated HRA health plans help simplify your billing and other administrative processes. If you have any questions, please call our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050.

HRA Claims Payment Process Steps

Step 1: Member shows BCBSRI ID card at the point of service.

Step 2: The "HRA" symbol on the member's BCBSRI ID card indicates that the member is enrolled in a BCBSRI integrated HRA health plan. This also means that BCBSRI will be sending the deductible and coinsurance claims to the

HRA administrator, and that you will not have to send a separate HRA claim.

Step 3: After the services are provided, you submit the major medical claim to BCBSRI. Please do not file the claim as "Other Coverage."

Step 4: BCBSRI adjudicates the claim and sends you:

- Payment and an explanation of payment applied to the major medical claim
- Payment and an explanation of payment applied to the HRA claim

Please note that the two EOPs will be sent separately

Step 5: After you receive the major medical and HRA EOPs, you bill the member for the remaining balance if necessary.

HRA Order of Payment Change

For our members who have HRAs, we are adjusting the order in which HRA payments are applied to allow an HRA to reimburse after any other coverage that a member may have. Doing so will result in claims reprocessing back to January 1, 2015. In the coming months, our HRA vendor, London Health Administrators, will conduct outreach as necessary to recover any overpayments that you may have received.

PBF Prospect Health Services – Delegation of Services

Effective July 1, 2015, BCBSRI, Prospect Health Services of Rhode Island, Inc. and CharterCARE Health Partners entered into a partnership that will benefit 6,500 Medicare Advantage members who have physicians affiliated with Prospect Provider Group of RI, LLC (PPGRI). PPGRI is a primary care and specialty provider independent practice association affiliated with CharterCARE Health Partners, which includes Roger Williams Medical Center, Our Lady of Fatima Hospital, St. Joseph Health Center, and Elmhurst Extended Care.

PPGRI will use its Coordinated Regional Care model to provide additional resources for BCBSRI Medicare Advantage members, including:

- Nurse care managers who will coordinate all aspects of care
- Pharmacists to assist in medication management
- Case management services

The agreement includes new quality benchmarks and standards for patient safety, evidence-based care coordination, and satisfaction. Additionally, some aspects of care coordination that are traditionally performed by a health plan, such as case management and disease management with members, will be delegated to PPGRI. This will lead to better coordination of healthcare services for BCBSRI Medicare Advantage members choosing a PPGRI PCP.

Functions Delegated to PPGRI

As of July 1, 2015, BCBSRI delegated the following case and disease management functions to PPGRI:

- Care coordination
- Clinical program management
- Case management activities

As of September 1, 2015, BCBSRI delegated the performance of the following medical/utilization management functions to PPGRI:

- Outpatient services and preauthorization review
- Referral management for out-of-network providers
- High-tech radiology and oncology services
- Inpatient admission and concurrent review
- SNF, inpatient rehabilitation, and long-term acute care hospitals
- Part B pharmacy services

Functions Not Changing

The following functions will not change:

- *Behavioral Health Management*
ValueOptions, our behavioral health management partner, will continue to be responsible for all preauthorizations and concurrent reviews for behavioral health services. Facility-based behavioral health services include:

- > Inpatient
- > Residential
- > Partial Hospitalization Program
- > Intensive Outpatient

- *Part D Pharmacy Services*

Catamaran, our pharmacy benefit manager, and Walgreens, our specialty pharmacy benefit manager, will continue to be responsible for all Part D pharmacy services, including pharmaceutical preauthorizations.

- *Grievance and Appeals Requests, Claims Processing, and Credentialing*

These functions will continue to be administered by BCBSRI.

How This Change Impacts Unaffiliated PPGRI Providers

This change will impact unaffiliated PPGRI providers as it relates to the medical management requirements for Medicare Advantage members. Providers will need to identify if the BCBSRI member has a PPGRI PCP by verifying benefits and eligibility. To do so, please

call the BCBSRI Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050. If the member has a PPGRI PCP, you will be transferred to PPGRI's call center. Requests can also be faxed to PPGRI at 1-844-762-9230.

If you request a preauthorization through BCBSRI or any of our other vendor partners not listed you will be redirected to PPGRI.

PBF Credentialing Updates

The Council of Affordable Quality Healthcare (CAQH) has incorporated feedback from providers and health plan focus groups into the development of CAQH ProView™. A range of new features will make it easier to update information, reducing the time and resources necessary to submit accurate, timely data to organizations.

Providers will be able to easily submit information through a more intuitive, profile-based design. CAQH ProView's time-saving features include:

- Complete and attest to multiple state credentialing applications in one intelligent workflow design.
- Upload supporting documents directly into CAQH ProView to eliminate the need for manual submission and to improve the timeliness of completed applications.
- Review and approve practice manager information before data is imported.
- Receive focused prompts and real-time validation to protect against delays in data processing.
- Self-register with the system before a health plan initiates the application process.

As a reminder, it is important to always keep your CAQH information updated, especially current professional liability face sheets.

PBF Reminder: Skilled Nursing Facility Admissions

Effective September 1, 2015, prior authorization for admission to SNFs is required. The provider ordering the SNF admission will be responsible for requesting prior authorization. In most cases, this will be the attending physician at the hospital from which the patient is being discharged.

To initiate prior authorization review from the hospital, please coordinate with the BCBSRI onsite nurse reviewer. Ordering providers initiating prior authorization review from an office or other subacute setting should contact our Utilization Management Department at (401) 272-5670, ext. 3012. The request and supporting documentation can also be faxed to (401) 272-8885.

If the request for SNF admission does not meet the criteria, the ordering provider and member will receive a denial notice that follows the standard utilization review process. If authorization is not obtained prior to admission, the claim for SNF services will deny as provider liability. Please read the [full text of this policy](#).

PBF Clinical Practice Guidelines Update

The 2015 Clinical Practice Guidelines for [Acute Myocardial Infarction](#), [Treating Tobacco Use & Dependence](#) in Primary Care, and [Well-Adult](#) were presented for review and approved at the January 21, 2015 Professional Advisory Committee. The next review will be conducted in January 2017.

The 2015 Clinical Practice Guidelines for [Depression](#), [Hyperlipidemia](#), and [Perinatal](#) were presented for review and approved at the March 18, 2015 Professional Advisory Committee. The next review will be conducted in March 2017.



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