



provider update

P=Professional

B=Behavioral Health

F=Facilities

April 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

P BCBSRI Launches New Health Analytics Platform to Support Rhode Island Primary Care Providers

Blue Insights for Rhode Island, a new data and analytics platform that offers a 360-view of patients' preventive, chronic, and complex health needs, is now available to support providers.

By making it easier for clinicians to assess individual patient information and offering the ability to analyze data for entire patient populations, Blue Insights will further raise the standard of care, leading to a better patient experience and improved health outcomes. Additionally, providers and health systems will now have accelerated access to information necessary to succeed in value-based payment arrangements.

"Today in healthcare, leading edge organizations are using advanced analytics to make data 'smarter' and actionable. Blue Cross is taking a major step forward with Blue Insights, which provides information to our clinical partners to improve the care experience and outcomes for our members," said Mark Waggoner, senior vice president for care integration and management at BCBSRI. "Blue Insights is a great example of our commitment to actively supporting our provider partners in their quest for continuously improved care."

Blue Insights offers Rhode Island primary care providers access to patient care registries, which include specific information necessary for effective care support and coordination for patients with complex and chronic care needs. Additionally, providers can proactively identify care gaps to keep patients healthy as well as identify emerging health concerns. As a result, BCBSRI members will be encouraged to address needed screenings or preventative care (such as colonoscopies or flu shots).

In addition, new electronic tools will allow providers to track the progress of patients with chronic conditions, send reminders or alerts to members for tests or follow-up appointments, and ensure patients are filling prescriptions. The Blue Insights health analytics platform will promote:

- Access to critical health information, allowing members and their physicians to make informed choices about specialty physicians, facilities, and treatments
- Timely patient care interventions through health monitoring systems
- Alignment of industry standard analytics and proactive patient intervention to improve the delivery of care and patient health
- Comprehensive analysis of payer and provider data to optimize care delivery and cost, based on the patient experience

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The Blue Insights health analytics platform was developed in partnership with MedeAnalytics, a pioneer in healthcare analytics. The next phase of the development will provide new self-service reporting capabilities for providers. In tandem with BCBSRI's recently announced partnership with Dell Services and continued use of BCBS Plan's national data capability powering analytics, BCBSRI now has access to the resources to deliver sophisticated analytics to offer providers timely access to their clinical, quality, and financial performance. This will provide the foundation for new targeted care management, care coordination, and member engagement and is available to all primary care providers in Rhode Island.

PBF You Spoke, We Listened

BCBSRI appreciates the feedback of our providers and we take it very seriously. We know wait times in our Physician & Provider Call Center have been unacceptably long and we're doing something about it. In recent months, we've been monitoring the situation and have been making changes to decrease call times. But, over the next two months, BCBSRI will make more significant changes that will result in greatly improved service times.

"BCBSRI recognizes that more resources are needed and will be migrating the Physician & Provider Service Center to an offsite team, which will allow us to increase the number of representatives and, as a result, reduce call wait times," said Gus Manocchia, M.D., BCBSRI senior vice president and chief medical officer. "This is just the first step BCBSRI is taking to improve the experience for providers and their staff. A number of other enhancements will take place and will be communicated at a future date."

The Physician & Provider Service Center transition will be complete in May. All phone numbers will remain the same. If you have questions about the transition, please call the Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only).

PBF Introducing Choosing Wisely

We are pleased to introduce what will become a regular feature in Provider Update – Choosing Wisely®. Launched in 2012 by the [ABIM Foundation](#) in partnership with Consumer Reports®, the Choosing Wisely campaign focuses on promoting conversations between clinicians and patients about how to avoid unnecessary medical tests, treatments, and procedures.

The recommendations are evidence-based and created by more than 70 specialty society partners. Working with the societies, Consumer Reports helps make patient-friendly

materials available based on the recommendations. Patients are increasingly responsible for cost and striving to get the best care possible. Through Choosing Wisely, we hope that patients and clinicians will be better equipped to make more informed decisions about procedures and treatments.

In this issue of *Provider Update*, Matthew Collins, M.D., M.B.A., BCBSRI vice president, clinical integration, answers a question about empowering patients to ask about the care they are receiving and the resources of *Choosing Wisely*.

Q: Why is it important to empower patients to question if certain care is really necessary?

A: It's important to remember that patients aren't just patients; they are consumers, too. And like any consumer, patients need access to reliable, unbiased information. We are encouraging patients to work collaboratively with their doctor to make treatment decisions. Choosing Wisely is just one resource for patients and providers to turn to.

The information in *Choosing Wisely* helps patients choose care that is:

- Supported by research
- Not a repeat of any other tests or procedures they've received
- Free from harm
- Truly necessary

To help our members learn about this important resource, we'll be featuring *Choosing Wisely* content in The Rhode Ahead, our member newsletter, as well as on bcbsri.com/rhodeahead. We encourage providers and patients to read these features to learn more about reducing risks and improving health. Learn more at choosingwisely.org.

PF BCBSRI to Introduce Provider Web PIN Self Service

As previously communicated, we have introduced a web personal identification number (PIN) self-service capability. BCBSRI participating providers will be able to obtain their PIN electronically when [registering on bcbsri.com](#). This new, more efficient process eliminates the need to mail or fax a signed form and will allow providers to receive their PIN immediately via email once they complete a few easy steps online. Providers requesting a PIN online will be required to provide some data for verification, including information from a recent BCBSRI settlement form and their NPI. As soon as this new self-service enhancement is live, we will send an e-mail alert. We'll also include information in future *Provider Updates* and post a notice in the Alerts & Updates section of our secure Provider section.

P 2016 PCP Quality Incentive Program

As previously communicated in February *Provider Update*, we are pleased to launch the [2016 PCP Quality Incentive Program](#), which rewards primary care physicians for improving quality and closing gaps in care. This year, BCBSRI is increasing the level of incentives available to PCPs to support improvements in quality as measured by nationally recognized programs/measures.

The increased funding is consistent with BCBSRI's plans to support primary care, limit fee-for-service rate increases, and offer increased payments to PCPs through incentives to improve the quality of care. "Improving performance on specific quality measures not only results in a healthier patient population, but it also results in more affordable healthcare, something BCBSRI is committed to," says Gus Manocchia, M.D., BCBSRI senior vice president and chief medical officer. "For each of the last three years, we have increased our clinical quality improvement funding to our primary care providers who we recognize are ideally positioned to influence patient behavior."

For the 2016 program, BCBSRI has selected key measures used by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) to evaluate health plans for performance incentive and accreditation programs. PCPs will be able to receive compensation for closing gaps in care throughout the year.

Highlights of the program include:

Adult Program Measures

BlueCHIP for Medicare

- Three preventive measures
- Four disease management measures
- Two Blue Rewards measures

Commercial

- Four preventive measures
- Four disease management measures
- One Blue Rewards measure

Pediatric Program Measures

Commercial

- Seven preventive measures

BCBSRI encourages PCPs to access Blue Insights for Rhode Island, which we introduced in 2015. It will help providers identify members with potential gaps in care, leading to an increased payout in the incentive program. Blue Insights allows providers to prospectively view gaps in care and submit information to show that gaps have been closed. For information on how to register and get access to Blue Insights, please email PopulationHealthRegistry@bcbsri.org. You can find more information about the program in the [2016 PCP Quality Incentive Program](#) booklet. If you have questions, please contact your BCBSRI Provider Relations Representative or send an email to ProviderQuality@bcbsri.org.

PB 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.

April Is Sexually Transmitted Infection Awareness Month

Chlamydia

Chlamydia Screening in Women measures the proportion of sexually active females between the ages of 16 and 24 who had at least one test for chlamydia during the measurement year. Chlamydia screening continues to be a HEDIS measure because testing is a Grade B U.S. Preventive Services Task Force (USPSTF) service for women under 25 years of age, it's cost-effective, and it can prevent pelvic inflammatory disease that leads to infertility.

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. In 2013, 59.1% of high school students in Rhode Island did not use a condom during their last sexual intercourse (among students who were currently sexually active). According to a 2015 State Health Profile from the Centers for Disease Control (CDC), Rhode Island:

- Ranked 29th among 50 states in chlamydial infections (410.6 per 100,000 persons) and ranked 43rd among 50 states in gonorrheal infections (43.2 per 100,000 persons).*
- Reported rates of chlamydia among women (561.6 cases per 100,000) that were 2.3 times greater than those among men (249.5 cases per 100,000).*

BCBSRI HEDIS Plan performance in the *Chlamydia Screening in Women* measure demonstrates opportunity for improvement. Our Commercial population had a rate of 57.02% in 2015—far from our goal of 70.09%. We encourage our providers to have an active dialogue around sexual activity with their young female patients and recommend testing for sexually transmitted infections as appropriate.

*Source: http://www.cdc.gov/nchhstp/stateprofiles/pdf/rhode_island_profile.pdf

HPV

HPV (or human papillomavirus) is the most common sexually transmitted infection in the United States. The CDC reports that about 17,600 women and 9,300 men are affected by cancers caused by HPV every year. About 180,000 women and 160,000 men are affected by genital warts caused by HPV every year. That is why there is a HEDIS measure that encourages HPV vaccination, specifically in adolescent females.

The Human Papillomavirus (HPV) Vaccine for Female Adolescents measure requires three doses of the HPV vaccine with different dates of service, on or between the 9th and 13th birthday. The CDC's Advisory Committee on Immunization Practices (ACIP) recommends all girls and boys who are 11 or 12 years old get the series of the HPV vaccine. Rhode Island recently regulated

that school immunization vaccination be required for seventh grade students (2015-2016 school year), which may impact rates for this HEDIS measure in the future.

Commercial Diabetes Survey Results Provide Data on Barriers to Diabetes Control

In August 2015, BCBSRI's multidisciplinary diabetes work-group sought to obtain self-reported data from Commercial members with diabetes about the factors that present barriers to diabetes control for them. We mailed 12,000 surveys to Commercial members with diabetes enrolled in our Diabetes Disease Management Program and received approximately 1,650 in return, a response rate of 13.3%. The surveys yielded important data about a portion of our Commercial members living with diabetes. Selected survey questions and responses are provided below.

What type of diabetes do you have?

- Type 2 diabetes: 79.4%
- Type 1 diabetes: 14.8%
- Gestational diabetes: 0.05%
- 'Not sure' of their diabetes type: 3.9%

Which of these do you do to care for your diabetes?

- Follow a meal plan or diet: 65%
- Exercise: 65%
- Check my blood sugar using a glucometer and test strips: 75%
- Take pills (oral medication): 71%
- Take insulin (by injection or insulin pump): 30%
- Take injectable medicine that is not insulin (such as Victoza, Byetta, or Symlin): 7%
- I do not manage my diabetes: 1%

On the list below, please mark all of the things that prevent you from managing your diabetes.

- Help creating or following a diabetes meal plan: 27%
- Stress, bad feelings, or sadness about my diabetes: 18%
- Costs for diabetes supplies: 15%
- Costs for diabetes medicine: 13%
- Unclear about checking my blood sugar: 3%
- Unclear about diabetes: 3%
- Unclear about my medicine: 1%

Quality

Please mark the three things that would make the most difference in helping you manage your diabetes better.

- Help creating or following a diabetes meal plan: 36%
- Costs for diabetes supplies: 30%
- Information/education about diabetes: 19%

Do you know how to take care of your diabetes on a sick day?

- Yes: 58%
- No: 15%
- I don't know: 22%

Our Diabetes Workgroup is using the survey data to design interventions to address barriers, including free diabetes classes emphasizing meal planning and behavioral health initiatives to address the emotional/behavioral issues related to diabetes. The workgroup is also finding ways to maximize use of CDOEs and promote existing community resources. We welcome your feedback and any suggestions you have to enhance these efforts. Please email Siana Wood, RN, senior quality management analyst, at siana.wood@bcbsri.org.

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

Osteoarthritis (OA) and rheumatoid arthritis (RA) are two

of the 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 below should be used.

For both HEDIS and CMS Stars, the ART measure evaluates the use of disease-modifying anti-rheumatic drug (DMARD) therapy in members 18 years and older with rheumatoid arthritis. The BCBSRI Quality Management Department will be 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 Christine Zanfini Parker, senior quality management analyst, at christine.parker@bcbsri.org.

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 (DMARD) for Rheumatoid Arthritis (ART)	<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>Exclusions: Members diagnosed with HIV or members who are pregnant during the current year</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"> • Outpatient visit with any diagnosis of RA • Nonacute inpatient discharge with any diagnosis of RA 	<p>Only utilize codes for 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"> • V13.4: Patient-Reported or Personal History of RA • V17.7: Family History of Arthritis • V82.1: Screening for RA • 714.9: Unspecified Inflammatory Polyarthropathy • 715.XX: Osteoarthritis • 716.5: Unspecified Polyarthrititis or Polyarthropathy • 720.9: Unspecified Inflammatory Spondylopathy • 725.0: Polymyalgia Rheumatica

NCQA Table ART-C: Medications Counted as DMARD Therapy

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

PBF April is National Alcohol Awareness Month

BCBSRI has many resources available to our members with substance use disorders. Below is a look at three of the programs available to your patients.

Case Management from Beacon Health Options

Beacon Health Options case managers can assist you and your patients with accessing the most appropriate behavioral health services available. Case managers are independently licensed behavioral health professionals who work telephonically with members to:

- Assess and address barriers to care.
- Facilitate access to resources and services.
- Provide education and support to promote member self-management of behavioral health conditions.
- Coordinate care across provider settings in collaboration with the health plan staff and primary care provider.
- Facilitate medication reconciliation.

In addition to managing complex members, Beacon Health Options case managers are also available to assist members in accessing behavioral health services. To reach a case manager, please contact Beacon Health Options at 1-800-274-2958.

Butler Hospital's Ambulatory Detoxification Program

This outpatient program meets the needs of members who do not meet criteria for inpatient detox but who 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 a 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 Beacon Health Options and Anchor Recovery/The Providence Center. To learn more about Anchor Recovery, please visit 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.

PBF BCBSRI Pharmacy Program: April 1, 2016 Formulary Changes

The information below is effective as of April 1, 2016 and applies to **all** Commercial group BCBSRI products. Any changes to this list are the result of a comprehensive review of relevant clinical information by the BCBSRI Pharmacy and Therapeutics Committee.

Generic Drugs – Tier Changes

The following generic drugs have been moved to a higher tier.

AMPHETAMINE-DEXTROAMPHETAMINE SR METHYLPHENIDATE HCL SA OSM

Brand Drugs – Tier Changes

The following brand name drugs have been moved to a lower tier.

ADDERALL XR CONCERTA

The following brand name drugs have been moved to a higher tier.

XIFAXAN ZEMAIRA

Brand Name and Select Generic Drugs – Prior Authorization Now Required

AMPHETAMINE-DEXTROAMPHETAMINE SR QUILLIVANT SUS 25MG/5ML

METHYLPHENID SOL 5MG/5ML SYPRINE CAP 250MG

METHYLPHENIDATE HCL SA OSM XIFAXAN

Brand Name Drugs (Excluded from Coverage – With Medical Necessity Review Supported)

*The following brand name drugs and select generic drugs are **excluded** from coverage effective April 1, 2016, but **will have** medical exception criteria available.*

ACANYA	EVEKEO	ONEXTON
APLENZIN	FORFIVO XL	TIMOPTIC OCUDOSE
CARAC	ISORDIL TITRADOSE	TUSSICAPS
CARDIZEM LA	ISTALOL	XERESE
CUPRIMINE	JUBLIA	ZOVIRAX
DIASTAT ACUDIAL	MEPHYTON	
ERTACZO	MIGRANAL	

Pharmacy

Brand Name Drugs (Excluded from Coverage – No Medical Necessity Review Supported)

The following brand name drugs are now **available with generic equivalents**. As a result, the brand name drugs will be **excluded** from coverage effective April 1, 2016.

ATIVAN	LEXAPRO	PROVIGIL
AVODART	LOTRONEX	PULMICORT
BENZAACLIN WITH PUMP	MEGACE ES	TENORMIN
BONIVA	MESTINON	TERAZOL 3
DIBENZYLINE	NAMENDA	ULTRASAL-ER
EXELON	NORVASC	VALCYTE
GLUMETZA	ORAP	VYTONE
INVEGA	ORTHO TRI-CYCLEN LO	XENAZINE
JALYN	OXSORALEN ULTRA	ZONEGRAN
KAPVAY	PATANOL	ZYVOX
LESCOL XL	PROTONIX	

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

Delay in Enforcement of the Medicare Part D Prescriber Enrollment Requirement

CMS is delaying the enforcement of the Part D Prescriber Enrollment Requirements until February 1, 2017. It was previously communicated in the [November/December 2015 edition of Provider Update](#) that the enforcement date was June 1, 2016.

Claims

Update for All EDI Trading Partners

In the second quarter of 2016, we will start returning an Unsolicited 277CA (005010X0214) claim status response for every claim submitted by our paperless providers. These files will be placed into the Trading Partners' Mailbox on the EDI Gateway on a daily basis, as files are received.

As soon as we have the implementation date scheduled, we will inform you of when you will begin to see the unsolicited 277CA transactions in your mailbox.

New England Health Plans (NEHP) Claims Submission

Effective immediately, we cannot accept NEHP claims with the member suffix. Claims submitted to BCBSRI must only include the member's ID. Claims submitted with the member suffix will not be processed. Although the member suffix is included on the front of the NEHP member ID cards, it is not part of the member ID and is not required. Submitting the member suffix in the member's ID is causing the claim to be rejected because of incorrectly submitted ID numbers. If you have submitted claims to BCBSRI that contained the NEHP member suffix, the quickest way to receive payment is to resubmit the claims without the member suffix.

Contracting & Credentialing

PF BCBSRI Laboratory Network Update

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

- CharterCARE Laboratory Services – Roger Williams Medical Center [lab sites](#) and Our Lady of Fatima Hospital [lab sites](#)
- CNE Laboratories – [Full laboratory location list available here](#)
- South County Health Laboratories – [Full laboratory location list available here](#)

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 – [Full laboratory location list available here](#)
- Lifespan Laboratories – [Full laboratory location list available here](#)
- Coastal Medical Laboratory – [Full laboratory location list available here](#)
- Many specialty laboratories – Full listing of participating laboratories available at [bcsri.com](#) through the [Find a Doctor](#) tool

We also want to make you aware that Quest Diagnostics, Inc. will no longer be a participating laboratory as of July 1, 2016.

If you refer your patients to Quest Diagnostics or if you have BCBSRI patients who utilize Quest Diagnostics labs, we ask that you begin to transition them to a participating laboratory as soon as possible. This will facilitate a smooth transition for your patients and help them avoid any out-of-pocket expenses they will incur when Quest Diagnostics becomes a non-participating lab on July 1, 2016.

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.

A complete list of all BCBSRI participating laboratories will be available on the BCBSRI [Find a Doctor](#) tool on April 1, 2016.

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).

PBF REMINDER: Update Your Practice Information!

It is important that you update your practice information regularly by completing a [Practitioner Change Form](#). Not only is it important that your patients and our members have access to accurate data, but also CMS requires—and it's a contractual obligation—that providers give BCBSRI 60-day notification of any provider or practice changes.

Please ensure all practice demographic changes are submitted as soon as possible to avoid any delays in claims payment.

The [Practitioner Change Form](#) should be submitted when there is a change to any of the following: street address and/or suite number; phone number; TIN; office hours; panel changes (open/close); adding a location; removing a location; or any other changes that affect your accessibility and availability to patients.

If you have any questions regarding these requirements, please email ProviderRelations@bcsri.org.

PB Important Credentialing and Re-credentialing Information

BCBSRI recognizes the importance of ensuring that the credentialing and re-credentialing of providers is done accurately and efficiently so that new providers receive approval expeditiously and participating providers' status is not interrupted. The following are some important items that are required for both new applicants and re-credentialing:

- An updated CAQH application that includes a current attestation release signed and dated within 365 days of re-credentialing (signature stamps are not accepted)
- A current copy of professional liability insurance

In addition, new applicants are required to complete a W-9 Form, a Direct Deposit Form, a Web PIN Request Form, and an Electronic Claims Submission Form.

It is important to note that when a new applicant file or a re-credentialing file is missing any of the required documents and our attempts to obtain such have been unsuccessful, new files will be closed. The applicant must restart the process from the beginning if intending to participate. For providers in the re-credentialing process, missing required documentation will result in a recommendation to the Professional Advisory & Credentials Committee for termination of participation. If you have questions regarding the credentialing or recredentialing process, please contact the Physician/Provider Service Center at (401) 274-4848 or 1-800-230-9050, Monday through Friday, 8:00 a.m. to 4:30 p.m.

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.

- Alemtuzumab (Lemtrada)
- Balloon Assisted Maturation of Arteriovenous Fistula
- Breast Ductal Lavage for Detection of Breast Cancer
- Colorectal Screening Mandate
- Cone Beam Computed Tomography
- Constraint Induced Movement Therapy
- Durable Medical Equipment (DME)
- Electrogastrography
- Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
- Intensity-Modulated Radiotherapy: Abdomen and Pelvis
- Intensity-Modulated Radiotherapy of the Breast and Lung
- Intensity-Modulated Radiotherapy: Central Nervous System Tumors
- Intensity-Modulated Radiotherapy: cancer of the Head and Neck or Thyroid
- Intensity-Modulated Radiotherapy of the Prostate
- Minimally Invasive Coronary Artery Bypass Graft Surgery
- Newborn Metabolic, Endocrine, and Hemoglobinopathy, and the Newborn Hearing Loss Screening Programs Mandate
- Orally Administered Anticancer Medication Mandate
- Post-partum Hospital Stay Mandate
- Private Duty Nursing
- Prolonged Physician Services
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- Radiopharmaceuticals
- Speech Therapy Services
- Surgery for Athletic Pubalgia
- Thermography

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 section. Once on that page, click the drop-down box to sort policies by draft.

PF Clinical Trials Mandate

The Clinical Trials Mandate policy has been updated with important information concerning coverage and payment guidelines for **BlueCHiP for Medicare** members.

Original Medicare (also referred to as Medicare “fee for service”) covers most of the routine costs for BlueCHiP for Medicare members participating in qualified Medicare clinical trials. Qualified Medicare clinical trials are found at <https://clinicaltrials.gov/>. All claims for services as part of a clinical trial must be submitted to Original Medicare first. BlueCHiP for Medicare pays the difference between the cost-sharing in Original Medicare and the member’s cost share.

BlueCHiP for Medicare claims are reviewed for correct coverage of clinical trial services. Please follow the procedures outlined in the “Physician/Provider Special Handling Claim Request Form” attached within this policy for correct claims submissions.

Submit original paper claims, a copy of the Medicare EOMB and the Clinical Trial ID # with the Physician/Provider Special Handling Claim Request form to:

Blue Cross & Blue Shield of Rhode Island
Basic Claims Administration – Inquiry Unit – 00066
500 Exchange Street
Providence, RI 02903-3279

Paper claims will not be required once systems changes are completed. The Special Handling form will be updated with this information when electronic claims may be submitted. Append the appropriate modifiers Q0 or Q1 and ICD-10 diagnosis code Z00.6 for clinical trial services. Please see the [full text of this policy](#).

PF Intra-Articular Injections for Osteoarthritis

Effective January 1, 2016, our policy for Intra-Articular Injections for Osteoarthritis has been updated to reflect that this service is covered for BlueCHIP for Medicare members. The following HCPCS codes will be covered for BlueCHIP for Medicare members effective January 1, 2016:

- J7321
- J7323
- J7324
- J7325
- J7326

Please see the [full text of this policy](#).

PF Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer

The policy was updated to reflect Medicare criteria for the genetic test ConfirmMDx®. The test requires prior authorization through the online authorization tool. Please see the [full text of this policy](#).