



# provider update

**P=Professional**

**B=Behavioral Health**

**F=Facilities**

March 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.*

## BCBSRI Update

**PFB 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, and in [January and February Provider Update](#) we explained that select procedures rendered by orthopedic, cardiology, and neurosurgery specialists will require preauthorization through the Clear Coverage system beginning April 1, 2015.

Clear Coverage's fully automated web-based system includes real-time decision support features. Here are some highlights:

- **Automated authorization:** Real-time approval for services that meet clinical criteria
  - > Immediate proof of authorization while patient is in your office
  - > Printable confirmation with an authorization number
  - > Ability to submit requests 24/7
  - > Minimal need for phone calls, faxes, and providing additional clinical information

- **Clinical decision support:** Automated interactive tool with InterQual® Criteria
  - > Confirms evidence basis for requested service or recommends alternatives
  - > Easily and clearly verifies if authorization is required for specific types of services by CPT or service type
  - > Printable clinical evidence summaries for use in your practice

**Preauthorization for Services Through Clear Coverage**

For a full list of the services that must be submitted for preauthorization through Clear Coverage, please review the following policies in the Provider section of **BCBSRI.com**:

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

**Contents**

BCBSRI Update	Pages 1-2
Quality	Page 3
Benefits & Products	Pages 4-5
Pharmacy	Page 5
Claims	Page 6
Policies	Pages 6-7

# BCBSRI Update

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

## Please note:

- Inpatient admissions, speech therapy, private duty nursing, and pulmonary rehab will continue to go through BCBSRI's traditional web-based/fax preauthorization process.
- High-tech radiology preauthorization requests will continue to go through MedSolutions, Inc., our radiology management vendor.
- Prescription drugs covered by the member's pharmacy benefit will continue to go through Catamaran, our pharmacy benefits manager.
- Prescription drugs covered by the member's specialty pharmacy benefit will continue to go through Walgreen's Specialty Pharmacy.
- Behavioral health preauthorization requests will continue to go through ValueOptions, our behavioral health management partner.

ValueOptions is responsible for all preauthorizations and concurrent reviews for behavioral health services. Facility-based behavioral health services include:

- Inpatient
- Residential
- Partial Hospitalization Program (PHP)
- Intensive Outpatient (IOP)

Outpatient behavioral health services include:

- Applied Behavior Analysis (ABA)
- Child & Family Intensive Treatment (CFIT)
- Transcranial Magnetic Stimulation (TMS)

## Provider Education & Training

For your convenience, you will be able to receive training for Clear Coverage in the following ways:

- **Webinars** – Through April 30, we will be offering three webinars per week:
  - > Tuesdays at 7:30 a.m.
  - > Wednesdays at 12:00 p.m.
  - > Thursdays at 4:00 p.m.

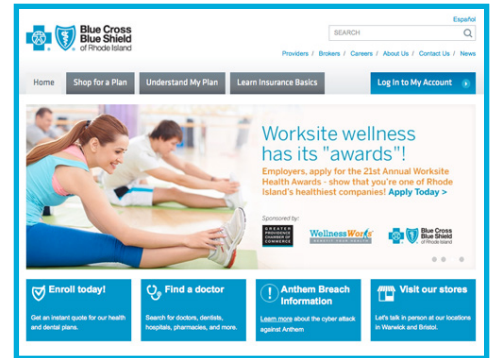
### On-site training in your office

Please contact the Physician & Provider Service Center to schedule.

Participants interested in attending any of these webinars should email their request to [BCBSRIWebinar@bcbsri.org](mailto:BCBSRIWebinar@bcbsri.org). Your enrollment will be confirmed via email, and instructions to access the webinar will be provided.

### How to Access Clear Coverage on BCBSRI.com

You will need to log in to the secure Provider portal on BCBSRI.com to initiate the preauthorization process through Clear Coverage. Once logged on, click on Preauthorization, which is located in the left-hand navigation. If you can currently log in to **BCBSRI.com**, you will be able to access Clear Coverage immediately.



If you (or your practice) do not currently have a log-in to **BCBSRI.com**, please follow these steps:

1. Click "Sign up for a log-in" on the lower right-hand side of the Provider home page.
2. Follow the prompts to register as a participating provider and request a PIN. Please note that the information you provide online will be populated in a pdf that you will need to print, sign, and fax to BCBSRI.

## For More Information

You can find more information in our [Clear Coverage](#) [Frequently Asked Questions](#). If you have any questions regarding these changes, please contact 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.

## Anthem Cyber Attack

On February 5, 2015, BCBSRI was notified by Anthem, Inc. (Anthem) that Anthem was the victim of an organized and persistent cyber attack. Unfortunately, this attack may have exposed the personal information of BCBSRI members who received healthcare services in any of the 14 states Anthem has operated in since 2004. Anthem does not feel that information pertaining to providers was impacted by the attack.

Over the past few weeks, Anthem has worked closely with BCBSRI to identify and validate past and current members who were impacted. The information exposed did not include credit card information or medical claims data. However, it may include any of the following personally identifiable information:

- Name
- Date of birth
- Health plan subscriber identification number
- Mailing address
- Email address

### *How members will be informed and protected*

BCBSRI has sent letters to current and former members who were impacted. In the coming weeks, those members also will receive a letter from Anthem notifying them of the cyber attack and outlining the protections available to them. During the notification period, any Blue Cross and Blue Shield members who believe their information may be at risk can enroll in a free comprehensive identity protection and credit monitoring service for 24 months.

If you or your patients have questions about the Anthem cyber attack, please visit [anthemfacts.com](http://anthemfacts.com) or [bcbsri.com/AnthemFAQ](http://bcbsri.com/AnthemFAQ).

## **P Hints for HEDIS®**

***BCBSRI's Quality Management department wants to help you maximize patient health outcomes in accordance with the NCQA HEDIS® measurements.***

***Why is the Adult BMI Assessment an important measure?***

Among Rhode Island's adults age 18 and over:

- 62.9% were overweight, with a Body Mass Index of 25 or greater
- 25.5% were obese, with a Body Mass Index of 30 or greater

Calculating each patient's BMI and sharing the information with them can create a dialogue about healthy weight between you and your patients. The Adult BMI Assessment is a HEDIS measure for NCQA Accreditation, as well as a Medicare Stars measure.

**Source:** CDC Behavioral Risk Factor Surveillance System: Prevalence and Trend Data – Overweight and Obesity, U.S. Obesity Trends, Trends by State 2010. Available online at <http://www.cdc.gov/brfss/>

***How does HEDIS define Adult BMI Assessment?***

The percentage of members 18-74 years of age who had an outpatient visit and who had their Body Mass Index (BMI) documented during the measurement year or the year prior to the measurement year.

**Improve Your Rates: 4 Steps to Success**

- ✓ Record the date of the outpatient visit
- ✓ Record the patient's height
- ✓ Record the patient's weight
- ✓ Calculate and record the patient's BMI

## **Quality Improvement & HEDIS**

A review of HEDIS data from 2014 showed the most opportunity for improvement in the Adult BMI Assessment measure among practices that do not use electronic health records (EHRs). The Quality Management department will be working with these offices in 2015 to get feedback and offer tools to increase their HEDIS rates. If your practice has an electronic health record system, please ensure that you calculate and record the BMI after entering the patient's height and weight.

If you have questions, comments, or ideas, please feel free to contact Siana Wood, R.N., at (401) 459-5413 or [siana.wood@bcbsri.org](mailto:siana.wood@bcbsri.org).

## **PF Data Collection**

Each year, HEDIS® data is used by the National Committee for Quality Assurance, the Centers for Medicare and Medicaid Services, and the Rhode Island Department of Health to monitor health plan performance. We are required to perform this measurement to satisfy both federal and state regulations.

As a result of this process, one or more of your patients' medical records may be randomly selected for review. We understand that quality monitoring activities and the HEDIS data collection process creates extra work for offices. However, your assistance and cooperation is essential to obtain meaningful results, and we thank you in advance. In the end, access to the requested medical records benefits everyone by improving HEDIS scores

and demonstrating the clinical quality of care received by your patients and our members.

***If your patients' medical records are selected***

To minimize the time required by your staff, BCBSRI has contracted with Verisk Health, a national HEDIS medical record collection and coding organization, to retrieve the necessary records. Verisk staff will contact your office to determine a method of retrieval. If your practice contains medical records that are needed for HEDIS, you will receive a list of patients whose medical records are being requested along with the review criteria for each required measure. (Please note that Verisk is only requesting information that could not be obtained through claims data.) Please return all requested documentation to Verisk.

Any information shared with Verisk during these audit activities and reviews will be kept in the strictest of confidence and in accordance with all applicable state and federal laws regarding confidentiality of patient records, including HIPAA. Disclosure of medical information to the health plans and to Verisk, acting on our behalf, is permitted by a written consent signed by our members at the time of initial enrollment in the health plan. Be assured that special authorization is not needed.

If you have any questions about this process, please feel free to contact Deb Rainha, Manager of HEDIS, at (401) 459-1750.

# Benefits & Products

## **PFB** BlueCHiP for Medicare Select

One of our new BlueCHiP for Medicare plans for 2015 is BlueCHiP for Medicare Select, which offers \$0 monthly premium,\* \$0 copays for primary care in the Select network, and \$0 copays for generic drugs.

In addition to specialists and other healthcare providers, the BlueCHiP for Medicare Select network features primary care offices and hospitals working together to improve coordination of care and offer our members a simpler, more hassle-free experience. Through a partnership with one of the state's leading hospital systems, providers in this network will help to ensure that our members can get quality care when they need it.

The Select network includes these participating providers and hospitals:

### **Primary Care**

- Rhode Island Primary Care Physicians Corporation (RIPCPC) offices
- Care New England primary care providers

### **Hospitals**

- Butler Hospital
- Kent Hospital
- Landmark Medical Center
- Memorial Hospital
- Rhode Island Hospital
- South County Hospital
- Women & Infants Hospital

### **Skilled Nursing Facilities**

- Coventry Skilled Nursing & Rehabilitation

- Grandview Center – Genesis HealthCare
- Kent Regency – Genesis HealthCare
- Pawtucket Center – Genesis HealthCare
- Riverview Healthcare Community – Health Concepts, Ltd.
- Roberts Health Centre
- Scalabrini Villa
- Scallop Shell Nursing and Rehabilitation Center
- Saint Elizabeth Home – CareLink
- West Shore Health Center– Health Concepts, Ltd.
- West View Nursing and Rehabilitation Center

### **Home Health Agency**

- VNA of Care New England

Please note that this new product does not change the participation status of any of our providers. To verify member benefits and eligibility, please [log on](#) to **BCBSRI.com** or contact 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.

\*Members must continue to pay their Medicare Part B premium.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. [Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance] may change on January 1 of each year. Blue Cross & Blue Shield of Rhode Island is an HMO plan with a Medicare contract. Enrollment in Blue Cross & Blue Shield depends on contract renewal.



PCPs



Specialists



Hospitals



Coordination of Care

# Benefits & Products

## **PFB** Members' Rights and Responsibilities Statement

Upon enrollment, our members are granted certain rights and protection of these rights in all their encounters with BCBSRI's representatives, including physicians and other network providers, providers' employees,

BCBSRI employees, and anyone else who has a role in the delivery of care and service. We expect all of our representatives to observe the principles we've established to preserve these rights.

In exchange for this careful observance of their rights, members guarantee to assume responsibility for their attitude, knowledge, and behavior related

to the healthcare services they receive while enrolled.

Please see the [Participating Provider Administrative Manual](#) for a complete listing of members' rights and responsibilities.

## Pharmacy

### **PF** Prior Authorizations

Prescription Medication Prior Authorizations (PAs) exist for a variety of purposes, primarily:

- **Patient Safety:** Clinical evidence shows greater risk of adverse effects than other methods of treatment, and BCBSRI ensures the appropriate clinical guidelines are being met.
- **Effectiveness:** Clinical evidence shows greater or equal effectiveness on other methods of treatment and selection is based on specific criteria in the PA.
- **Economic:** Lower cost alternative treatments are available, thereby potentially saving the member money with their cost share.
- **Quality Ratings:** NCQA (National Committee for Quality Assurance) and CMS (Centers for Medicare and Medicaid Services) rate insurance plans based on HEDIS (Healthcare Effectiveness Data and Information Set) and Stars Measures. Many of these ratings reflect the member's safety profile, which

includes members who are on safer and/or more effective medications, such as for high-risk medications.

Most PAs for maintenance medications typically have a one-year end date. This means if a medication required a PA this time last year, it may be up for renewal. Formulary changes occur several times a year, when:

- A medication that used to require a PA might not anymore
- The criteria may have changed
- A PA could have been added to a product due to new clinical indications, new drugs to market, or new safety issues

For medications that require a PA—new or renewal—please review the patient's medical history:

- Are they actually taking this medication? On occasion, renewal PAs are being approved by the provider's office for a medication that the member is no longer taking. Please ensure the member is actually on the



medication prior to signing the re-authorization.

- Is it the best medication for the patient?
- Is there an alternative therapy that might be safer, more effective, or more economical? High-risk medications are an example where there might be a better alternative for the member.

As always, if the prescriber feels strongly that a particular medication is in the patient's best interest, please request a PA from Catamaran, BCBSRI's Pharmacy Benefits Manager (PBM), by web or telephone: 1-866-858-7907 for BlueCHiP for Medicare members; 1-866-391-1164 for all other members.

# Claims

## PFB Claims Adjustments

Providers who submit claims through the Electronic Data Interchange (EDI) have the capability to request adjustments that way too. We encourage any participating providers who submit claims through the EDI to use this

mechanism for all claims adjustments. We ask that you please convey this to your billing company or clearinghouse if they submit adjustments on your behalf.

If you have any questions on how to submit claims adjustments

through the EDI, please access the [EDI Companion Guide](#) or contact 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.

# Policies

## PF Policies Recently Reviewed for Annual Update

The following policies were recently reviewed for annual update. You can review the full text of these [policies](#).

- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus
- Food Allergy Testing
- Gait Analysis
- Intra-Articular Hyaluronan Injections for Osteoarthritis

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.

## PF Important Update: New 2015 Drug Screening Codes

BCBSRI will be adhering to CMS guidelines for the following new 2015 drug testing CPT codes: 80300-80377. To report drug testing, claims must be filed using the appropriate HCPCS **code range G6030 through G6058**. Claims filed using the CPT codes with dates of service after January 1, 2015 will be denied as "use alternate code." This is effective for all products.

More information may be referenced by [clicking here](#).



www.bcsri.com

500 Exchange Street • Providence, RI 02903-2699

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.  
02/15 PRR-16378