BlueCross BlueShield of Montana

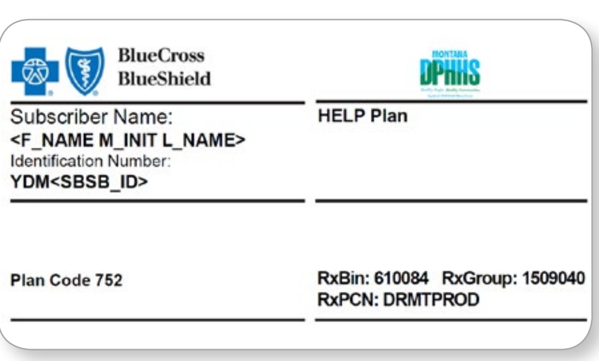
BLUE REVIEW℠

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS — FIRST QUARTER 2016

HELP Plan Update

During the 2015 Legislative session, the Montana Legislature enacted the Montana Health and Economic Livelihood Partnership (HELP) Act which expands health care coverage for state residents between the ages of 19 and 64, whose household income is 138% or less of the federal poverty level (HELP Plan). The HELP Plan creates affordable health plan coverage and access to providers for this segment of the state's population. BCBSMT was selected as the third party administrator (TPA) for the HELP Plan.

For general information on member eligibility, benefits, coverage and claims processing, please refer to the BCBSMT.com website/Providers/NetworkParticipation/TheHELP Plan. A slide presentation is also available on this site, in the Updates section.



www.bcbsmt.com
BlueCross BlueShield of Montana

Providers medical and accident-related dental claims: BCBSMT PO Box 3387 Scranton, PA 18505, 1-877-233-7055. Inpatient Admissions and Major Medical procedures: BCBSMT 1-877-296-8206.

This participant has limited benefits outside of Montana. Providers should request eligibility/benefit information.

Participant Services 1-877-233-7055
HELP Med Services 1-877-296-8206
24/7 Nurse Advice Line 1-877-213-2568

Dental, pharmacy and other benefits administered by DPHHS 1-800-362-8312.

BlueCross and Blue Shield of Montana, an independent licensee of BlueCross and Blue Shield Association, provides claims processing only and assumes no financial risk for claims.

PROVIDER NETWORK REPRESENTATIVE CONTACT INFORMATION

Western Region:

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Update Your Information

The Centers for Medicare & Medicaid Services is placing a renewed focus on Medicare Advantage plan provider networks, with emphasis on both online provider directories and network adequacy. This process was further updated with the release of a November 13, 2015 memo.

Pursuant to the CMS memo, effective immediately, “Medicare Advantage Organizations and Medicare-Medicaid Plans should proactively conduct at least **quarterly** communications with contracted providers to ensure that the required information in the directory is accurate. Additionally, to be consistent with Marketplace rules, we are defining the previous requirement that online directories be updated in real time to mean within 30 days.”

“Required information” is defined in section 100.4 of the Medicare Marketing Guidelines as:

Provider Name and Title		Phone number /Appointment number
Accepting New Patients		Office Fax Number
Email Address		Office Hours
Practice location		Specialty – Primary and Secondary
Tax ID		Street address
City/State/ZIP		

To ensure network adequacy, having accurate provider data is critical for your practice to ensure our members, your patients, are able to find you in our provider directory. Please notify us promptly of any changes by going to our website bcbsmt.com/provider, under Education and Resources, Forms and Documents.

Administrative Service Group Tables

BCBSMT is now posting Administrative Service Group (ASG) tables on the secure provider web portal under the Compensation tab, and will not be sending hard copies of these tables to providers. The online ASG tables will be updated monthly.

On behalf of the 250,000 members of BCBSMT, thank you for your continued participation in our provider networks. Your cooperation and commitment continue to enable BCBSMT and employers to offer valuable and affordable health insurance products and benefits to Montanans. If you have any questions or comments, please contact your Network Management Representative at 1-406-437-6100.

February Training Opportunities

For the month of February, Blue Cross and Blue Shield of Montana (BCBSMT) will be covering the BCBSMT Medicare Advantage program. This program may be of interest to your clinical and business office staff.

TOPICS WILL INCLUDE:

- BCBSMT Medicare Advantage Overview and Update
- BCBSMT Medicare Advantage Networks and Products
- Upcoming Contract Updates
- BCBSMT Medicare Advantage Microsite

Please register for one of these educational presentations by choosing one of the links below.

WEBINAR SCHEDULE

- Thursday Feb. 11, 2 p.m.
- Tuesday, Feb. 16, 2 p.m.
- Thursday, Feb. 18, 10 a.m.

(continued to next page)

2016 New Product for BCBSMT – Blue Focus Point of Service (POS) HMO

BCBSMT is introducing a new product for individuals and families in the Billings and Missoula areas of the state in 2016 – the Blue Focus POSSM plan. This new product offering, available on and off the Marketplace, includes a limited number of professional providers and facilities in seven counties:

- Lake
- Missoula
- Yellowstone
- Carbon
- Stillwater
- Musselshell
- Sweet Grass

For a list of the participating providers, please go to bcbsmt.com, Doctor or Hospital provider finder. You can recognize these members by the YDR or YDN alpha prefix on their ID card. If you are not participating in this network, **please let your patients know prior to the time of service so they are not surprised by out-of-network costs. This new product offering, available on and off the Marketplace, is only open to a limited number of professional providers and facilities in seven counties.**

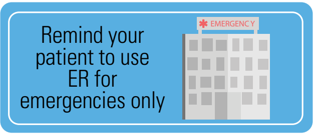
Blue Focus POS offers members a lower premium and better benefits when accessing an in-network provider. The member can access a broader provider network but those services will be subject to out-of-network benefits. Under the Blue Focus POS product, members will select a primary care physician (PCP), but referrals are not required. However, pre-authorizations are required for certain services in order to receive in-network cost-sharing benefits. Offering this new POS product will make BCBSMT more competitive in 2016. The inclusion of POS plans will provide our members with an additional plan option to fit their individual needs. It is important to make sure doctors and hospitals are in a member's network when referring them for additional medical services. By staying in-network, members may reduce or even avoid additional out-of-pocket expenses. If you have questions, please call your BCBSMT provider representative. BCBSMT members can call the toll-free Customer Service number listed on the back of their ID card.

BLUE FOCUS POS GRAPHIC

A POS gives members access to a select group of contracted doctors and hospitals.

When a member signs up, they **must select a primary care physician (PCP)**. If you are a PCP, you are the patient's first point of contact for most of their basic health care needs.

In POS patient needs special tests or needs to see a specialist, **preauthorization may be required**.



Remind patients that hospital emergency departments are the right place to go when they have **an emergency illness or serious injury** ... but they're not designed to provide routine helth care or treat minor problems.

February Training Opportunities

(continued from previous page)

BCBSMT is also offering additional HELP Plan Webinars for the month of February.

BCBSMT will be covering the Montana Health and Economic Livelihood Partnership (HELP) Plan.

TOPICS WILL INCLUDE:

- Enrollment, Eligibility, and Benefits
- Premiums and Copayments
- Claims Processing
- Compensation
- Provider Tools and Resources

Please register for one of these educational presentations by choosing one of the links below.

WEBINAR SCHEDULE

- Friday, Feb. 12, 11 a.m.
- Friday, Feb. 19, 10 a.m.
- Friday, Feb. 26, 2 p.m.

For additional information on the above training opportunities please contact Susan Lasich at 406-437-6223, or email susan_lasich@bcbsmt.com.

Alpha-prefix Reference

To accommodate for our increasing lines of business, BCBSMT has adopted several new alpha-prefixes as part of the member identification numbers. For more information, contact your Network Provider Representative or call 406-437-6100. The listing of alpha-prefixes is also posted to our provider portal under "Forms and Documents".

INDIVIDUAL AND SMALL GROUP BUSINESS	
YDF	BCBSMT Small group plans purchased on the Health Care Exchange
YDG	BCBSMT Individual plans purchased on the Health Care Exchange
YDK	BCBSMT Individual plans purchased through BCBSMT
YDI	Multi-State Plan

GROUP BUSINESS			
BCH	Billings Clinic	YDC	BCBSMT Employee Healthlink PPO
BHX	Benefis Health System	YDD	BCBSMT Healthlink PPO
GBA	Glacier Bancorp, Inc.	YDE	BCBSMT Traditional (including HMK)
MVA	Montana University System	YDS	Blue Preferred PPO
NNW	Northwestern Energy	YDM	Health and Economic Livelihood Partnership (HELP) plan
PTX	Pipe Trades Trust	YDR	Blue Focus Point of Service (POS) purchased on the Health Care Exchange
SSW	Stillwater Mining Company	YDN	Blue Focus Point of Service (POS) purchased through BCBSMT
R	Federal Employee Program (FEP)	YDJ	Medicare Advantage
YDT	Yellowstone County	YDL	Medicare Advantage HMO
		YDU	Medicare Supplement

ICD-10 'Coding Basics' Video and Other Resources

While it may take time for providers, payers, clearinghouses and other vendors to adjust completely, it appears that the national transition to ICD-10 has been largely successful.

The Centers for Medicare & Medicaid Services (CMS) continues to release educational resources for providers, such as a recent video titled, "ICD-10 Post-Implementation: Coding Basics Revisited." This video covers such points as the CMS definition of a valid code, basic guidelines for coding and reporting on claims, as well specific examples (7th character, unspecified codes, external cause codes, laterality, etc.) and information on resources for coders. The 33-minute video features American Health Information Management Association (AHIMA) Senior Director of Coding Policy and Compliance Sue Bowman, MJ, RHIA, CCS, FAHIMA, and Nelly Leon-Chisen, RHIA, from the American Hospital Association (AHA).

The Coding Basics Revisited video may be accessed via the CMS website at cms.gov/icd10. For your convenience, a link to the video also is posted in the Standards and Requirements/ ICD-10 section of our website at bcbsmt.com/provider. You'll also find links to other ICD-10 resources on our Provider website, such as updated answers to frequently asked questions.

This material is for educational purposes only and is not intended to dictate what codes should be used in submitting claims. Health care providers are instructed to use the most appropriate codes based upon the medical record documentation and coding guidelines.

Beyond the ACO: Building a Better Health Care Reimbursement Model

In his latest Huffington Post article, Beyond the ACO: Building a Better Health Care Reimbursement Model, Dr. Stephen Ondra, Chief Medical Officer for Health Care Service Corporation, talks about a variety of approaches to "fee-for-value" provider reimbursement, and says the country's health care industry is at a crossroads in how we pay for care. Accountable Care Organizations, or ACOs, are just one model of reimbursement.

In his article, Dr. Ondra said, **"We need to change the economics of the health care delivery system to incentivize more efficient, higher quality, and more easily accessible care. In short, we want a system that delivers high-value care."** How we reach that goal matters, but it won't happen overnight.

Find out more in Dr. Ondra's latest article. Watch for future HuffPost articles from Dr. Ondra in this newsletter, and follow him on Twitter at @StephenOndra where he tweets about his work and the future of health care.

Medicare Part D Prescriber Enrollment Update

BCBSMT is reaching out to our providers who have prescribed drugs to one of our Medicare Part D enrollees. Centers for Medicare and Medicare Services (CMS) is reaching out to identified providers who currently prescribe drugs for Medicare patients, but are not enrolled in (or validly opted-out of) Medicare.

Because of a new Medicare Requirement, it is crucial for your patients' health that you enroll in Medicare (or validly opt out, if appropriate). A delay on your part could result in your Medicare patients not being able to obtain drugs you prescribe for them.

Please see the attached CMS publication, titled "Enroll in Medicare as a Provider Now!", that explains what has changed, when, and why it's important to your patients and you as a provider, and the necessary steps that need to be taken to either enroll in or opt out of Medicare.

If you have additional questions on this change, please reach out to CMS at providerenrollment@cms.hhs.gov.

Important official message for providers who prescribe drugs for Medicare patients.

Annual Medical Record Data Collection for Quality Reporting begins Feb. 1, 2016

BCBSMT collects performance data using specifications published by the National Committee for Quality Assurance for Healthcare Effectiveness Data and Information Set (HEDIS) and by the U.S. Department of Health and Human Services for the Quality Rating System (QRS). HEDIS is the most widely used and nationally accepted effectiveness of care measurement available and HHS requires reporting of the QRS measures. These activities are considered health care operations under the Health Information Portability and Accountability Act Privacy Rule and patient authorization for release of information is not required.

BCBSMT may be contacting your office or facility in February 2016 to identify a key contact person and to ascertain which data collection method your office or facility prefers (fax, secure email, or onsite or remote EHR access). Appointments for onsite visits will be scheduled with your staff, if applicable. You will then receive a letter outlining the information that is being requested, and the medical record list with the members' name and the identified measures that will be reviewed. If you receive a request for medical records, we encourage you to reply within 7 to 10 business days.

If you have any questions about medical record requests, please contact the BCBSMT HEDIS Department at 406-437-6462.

HEDIS is a registered trademark of NCQA.

Enroll In Medicare As A Provider *Now!*

Dear Prescriber: You have been identified as a provider who currently prescribes drugs for Medicare patients, but who is not enrolled in (or validly opted out of) Medicare. Because of a new Medicare requirement, it is crucial for your patients' health that you enroll in Medicare (or validly opt out, if appropriate). As soon as possible, please follow the steps below. A delay on your part could result in your Medicare patients not being able to obtain drugs you prescribe for them.

What's changed & when? We have published rules that will soon require nearly all providers (for example, dentists, physicians, psychiatrists, residents, nurse practitioners, and physician assistants), including Medicare Advantage providers, who prescribe drugs for Part D patients to enroll in Medicare (or validly opt out, if appropriate). Beginning June 1, 2016, we will enforce a requirement that Medicare Part D prescription drug benefit plans *may not cover drugs* prescribed by providers who are not enrolled in (or validly opted out of) Medicare, except in very limited circumstances.

Why is this important to my patients and me? Unless you enroll (or validly opt out), Medicare Part D plans will be required to notify your Medicare patients that you are not able to prescribe covered Part D drugs. *Please also note that if you opt out, you cannot receive reimbursement from traditional Medicare or a Medicare Advantage plan, either directly or indirectly (except for emergency and urgent care services; see 42 CFR 405.440 for details.)*

What steps do I need to take? To help your Medicare patients, please **enroll in Medicare either fully to bill or for the limited purpose of prescribing Part D drugs.** There are **no fees** to complete the process. You can do so electronically *or* on paper:

1. **Electronic process:** Use the PECOS system at go.cms.gov/pecos. For limited enrollment, we recommend using the step-by-step instructions at go.cms.gov/PECOSsteps and a video tutorial at go.cms.gov/PECOSVideo; or
2. **Paper process:** Complete the paper application for limited enrollment at go.cms.gov/cms855o and submit it to the MAC in your geographic area. To locate your MAC, please refer to the MAC list at: go.cms.gov/partdmaclist.

If you need assistance with the process of enrolling in (or validly opting out) of Medicare, please contact the MAC within your geographic area.

Thank you for your prompt and careful attention to this important matter, and for serving Medicare beneficiaries. These new CMS rules will enable federal officials to better combat fraud and abuse in the Part D program through verification of providers' credentials via the Medicare enrollment/opt-out process.

Background Information: The Medicare program is administered by the Centers for Medicaid & Medicare (CMS) within the U.S. Department of Health and Human Services. The Medicare program is divided into four parts: 1) Part A generally covers inpatient hospital services; 2) Part B generally covers physician services; 3) Part C (Medicare Advantage) refers to Medicare-approved private health insurance plans for individuals enrolled in Parts A and B; and 4) Part D covers the cost of most prescription medications.

The Part D prescriber enrollment rules referred to in this notice are CMS-4159-F *Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs* (79 FR 29843; May 23, 2014); and CMS-6107-IFC *Medicare Program; Changes to the Requirements for Part D Prescribers* (80 FR 25958; May 6, 2015).

Affirmation Statement

BCBSMT PROHIBITS REWARDS FOR RESTRICTING BENEFITS

Blue Cross and Blue Shield of Montana (BCBSMT) serves our members by providing health care coverage and benefit services. Our goal is to help members get the care they need cost-effectively. Decisions about coverage and provider payment are based on nationally recognized medical standards.

- We do not allow decisions in exchange for financial rewards.
- We do not reward physicians or others for underusing benefits or for denying coverage.
- We do not reward BCBSMT staff for making decisions that may limit members' benefits.

The BCBSMT Provider Manual contains information regarding the availability of clinical review criteria. For more information, call the Customer Service number on the back of the member's ID card.

BCBSMT Behavioral Health Quality Improvement Program

BCBSMT is committed to improving our members' experience and the value they receive from behavioral health care delivery. To meet these goals, BCBSMT identifies, monitors, and evaluates clinical and service improvement opportunities through the Behavioral Health Quality Improvement (BHQI) program.

BHQI reviews behavioral health care management and quality improvement programs annually to assess progress toward identified goals as well as the overall effectiveness of the behavioral health program. BHQI has helped improve quality of care for our members by implementing programs that:

- Help ensure that members are able to make and keep provider appointments after a hospitalization;
- Verify that expectant mothers have received depression screenings and appropriate treatment;
- Connect members with resources in their community that may provide additional support; and
- Improve care coordination between members' primary care physicians and specialists.

To ensure we are providing optimal service to our members, BHQI tracks whether members and providers have suitable phone access to BCBSMT and whether members have appropriate behavioral health provider network options in their geographic areas. BHQI also responds to complaints and quality of care concerns regarding the behavioral health program or behavioral health providers.

The BCBSMT behavioral health program is accredited by nationally recognized health care quality organizations, including the Utilization Review Accreditation Commission (URAC) and the National Committee for Quality Assurance (NCQA). For more information about the BHQI program, you can send an email to bhqualityimprovement@bcbstx.com.

March Colorectal Cancer Screening CEU Opportunities

CDC's Division of Cancer Prevention and Control is pleased to make available two new CDC-sponsored continuing education courses for health care providers: **"**Screening for Colorectal Cancer: Optimizing Quality.**"** One version is intended for primary care providers, and the other is intended for clinicians who perform colonoscopies. Continuing education credits are available for physicians, nurses, and other health professionals.

NEW! CDC CONTINUING EDUCATION FOR PROVIDERS ON COLORECTAL CANCER SCREENING

DPHHS offers 'Health in the 406' messages

Did you know that falls cause an average of 3,400 hospitals stays a year?

The Montana Department of Public Health and Human Services (DPHHS) is introducing a new series of health messages called Health in the 406 that will focus on various public health topics designed to raise awareness and help Montanans live healthier lives.

"There are numerous important public health issues that impact all of us, and the goal is to shed some light on those key areas where Montana is doing well, but also where improvements can be made," said State Medical Officer Dr. Greg Holzman.

"Our state and local health departments, worksites, non-government organizations and private citizens work hard to enhance our quality of life in Montana," said Holzman. "We want Montanans to know more about what is happening around our state to improve our quality of life. In addition, we'll also highlight areas of concern so that improvements can be made in order to make Montana the healthiest place to work, learn, play and live."

Holzman said public health enhances quality of life in Montana by helping to build healthy communities. From ensuring tobacco free public spaces to helping healthcare improve patient care, it touches everyone in Montana – from birth to death.

Traditionally, public health brings to mind vaccinations, motor-vehicle safety, and control of infectious disease. "Public health is a partnership of individuals and organizations and all Montana's have a role," he said. "We want Montanans to become more aware of issues that impact their daily lives so that they can improve their health and enhance their quality of life for themselves and loved ones."

For example, did you know that falls cause an average of 3,400 hospital stays and 19,800 emergency department visits in Montana each year costing over $135 million?

"Falls are a huge issue nationwide, and Montana is no different," said DPHHS Injury Prevention Coordinator Jeremy Brokaw. "Fortunately, there are programs that can help and information available that can make a difference in people's lives."

Exercise focusing on leg strength and balance can prevent falls. And, there are free or low-cost exercise programs in Montana for adults with arthritis.

Anyone interested in receiving the Health in the 406 messages can go to www.healthinthe406.mt.gov.

There will be a wide range of topics such as chronic pain, mental health and tobacco use, birth defects, colorectal screening, and more. Comments or suggestions can be emailed to healthinthe406@mt.gov.

Blue Review is a quarterly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Montana. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at *bcbsmt.com/provider.*

The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

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