BlueCross BlueShield of Montana

BLUE REVIEW℠

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FIRST QUARTER 2017

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Orthopedic Services Pilot Project

Blue Cross and Blue Shield of Montana (BCBSMT) continues to develop innovative payment methodologies that are predicated on increasing clinical quality and outcomes of care for the patient, increasing patient satisfaction and reducing the total cost of care per orthopedic service, when compared to the average cost of a similar service within the state of Montana.

On January 15, 2016, BCBSMT implemented a pilot project on the following orthopedic CPT codes; 25000 (Under Incision Procedures on the Forearm and Wrist), 26040 (Under Incision Procedures on the Hand and Fingers), and 64721 (Under Neuroplasty; Exploration, Neurolysis or Nerve Decompression) when the services are performed in the physician's office. The pilot project was scheduled to terminate on January 15, 2017. BCBSMT has made the decision to extend this project and will re-evaluate as needed.

For additional details around this project, please reach out to your Provider Network Service Representative.

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Our *Blue Review* provider newsletter is produced quarterly for participating professional and institutional providers across all lines of business (commercial and government programs). The newsletter serves as a vehicle to communicate timely, consistent and relevant messaging related to:

- New products, programs and services available at BCBSMT
- Notification of changes as required by contract or other mandates
- Member initiatives and patient resources

Introducing BCBSMT's Blue Value

In 2017, BCBSMT is launching Blue Value, which is a unique combination of existing BCBSMT products and services that function as a cohesive whole to consistently produce enhanced member health and total cost of care reductions. Blue Value combines member benefits and provider contract design with a proactive BCBSMT Healthcare Delivery Team to engage, inform and enable members and providers to work together to improve outcomes for BCBSMT members across all lines of business.

Blue Value represents BCBSMT's evolution to integrate previously disparate BCBSMT programs and plans. Blue Value creates new levels of synergy between these existing programs and is now being used to represent BCBSMT's major value proposition and market differentiation.

BLUE VALUE INTEGRATES BCBSMT'S EXISTING:

- **Value-based care payment programs:** Patient-Centered Medical Homes (PCMH), Accountable Care Organizations (ACO), orthopedic bundles, and other specialty value-based care programs;
- **Total Health Management (THM):** A member engagement wellness program traditionally deployed for employer groups, now being expanded to the Medicare Advantage population;
- **Blue Care Connection® (BCC℠):** BCBSMT's current care management programs;
- Claims Integrity Program: a mechanism designed to investigate high-dollar claims and discrepant billing;
- **Risk Management Team:** A method to identify members at risk of complications or in need of advanced care management or care coordination services.

A key component of Blue Value's success is its enabling information management and exchange infrastructure. Blue Value uses both internally generated claims data and externally acquired provider clinical data to inform and empower BCBSMT members, providers and BCBSMT team members in making better healthcare related decisions at the point of care, within care management and population health management programs, as well as within utilization optimization and cost-containment efforts.

BLUE VALUE IMPACT ON MEMBER HEALTH

The primary goal of BCBSMT's Blue Value is to enhance member health outcomes and promote optimal utilization of health care services. The individual components of Blue Value have consistently generated superior preventive health, chronic disease management and member engagement scores relative to BCBSMT's unenrolled membership. BCBSMT's Blue Value has decreased gaps in care for members with chronic conditions, enabled earlier identification into medical management programs, and increased member preventive care and screenings rates. In fact, Blue Value component outcomes surpass many of the Healthy People 2020 goals. BCBSMT's advanced method of sharing and exchanging actionable claims and clinical information is a key driver of these outcomes. BCBSMT's Blue Value creates new synergies through the combination of reporting and engagement services that are expected to continue moving the needle on member health outcomes metrics.

BCBSMT Spring Provider Workshops

BCBSMT will be holding the following educational Provider Workshops this spring. Additional information will be coming in the near future. BCBSMT is working to finalize the agenda, the tentative topics to be covered at the educational sessions are as follows:

- BlueCard Program
- May 1, 2017 Fee schedule updates
- Medicare Advantage Changes and Prior Authorization
- The HELP Plan
- BCBSMT website and provider portal overview
- Blue Value Programs

LOCATIONS FOR THE PROVIDER WORKSHOPS:

May 8, 2017 | Bozeman MT
Bozeman Health
Meadowlark & Bitterroot Rooms

May 9, 2017 | Billings MT
Hilton Garden Inn (Tentative location)

May 10, 2017 | Great Falls MT
Benefis Health System
Lewis and Clark Room

May 11, 2017 | Helena MT
St. Peter's Hospital
Leadership Center

May 12, 2017 | Missoula MT
Hilton Garden Inn

For additional information on the Provider Workshops being offered in your area, please reach out to your Provider Network Representative.

Air Ambulance Services

BCBSMT continues to work with our network hospitals and providers in the state to mitigate the impact of the health care costs that continue to reach unprecedented levels for Montanans. Among those contributing factors is the use of out-of-network providers, which can create avoidable financial hardships for your patients, our members. To address that issue, BCBSMT is currently focusing on the immediate concerns with out-of-network air ambulance services. Included below is a directory of current BCBSMT participating air ambulance providers to assist our members and your patients in seeking quality, affordable care.

To ensure our members receive the full air ambulance benefits of their BCBSMT health care plan, we urge you to transport our members via in-network air ambulance providers whenever possible, to avoid balance billing and potentially save your patients thousands of dollars.

Thank you for all you do to ensure the health and well-being of our members, and we appreciate your efforts to ensure that your patients continue to receive the best care possible without the adverse impacts of out-of-network costs.

Should you have any questions about this communication, please contact us at **1-800-447-7828**, Extension 6100 or at HCS-X6100@bcbsmt.com.

Air Ambulance Providers for Blue Cross and Blue Shield of Montana (BCBSMT)			
Provider	**Phone Number**	**Rotor**	**Fixed Wing**
Benefis Healthcare	Mercy Flight Communication Center at 1-800-972-4000	•	•
Billings Clinic Hospital	1-800-325-1774		•
Kalispell Regional Hospital	1-866-302-9767	•	•
MT Medical Transport	406-457-8205		•
Northeast Stat Air (New to the network as of 5/15/16)	Dispatch Line: 1-800-992-7828 (Montana toll-free); 406-228-3500 (Out of State)		•
St Vincent's Healthcare	1-800-JET-HELP (1-800-538-4357)	•	•

Disclaimer: A provider's participation status may change. Contact Customer Service using the phone number on the back of the members health plan ID card to obtain the most up to date information.

The providers listed above are independently contracted companies that provide air ambulance transportation services for Blue Cross and Blue Shield of Montana. These air ambulance providers are solely responsible for the products and services that they provide.

BlueCard Program Manual Reminders

To assist you when you are providing care and services to out-of-area Blue Plan members, a BlueCard Program Manual is available in the Standards and Requirements section of our website at bcbsmt.com/provider.

This manual includes information on how the BlueCard program works, how to identify BlueCard members, claim filing guidelines, key contacts, answers to frequently asked questions, a glossary of BlueCard terms and other important details.

Examples of specific sections included in the BlueCard Program Manual are:

- BlueCard Program Advantages for Providers
- Coverage and Eligibility Verification
- Electronic Provider Access
- Ancillary Claims
- Contiguous Counties/Overlapping Service Areas

We encourage you to become familiar with the procedures and guidelines in this helpful resource.

Federal Employee Program Member Reminder: Predetermination of Benefit Requirements for Sleep Studies

Effective for dates of service on or after January 1, 2017, predetermination of benefits is required for sleep studies (polysomnography) conducted in settings other than the home (including but not limited to hospitals, skilled nursing facilities, clinics, and sleep labs, etc.) for Federal Employee Program (FEP) members. Predetermination of benefit requests for sleep study services for FEP members are processed through a BCBSMT Clinical Health Medical Management review.

Predetermination of benefit requests and electronic medical record attachments may be submitted online through iExchange®, or by faxing a predetermination of benefits request form and clinical information to **888-368-3406**. Additional information on iExchange is available in the Education and Reference Center/Provider Tools section of our website at bcbsmt.com/provider. The predetermination of benefit request fax form can be found in the same section of the Provider website on the Forms page. Clinical information submitted should include clinical data as to why a home sleep study is contraindicated.

Additional reminders:

- Sleep Studies performed in the home do not require predetermination of benefits.
- Obtaining a predetermination of benefits through BCBSMT is waived when traditional Medicare or Other Insurance is primary.
- The sleep study service provider must have the credentials necessary to conduct sleep study services.
- The sleep study services must meet the medical necessity guidelines.
- iExchange is available for submitting Sleep Study prior approvals. Remember iExchange accepts electronic medical record attachments.

CHECK ELIGIBILITY AND BENEFIT FOR ALL MEMBERS

Member eligibility and benefits should be checked prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. Also, ask to see the member's BCBSMT ID card for current information as well as a photo ID to guard against medical identity theft. When services might not be covered, members should be notified that they may be billed directly.

If you have any questions or need additional information, please contact your Provider Network Representative.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

Health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining a course of treatment. Regardless of any benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

Our automated preauthorization tool – Aerial™ iExchange® (iExchange) – supports direct submission and provides online approval of benefits for inpatient admissions, as well as select outpatient, pharmacy and behavioral health services 24 hours a day, seven days a week – with the exception of every third Sunday of the month when the system will be unavailable from 10 a.m. to 2 p.m. (MT). iExchange is accessible to physicians, professional providers and facilities contracted with BCBSMT.

iExchange is a trademark of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSMT makes no endorsement, representations or warranties regarding any products or services offered by Medecision. The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

Provider Learning Opportunities

A snapshot of complimentary upcoming training sessions offered by BCBSMT is included below. To register, visit the Training page in the Education and Reference Center on our website at bcbsmt.com/provider.

BCBSMT WEBINARS

iExchange Training:
2016 System Enhancement
Tuesday, March 21, 2017

Kicking the Habit: Helping to Overcome Opioid Addiction in America

America is seemingly beset by an epidemic of people becoming addicted to opioids – powerful narcotics that were designed to ease pain. In 2014, more than 28,600 died from such overdoses. In fact, six out of 10 overdoses involve prescription opioids.

In our Connect community, we are running a three-part series on how BCBSMT is helping members who may be struggling with opioid abuse. The first article chronicles the journey of a member who slipped into addiction and is fighting to recover. The second article is a Q&A about our unique program to identify addiction and help members. It's followed by a third article that discusses the differences between acute and chronic pain and how to talk to your doctor when asking for relief.

New Medicare Advantage Preauthorization Requirements through eviCore

Effective June 1, 2017, BCBSMT has contracted with eviCore healthcare (eviCore), an independent specialty medical benefits management company, to provide preauthorization review services for the following benefit plan(s):

- Blue Cross Medicare Advantage (PPO)SM
- Blue Cross Medicare Advantage (HMO)SM

eviCore will manage preauthorization for the following specialized clinical services:

- Outpatient Molecular Genetics
- Outpatient Radiation Therapy
- Musculoskeletal
  - Chiropractic
  - Physical and Occupational Therapy
  - Speech Therapy
  - Spine Surgery (Outpatient/Inpatient)
  - Spine Lumbar Fusion (Outpatient/Inpatient)
  - Interventional Pain
- Outpatient Cardiology & Radiology
  - Abdomen Imaging
  - Cardiac Imaging
  - Chest Imaging
  - Cardiac Rhythm Implantable Device (Crid)
  - Head Imaging
  - Musculoskeletal
  - Neck Imaging
  - Oncology Imaging
  - Pelvis Imaging
  - Peripheral Nerve Disorders (Pnd) Imaging
  - Peripheral Vascular Disease (Pvd) Imaging
  - Spine Imaging
- Outpatient Medical Oncology
- Outpatient Sleep
- Post-Acute Care
- Outpatient Specialty Drug

Services performed without preauthorization or that do not meet medical necessity criteria may be denied for payment, and the rendering provider may not seek reimbursement from the member.

You will continue to use iExchange for all other services that require preauthorization.

BCBSMT and eviCore will provide additional information, including training opportunities, in the coming months on the Provider website at bcbsmt.com/provider and in *Blue Review*. You may also contact your Provider Network Representative for more information.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSMT.

Preauthorization determines whether the proposed service or treatment meets the definition of medical necessity under the applicable plan. Preauthorziation of a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

Effective March 8, 2017: Medicare Outpatient Observation Notice (MOON) Required

Effective March 8, 2017, the Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act requires Acute Care Hospitals and Critical Access Hospitals (CAH) to provide the MOON to Medicare beneficiaries, including Blue Cross Medicare Advantage (PPO), Blue Cross Medicare Advantage (HMO) members receiving observation services as outpatients for more than 24 hours.

The MOON explains the status of the individual as an outpatient as opposed to an inpatient, along with the implications of observation services on cost sharing and coverage for post-hospitalization skilled nursing facility (SNF) services.

An oral explanation of the MOON must be provided, ideally in conjunction with the delivery of the notice, no later than 36 hours after observation services are initiated or, if sooner, upon release. In addition, a signature must be obtained from the individual, or an individual qualified to act on their behalf, to acknowledge rezceipt and understanding of the notice. In cases where the individual or person refuses to sign the MOON, the staff member of the hospital or CAH providing the notice must sign the notice to certify that notification was presented.

The MOON and instructions can be found at cms.gov/bni/ or cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-12-08-3.html.

The information provided here is only intended to be a brief summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. In particular, potential patients may use this online tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice.

We encourage you to check your own information in the Provider Finder – look for the link on our Provider website Home page at bcbsmt.com/provider. Is your online information accurate? If changes are needed, it's important that you inform BCBSMT as soon as possible.

USE OUR ONLINE CHANGE REQUEST FORMS

For ease of use, we have placed the Update Office Information form in three different locations to help you update your information:

- Visit the Network Participation/Update Your Provider Network/Information (printed and faxed/mailed)
- Visit the Education and Reference/Forms and Documents (printed and faxed/mailed)
- Log into the Secured Provider Portal, and access the Update Office Information link (automatic submission).

You can request most changes online by using one of our electronic change request forms and the instructions are included on each form.

You can request various different changes using the forms which guide you in organizing your information, as follows:

1. **Request Demographic Information Changes**
   Use this form to request changes to your practice information currently on file with BCBSMT (such as address, email or NPI). You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) NPI. As a participating provider, your NPI(s) should already be on file with BCBSMT. You may use this online form to request changes, such as deactivation of an existing NPI.

ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and HCPCS codes are periodically added to or deleted from the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. BCBSMT will normally load this additional data to the BCBSMT claim processing system within 60 to 90 days after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSMT Provider website. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) also will be posted on the BCBSMT Provider website.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSMT's code-auditing software. Refer to our website at bcbsmt.com/provider for additional information on gaining access to C3.

For more details regarding ClaimsXten, including answers to frequently asked questions, refer to the Clear Claim Connection™ page. Additional information also may be included in upcoming issues of the Blue Review.

2. **Request an Additional Location**
   Use this form to notify BCBSMT that a new location needs to be added to your Provider practice. Please remember to include an effective date and the appropriate payment address information.

3. **Request Removal of Provider from Group**
   Use this form to notify BCBSMT when an individual provider is leaving any or all of your practice locations.

Please note that changes are not immediate upon submission of an online change request form. Processing can take a minimum of 30 business days. If you would prefer to mail or fax your changes to BCBSMT, there is a downloadable Provider Information Change Request Form in the Education and Reference/Forms section of our Provider website. If you have any questions or need assistance, contact Network Management at HCS-X6100@bcbsmt.com.

EXCEPTIONS TO THE ONLINE REQUEST PROCESS

The following types of changes are more complex and require special handling:

- **Multiple changes, especially changes involving more than one billing NPI –** This type of change or request should be submitted via email to HCS-X6100@bcbsmt.com, or by calling **800-447-7828** extension 6100.
- **Tax ID changes that involve Legal Business Name changes –** This type of change often requires a new contract. To request a contract application, visit the Network Participation/Contracting section of our Provider website.
- **Ancillary provider changes –** Skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers, and other ancillary providers may request changes by sending details to HCS-X6100@bcbsmt.com, or by calling **800-447-7828** extension 6100.

Medical Policy Updates

Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSMT members, unless otherwise indicated. These policies may impact your reimbursement and your patients' benefits. You may view active, new and revised policies, along with policies pending implementation, by visiting the Standards and Requirements/ Medical Policy section of our Provider website. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies Home page.

You may also view draft medical policies that are under development, or are in the process of being revised, by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Just click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Please visit the Standards and Requirements/Medical Policy section of our Provider website for access to the most complete and up-to-date medical policy information.

The BCBSMT Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSMT, such as some self-funded employer plans or governmental plans, may not utilize BCBSMT Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

Surgeon General E-cigarette Report

The Montana Academy of Family Physicians and the Montana Chapter of American Academy of Pediatrics, in conjunction with the Department of Public Health and Human Services, are urging medical providers in Montana to educate patients and clients on the risks associated with e-cigarettes after the recent release of a U.S. Surgeon General's report. In the report, the Surgeon General declares the rapid rise in youth e-cigarette use a "serious public health concern" and finds that e-cigarette use is strongly associated with use of combustible tobacco products.[1]

In Montana, youth usage of e-cigarettes far surpasses that of adults. Half of Montana high school students have tried e-cigarettes and 30% are current users, compared to 20% and 4% of Montana adults respectively.[2,3] The e-cigarette aerosol inhaled by the user and bystanders is not harmless "water vapor," rather it is a compilation of several chemicals, such as nicotine, glycerin and cancer-causing toxins like acrolein and formaldehyde. Nicotine in any form is unsafe for youth as it hinders development of the adolescent brain and increases risk for nicotine addiction, mood disorders and inhibited impulse control.[1] The U.S. Surgeon General recognizes the healthcare setting as the ideal place to educate people of all ages, particularly youth and young adults, on these risks. For more information, visit healthinthe406.mt.gov. For help quitting all commercial tobacco products visit QuitNowMontana.com or call **1-800-QUIT-NOW** (1-800-784-8669).

Sources:

[1] U.S. Department of Health and Human Services. E-cigarette Use Among Youth and Young Adults: A report of the Surgeon General. https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_non-508.pdf. Accessed December, 2016.

[2] Montana Youth Risk Behavior Survey, 2015.

[3] Montana Adult Tobacco Survey, 2016.

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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