

Providerfocus



Published Monthly for Physicians, Health Care Providers, and Their Office Staff

Changing the Way We Communicate With You This Fall

This fall, we're making changes to the way we communicate news and information to you. We are:

- ▶ Launching a redesigned website—Provider Central
- ▶ Publishing all news to our online news center; we will be discontinuing the printed newsletters (including *Provider Focus*)
- ▶ Replacing *F.Y.I.* notices with new online News Alerts.

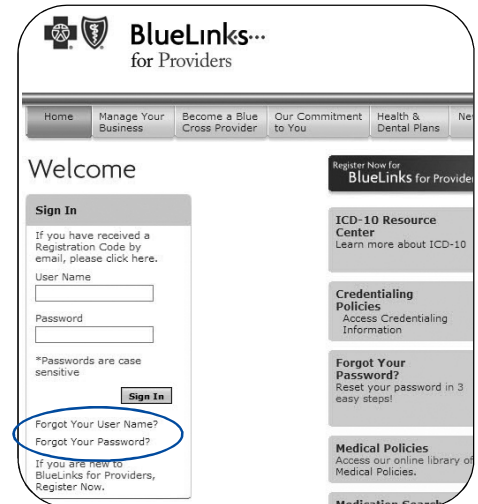
Three easy steps you can take to prepare for our new website

When our redesigned provider website launches later this fall, registered users will be able to log in with their existing BlueLinks for Providers username and password.

To prepare for your first login, we recommend that you take the following steps today to ensure a smooth experience:

1. **Make note of your username and password.**
In the past, your username and password may have automatically populated upon log in, depending on your internet browser's settings. When Provider Central launches, your username and password may not automatically populate upon your first login.
2. **You can retrieve lost usernames or passwords online.**
Simply visit bluecrossma.com/provider, select Forgot Your Username or Forgot Your Password, and follow the screen prompts.
3. **Verify that we have your current e-mail address on file.**
We will send news and important plan information to you via e-mail. To view and update your email address of record, log on to bluecrossma.com/provider and click on Edit My Profile.

If you have questions, please contact Provider Self Service at 1-800-771-4097.



If you are not sure of your username or password, you can retrieve them at bluecrossma.com/provider.

Changes to our *F.Y.I.* notices starting in October

As part of our website improvements this fall, our *F.Y.I.* notices will have a new look and name—News Alerts—and will appear along with other news in our online news center.

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In Brief

Final Reminder: InfoDial® Claim Submissions to End October 1, 2013

For a convenient way to submit claims, please consider using our Direct Data Entry (DDE) tool. This free tool is ideal for small and mid-size practices and is available through Online Services.

To learn more about DDE, log on to bluecrossma.com/provider

and select the link in the Direct Data Entry for Professional Claims box on the right-hand side of the page. ❖

Physician News

What's New for the 2013-2014 Flu Season

To help limit the spread of the flu virus, we provide our members with coverage for flu vaccination through both medical and pharmacy benefits. This gives members access to a broad range of participating providers, including retail and other public clinics, pharmacies, and provider offices.

We encourage you to speak to your patients about the importance of this preventive service.

Members with pharmacy benefit coverage can go to any Express Scripts, Inc. participating pharmacy to receive flu vaccination from a registered, licensed pharmacist without a cost-share or a prescription. This year, pharmacy benefit coverage has been added for FluMist®.

[About member cost share](#)

Medical benefit coverage for our HMO, POS, Access Blue, PPO, Medicare Advantage, and Indemnity* plans is available without a cost-share. However, if the member receives flu vaccination along with other covered services, they will be subject to any applicable cost-share for the other services in accordance with their benefits. As always, be sure to check benefits and eligibility before performing services.

[Billing and reimbursement information on our website](#)

The flu information page on our website provides details on how to bill for flu vaccine not supplied by the Massachusetts Department of Public Health, and how to bill for vaccine administration.



For details, log on to our website at bluecrossma.com/provider and search for Flu. ❖

**Most Indemnity plans cover the flu shot at no cost, provided the account has not opted out of National Health Care Reform's preventive care provision.*

Personalized Gap-in-Care Letters Are Mailing to Members with Chronic Conditions

Twice a year in April and September, we remind members with certain chronic conditions to take action on possible gaps in care that we've identified through our claims data. We hope these letters prompt members to consult with you about their treatment and facilitate recommended care for a particular condition.

More than 80,000 members are receiving treatment for one or more of the following chronic conditions:

- ▶ Asthma
- ▶ Congestive Heart Failure
- ▶ Coronary Artery Disease
- ▶ Diabetes

Members will receive this reminder letter in September and may contact your office to discuss the information.

To learn more and to view sample letters for each condition, log on to bluecrossma.com/provider. On the home page, click on the article titled: *Personalized gap-in-care letters are mailing to members with chronic conditions.* ❖

Physician News

The Importance of Performing a Risk Assessment When Prescribing Opioids

In July 2012, we introduced a prior authorization (PA) process for short-acting opioids. This process requires the prescriber to certify that an addiction risk assessment has been performed. However, 44% of the PA requests we receive for short-acting opioids indicate that a risk assessment has not been performed.

We recently spoke with Ximena Sanchez-Samper, M.D., a physician board-certified in addiction psychiatry, who works at McLean Hospital and Blue Cross. Here, she shares her thoughts on the value of performing risk assessments when prescribing opioids.

Q. Why is it important to conduct a risk assessment when prescribing opioids?

A. The risk assessment ensures safe and responsible opioid prescribing. For physicians, completing the risk assessment follows the *do no harm* principle and ensures the safe prescribing of opioids. Patients need to be informed of the risks of opioid medication and that they can safely take the medication with close physician oversight.

Risk assessment questions target behaviors, including personal and family history—both potential warning signs for the prescriber. To safely and responsibly prescribe opioids, the provider needs to be aware of the warning signs that indicate an increased risk for addiction. This awareness can help the prescriber determine appropriate versus inappropriate use of opioids.

Q. What are the components of a good risk assessment?

A. There are five components to consider when performing a risk assessment:

- ▶ Family history of substance abuse
- ▶ Personal history of substance abuse
- ▶ Age (between 16-45)
- ▶ History of preadolescent sexual abuse
- ▶ Psychological disease
 - Attention Deficit Disorder
 - Bipolar
 - Depression
 - Obsessive Compulsive Disorder
 - Schizophrenia

Q. What if the risk assessment score indicates risk?

A. Here are some approaches to consider if the score indicates risk:

- ▶ Decrease the amount of opioid medication prescribed (i.e., prescribe a 7-day supply).
- ▶ Schedule more frequent follow-up visits (i.e., see the patient weekly).
- ▶ Count pills at each visit.
- ▶ Perform urine drug testing.
- ▶ Have a signed contract with the patient. For an example visit painedu.org. Click on tools, scroll down to patient tools and click on Patient Medication Management Agreement.
- ▶ Consult with other providers/pharmacist/psychiatrist, as needed.

For a sample opioid risk assessment, visit agencymeddirectors.wa.gov. Click on 2010 Opioid Dosing Guideline and scroll down to Appendix B: Screening Tools. ❖

The Opioid PA process requires these four components in which the prescriber certifies that:

1. An active treatment plan is in place for the member.
2. An informed consent document has been signed, and an addiction risk assessment has been performed.
3. A written/signed agreement exists between the prescriber and the patient addressing issues of prescription management, diversion, and the use of other substances.
4. A prescribing group and a preferred pharmacy chain has been agreed upon by the prescriber and the member.

To view our complete medical policy on opioid medication management, log on to bluecrossma.com/provider, select Manage Your Business>Review Medical Policies>View Medical Policies and search for 'opioid'. ❖

Office Staff Notes

Updated Credentialing Guidelines to Reflect Provider Requests for Change

In response to your requests to improve our enrollment process for new providers joining our networks, we've decided to review our credentialing policies and implement some changes. We'll be updating the *Credentialing Guidelines* on our website shortly to reflect these changes. Here are details about the changes:

DEA certificates. Blue Cross prefers that clinicians with prescriptive authority maintain Drug Enforcement Agency (DEA) certification. However, beginning in November 2013, we will credential clinicians with prescriptive authority and who do not have DEA certificates. These clinicians must sign a waiver indicating: 1) why they do not prescribe, and

2) the name of the Blue Cross provider who will be prescribing for them.

Exceptions to this change: Nurse Practitioner PCPs and Physician Assistant PCPs are contractually required to prescribe and maintain a current and valid federal DEA.

Board certification. Since 2009, we have required new physician applicants to be board certified by the American Board of Medical Specialties/American Osteopathic Association (ABMS/AOA).

Blue Cross still prefers that all physicians in a contracted network be ABMS/AOA board-certified and maintain that certification.

However, starting in November 2013, we will credential initial physician applicants if they meet the Accreditation Council for Graduate Medical Education (ACGME) training requirements of an ABMS/AOA board.

Oral and Maxillofacial Surgeons who provide care under the medical benefit plan(s) must be board certified by the American Board of Oral and Maxillofacial Surgery (ABOMS) for Oral and Maxillofacial Surgeons.

If you have questions about these changes, please contact Network Management and Credentialing Services at 1-800-316-BLUE (2583). ❖

Changing the Way We Communicate With You This Fall

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News Alerts will include notices that will:

- ▶ impact your reimbursement—including fee schedule updates, changes to reimbursement methodologies and policies, and payment policies
- ▶ impact your office operations—including plan

benefit and network changes, billing changes, and medical management initiatives, such as new prior authorization programs

- ▶ impact your technology and systems—including claims processing rules
- ▶ ensure compliance with state and federal regulatory bodies.

These notices will continue to be delivered within agreed-upon time frames. We hope this change makes it easier for you to identify important changes in the way you do business with us. See below for a side-by-side comparison of the previous format and what you can expect. We'll start sending News Alerts in October. ❖

Old Version

F.Y.I.
For Your Information

MASSACHUSETTS
Department of Health and Senior Services

Date: July 1, 2013
To: The Providers Who Care for Our Members
From: Steven J. Fox, CHIE, Vice President, Network Management & Communications
Stephan Katinas, Vice President, Network Contracting
Subject: New Policy on Receiving payments: Register for E-payment (PaySpan) by November 1, 2013

New Policy on Receiving payments: Register for E-payment (PaySpan) by November 1, 2013

We want to let you know that we have recently migrated and converted a portion of our claims system...
We will be updating these claims and you do not need to re-submit them. We also to send you more details.

New Version

News alert

New Policy on Receiving payments: Register for E-payment (PaySpan) by November 1, 2013

Date Issued: July 1, 2013
Effective date: November 1, 2013
To: The Providers Who Care for Our Members
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Office Staff Notes

Patients May Ask You for Procedure or Diagnosis Codes

Massachusetts' most recent health reform legislation – Chapter 224 of the Massachusetts General Law – includes the requirement for health plans to disclose the estimated or maximum allowed amount or charge of a proposed admission, procedure or service, including any facility fees, within two working days of a request by a member. These requirements take effect on October 1, 2013.

As part of our commitment to providing members with actionable

information to support access to high-quality, cost-effective care, we are working hard to address these requirements.

Members will be able to request an estimate by calling the 800 number on their ID card or online by logging into our Member Central website. For members to obtain an accurate estimate, they may ask you for information about a proposed service, such as procedure and diagnosis codes, as well as your provider NPI. We are developing

tools for our members including a checklist they can use when requesting this information from network providers. These tools will be available on our member website and we will provide links to them on our provider website.

As always, we value your partnership in ensuring our members and your patients have all the information they need to make informed choices about their health care. ❖

Reminder: New Policy on Receiving Payments: Register for E-payment (PaySpan) by November 1, 2013

Effective November 1, 2013, Blue Cross will use e-payment as our standard method of payment for provider reimbursement. E-payment is a secure online direct deposit into your bank account that occurs via electronic funds transfer (EFT). Enrolling in e-payment offers an additional benefit of online access to your advisories.

If you are not already registered through our vendor PaySpan®, Inc. to receive e-payments, you need to

register by November 1, 2013 at payspanhealth.com. Registration is simple and secure. Network Management and Credentialing Services is available at 1-800-316-BLUE (2583) to assist with any questions or concerns.

PaySpan will also be the required method to verify weekly check status. By complying with this change, you can save time by getting this information online instead of calling the Provider Service line.

To review our audio-visual presentation to learn more about PaySpan, including how to register log on to bluecrossma.com/provider and select Resource Center>Training & Registration>Course List and scroll down to PaySpan Health. ❖

Medical Policy Update

Lists of New, Revised, and Clarified Medical Policies are Now Available Online

Log on to bluecrossma.com/provider, select Manage Your Business>Review Medical Policies>View Medical Policies. In the middle of the page, you will find summaries of Medical and

Pharmacy Policy Updates, grouped by the month in which the policy or update is effective. Each month's list is organized alphabetically by policy title. Click on the policy title to view a summary of the update.

[FEP Medical Policies Now Online](#)
To view Federal Employee Program Medical Policies, visit fepblue.org and search for Medical Policies. ❖

September is Fall Prevention Month: Screen Your Patients for Fall Risk

In a recent survey of our members, 20% of our Medicare Advantage members reported that they have had trouble with balance or walking. Of these members, fewer than 60% have considered talking to their doctor about this issue.

Falls are the leading cause of injury, death, and disability among older adults in the United States and in Massachusetts. And with an aging population, the number of adults affected by falls is increasing.

Talk to your patients about the risk of falls

Falls are *not* a natural result of aging and can be prevented. Talk to your patients who may be at risk to decrease their chance of falling.

The USPSTF suggests considering the following when assessing patients' risk: age, history of falls, mobility problems, and poor performance on the Timed Get-Up-and-Go test, a screening that measures mobility.

Tools and resources

Watch our webinar to learn about the CDC's STEADI (Stopping Elderly Accidents, Deaths, and Injuries) tool kit—an evidence-based approach to screening and fall risk assessment.

- ▶ To access the training log on to bluecrossma.com/provider and select Resource Center>Training & Registration>Course List and select Preventing Falls: A provider tool kit.

Incorporating fall risk assessment and fall prevention into your clinical practice can be as simple as beginning a dialogue with your patient on any falls they've experienced in the past year or any worries they may have about falling or feeling unsteady on their feet.

- ▶ To access the STEADI tool kit to assess gait, strength, and balance in older adults, log on to bluecrossma.com/provider and select CMS Medicare Quality Ratings in the blue box in the right-hand column. Then scroll down to fall prevention tools and resources. ❖

Our CMS Star rating for fall prevention

Current 5-Star Rating (on a scale between 1-5):		Current percentage compliant:		Percentage compliant goal:	
HMO	PPO	HMO	PPO	HMO	PPO
4	3	55%	59%	67%	59%

Pharmacy Update

Reminder: Prescribing for Patients Who are Diabetic and Hypertensive

The majority of people with diabetes are affected with hypertension, a common comorbidity. The American Diabetes Association recommends that all patients with diabetes and hypertension be treated with a regimen that includes either an angiotensin converting enzyme (ACE) inhibitor or an angiotensin receptor blocker (ARB).

ACE inhibitors or ARBs are recommended to treat both microalbuminuria and macroalbuminuria; both are markers for development of nephropathy (occurs in 20-40% of patients with diabetes) and increased cardiovascular disease risk.

Utilization of ACE inhibitors or ARB therapy for members with diabetes and hypertension is a CMS measure of quality of care. ❖

Billing Notes

Audiologists and Licensed Dietician Nutritionists: Bill With Your NPI Starting January 2014

We are updating our billing policy for audiologists and licensed dietician nutritionists. When you bill 1500 claims for dates of service on or after January 1, 2014, please bill under your NPI, not under the NPI of the physician who employs you.

Since you must be credentialed and contracted with us to perform serv-

ices for our members, we have decided to make this update. Please be sure to let your billing department or billing agency know about this claim process.

If you already bill this way or practice independently and use your own NPI for billing, please continue your current billing protocols.

For questions, please contact Network Management and Credentialing Services at 1-800-316-BLUE (2583). ❖

Code Added to Optometry Fee Schedule

As of September 1, 2013, we have added code 92065 to your fee schedule for HMO, PPA, and Indemnity products for vision therapy services you provide to

our members. Your updated fee schedule is available online by logging on to bluecrossma.com/provider. ❖

Reminder to Our Oncology Providers

Billing an Evaluation and Management (E/M) service on the same day as a Chemotherapy Administration service is appropriate only when the E/M service relates to a significant, separately identifiable issue as described by AMA CPT guidelines. Medical documentation should reflect the significant, separately identifiable nature of the issue for which the E/M service is billed. ❖



Accounts Receivable Training Available

Do you have questions about the ways in which we communicate with you about your reimbursement? If so, our new, on-demand training presentation can help you understand how to use online advisories and post reports to track your payments.

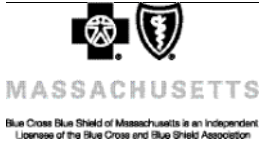
What You'll Learn

During this nine-minute audiovisual presentation, you'll learn:

- ▶ How to quickly obtain accounts receivable information using PaySpan Health.
- ▶ How BCBSMA notifies providers of a negative adjustment.
- ▶ How to find accounts receivable information on provider advisories and posting reports.

How to Access the Training

Log on to bluecrossma.com/provider and click on Resource Center>Training & Registration>Course List. Then, select Accounts Receivables for Professional Providers from the menu for your provider type. ❖



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At Your Service



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