Update
JANUARY 2019

BlueCross BlueShield Nebraska

PARTNERING WITH YOU FOR A HEALTHIER NEBRASKA

nebraskablue.com/providers

Update is a bimonthly provider newsletter that contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for health care providers. It also offers important details about BlueCard providers and the Federal Employee Program. It is published by the Health Network Services (HNS) and Communications Departments.

If you are a contracting BCBSNE health care provider, this newsletter serves as an amendment to your agreement and affects your contractual relationship with us. You are encouraged to file every issue of the Update within your BCBSNE Policies and Procedures manual and reference it often. You may also view the current manual in the Provider section at **nebraskablue.com/providers**.

As a service for Blue Cross and Blue Shield members, we also make this newsletter available to nonparticipating Nebraska providers.

We also publish each issue online in the Provider section at: **nebraskablue.com/providers.**

You may print a copy of this Update to file within your BCBSNE Policies and Procedures Manual. To request permission to reprint the material published in this Update for any other purpose, you must email the editor, Loraine Miller, at: **loraine.miller@nebraskablue.com**

If you would like to receive an email each time a new issue of this newsletter is posted on the website, go to **bit.ly/updatenewslettersignup**. You can view the newsletter and request online notifications of special announcements about workshops, resources and other information from BCBSNE.

What's New

Claim Return Letters

In collaboration with our claims and provider executive teams, the wording on our returned claim letters has been updated. This update will result in clear instructions and less confusion. Thank you for your patience and feedback along the way.

Previous Wording:

ACTION NEEDED: The total charge submitted on this claim is $0.00. Please resubmit with the charges for the services rendered.

Dear Prairie Skies Dental,

Thank you for submitting your claim(s) for Melanie Monson. In order for us to process the claim(s), more information or a correction is required.

Please refer to the "Action Needed" above and submit a new claim after making the necessary corrections. If your original claim was filed electronically, it will be necessary for you to resubmit your claim using frequency code "7" (replacement claim) and Claim Number noted above as the claim reference number. If in the event the information requested requires an attachment to your claim, please return this letter with your claim and correspondence attached. Information received without a claim will be returned to the provider.

Specific billing requirements and solutions can be found at www.nebraskablue.com in the Policies and Procedures section.

If you have any questions, please call our Provider Service Department at 402.390.1890 or 800.635.0579.

Sincerely,

Benefits Divisions

Updated Wording:

ACTION NEEDED: Please submit donor claims under the recipient's name with the donor information on UB04 claim form in box 80/on HCFA 1500 claim form in box 19.

Dear Xxxxxxx xxxxxx,

We have not accepted the charge(s) submitted for processing because the claim doesn't meet the requirements to be a clean claim. Please refer to the ACTION NEEDED item above which requires your attention. Review your submission and submit a new claim, correcting the item identified, or submit the appropriate documentation needed to support your filing. As a reminder, do not resubmit these services on a Reconsideration form, as we did not process the initial incomplete claim.

If you have any questions, please refer to www.nebraskablue.com/providers.

Sincerely,

Benefits Divisions

In this issue → Click on the headline to jump to the article.

Seven-day limit for opioid drugs

New policies became effective Jan. 1, 2019, to identify and manage potential opioid overutilization in the Medicare Part D population. The policies include improved safety alerts when opioid prescriptions are dispensed at the pharmacy and drug management programs to better coordinate care when chronic high-risk opioid use is present.

Seven-day supply limit for covered persons taking opioids. The opioid seven-day supply hard safety edit limits the initial dispensing to a supply of seven days or less for opioid naive covered persons. "Opioid naive" is defined as a lack of any opioid prescriptions (long-acting or short-acting) within our claims system in the previous 90 days.

Rejections of opioid claims may be overridden for the seven-day supply limit when at least ONE of the following is met:

Providers should submit prior authorization requests for the following services:

- We received a claim(s) that the patient was treated with opioid therapy within the past 90 days OR
- The prescriber states the patient is currently being treated with opioid therapy OR
- The patient is being treated for active cancer-related pain OR
- The patient is being treated for sickle cell disease-related pain OR
- The patient is residing in a long-term care facility OR
- The patient is in hospice care or receiving palliative or end-of-life care

When appropriate, the pharmacy may submit the corresponding codes to override the rejection.

For prescriptions written for more than seven days, the covered person's prescribing provider may submit a prior authorization request to have the clinical circumstances reviewed.

Opioid care coordination alert

The Morphine Milligram Equivalent (MME) cDUR Hard Edit calculates cumulative daily MME across the submitted claim and selected historical claims. The edit includes thresholds for maximum number of prescribing providers and maximum number of pharmacies, which must be exceeded for potential drug misuse to be reported.

If submitting a prescription for a covered person whose calculated daily MME is 90 mg or more and the covered person has utilization from more than two pharmacies and two prescribing providers, the claim will be rejected.

The dispensing pharmacist may consult with the prescribing provider and, if the prescription is deemed appropriate, may enter the applicable code to allow for claim payment.

Additional opioid safety edits for opioid users taking duplicate or key potentiator Drugs

Additional soft safety edits will alert pharmacists about covered persons taking duplicative therapy or concurrently using opioids and benzodiazepines.

If you have questions regarding this policy, please call your BCBSNE provider executive.

Peer-to-peer phone calls

There has been an increase in the number of impolite discussions taking place during peer-to-peer calls. All participants should feel comfortable with peer-to-peer calls, so we introduced a new policy that began Jan. 1, 2019. All peer-to-peer calls are now recorded. Our nursing and medical staff will discontinue phone calls if inappropriate language is being used, and the peer-to-peer option will be forfeited for that provider's office. The office will still be able to appeal the claim decision.

Provider offices that persist with rudeness and/or inappropriate language will be placed on a corrective action plan, and if necessary, will be terminated from the network.

If you have any concerns about the new process, please reach out to BCBSNE's provider executive team or our Chief Medical Officer Deb Esser.

Mark your calendars

BCBSNE will be hosting a Provider Conference

Wednesday, March 20, 2019

Please watch for more information and registration announcement

Seating will be limited and you MUST have a ticket at the door

Other News

Collaborative support for patients with diabetes

Diabetes is the leading cause[1] of blindness and kidney failure in the U.S., leading to poor quality of health and the rising cost of care. As we seek to decrease the consequences of uncontrolled diabetes, we want to collaborate with our providers to promote comprehensive diabetic care to prevent and/or detect early onset of microvascular disease in the diabetic population. This means monitoring several factors.

The Healthcare Effectiveness Data and Information Set (HEDIS) evaluates the percentage of adults 18-75 years of age with diabetes (type 1 or type 2) who had each of the following in the measurement year:

- Hemoglobin A1C testing with results
- Retinal or dilated eye exam
- Medical attention for nephropathy, including one of the following:
  - Microalbumin or microalbumin urine test
  - Treatment with an ACE/ARB medication
  - A nephrology consult or documented evidence of kidney disease
- Blood Pressure Control (<140/90)

Blue Cross and Blue Shield of Nebraska is working to empower and support patients with diabetes in managing their health goals and costs. We offer free support and tools to our members, including case management, health coaching and our new mobile health app. When a member downloads the app, they will have access to a BCBSNE Nurse Care Team with additional training in diabetic education. Members may also access several robust features that can help track blood glucose levels, physical activity and medications.

The app offers medication reminders, too. Members that engage in the mobile app are more likely to follow up with their PCP and have lower ED and hospital admissions.

Encourage your BCBSNE patients to download the Wellframe app from the App Store or Google Play using their Blue Cross and Blue Shield of Nebraska member ID number and access code NEACTION, when prompted. If your office would like more information about these services, call us at 844-201-1546.

We also offer the following tools for your office to help with education, shared decision making and continuity of care for your patients with diabetes:

DM Retinal Screening Patient Flier

DM Action Plan

DM Retinal Screening Form

Reference

[1]Dennis, M., (May 17, 2016) New Insight into How diabetes Leads to Blindness. Retrieved http://www.diabetes.org/research-and-practice/we-are-research-leaders/recent-advances/diabetes-blindness.html

BCBSNE has selected a new vendor to conduct our DRG audits

BCBSNE has selected Change Healthcare (also know as EquiClaim) to conduct our DRG audits effective Jan. 1, 2019.

We are conducting a pilot program with Change Healthcare that will include claims from January 2018 through September 2018.

You will follow the same process you always have for DRG audits. If you have DRG audit questions, please contact EquiClaim DRG Audit Customer Service at 866-481-1479.

To review our DRG audit policy, please review page 89 of the General Policy and Procedures manual. Please reach out to your provider executive if you have questions.

HEDIS medical record reviews

Blue Cross and Blue Shield of Nebraska is pleased to announce that Centauri Health Solutions has been selected to perform medical record retrieval and abstraction services to support our Healthcare Effectiveness Data and Information (HEDIS®) data reporting. Centauri may be contacting your office to coordinate the retrieval of medical records for a subset of Blue Cross and Blue Shield of Nebraska members within your patient panel.

The records you provide during this process help to validate the quality of care and services provided to our members. Record reviews for HEDIS generally occur annually between January and May. Your prompt attention to submitting the requested medical record information is appreciated. Per the NEtwork BLUE contract, health care professionals and facilities agree to submit medical records requested by BCBSNE in a timely manner at no cost to the covered person or to BCBSNE. This includes requests from Centauri on our behalf.

HEDIS is a performance measurement tool that is coordinated and administered by NCQA (National Committee for Quality Assurance) and used by Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of health plans. HEDIS consists of a set of performance measures used by more than 90 percent of American health plans that compare how well a plan performs in quality of care, access to care and member satisfaction with the health plan and doctors.

Centauri is contractually bound to preserve the confidentiality of health plan members' protected health information (PHI) obtained from medical records, in accordance with HIPAA regulations. Please note that patient-authorized information releases are not required for you to comply with these requests for medical records. Providers are permitted to disclose PHI to health plans without authorization from the patient when both the provider and health plan have a relationship with the patient and the information relates to the relationship [45 CFR 164.506(c)(4)]. For more information regarding privacy rule language, please visit http://www.hhs.gov/ocr/privacy.

If you have any questions, please do not hesitate to contact BCBSNE's provider executive team at ProviderExecs@nebraskablue.com or call 800-821-4787.

For more information on HEDIS, visit https://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures.aspx

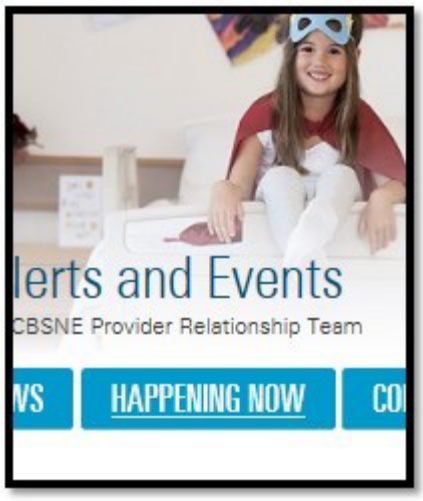
Benefits change for ADHD medications

Blue Cross and Blue Shield of Nebraska health care plans require that benefits for certain prescription drugs meet FDA-approved diagnosis criteria. **Effective Jan. 1, 2019, benefits for ADHD medications will require preauthorization.** For approval the medication must be prescribed to treat an FDA approved diagnosis.

For new ADHD medication prescriptions, preauthorization will be needed as of Jan. 1, 2019. To allow members with existing prescriptions adequate time to discuss this with their health care provider, those members will be allowed to fill their current prescription until Jan. 31, 2019.

This change applies to employees of fully-insured groups only. We notified impacted members of this change in December.

NEWS UPDATE



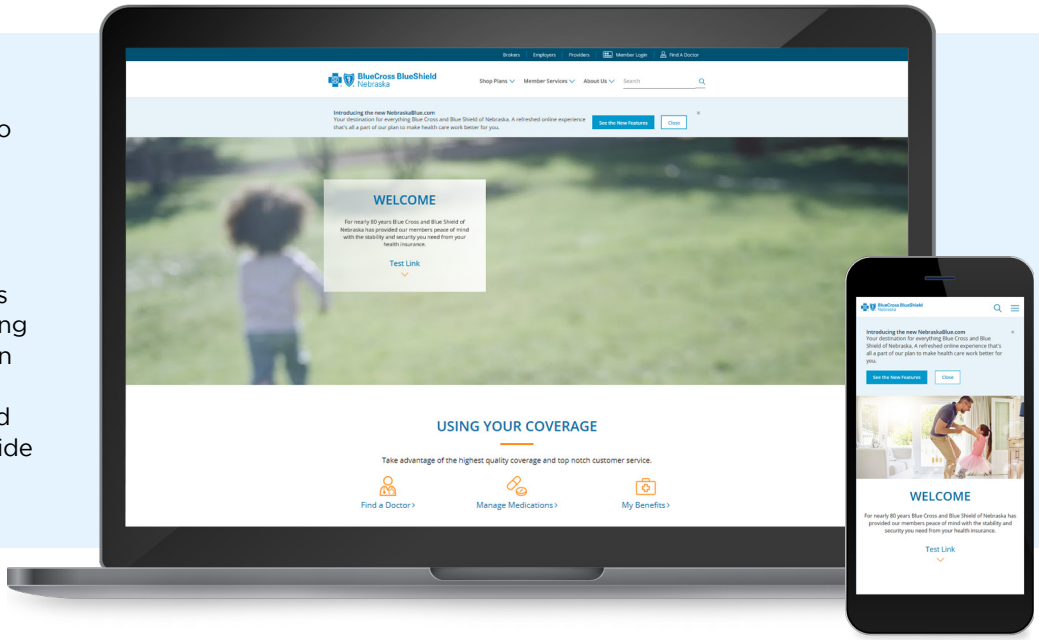
on Nebraskablue.com “HAPPENING NOW”.

This will provide real time information on IMPORTANT updates to our system transition.

Coming Spring 2019: The New NebraskaBlue.com

To help ease your administrative burden and allow you to focus more time and attention on patients, we’re working on building an enhanced NebraskaBlue.com.

We’re taking the best elements from the current site and making it easier to use. The information and the self-service tools will stay the same, but the look and navigation will change to provide a refreshed online experience.



Features will include:

- A mobile responsive design to access from any device
- Better user navigation
- Visually rich content
- Improved doctor finder and cost estimator

Over the next few months, you’ll have a chance to see a sneak peek of the new site before it goes live to the public.

We appreciate your patience as we work to create a better experience for our members and health care professionals alike. More to come soon.

Air Ambulances

Revised from July 2018

We want to make sure our members use in network providers whenever possible. Many times, when ambulance services are required, there is not time to determine if a provider is in network. However, there are situations in which air ambulance services are medically necessary for a non-emergent transport.* Below is a current list of contracting (in-network) air ambulances.**

- All hospital-owned air ambulances when the hospital is in network
- Medical Air Rescue Company
- EagleMed
- Air Evac Lifeteam
- Med-Trans/AirLink
- Midwest Medical Transport Company
- Rocky Mountain Holdings LLC
- Lifenet Air Ambulance
- Omaha Ambulance
- StarCare

*Preauthorization is required when there is a need for non-emergent air ambulance transport.

**This list is subject to change. For questions about in network air ambulance services, please contact our provider solutions department by sending an email to ProviderExecs@nebraskablue.com.

Reminders!

Benefits for breast pump

Breast pumps are covered one per pregnancy. This is to include the pump and all supplies included in a starter kit. There are no benefits for replacement supplies or any additional supplies unless specifically stated in the member's benefits. No additional breast pumps are covered for the same pregnancy. Also, if the pump is ordered, it must be delivered in the state of Nebraska. Any deliveries outside of Nebraska will not be covered. So, for example, if someone works in Omaha, but lives in Council Bluffs, the pump would not be covered if it was delivered to the member's home.

Home/Durable Medical Equipment Rental

Our general guideline for rental of HME is to provide benefits for rental, up to the allowable purchase price, as long as equipment is medically necessary.

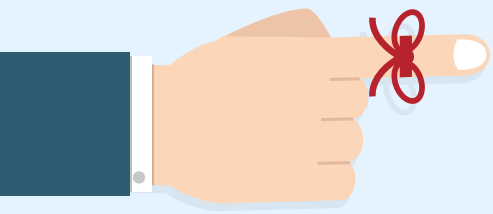
Our rental allowances are typically based on 10% of the purchase price allowance. Once the allowable purchase price has been met, we consider this equipment to be purchased with ownership transferring to the member.

Please check your current fee schedule to determine the allowable charge.

Please refer to other in network providers

As an in network provider with BCBSNE you are required to refer your patients to other in network providers, as stated in the General Policies and Procedures Manual. We have seen a significant number of claims for lab services where the practitioner is in network with BCBSNE, but the lab they are using is out of network with BCBSNE. This is causing the patient to unexpectedly receive large bills for using an out-of-network provider.

For additional information, please see "Referrals" on page 22 of the General Policies and Procedures Manual.



REMINDER

Medicare Advantage has it's own Update newsletter published on opposite months of this Update.
To access the Medicare Advantage newsletter **CLICK HERE.**