Newsletter for our Participating Provider Partners

January 2020

CONNECTION

January is Glaucoma Awareness Month

In this issue:

MEDICARE MINUTE

NEW PRE-SERVICE ONLINE SUBMISSION PORTAL

HEDIS® 2020
What’s Inside:

Click the title below to go directly to the article.

News You Can Use pg. 3
Excellus BCBS Earns Excellent Medicare Star Ratings pg. 4
Electronic Claims: Payer Response Report Update pg. 4
Medicare Minute pg. 5
New Pre-service Online Submission Portal pg. 6
Email Communications: Check Your Junk Folder pg. 7
Coding Corner pg. 8
Ensuring a Successful 2020 HEDIS® Season pg. 9
Medical Policy Updates pg. 10
Pharmacy News pg. 11
HIV Guidance Updates pg. 12
New Year, New Health Poster Inventory Guide pg. 12

Stay in the Know!

Visit the Provider Updates area on our website to review recent communications.

Save this page as an online “favorite” for easy access.

Please sign in with your username and password to view all news updates.

Happy New Year!

January is Glaucoma Awareness Month. It is estimated that up to 2.2 million Americans are affected by the disease, but that only half of them realize they have it. After cataracts, glaucoma is the leading cause of blindness, and symptoms often go unnoticed. Learn more from the:

> National Eye Institute: https://www.nei.nih.gov/learn-about-eye-health/resources-for-health-educators

We offer tools to help provide information to your patients regarding important preventive screenings. If you would like us to provide you with our member brochure explaining the need for regular screenings or exams, contact our Member Care Management team at 1-800-434-9110.

Thank you for your Connection readership. Your suggestions, questions and comments are always welcome. Email Jolene Nonemaker, Editor, at jolene.nonemaker@excellus.com.
Thank You for Attending!

Thank you to everyone who joined the Provider Relations team for our 2019 fall seminars. We had over 700 attendees! Many of you provided valuable feedback on the seminar surveys that will help us to grow and improve in order to serve you better.

Check Member Cards at Every Visit

It’s important to check identification cards at every visit; however, at the start of a new year, it’s imperative. Many people change health plans effective January 1. Also, employer groups may modify the share of costs that employees must pay (copays and deductibles) for health care services. Ask each patient for his or her member card and make a copy of the front/back of the card for your records.

If the patient does not have his or her card with them, you can let them know they can view their member card through their Excellus BCBS online account at ExcellusBCBS.com or on the Excellus BCBS mobile app. With mobile cards, the card displays on electronic devices (phones, tablets, etc.) just like a hard copy of the card. You will be able to view the front and back of the card and it looks the same on the screen as it does as a hard copy.

Medical UM Program Updates Effective January 17, 2020

Our standard medical Utilization Management (UM) Program updates that are effective for requests beginning January 17, 2020 have been updated on our website. Review these updates, which include a list of CPT codes that will no longer require preauthorization for commercial, Medicare, and/or Safety Net lines of business, in the bulletin we issued December 10, 2019.

Is Your Practice Information Accurate?

You can check the current listing for your practice in our Find a Doctor/Provider tool. It’s important to review this information every 90 days. Be sure to verify that the following information is accurate:

- √ Practice and/or provider name
- √ Office hours
- √ Medical group and/or hospital affiliations
- √ National Provider Identifier (NPI)
- √ Accepting new patients status*

*If your office anticipates challenges meeting New York state visit time frames, you should consider changing your accepting new patients status to “Closed to New Patients” until timely visits are available.

If revisions to your practice information are needed, click here to access our Practitioner Demographic Changes form. Tip! When you submit the form online, we don’t require a provider signature on the form because of your secure sign-on to our provider portal.

Also verify and update your demographic information on the NPI Registry. Log into your NPI record at https://nppes.cms.hhs.gov/#/.
EXCELLUS BCBS EARN EXCELLENT MEDICARE STAR RATINGS

Health care quality matters, so we’re pleased to shout about our 2020 Star ratings from the Centers for Medicare & Medicaid Services (CMS).

Medicare uses this system to rate the overall performance of Medicare Advantage and prescription drug plans across the nation. As a health plan, our goal is to achieve the ever exclusive 4 stars or higher performance as a key indicator of clinical quality, cost effectiveness, and member experience.

We’re proud to report that our 2020 ratings, which are based on 2018 plan year performance were all 4 stars or higher!

Plans are rated in five categories:

- Staying healthy via screenings, tests, and vaccines
- Managing chronic conditions
- The member experience, including plan responsiveness and engagement
- Member complaints, retention, and responsiveness of customer service
- Overall health plan customer service

While we’re pleased with our achievement, we know that we must work diligently each day toward constant improvement. Thank you for partnering in this effort by providing quality care to our members who are your patients. We can’t do it without you!

ELECTRONIC CLAIMS:
PAYER RESPONSE REPORT UPDATE

In response to your requests to eliminate our Payer Response Report we are taking steps during 2020 to migrate those edits to your 277CA report. The ANSI x12 277CA will replace the need for the Payer Response Report and claims will contain the appropriate claim status code to identify if a claim has been rejected. As we begin this initiative the number of rejections on the Payer Response Report will decrease and by year end the report will no longer be needed.

Access and Availability Standards

We follow appointment availability standards established by the New York State Department of Health. These standards, which apply to all lines of business, are used to improve patient access to routine, urgent, preventive and specialty care. We also follow 24-hour access standards to measure after-hours access. Learn more by accessing our tips sheets:

- Access and Availability Standards - all lines of business
- Behavioral Health Access and Availability Standards - Adults
- Behavioral Health Access and Availability Standards - Children
Reminder: Medicare Advantage Changes Effective January 1, 2020

Medicare Advantage members received their Annual Notice of Changes (ANOC) in September with details about the benefit and administrative changes effective January 1, 2020. For a summary of these changes, review the bulletin we issued September 13, 2019.

If members have questions on these changes or would like to view their ANOC, encourage them to visit MyExcellusMedicare.com.

Important Update for Medicare Member Cards

Existing Medicare members who had no plan or benefit changes for 2020 received new member cards with a 01/01/19 effective date. Rest assured, this is correct and is not a misprint. Some members have contacted us expressing concerns that their health care providers will not accept cards with a 01/01/19 effective date. These cards are accurate and should be accepted as we will not be issuing cards with a 01/01/20 effective date. We appreciate your support in sharing this message and providing education to our Medicare members who express this concern.

Qualified Medicare Beneficiary Program Enrollee Information

The Qualified Medicare Beneficiary (QMB) Program is a Medicaid benefit that pays Medicare premiums and cost-sharing for certain low-income Medicare beneficiaries. Since the law prohibits Medicare providers from collecting coinsurance, copayments and deductibles from QMB enrollees, it is important that you are able to identify QMB status to stay in compliance.

We’ve updated our remittances and the provider web portal making it easier for you to identify QMB members and any cost sharing not billable to the member. Review details on these updates in the bulletin we issued October 10, 2019.

Ways to Help Your Medicare Patients Save Money and Improve Adherence

Prescribe a 90-day supply on maintenance medications when appropriate. For 2020, most of our Medicare Advantage plans will cover a 90-day supply of maintenance medications for two copayments filled through mail order or at most retail pharmacies. The switch to a 90-day supply has shown to improve adherence, which leads to better health outcomes.

In 2020, there will be a new pharmacy network for Direct Pay members called the Medicare Preferred Value Network. Members will save money using a preferred pharmacy by paying a lower copay for prescriptions on tiers 1-4. Members will pay a higher copay for tiers 1-4 (on average $5 more) if a standard pharmacy is utilized.

- There are 65,000 pharmacies in the entire network and members should be encouraged to use one of the 35,000 pharmacies that are preferred
- A complete list of our pharmacies can be found at: Medicare.ExcellusBCBS.com/prescriptions/find-a-pharmacy
Smart Data Solutions, Inc. ("SDS"), an independent company, has designed a web-based submission method to allow providers to submit records to the Utilization Management (UM) department electronically rather than via fax. This portal also allows providers to create coversheets if faxing or when paper submissions are still preferred.

**Only pre-service/prospective reviews should be submitted through this portal.**

If you have received a letter requesting medical records for claims payment, do not submit those records using the SDS portal. Submissions of incorrect documents will result in delayed processing and possible denials.

After registering for an account, providers can submit the following documents through the new Smart Data Solutions portal:

| **Utilization Management** |
| ♦ Any pre-service or concurrent reviews, including those for durable medical equipment (DME), physical therapy (PT), occupational therapy (OT), home care, speech therapy, skilled nursing reviews, and acute rehabilitation |

| **SafetyNet Utilization Management** |
| ♦ Initial and concurrent review clinical documentation (e.g., MD notes, nursing notes, social work notes, assessments, medication lists and any additional clinical information to substantiate need for admission and/or ongoing stay) |
| ♦ Discharge summaries |

| **Behavioral Health (SafetyNet & non-SafetyNet)** |
| ♦ LOCADTR and Appendix A documents |
| ♦ Initial and concurrent review clinical documentation (e.g., MD notes, nursing notes, social work notes, assessments, medication lists and any additional clinical information to substantiate need for admission and/or ongoing stay) |
| ♦ Discharge summaries |

When submitting online:

♦ Only one patient should be submitted per transaction

♦ Acceptable file types are: PDF (.pdf), TIFF (.tif or .tiff) and Word (.docx or .doc)

♦ The maximum file size limit = 30MBs

**This SDS portal should not be used for other submissions such as post-service/retrospective reviews, claims submission or any other area except as defined above.**

Continued on page 7
**Register today!**

If you are interested in submitting pre-service/prospective reviews through this portal, go to:

https://sdstestenv.smart-data-solutions.com/quickclaim/template/ClearingHouse%2COpenEnrollment.vm/cc/CHUMSUB

On the SmartData Stream Clearinghouse Portal Account Creation page, complete the fields with your practice and contact information. You will have the ability to set up additional subaccounts after initial enrollment.

✧ Provider Name, TIN, NPI: Name, tax ID and NPI of the group/practice
✧ Contact Name, Phone, Email: Name, phone number and email address of the main account administrator
✧ Password: Create a password with the defined requirements

Check the “I’m not a robot” box and follow the verification prompts. Once verified, click Submit.

After submission, watch for a welcome email from stream.enrollment@sdata.us. Check your junk email folder if the email is not received. The welcome email will contain the URL to access the portal and a user name (all user names will start with “CH”) that you’ll use with the password entered on the registration screen to log into the account.

---

**EMAIL COMMUNICATIONS:**

**CHECK YOUR JUNK FOLDER**

When was the last time you checked your spam or junk email folder? If you are waiting on an email response from Excellus BCBS, check your junk folder to see if your email system marked our email as spam.

If there is an email from us (one that ends in @excellus.com) in your junk or spam folder, you can add that email address to your email contacts to ensure that any future emails from that email address arrive in your inbox.

1. If you are signed up to receive electronic communications from us, be sure to add provider@excellus.com to your email contacts.

It’s also a good idea to regularly check your junk folder so that you don’t miss important emails that may have been marked as spam by mistake.

---

To report potential fraud, waste or abuse, please call our **Fraud Hotline** at 1-800-378-8024 or click [here](#) to visit our website to complete and submit our Fraud Reporting form.

For Federal employees, call 1-800-337-8440.

All fraud, waste and abuse referrals are **confidential** and can be made **anonymously**.

Those who report wrongdoing are protected from retaliation.
CODING CORNER

Improving Documentation Specificity for Cardiomyopathy

This month, we will review how to improve documentation specificity for cardiomyopathy. Cardiomyopathy is a disease of the heart muscle that makes it harder for your heart to pump blood to the rest of your body. ICD-10-CM allows the different types of cardiomyopathy to have a unique code.

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I25.5</td>
<td>Ischemic cardiomyopathy</td>
</tr>
<tr>
<td>I42.0</td>
<td>Dilated cardiomyopathy</td>
</tr>
<tr>
<td>I42.1</td>
<td>Obstructive hypertrophic cardiomyopathy</td>
</tr>
<tr>
<td>I42.2</td>
<td>Other hypertrophic cardiomyopathy</td>
</tr>
<tr>
<td>I42.3</td>
<td>Endomyocardial (eosinophilic) disease</td>
</tr>
<tr>
<td>I42.4</td>
<td>Endocardial fibroelastosis</td>
</tr>
<tr>
<td>I42.5</td>
<td>Other restrictive cardiomyopathy</td>
</tr>
<tr>
<td>I42.6</td>
<td>Alcoholic cardiomyopathy</td>
</tr>
<tr>
<td></td>
<td>Note: Code also presence of alcoholism (F10.-)</td>
</tr>
<tr>
<td>I42.7</td>
<td>Cardiomyopathy due to drug and external agent</td>
</tr>
<tr>
<td></td>
<td>Note: Code first poisoning due to drug or toxin (T36 - T65)</td>
</tr>
<tr>
<td>I42.8</td>
<td>Other cardiomyopathies</td>
</tr>
<tr>
<td>I42.9</td>
<td>Cardiomyopathy, unspecified</td>
</tr>
<tr>
<td>I43</td>
<td>Cardiomyopathy in diseases classified elsewhere</td>
</tr>
</tbody>
</table>

To assign ICD-10 codes for cardiomyopathy, it is important to understand the following:

➤ Ischemic cardiomyopathy is code I25.5
➤ “Other Cardiomyopathies” can be used when medical record documentation provides detail for which a specific code does not exist
➤ Should be specified in the documentation and linked in the assessment
➤ “Unspecified” codes are used when medical record documentation is insufficient to assign a more specified code

To properly code cardiomyopathy, the documentation in the medical record should specify:

➤ Type of cardiomyopathy, if known
➤ Any causal relationship to a drug or agent
➤ Treatment or medication and linked to cardiomyopathy
➤ Any underlying disease documented and linked to cardiomyopathy

Important Reminders:

• All diagnoses submitted on a claim should be supported by the Monitoring, Evaluation, Assessment and/or Treatment of the condition in the medical record documentation.
• For more information, please contact Sara Fraser, Manager of Risk Adjustment Program Operations, at 585-238-4590.
ENSURING A SUCCESSFUL 2020 HEDIS® SEASON

Excellus BCBS, in collaboration with you, our network providers, are committed to improving the quality of care of our members, your patients. One way in which we do this is by annual participation in the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set (HEDIS) Data collection.

HEDIS consists of a set of nationally reported measures that are utilized to measure health plan performance on important dimensions of care and service. We gather this information by abstracting medical record documentation of services billed and performed to support the measure set criteria established by NCQA. Ensuring accurate coding for services provided is key.

We combine our HEDIS scores with our Consumer Assessment of Healthcare Providers and Systems (CAHPS®) scores, and our NCQA Accreditation scores to receive a Health Plan Insurance Rating from NCQA. This rating can be viewed by consumers when selecting a health plan for the first time or if considering changing plans. Our audit of rate results is conducted by an NCQA-certified auditor. Results are used to evaluate where to focus quality improvement efforts.

Provider letters will be mailed out in February and will include a member list, HEDIS measure assigned and the specific measure criteria/required medical record documentation. Note that the letter will include a phone number for questions, a fax number to send documentation and a mailing address. A HEDIS reviewer will contact your office to coordinate the best method to retrieve the records. There are multiple options for submitting records. The preferred method of access is remote access to your Electronic Medical Record (EMR). Remote access is the most efficient way for medical record review as it requires less support from office staff, and complete results. Other methods of access are virtual fax, standard fax, mail in, or on-site review. We realize that every practice is different, and we will work with each practice on your preferred method.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 permits data collection and release of information as part of our health plan’s Health Care Operations and includes quality assessment and improvement activities.

**HEDIS® 2020 Chart Review Timeline**

- **Early February** - HEDIS letter and patient lists sent to offices
- **End of February** - Excellus BCBS HEDIS reviewers have made contact with all offices to set up preferred method of record collection
- **February 12 - April 30** - Excellus BCBS HEDIS reviewers are in the field collecting data for the medical record review
- **June** - Results are reported to NCQA and NYS Department of Health
- **September** - STAR ratings are released via healthinsuranceratings.ncqa.org
- **October** - NCQA releases the final HEDIS specifications for 2021 reporting

We appreciate your cooperation and participation in this time-sensitive review. If you or your staff has any questions regarding HEDIS, please contact the Quality Measurement department at 1-800-768-8177. You can also log into our provider portal, Provider.ExcellusBCBS.com/resources/clinical, to find HEDIS provider education material.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)
CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)
MEDICAL POLICY UPDATES

Excellus BCBS works to ensure that the development of corporate medical policies occurs through an open, collaborative process. We encourage participating providers to become actively involved in medical policy development. Each month, draft policies are available on our website for review and comment. To access the draft policies, click here. Providers now have the capability of attaching supporting documentation related to their comments.

The following new and updated medical policies have been reviewed and were approved on November 21, 2019 by the Corporate Medical Policy Committee, including practitioner representatives from all Health Plan regions. A complete library of our medical policies can be found on our website.

Current Policies Recently Updated with Minimal Changes

The following policies required only minimal changes (e.g., updating of references, changing language to meet legal needs). The coverage intent of the policies was not altered. These policies were recently approved for updating by the Health Plan Medical Directors and are available on our website.

- #6.01.30: Brachytherapy after Breast-Conserving Surgery (as Boost with Whole Breast Irradiation or Alone as Accelerated Partial Breast Irradiation)
- #6.01.06: Brachytherapy or Radioactive Seed Implant for Prostate Cancer
- #2.02.29: Cardiovascular Disease Risk Assessment - Laboratory Evaluation of Lipids
- #1.01.38: Negative Pressure Wound Therapy (Vacuum Assisted Closure)
- #7.01.92: Percutaneous Left Atrial Appendage Closure Devices
- #2.02.50: Urine Drug Testing

Archived Medical Policies

Policies are archived either because the technology has become standard of care or because there has been little utilization or few requests. Archived policies are available on our website.

Previously Archived:
- #8.01.01: Extracorporeal Photochemotherapy/Photophoresis
- #7.01.17: Intradiscal Electrothermal Annuloplasty (IDET/IDTA, PIRFT, Biacuplasty), Percutaneous
- #9.01.06: Ophthalmologic Techniques for the Diagnosis of Glaucoma
- #4.01.04: Uterine Artery Occlusion in the Treatment of Uterine Fibroids

WEB SELF SERVICE TOOLS

We know how busy your work day can be. That's why we remind you of the time-saving tools and information available on our website, Provider.ExcellusBCBS.com.

They are quick, convenient and available 24/7!

We require the use of our web self-service tools to check member eligibility and benefits.
Accredo and IVIG Convenient Care

Excellus BCBS is pleased to let you know about our site of care program, which encourages home infusion as an alternative to the outpatient hospital setting for certain drugs such as Intravenous Immune Globulin (IVIG). We have partnered with one of our home infusion providers, Accredo Health Group, Inc. Accredo offers a specialized Convenient Care Program for patients to receive IVIG therapy in the comfort of their own home. While home infusion of IVIG is not required, we hope that the increased convenience will encourage members to take advantage of the services. We also hope that, as part of our shared commitment to keeping health care affordable for all, you will join us in supporting our members who choose to do so.

Accredo offers:

- Coordination of drug, supplies and Accredo nurses who will monitor your patient for the entire infusion.
- Flexible appointment times in the comfort of your patient’s home.
- 24/7 Clinical Support – Accredo nurses are available to your patients 24 hours a day, 7 days a week with immediate access to your patient’s specific care plan and clinical history.
- A formal summary after the start of care visit and then as needed for subsequent visits.

Accredo will work with you to ensure timely, uninterrupted service for you and your patient. If you or your patient have questions about the program, or if you are ready to make a referral, call Accredo at 1-844-581-4862 (Monday through Friday, 8 a.m. - 5 p.m. EST) to get started.

Policy Updates for Oral Prostate Cancer Medications

We want to make you aware of upcoming policy updates involving oral prostate cancer medications. Starting January 1, 2020, step therapy requirements will apply to Xtandi® and Erleada®, depending on the indication.

Step therapy requirements already apply to Zytiga® and Yonsa®.

The use of Xtandi®, Erleada®, Zytiga®, and Yonsa® will not be authorized unless certain exception criteria are also met. Nubeqa® and abiraterone acetate (generic for Zytiga®) will be the health plan's preferred oral prostate cancer medications. Please refer to the following table for a list of indications and preferred drugs.

<table>
<thead>
<tr>
<th>Indication</th>
<th>Preferred Drug</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metastatic castration resistant prostate cancer</td>
<td>Abiraterone acetate</td>
<td>Zytiga, Yonsa, Xtandi*</td>
</tr>
<tr>
<td>Metastatic castration resistant sensitive cancer</td>
<td>Abiraterone acetate</td>
<td>Zytiga, Erleada, Xtandi</td>
</tr>
<tr>
<td>Non-metastatic castration resistant prostate cancer</td>
<td>Nubeqa</td>
<td>Erleada, Xtandi</td>
</tr>
</tbody>
</table>

*Xtandi will not require step through abiraterone if being used for metastatic castration resistant prostate cancer with visceral metastases.

This step therapy change applies to all lines of business except Medicare. This will affect new starts only and will not apply to patients who are currently using non-preferred medications.

Xtandi®, Erleada®, Zytiga®, and Yonsa® will all continue to require prior authorization for all lines of business.

This policy change was reviewed and approved by our Pharmacy & Therapeutics (P&T) Committee, which is comprised of local physicians and pharmacists who are not employed by our Health Plan.
HIV GUIDANCE UPDATES

The New York State Department of Health has issued several new and updated guidance documents relating to HIV standards of care. The updates are designed to assist providers in assessing needs, selecting the best course of treatment, and monitoring the effectiveness of treatment.

✧ Initiating Antiretroviral Therapy (ART) on the day of an HIV diagnosis or first clinic visit is now the recommended standard of care for HIV treatment in New York.
  ✧ Guidelines for Minimum Frequency of Laboratory Monitoring during and after Year One can be found on the NYS Department of Health AIDS Institute website:
    https://www.hivguidelines.org/antiretroviral-therapy/art-lab-monitoring/

✧ NYS is promoting the scientific finding “Undetectable=Untransmittable.” Studies provide robust evidence that individuals who are virally suppressed or have an undetectable viral load do not sexually transmit HIV.

✧ Guidance has come out regarding the diagnosis, treatment, and monitoring of HIV-2. HIV-2 infection is predominantly found in West Africa and in areas where immigrants from that region have settled. HIV-2 infection is generally associated with lower viral loads, lower transmission rates, and slower disease progression than HIV-1.

✧ NYS strongly endorses PrEP as a pillar of primary prevention for individuals at high risk of HIV acquisition, emphasizing the importance of prescribing PrEP in conjunction with counseling on safer sex and safer injection practices. For more information, visit:
  https://www.hivguidelines.org/prep-for-prevention/

✧ The GOALS framework was proposed as a method to help streamline sexual history conversations and elicit information most useful for identifying an appropriate clinical course of action. It focuses on normalizing sexual health as part of routine health care, normalizing HIV and STI testing, and the benefits of engaging in preventative measures to help motivate patients towards prevention and care behaviors. For more information, visit:
  https://www.hivguidelines.org/antiretroviral-therapy/resources-care-providers/#tab_4

✧ Case Management Services are available through the Health Plan. To make a referral, please contact:
  ✧ For commercial members: 1-877-860-2619
  ✧ For Safety Net members: 1-844-694-4111

We hope you find this information helpful as you deliver care to our members.

NEW YEAR, NEW HEALTH POSTER INVENTORY GUIDE

Our health plan creates health education posters that convey unbiased information and data about health care issues that impact upstate New York. We’ve put together an inventory guide to make ordering posters for your office or exam rooms even easier. Find the guide of all the posters that can be ordered for your office on the next page of this newsletter. To request a copy of this inventory guide or to order any of our health education posters, contact your Provider Relations representative.
HEALTH EDUCATION POSTERS

At Excellus BCBS, we’re committed to helping people in our communities live healthier lives. That’s why we create health education posters on a variety of health topics. The thumbnail images below represent the top portion of the posters available. Contact your Excellus BCBS representative to order your copies.

* Also available in Spanish