

PROVIDER BULLETIN

PROVIDER INFORMATION

WHAT'S INSIDE:

AUGUST 1, 2018

Administrative Updates

- Reminder: Medicare Requirements for Reporting Demographic Changes (published in every monthly Bulletin) Page 2
- New Requirements for Medicare and Medicaid Providers (Annual Medicare requirement, P32-18) Page 2-3

Contract Updates

- Blue Cross Contracts with SecureCare to Manage the Physical Therapy Network (Effective 1/1/19, P33-18) Page 3-4
- Update: Change to TPA Business (Effective 10/1/18, P35-18) Page 4-5
- eviCore Prior Authorization Reminder (Effective 8/1/8, P25-18 and QP59-18) Page 5-6

Medical and Behavioral Health Policy Updates

- Clarification to MAPD PA Requirements for Hereditary Angioedema (HAE) Medical Drugs (Effective 10/1/18, P34-18) Page 6-7

This summary document can be found in 'Forms and Publications' section of providers.bluecrossmn.com. Individual Bulletins are also available in the 'Forms and Publications' section of providers.bluecrossmn.com.

Questions? If you have questions about any of the updates, unless otherwise specified, please contact provider services at (651) 662-5200 or 1-800-262-0820.

ADMINISTRATIVE UPDATES

Reminder: Medicare Requirements for Reporting Provider Demographic Changes (article is published in every monthly Bulletin)

In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of our Subscribers. Blue Cross is hereby reminding all providers to submit a form to us whenever any of the following changes occur:

- Accepting new patients
- Demographic address and phone changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch additions

Forms Location

Based on what change has occurred, submit the appropriate form located on our website at **providers.bluecrossmn.com**. Select “Administrative Updates” in the “What’s Inside” section to obtain instructions on completing the various forms or access the link below:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/admin-updates>.

How do we submit changes?

Send the appropriate form via fax as indicated below:

Fax: 651-662-6684, Attention: Provider Data Operations

New Requirements for Medicare and Medicaid Providers

(P32-18, published 8/1/18)

In accordance with Medicare requirements, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is required to maintain accurate provider network directories for the benefit of our Subscribers. Section 438.10 of the Managed Care Federal Regulation issued on May 6, 2016, requires that providers who provide health care services to Minnesota Health Care Programs (MHCP) members enrolled in a Managed Care Organization (MCO) must annually confirm compliance with the requirement of cultural competency training and accessibility for people with disabilities.

Blue Cross is hereby reminding all providers of their obligation to promptly complete an annual Blue Cross Provider Directory Questionnaire for all their provider locations for Cultural Competency Training and Accessibility.

Blue Cross website form location:

https://www.bluecrossmn.com/healthy/public/portalcomponents/PublicContentServlet?contentId=P11GA_16889196

As indicated on the form, return completed form using one of these methods:

Email (preferred method): Provider.Data@bluecrossmn.com

Mail: BCBSMN PDO R316, PO Box 64560, St Paul, MN 55164-0560

Cultural and linguistic competence is the ability of managed care organizations and the providers within their network to provide care to recipients with diverse values, beliefs and behaviors, and to tailor the delivery of care to meet recipients' social, cultural, and linguistic needs. The goal is a health care delivery system and workforce that

can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, language proficiency, literacy, age, gender, sexual orientation, disability, religion, or socioeconomic status.

The following resources are available:

1. US Department of Health and Human Services (DHHS)

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

2. Georgetown University National Center for Cultural Competence

<https://nccc.georgetown.edu/>

Online self-assessment and educational activity

<https://www.clchpa.org/>

3. The Joint Commission

Cultural Competence Roadmap for Hospitals

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

<https://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>

4. Minnesota Department of Health (MDH)

Cultural Competence information and training

<http://www.health.state.mn.us/divs/idepc/refugee/topics/cultcomp.html>

CONTRACT UPDATES

Blue Cross Contracts with SecureCare to Manage the Physical therapy Network

(P33-18, published 8/1/18)

Effective January 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will no longer hold direct contracts with physical therapists. Blue Cross has contracted with SecureCare, Inc. (SCC) to manage its physical therapy network and will include provider contracting, credentialing, provider relations and education. Providers who wish to become in network for Blue Cross subscribers are required to contract through SCC by September 1, 2018.

SCC will offer stand-alone physical therapy contracts to those clinics who are interested in continuing to see Blue Cross subscribers. Clinics that do not contract with SCC will become non-participating clinics. **This transition will include all professional based billing providers, including physical therapy providers that are currently contracted as a part of a care system, multispecialty or other specialty clinic.** All physical therapy providers including those that are currently contracted with Blue Cross as part of a care system, multispecialty clinic or other specialty clinic will be termed from their current Blue Cross contracts on December 31, 2018. **All physical therapy providers need to register and contract with SCC no later than September 1, 2018.**

Contracting process for SCC

1. Go to SCC's website at www.securecarecorp.com
2. Select the "Credentialing" tab on the top tool bar
3. Complete the Credentialing Registration questions and press submit

What to expect

- After you submit the Credentialing Registration, you will receive an automated response of receipt via email
- Your request will be reviewed
- After your request is reviewed, you will receive additional information via the email address you provided on the Credentialing Registration page. Please note this information is only sent by email and is not mailed

Please note: The physical therapy network is a closed network. All contract requests are reviewed for access needs. The application for a contract and the automated response are not a guarantee of a contract.

For additional questions or assistance please contact SCC

Phone: 1-877-462-4476

Fax: 402- 934-4908

Email: PTProviderServices@securecarecorp.com

Update: Change to TPA business

(P35-18, published 8/1/18)

Independence Health Group (Independence) subsidiary AmeriHealth Administrators, Inc. (AHA) completed an asset purchase May 1, 2018 that includes self-insured customer contracts from Blue Cross and Blue Shield of Minnesota's third-party administrator (TPA). AHA's platform will manage eligibility, benefits, claims processing and health management services for the purchased customer accounts.

Customer contracts that were part of the purchase will migrate to the AHA technology platform over a span of four months on the dates below.

October 1, 2018

November 1, 2018

December 1, 2018

January 1, 2019

After transition to the AHA platform, members will carry an ID card with the BlueLink TPA name and logo and access the BlueCard provider network.

The BlueCard provider network requires claims to be submitted to the local Blue Plan (to Blue Cross and Blue Shield of Minnesota for members receiving care in Minnesota or another Plan if outside of Minnesota).

As groups are migrated, AHA will begin providing all functions of claim management including, but not limited to, medical policy, pre-authorizations (PA's), pre-certifications, preadmission notifications (PAN's) and appeals.

- For convenient, online PA or pre-certification requests, providers can access AHA's iExchange portal. Go to www.ahatpa.com, select the provider tab, then locate the "New to iExchange" link to register.
- Providers may also send PA or pre-certification requests via FAX to 215-784-0672
- Provider Pre-Certification calls should be directed as follows:

Mental Health /Substance Abuse.....**1-800-688-1911**

Other Admissions.....1-844-864-4352

- For all other inquiries.....1-844-864-4352

The following groups will migrate to the AHA platform on **October 1, 2018** and begin using the BlueLink TPA brand and accessing the BlueCard network.

Group Name	Alpha Prefix
OSI Environmental	OSI
MinnCo Credit Union	IMN
Direct Fulfillment	DFL

A list of the groups migrating in November, December and January will be provided prior to their transition dates, along with the alpha prefix for BlueLink TPA groups.

Access the Medical Policy Router on **providers.bluecrossmn.com** and enter the alpha prefix associated with the group to view AHA’s Medical Policy and Pre-Certification/Pre-Authorization requirements.

eviCore Prior Authorization Reminder

(P25-18, published 6/1/18 and QP59-18, published 7/26/18)

Blue Cross and Blue Shield of Minnesota (Blue Cross) want to remind providers that effective August 1, 2018, eviCore Healthcare (specialty UM vendor, see Bulletin P25-18) will begin to review and process prior authorizations (PAs) for the following specialty utilization management (UM) services for fully insured commercial members:

- Lab Management (Molecular and genetic testing)
- Medical Oncology
- Radiation Therapy
- Radiology
- Cardiology (Advanced imaging and diagnostic services; implantable device services)
- Musculoskeletal (spine, large joint and interventional pain)
- Sleep Management (sleep apnea testing; treatment with sleep related DME)

The Availity portal should be used beginning July 23, 2018, to submit PA requests for dates of service on or after August 1, 2018. Requests for eviCore related services should be submitted directly to eviCore via **Availity.com**. Requests for eviCore reviewed services should not be faxed to Blue Cross. Requests that are faxed to Blue Cross in error could be delayed.

While a PA is required prior to the service being rendered, certain circumstances may make this difficult. Retrospective clinical review will be considered by Blue Cross and eviCore for up to 14 days after the date of service **and prior to the claim being submitted** in consideration of scenarios such as after-hours urgent situations. Retrospective authorization requests should be submitted online at **Availity.com**.

Note:

- Retrospective authorization requests will **not** be accepted for chemotherapy – reviewed by eviCore
- Genomic and Molecular Lab services will be accepted for up to 60 days from the date of specimen collection- reviewed by eviCore

It is important to note that a retrospective request defined by eviCore is a prior authorization request that was *NEVER* initiated prior to the date of service. A retrospective review is NOT the same as a post-decision change, which is when a request was submitted prior to the date of service but the procedure(s) changed after the approval was obtained. An example of a post-decision change would be: A prior authorization for a surgical procedure was approved on January 1, 2018. During the procedure, the surgeon needed to perform an additional procedure and/or a completely different procedure. The providers office will then need to **call** eviCore (1-844-224-0494), to request the change, and provide supporting clinical for review. The new procedure will then be reviewed, and a decision will be made. Although the procedure was already performed, because an authorization approval already existed, this is NOT a retrospective request.

As a reminder, eviCore's medical policies will go into effect on August 1, 2018, for fully insured commercial members. Blue Cross medical policies will still apply for Blue Cross commercial self-insured members at this time.

To find a listing of all the group numbers that will be utilizing eviCore, the 2018 Commercial Network Guide has been updated with this information. To access the guide, go to **providers.bluecrossmn.com** and under "What's Inside" select "Education Center" then select "2018 Commercial Network Guide." You can also find it under "Tools and Resources", select "Medical Policy" and then acknowledge the Acceptance Statement, click on the "+" next to "Utilization Management", and select "see group numbers for members managed by eviCore" under the paragraph titled eviCore Healthcare Specialty Utilization Management.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

Clarification to MAPD PA Requirements for Hereditary Angioedema (HAE) Medical Drugs (P34-18, published 8/1/18)

Effective October 1, 2018, Blue Cross and Blue Shield of Minnesota (Blue Cross) will be making the following changes to the prior authorization (PA) list for the Medicare Advantage (MAPD) program:

- C1 Esterase Inhibitor [human] (Berinert[®], Cinryze[®]) reviews will be performed using medical policy II-102
- C1 Esterase Inhibitor [recombinant] (Ruconest[®]) reviews will be performed using medical policy II-102
- Ecallantide (Kalbitor[®]) reviews will be performed using medical policy II-102
- Icatibant (Firazyr[®]) reviews will be performed using medical policy II-102

Products Impacted

This change only applies to subscribers that have coverage through Medicare Advantage.

Before Submitting a PA Request

Providers must check the Blue Cross medical policy criteria and attach **all required clinical documentation** with the PA request including documentation of previous therapies tried and evidence of symptom improvement using the drug. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the drug. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information.

To Review the Blue Cross Policy Criteria:

- Go to providers.bluecrossmn.com
- Under Tools and Resources, select "Medical Policy", then acknowledge the Acceptance statement
- Select the "+" (plus) sign next to Medical and Behavioral Health Policies
- Prior to August 6, 2018: Select the Upcoming Policy Notifications option to view the policy criteria.

- After August 6, 2018: Select the “Blue Cross and Blue Shield of Minnesota Medical Policies” link to access the Policy Search Tool.

Submitting a Medical Drug PA Request

Providers can submit an electronic medical drug (ePA) request:

- Using Online via our free Availity provider portal
- Using a NCPDP standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Using the appropriate Government Program pre-authorization/pre-certification form available online at providers.bluecrossmn.com.
- Out of state, non-contracted providers can use the process above or submit the PA request to Blue Cross using their own form (secure fax: 651.662.2810).