

PROVIDER

NEWSLETTER

SPRING / SUMMER 2012

A publication for providers participating in the Blue Cross and Blue Shield of North Carolina Blue Medicare HMOSM and Blue Medicare PPOSM products

High Risk Medication in the Elderly

Blue Cross and Blue Shield of North Carolina (BCBSNC) is committed to improving the quality of care among our Medicare members. We ask that you, our health care providers, join us in efforts that decrease unnecessary use of high risk medications (HRMs) in the elderly.

We recognize that each patient is unique, and that medication decisions must be made on an individual basis. So in each encounter you have with a Blue Medicare member, we ask you to carefully evaluate the indication of any medication, whether the medication still has a benefit, and if a safer alternative may be substituted. Remember, as a quality indicator of care for the Medicare population, it is particularly important that providers servicing Blue Medicare HMO and Blue Medicare PPO members carefully evaluate whether it is appropriate to use an HRM.

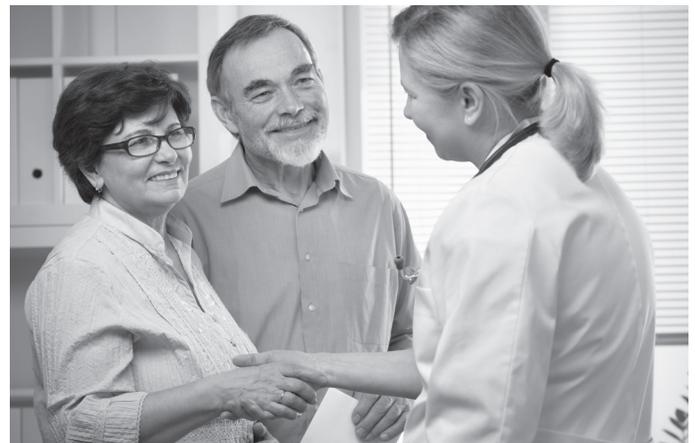
The use of HRMs in the elderly is an NCQA, HEDIS, and CMS quality measure. This measure was adapted from the HEDIS measure known as Drugs to be Avoided in the Elderly (DAE). The HRM measure identifies the percentage of older adults (over age of 65) who receive medications considered to put a patient at high risk for an adverse drug-related event. BCBSNC Medicare plans that include drug benefits are subject to HRM performance measures that impact star ratings from CMS. Additional information relating to HRM performance measures and their impact on CMS star ratings can be found on the Pharmacy Quality Alliance website at: www.pqaalliance.org

Muscle relaxants and estrogens are included on the list of HRMs. These medications top the list of HRMs prescribed in the Blue Medicare population, and **the rate of prescribing for these drugs is higher in North Carolina than the national average.** A full list of HRMs can be found on the NCQA HEDIS website at: www.ncqa.org/Portals/0/Newsroom/SOHC/Drugs_Avoided_Elderly.pdf

The HRMs list of DAE is based on the Beers criteria – first released in 1991 and named for Mark Beers, MD, who developed this guidance for using medications in the elderly. The updated 2012 Beers criteria were recently published by the American Geriatrics Society (AGS), listing medications that pose a high risk of side effects and are potentially inappropriate for seniors due to age-related changes. Please review the information in the Beers criteria and the recommendations for safer alternatives for elderly patient available on the AGS website at: www.americangeriatrics.org

The AGS Foundation for Health in Aging has published a printable pocket version of the Beers criteria and a **Ten Medications Older Adults Should Avoid or Use with Caution** tip sheet.

If you have questions related to HRMs or the recommended safer alternatives to these medications, please refer to the website references previously listed in this article or contact BCBSNC at **1-877-672-7647** ext. **14722**. +



Don't miss out!

To receive future editions of the newsletter, join our email registry by visiting us online at www.bcbsnc.com/providers.

Coming soon: Providers to Find All BCBSNC Newsletter Information in a Single Source

In April 2010, Blue Medicare HMO and Blue Medicare PPO became product offerings of BCBSNC. Since that time, BCBSNC has continued to seek opportunities to consolidate various resources available to providers – resources such as our provider publications. Most providers are familiar with BCBSNC’s Blue LinkSM newsletter, and many are familiar with our Provider Newsletter for those providers participating in our Blue Medicare HMO and Blue Medicare PPO product offerings. By combining these two newsletters, we can bring readers all their BCBSNC information in a single convenient source, Blue Link.

As with our current Blue Link publication, BCBSNC will continue on-going efforts to Go Green – by offering electronic copies of the newsletter. This means that going forward; Blue Medicare HMO and Blue Medicare PPO contracted providers will no longer receive a hard copy delivered via the U.S. Postal Service, instead they will be able to access it online at bcbsnc.com or receive their

news through direct email. To receive your copy of Blue Link, we encourage you to visit us online at bcbsnc.com/providers and join our email registry. For providers opting not to join our email registry, the newsletter will still be available by visiting us online at bcbsnc.com/providers.

All of us at BCBSNC hope that participating providers will benefit from our continuing efforts to consolidate our provider tools and resources, and will find needed information easier to access when arranging and providing services for BCBSNC members. Should you have any questions regarding the consolidation of the newsletters, please contact your regional Strategic Provider Relations representative. +

ACEIs and ARBs Considered First-Line Agents in the Control of Blood Pressure in Diabetics

Many of our Blue Medicare HMO and Blue Medicare PPO members who have diabetes and hypertension are still not receiving an angiotensin-converting-enzyme inhibitor (ACEI) or angiotensin II receptor blockers (ARBs), even though American Diabetes Association (ADA) clinical guidelines recommend the use of these medications to reduce cardiovascular and renal morbidity and mortality. The ADA goal for blood pressure control in diabetics is <130/80 mmHg. ACEIs and ARBs are considered first-line agents in the control of blood pressure in diabetics. The average rate of use for these medications in Blue Medicare HMO and Blue Medicare PPO members with both diabetes and hypertension is only about 80%.

Appropriate Treatment of Hypertension in Persons with Diabetes is now a CMS quality measure for part D plan ratings. This measure includes patients who have received a medication for diabetes AND any drug used for the treatment of hypertension. It is reported as the percentage of diabetes-hypertension patients who receive ACEI or ARB.

Underuse of these medications may be due to failure to prescribe this medication in the elderly, failure by a patient to fill the prescription, or both.

We encourage you to prescribe an ACEI or ARB as part of any treatment for hypertension in patients with diabetes, unless contraindicated. In addition, discuss the importance of medication adherence to improve health with your patients. These recommendations are now a part of Medicare quality-of-care indicators. +



Electronic Funds Transfer Expansion to Medicare Advantage Lines of Business

Effective July 1, 2012, BCBSNC providers participating in BCBSNC electronic funds transfer (EFT) began receiving EFTs for Medicare Advantage claim payments. Providers previously enrolled as BCBSNC EFT participants were automatically enrolled in the EFT for Medicare Advantage claim payments.

Providers interested in participating in BCBSNC EFT can access Blue e to complete the enrollment form. If you do not have access to Blue e, an [enrollment form](#) can be accessed via the “[Forms and Documentation](#)” section of our provider portal. Remember, using EFT means less paperwork, lower administrative costs (i.e., preparing deposits, trips to the bank), and the fastest receipt of eligible payments for BCBSNC claim submissions! Once we have received and processed a claim, an EFT payment is sent directly to the bank account you designate. Payments are sent through an automated clearinghouse and typically take up to two days to post. This is much faster than a conventional check cycle – and the time it takes us to mail a check to your bank for process and deposit.

EFTs are not only faster and more efficient – they also reduce waste, which helps the environment. **All Medicare Advantage and Medicare Supplement participating providers saw a reduction in paper waste. And, BCBSNC also shifted to duplex (two-sided) printing of explanations of payment (EOP) – another related environmental benefit!**

Providers participating in our Medicare Advantage lines of business can expect the following when enrolled in the BCBSNC EFT:

- + Receipt of paper EOPs for electronic payments, with a leading “9” in front of the check number field.
- + Access to payment and claims information on the Health Trio portal with EFT payments reflecting a “9” in front of the check number.
- + Electronic remittance (835) have payment type indicator 835 as either “CHK” (check) or “ACH” (electronic payment).
- + As with all other lines of business, copies of the original EOP can be accessed via the Blue e “Remittance Inquiry.”

Make the most of EFT – BCBSNC EFT participating providers are encouraged to share the expansion of EFT capabilities for our Medicare Advantage lines of business with any entity responsible for making claim status calls for your practice. Providers are also encouraged to select an individual and a back-up to perform the EFT administration role on Blue e. This person enters the bank account and routing information when setting up your Blue e account, so they must be trusted with secure financial information. Only designated EFT users have the capability to view or modify an EFT transaction on their Blue e home page.

Questions regarding EFT participation should be directed to BCBSNC’s financial processing department at [919-765-2293](tel:919-765-2293). BCBSNC offers EFT free of charge, and set-up is completed within five business days from receipt of all documentation by BCBSNC. Providers are encouraged to check with their financial institution to see if processing fees apply. +

Utilization Management Affirmative Action Statement

BCBSNC and its associated delegates require practitioners, providers and staff who make utilization management-related decisions to make those decisions solely based on appropriateness of care and service and existence of coverage. BCBSNC does not compensate or provide any other incentives to any practitioner or other individual conducting utilization management review to encourage denials. BCBSNC makes clear to all staff that make utilization management decisions that no compensation or incentives are in any way meant to encourage decisions which would result in barriers to care, service or underutilization of services.

Your Provider Data

Our ability to successfully direct members to you for their medical care depends on the accuracy of the information that we have on file for your health care facility and/or practice. Addresses, phone numbers and a current list of all providers at your health care location(s) are routinely made available to Blue Medicare HMO and Blue Medicare PPO members via our online provider directories, so that members can quickly locate you and schedule appointments. Having accurate mailing information on file for your health care business also ensures that you receive claim payments and other important correspondence in a

timely manner from us. To ensure that we have the most current information related to your organization, please report any practice- and/or facility-related changes to network management or complete and return a provider 'Demographic Form,' which can be found on the provider page on our website at bcbsnc.com/assets/providers/public/pdfs/Provider_Update.pdf.

When using the online form, be sure to respond to the email address link listed as MParkBIU@bcbsnc.com, located on the lower portion of the form. +

Notify our network management department whenever there's a change of ownership, name and/or tax identification for your health care organization. In addition, notify us about any opening, closing and/or relocation of a practice site. Changes in services may also require notification - for example, a home health agency adding home infusion therapy services. If you're in doubt about whether or not a change requires notification - please call us!

Reminder: Observation Room Services

In order to ensure that your facility is correctly billing for observation room services, we encourage you to review the related BCBSNC medical policies noted below and review your facility's related contract provisions, if needed.

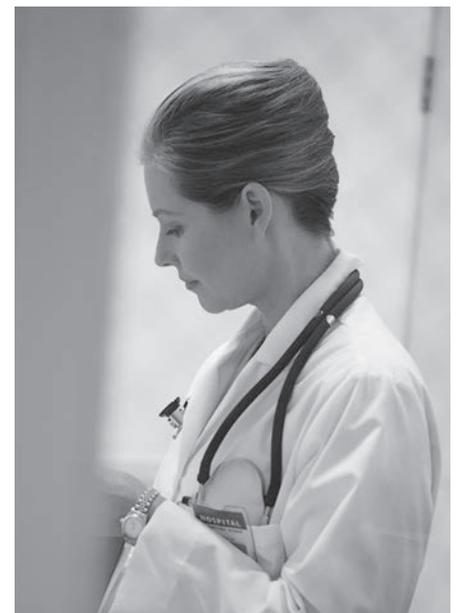
Specifically, we'd like to remind you of the following guidelines:

- + BCBSNC commercial contracts state the allowed amount for any observation stay exceeding 24 hours (not to exceed 48 hours as defined by the medical policy below) will be the lesser of the applicable inpatient or outpatient allowed amount.
- + Both the BCBSNC provider *Blue Book*SM (Section 10.59) and the *Blue Book Supplemental Guide* state that charges

related to an observation bed may not exceed the prevalent semi-private daily room rate. BCBSNC provides coverage for observation room services when they are determined to be medically necessary per the criteria outlined in these related medical policies:

- + ***Policy for commercial plans***
- + ***Policy for Blue Medicare HMO and Blue Medicare PPO plans***

You can find these policies, along with our other BCBSNC medical policies, online via the provider page at bcbsnc.com/providers. +



Reminder: Updates to Blue Medicare HMO/PPO Medical Coverage Policies Available Online

You have online access to Blue Medicare HMO/PPO medical coverage policies along with applicable CPT/HCPCS codes. The medical coverage policies are developed after review of current Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations

(NCDs)/ Local Coverage Determinations (LCDs), standard of care literature/ research, and recommendations from physician specialists. Updates to the medical coverage policies and corresponding codes are available on our website at

bcbsnc.com/content/providers/blue-medicare-providers/medical-policies and bcbsnc.com/assets/services/public/pdfs/bluemedicare/prior_approval/cpt_codes.pdf. +

2012 Total Access Provider Training

The strategic provider relations and provider service consulting teams at BCBSNC are conducting quarterly training sessions in 2012. These sessions are held in Charlotte, Winston- Salem and Chapel Hill.

Our training focuses on information about new initiatives, products, Blue e, electronic capabilities and operational updates. You'll also gain insight into ICD-10 to help your practice prepare and stay on track to meet the compliance deadline.

All providers are invited to attend these sessions, and there is no cost to participate. Please see the [invitation](#) and register online today. Seating is limited – don't miss this opportunity to learn more about what BCBSNC can offer you and your staff! +

Keeping Our Participating Health Care Providers in the Know

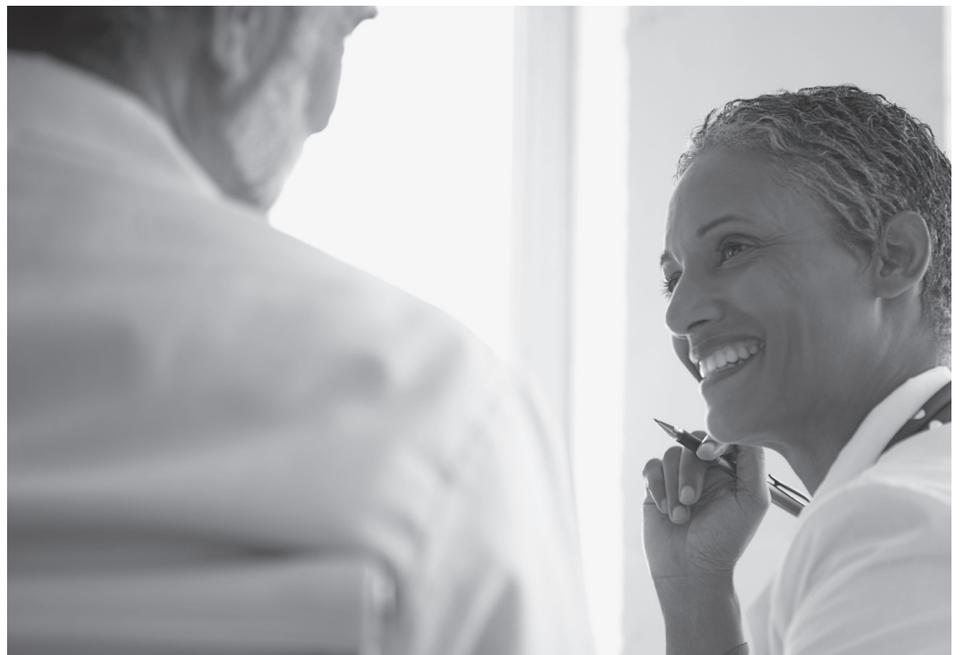
How can you stay up-to-date on news from BCBSNC?

The latest updates and information are available online via Important News:

bcbsnc.com/content/providers/news-and-information/important-news.htm

Join our email registry to be sure you always get the latest news delivered directly to your inbox:

bcbsnc.com/content/providers/email/index.htm



Redesigned BCBSNC Provider Web Portal

On December 30, 2011, BCBSNC launched a redesigned provider Web portal on bcbsnc.com – giving providers and their office staffs easy access to a wealth of new self-service tools in one online resource. Providers and their staffs started the new year being able to access on-demand training tools in a new virtual e-learning center, sign up to receive email news updates and much more.

We listened to our provider community – and made the new provider portal both intuitive and organized to meet providers' needs. Key features of the enhanced site include:

- + **Email registry** - Register online to receive the latest BCBSNC news and updates via email
- + **24/7 virtual provider e-learning center** with free computer-based training modules and podcasts
- + **One-stop source** for interactive provider forms, manuals and other documents

+ **Quick access** to specific BlueCard®, Blue Medicare®SM and Dental Blue® information

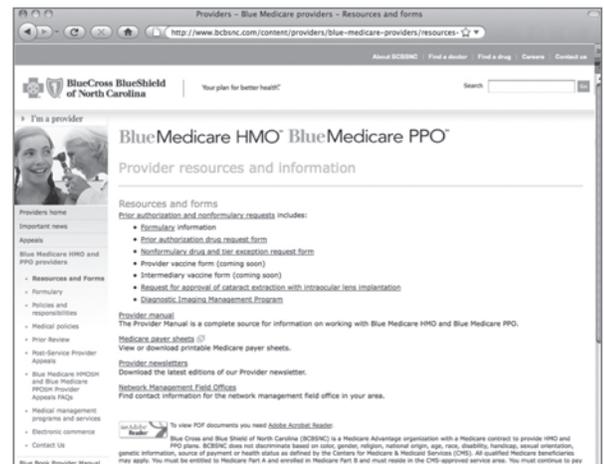
As you navigate the newly redesigned portal, we encourage you to take the time to access our online [Forms and Documentation](#) page. BCBSNC continually makes updates to pharmacy fax forms, as well as all other forms based on updates to our corporate medical policies and/or business practices.

If your practice keeps any BCBSNC forms on-hand, now is the time to discard old copies and replace them with updated versions.

BCBSNC hopes that the self-service tools, real-time information and on-demand training will help you see an increase in efficiency in your office. With this self-service model, we hope to realize a reduction in provider calls to our call centers – and a reduction in administrative

expenses for both BCBSNC and providers. We always strive for greater provider satisfaction as we work to remain a market leader and to provide consistent, statewide communication and training to our network providers.

Providers with questions about the redesigned Provider Web Portal can get help by calling the Provider Blue LineSM at **1-800-214-4844**. +



Diagnostic Imaging Reminder for Suppliers of the Technical Component When Providing Services for Medicare Beneficiaries

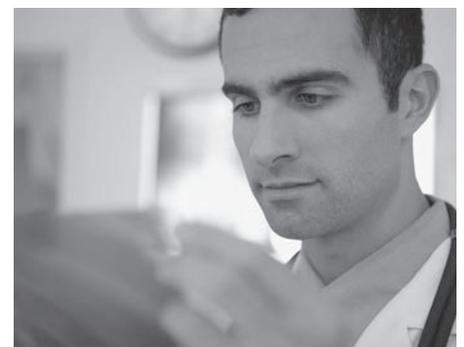
BCBSNC wants to remind suppliers of imaging services, including those that provide the technical component of advanced diagnostic imaging procedures, that accreditation by a CMS-approved (Centers for Medicare Services) organization is required for services ordered and performed for Blue Medicare HMO and Blue Medicare PPO members.

If ordering for Blue Medicare HMO or Blue Medicare PPO members, providers (non-hospitals) must be accredited by a CMS-

approved organization to submit claims for the technical component of certain high-tech diagnostic imaging services.

To obtain additional information about the accreditation process, please contact the accreditation organizations listed on the Medicare Provider-Supplier Enrollment page, Advanced Diagnostic Imaging Accreditation, available at:

www.cms.gov/MedicareProviderSupEnroll/03_AdvancedDiagnosticImagingAccreditation.asp. +



Age of Change

As a physician with older adult patients, you know that aging brings a great deal of change in both mind and body. As we age, we often face physical health issues, such as cardiovascular failure and broken bones. Getting older can also cause mental changes, such as lack of sharpness and fading memory. All of these changes can be alarming to older adults, especially if they are unprepared for this next phase of life.

The good news is many of these 'symptoms' of old age can be prevented and treated with a simple prescription: healthy eating and regular exercise. By advising your patients about the realities of aging and providing them

with proactive advice, you can help them maintain optimal health. As you educate your patients about the importance of including regular physical activity in their weekly routines, be sure to remind them that as Blue Medicare HMO and Blue Medicare PPO members, the SilverSneakers® Fitness Program is available to them at no additional cost. The SilverSneakers® Fitness Program offers Blue Medicare HMO and Blue Medicare PPO members access to gyms and other programs to help them get healthy and stay healthy.

To learn more about SilverSneakers®, visit www.silversneakers.com. +



The SilverSneakers program is provided by Healthways, Inc., a third-party vendor independent of BCBSNC. The program is a value-added program and not part of member policy or benefit. It may change or be discontinued at any time. BCBSNC does not profit from this program and is not liable in any way for the goods or services received.



Finding an Interpreter

In North Carolina, providers can locate an interpreter to assist in communicating with Spanish-speaking patients (and patients speaking other foreign languages) through

the Carolina Association of Translators and Interpreters (CATI). CATI is an association of working translators and interpreters in North Carolina and South Carolina and

is a chapter of the American Translators Association. Find contact information for translators and interpreters within North Carolina at www.catiweb.org. +



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Address Service Requested

HealthTrio connect™

BCBSNC, in conjunction with HealthTrio™ connect, utilizes the power of the Internet to deliver a comprehensive suite of administrative transactions – all with secure messaging to enable HIPAA-compliant communication.

With HealthTrio connect you can perform the following transactions easily, from your desktop and in real-time:

- + Check claim status
- + View the EOP of a processed claim
- + Verify member eligibility and benefits information
- + Check referral status
- + Obtain provider demographics

HealthTrio connect streamlines many office management tasks that have traditionally been done on paper or over the phone.

To find out more about how to get HealthTrio connect for your office, visit us on the Web at bcbsnc.com/providers/blue-medicare-providers/electroniccommerce, or call BCBSNC Provider Services at **1-888-296-9790**. +

Important Message for Providers Who Participate With BCBSNC and Utilize Blue eSM

HealthTrio connect is a secure Internet site for conducting electronic transactions with BCBSNC for the Blue Medicare HMO and Blue Medicare PPO products. If your health care business utilizes Blue e for electronic transactions, it's important to note that Blue e can't conduct transactions for Blue Medicare HMO or Blue Medicare PPO plans (with the exception of accessing AIM's Web-based application ProviderPortalSM).

Claims activity for Blue Medicare HMO and Blue Medicare PPO through Blue e will be rejected by the Blue e system.

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TM1 "HealthTrio connect" is a trademark of HealthTrio, LLC.

SilverSneakers is a registered mark of Healthways, Inc.

SM1 Provider Portal is a service mark of American Imaging Management

Providers should be aware that neither an individual's possession of a Blue Medicare HMO or Blue Medicare PPO member identification card nor information contained in this mailing represents a guarantee of member's benefits, eligibility or coverage in a Blue Medicare plan. Member's actual Blue Medicare eligibility and benefits should always be verified in advance of providing services.

BCBSNC is a Medicare Advantage organization and a prescription drug sponsor with Medicare contracts to provide HMO, PPO and PDP plans.

BCBSNC is an independent licensee of the Blue Cross and Blue Shield Association.