PROVIDER
NEWSLETTER

SUMMER/FALL 2011

A publication for providers participating in the Blue Cross and Blue Shield of North Carolina Blue Medicare HMO℠ and Blue Medicare PPO℠ products

# Taking Care of Our Caregivers

We know caregiving can be stressful. Studies show that caregiving can also contribute to serious illness and depression. 16% of caregivers report that their health has taken a toll since taking on the caregiver role — and about half of caregivers caring for someone with Alzheimer's disease develop symptoms of psychological distress. In addition, caregiving can result in financial burdens, with 40% of caregivers incurring new financial expenses for care-related products, services, and activities. Over a quarter of caregivers spend up to an estimated 10% of their monthly income on caregiving activities.[1]

Roughly 44 million American families and friends provide unpaid and sometimes continuous care to another adult. Family members — such as wives, daughters, husbands, and sons — provide approximately 80% of the long-term care in the United States.[1]

Rosalyn Carter said it best: “There are only four kinds of people in the world — those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers.” The challenging role of the caregiver can be made easier. With appropriate information and support, family caregivers can assist loved ones while maintaining their own health and balance.

As a healthcare provider, you can help. When you see caregivers during their visits to your practice, remember that they may be especially vulnerable. Keep in mind the significant stresses they may be facing — and ask questions to assess their unique health care needs. You may even want to develop and use a caregiver assessment form to help identify those needs.

You can also help connect caregivers to valuable extra support. If you have patients that struggle with complex or chronic medical conditions, they may be eligible to participate in our case management programs. We may be able to assist your patient — and their caregiver — with information or assistance related to their health, medications, and available community resources.

Patient participation in a case management program is voluntary and there is no additional cost to the patient. For more information, or to refer one of your patients to our program, please contact us at **1-877-672-7647**, ext. 14386 or 14002, Monday through Friday 8:00a.m. – 5:00p.m. ✚

*References:*

*1. http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/geriatric-health/caregiver-health.page*

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

Care Management & Operations and Medicare C/D provide 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 the BCBSNC external website at ***bcbsnc.com/content/providers/blue-medicare-providers/medical-policies*** and ***bcbsnc.com/assets/services/public/pdfs/bluemedicare/prior_approval/cpt_codes.pdf.*** ✚

# Fast Track Appeals Notice

Skilled Nursing Facilities and Home Health Agencies – there has been an update to the **Notice of Medicare Non-Coverage** (NOMNC) document. Has your agency downloaded and starting using the new NOMNC? The deadline for this requirement was February 28, 2011.

*The Centers for Medicare and Medicaid Services* (CMS) require the provider to issue the NOMNC to the **Medicare Advantage** beneficiary prior to the termination of any home health service, skilled nursing facility benefit, or services received at a comprehensive outpatient rehabilitation facility (CORF). The NOMNC can be downloaded from the CMS Website at: ***https://www.cms.gov/bni/09_MAEDNotices.asp***.

Insert the Plan contact information below into any NOMNC issued to a Blue Medicare HMO℠ or Blue Medicare PPO℠ member.

Blue Medicare HMO or Blue Medicare PPO
Attn: Appeals and Grievances Unit
P.O. Box 17509
Winston Salem, North Carolina 27116-7509

Blue Cross Blue Shield of North Carolina
Blue Medicare HMO or Blue Medicare PPO
Toll Free:
**1-888-310-4110** for HMO members
**1-877-494-7647** for PPO members

TTY/TDD: **1-888-451-9957**
Fax: **1-888-375-8836**
Attention: Appeals and Grievances Unit

Please ensure your healthcare facility is using the new notice and adheres to the CMS requirement. ✚

# Drug Safety in the Elderly

Altered pharmacokinetics and pharmacodynamics frequently lead to drug safety issues in the elderly population. Prolonged drug duration of action and polypharmacy, combined with elderly patients' comorbid conditions, can significantly increase the risk of adverse drug events and drug-drug interactions.

With the introduction of the Beers list in 1997, certain drugs were identified as being high-risk or potentially inappropriate in the elderly.[1] Medications on the Beers list and National Committee of Quality Assurance (NCQA) HEDIS list of Drugs to Avoid in the Elderly (DAE) include skeletal muscle relaxants, older antihistamines, long-acting benzodiazepines, some narcotics, oral estrogens and nitrofurantoin.[2,3] Many of the safety concerns with these medications are related to decreased renal and hepatic clearance in this age group, as well as the highly sedating and anticholinergic side effects of some of the drugs on this list. Anticholinergic effects can be especially troublesome in the older person by worsening cognition, vision, constipation, and even contributing to arrhythmias.

Skeletal muscle relaxants such as carisoprodol, cyclobenzaprine, chlorzoxazone, metaxalone, methocarbamol, and orphenadrine are included on the DAE list. However, these drugs continue to be prescribed frequently in older patients. Muscle relaxants cause sedation, weakness, and anticholinergic side effects which are not always recognized by patients or providers as drug-related.

Carisoprodol is a muscle relaxant whose active metabolite meprobamate is very sedating and has an elimination half-life of up to 10 hours.[4] This meprobamate metabolite may increase risk of dependency with extended medication use. Cyclobenzaprine is quite sedating and has anticholinergic effects due to its structural similarity to tricyclic antidepressants.[4] The other muscle relaxants listed above have similar effects.

Due to the potential for adverse effects of skeletal muscle relaxants, the expert consensus panels that developed the DAE list recommended consideration of other treatment options wherever possible, e.g., baclofen or tizanidine for spasticity.[5] Non-pharmacologic treatment such as physiotherapy, nerve block, corrective seating and shoes are also recommended, when appropriate. If a muscle relaxant is deemed necessary for an older patient, please consider dose and duration (i.e., a low dose may be appropriate for a limited time frame).

The DAE list is used by NCQA as a quality measure of physician performance and by CMS as a quality measure for health plans. However, many older patients continue to receive prescriptions for these medications. According to NCQA data during 2005-2008, approximately 24% of Medicare beneficiaries received at least one drug on the DAE list.[6]

BCBSNC is asking for your assistance in improving safety for our Medicare members by reducing prescriptions for these high risk medications. Although individualized needs of patients may factor into a healthcare provider's choice of medications, the benefit of therapy may not outweigh the risk of potential harm with medications on the DAE list. Please remember that the over-65 population is susceptible to many aging-related changes that make choosing safe medications and non-pharmacologic therapy even more important. Join us in this effort to help our members live longer and healthier lives. ✚

*References:*

*1. Potentially Harmful Drugs in the Elderly: Beers List and More. Pharmacists Letter/Prescribers Letter 2007 ; 23(9) 230907.*

*2. Fick DM, Cooper JW, Wade WE, et al. Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults: Results of US Consensus Panel of Experts. Archives of Internal Medicine 2003; 163:2716-2724.*

*3. National Committee for Quality Assurance. HEDIS Table DAE-A. High-risk medications HEDIS 2010 . Available at http: www.ncqa./org. Accessed 4/4/11*

*4. Clinical Pharmacology. Carisoprodol and cyclobenzaprine monographs. Available at http: www.clinicalpharmacology.com. Accessed 4/4/11.*

*5. Beers MH. Explicit Criteria for Determining Potentially Inappropriate Medication Use by the Elderly: an Update. Archives of Internal Medicine 2003; 163 (22): 2716-24.*

*6. Curtiss, Frederic R, Fairman, Kathleen A. Protecting Patients from Adverse Drug Events: Propoxyphene, PIMS, and Drugs to Avoid in Older Adults. Journal of Managed Care Pharmacy 2011; 17 (1): 60-69.*

# Use of Spirometry Testing in the Diagnosis of Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of death and disability in the United States and is projected to become the third-largest disease burden in the world by 2020. More than twelve million people in the U.S. have been diagnosed with COPD — and another twelve million do not even realize they have the disease.

COPD is a progressive disease characterized by obstructed airway passages in the lungs. The main clinical features of COPD are: chronic cough (productive or nonproductive of sputum, daily or less frequent); worsening breathlessness on exertion; frequent exacerbations of bronchitis; and a history of exposure to risk factors such as tobacco smoke or occupational dusts. When an individual over forty has any of these indicators, the Global Initiative for Chronic Obstructive Lung Disease (GOLD) recommends providers suspect COPD and perform spirometry testing. Further, the National Committee for Quality Assurance (NCQA) also recommends spirometry testing for the diagnosis of COPD, and uses it as a quality measure for physician performance.

Spirometry measures the amount and speed at which a person can exhale after a deep breath. It is a simple and inexpensive test that can be performed in an office setting, yet only one in three newly-diagnosed COPD patients receives spirometry testing. Given the benefit of spirometry testing, it is crucial that it become the standard by which COPD is accurately diagnosed in order to allow the most appropriate planning of a treatment regimen for patients. ✚

*Sources: http://www.goldcopd.com and http://www.ncqa.org/, accessed April 4, 2011.*

# Lab Services Rendered by Non-contracted Providers

Participating network physicians have contractually agreed to refer Blue Cross and Blue Shield of North Carolina (BCBSNC) members to participating network providers for laboratory and other professional services. Referrals to participating network providers reduce healthcare costs and ensure our members — your patients — receive the highest level of benefits with the lowest out-of-pocket expense.

Healthcare providers should keep in mind the following when ordering lab services:

+ When a specimen is drawn and the laboratory work is sent to a reference lab, the only service billable to BCBSNC is the administrative/handling charge. The reference lab will bill BCBSNC directly.
+ If your lab is CLIA certified, you can perform laboratory services in your office and file for reimbursement directly with BCBSNC.

**Remember, the use of any non-participating laboratory requires prior approval (authorization) by BCBSNC!**

It is your contractual obligation to obtain prior approval for any nonparticipating laboratory services – before ordering those services. To verify if a laboratory is participating in the BCBSNC network, please contact the Provider Blueline℠ at **1-800-214-4844**. ✚

# Mailing Address Change for Blue Medicare HMO℠ and Blue Medicare PPO℠ Overpayments

Blue Cross and Blue Shield of North Carolina (BCBSNC) continues to streamline our processes to do business more efficiently. One more example: the migration of the Medicare Advantage claims refund processing system to an existing system currently utilized for BCBSNC's commercial lines of business. Effective May 1, 2011, all Blue Medicare HMO and Blue Medicare PPO overpayments should be submitted to the address below (the same address for our commercial lines of business) instead of the PO Box in Winston-Salem. This will simplify the overpayment process.

BCBSNC
PO Box 30048
Durham, NC 27702

**Note**: All written Medicare Advantage claims inquiries should continue to be directed to: P.O. Box 17509, Winston-Salem, NC 27116-7509.

Providers with questions regarding the change of address for overpayments should contact their regional Strategic Provider Relationship consultant representative. ✚

# Improving Bone Health in Older Women

Osteoporosis is a public health problem affecting 55% of Americans aged 50 and older.[1] It is a silent disease that progresses without symptoms over many years until a fracture occurs. According to the National Osteoporosis Foundation, approximately one in two women over age 50 will ultimately experience an osteoporosis related fracture in their lifetime.[1] Osteoporosis causes 90 to 95% of all hip and spine fractures and 70 to 80% of all forearm fractures in women over the age of 65.[2]

Osteoporosis also places a considerable economic burden on the U.S. health care system. Osteoporosis-related fractures are responsible for approximately 500,000 hospitalizations, almost 2.6 million medical office visits and about 180,000 nursing home admissions each year.[2] Equally staggering, osteoporotic fractures account for an estimated $17 billion in direct medical costs each year.[3] This is projected to increase to $25.3 billion by 2025.[3]

## HEDIS Measure: Osteoporosis Management in Women Who Had a Fracture (OMW)

Despite the availability of effective treatment for osteoporosis, most individuals with osteoporosis have not been properly diagnosed and do not receive treatment, including high-risk patients who have already suffered fractures.[4] Because women who suffer a fracture are at an increased risk of additional fractures and are more likely to have osteoporosis, the first osteoporosis-specific Healthcare Effectiveness Data and Information Set (**HEDIS**) performance measure was developed in 2004 to assess how well Medicare managed care plans manage women at high risk for a second fracture. *The OMW HEDIS measure is defined as: The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture*[5].

BCBSNC has developed a program that focuses on osteoporosis management after a fracture. Blue Medicare HMO and Blue Medicare PPO female members — aged 67 and older — who have sustained a fracture receive educational materials and outreach calls from a registered nurse. Our OMW program is designed to satisfy four primary goals: 1) to increase knowledge and heighten awareness about osteoporosis; 2) to improve post-fracture care management by encouraging women to take preventive steps post-fracture (e.g., BMD test or medication to treat or prevent osteoporosis); 3) to encourage members to adopt a bone-healthy lifestyle; and 4) to reduce barriers that prevent the diagnosis and treatment of osteoporosis.

Our rates for the OMW HEDIS measure have shown little improvement over the past few years. Therefore, we need your help to improve screening for and treatment of osteoporosis. Regular discussions with your patients about osteoporosis prevention and screening can help improve osteoporosis management and reduce the recurrence of fractures and related complications.

## Recommendations for Postmenopausal Women

Major recommendations regarding prevention, risk assessment, diagnosis and treatment of osteoporosis in postmenopausal women are outlined in the National Osteoporosis Foundation's Clinician's Guide to Prevention and Treatment of Osteoporosis.[5] This guide is available at ***http://www.nof.org/professionals/clinical-guidelines.*** ✚


*References:*

*1. National Osteoporosis Foundation. Fast Facts. Available at http://www.nof.org/node/40. Accessed April 1, 2011.*

*2. National Committee for Quality Assurance. The State of Health Care Quality 2009. Washington, DC: National Committee for Quality Assurance; 2009.*

*3. Burge R, Dawson-Hughes B, Solomon DH, Wong JB, King A, Tosteson A. Incidence and Economic Burden of Osteoporosis-Related Fractures in the United States 2005-2025. J Bone Min Res 2007: 22:465-475.*

*4. Feldstein A et al. "Bone Mineral Density Measurement and Treatment of Osteoporosis in Older Individuals with Fractures." Archives of Internal Medicine 163:2165-2172, 2003.*

*5. National Committee for Quality Assurance (NCQA). HEDIS® 2011: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2010. various p*

*6. National Osteoporosis Foundation. Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2010.*


## Useful Web Sites

National Osteoporosis Foundation ***http://nof.org/***

International Osteoporosis Foundation ***http://www.osteofound.org/***

National Institutes of Health: Osteoporosis and Related Diseases, National Resource Center ***http://www.osteo.org***

OsteoEd ***http://osteoed.org/default.php***

Bone Health and Osteoporosis: A Report of the Surgeon General ***http://www.surgeongeneral.gov/library/bonehealth/***

# Reminder of Prior Approval Requirements for Blue Medicare HMO℠ and Blue Medicare PPO℠ Benefit Plans

In order to be eligible for reimbursement, a health care professional's plan of treatment must meet medical necessity criteria under the member's health plan. Prior Approval – also referred to as pre-authorization, pre-certification, prior authorization or pre-notification – ensures the criteria are met. Blue Cross and Blue Shield of North Carolina (BCBSNC) uses Milliman Care Guidelines, BCBSNC Medical Policy, and Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) to establish the medical necessity of services listed on the Prior Approval Guidelines.

Health care professionals should always review the most recent guidelines carefully to ensure the services on the list are approved before a service is provided to Blue Medicare HMO and Blue Medicare PPO members. If a service you are providing appears on the Prior Authorizations Requirements listing, you will need to contact BCBSNC at **1-888-296-9790** or **1-336-774-5400** to obtain prior plan approval. Please have all pertinent clinical information available when contacting BCBSNC to request prior approval. Not having the clinical notes available at the time of the request delays the authorization process for the member and your health care facility, as well as the Plan. A listing of the most recent updates to the Prior Authorization Requirements are available on the BCBSNC Web site at: ***bcbsnc.com/content/providers/blue-medicare-providers/policies-and-responsibilities/index.htm***. Health care professionals can also contact their designated Strategic Provider Relations representative to request a current copy.

Additionally, hospital admissions, both elective and urgent/emergent, require BCBSNC notification and medical necessity review. Hospitals are required to notify BCBSNC and submit clinical information for a medical necessity review prior to an elective admission or within one business day of an urgent/emergent admission. Failure to notify the Plan can result in a denial of service and in claims not being paid. Please remind your business office and utilization management to notify BCBSNC of these admissions by calling **1-888-296-9790** or **1-336-774-5400**.

It is important for our network of health care professionals to remember Blue Medicare HMO and Blue Medicare PPO members have no responsibility for obtaining prior approval/pre-certification for services. Therefore, members covered under these benefit plans have no financial responsibility when prior approval/pre-certification is not obtained prior to services being rendered.

To learn more, visit the Prior Authorization and Pre-Admission Certification section of the Blue Book℠ Provider Manual – Blue Medicare HMO and Blue Medicare PPO Supplemental Guide – available on the Web at: ***bcbsnc.com/providers***. ✚

**Prior Authorization:**
**1-888-296-9790** or
**1-336-774-5400**
**Pre-certification:**
**1-888-296-9790** or
**1-336-774-5400**

Remember, pertinent clinical information must be available when contacting BCBSNC to obtain prior approval!

# Coverage of Pneumococcal Vaccination for Blue Medicare HMO and Blue Medicare PPO Members

The pneumococcal vaccination is covered for Blue Cross and Blue Shield of North Carolina's (BCBSNC), Blue Medicare HMO and Blue Medicare PPO members once every five years when administered by a contracted provider. Revaccination may be administered to members at highest risk of serious pneumococcal infection and those likely to have a rapid decline in pneumococcal antibody levels, provided at least five years have elapsed since the previous dose of the pneumococcal vaccination. Below is a summary of benefit coverage for administration of the pneumococcal vaccination for Blue Medicare HMO and Blue Medicare PPO members:

**Blue Medicare HMO**

+ Covered only when administered by a contracted provider; the vaccine will not be reimbursed if administered by a non-contracting vaccination clinic

**Blue Medicare PPO**

+ Covered when administered by either a contracting or non-contracting provider

As a reminder, pneumococcal vaccinations are only covered under the Part B Medical Benefit, not the Part D — prescription drug benefit. ✚

# Blue Medicare HMO and Blue Medicare PPO Fax Line for Corrected Claims Is No Longer in Service

Effective August 15, 2011, the Blue Medicare HMO and Blue Medicare PPO corrected claims fax line (**336-659-2962**) will no longer be in service. Please see instructions below for submitting claims, appeals and inquiries: ✚

## New or Corrected Claims

| | |
|---|---|
| **Submitting Claims Electronically**<br><br>***Healthcare providers filing claims electronically today*** - please continue to submit your claims electronically (utilizing the appropriate bill type and frequency code per filing guidelines). ***If you do not submit claims electronically today***, you may submit your claim via mail.<br><br>Please do not fax claims to other BCBSNC fax lines. | BCBSNC<br>P.O. Box 17509<br>Winston-Salem, NC 27116-7509 |

## Appeals

| | |
|---|---|
| **Claim Appeals on Behalf of Member**<br><br>***Participating providers*** should send an Appointment of Representative form signed by the member, a Letter of Appeal, and accompanying documents via mail or fax.<br><br>*Non-participating providers* should send a signed Waiver of Liability form, Letter of Appeal, and accompanying documents via mail or fax. | BCBSNC Appeals and Grievances<br>P.O. Box 17509<br>Winston-Salem, NC 27116-7509<br><br>Fax: 888-375-8836 |
| **Pre-Service Appeal on Behalf of Member**<br><br>To *file a standard pre-service appeal* — where services have not yet been received — a physician or a prescriber should send a written appeal via mail or fax.<br><br>To *file an expedited pre-service appeal* — where services have not yet been received — a physician or prescriber can fax a request or call Customer Service and request an expedited appeal. | BCBSNC Appeals and Grievances<br>P.O. Box 17509<br>Winston-Salem, NC 27116-7509<br><br>Fax: 888-375-8836<br>Customer Service: 888-296-9790 |
| **Claim Appeal from Provider (not on behalf of member)**<br><br>Providers send the Provider Appeal form and accompanying documents via mail or fax.<br><br>Additional information and a listing of eligible reasons for filing a Provider Appeal is available in the Blue Medicare HMO and Blue Medicare PPO provider manual, available online at: ***bcbsnc.com/providers*** | BCBSNC Provider Appeals<br>P.O. Box 17509<br>Winston-Salem, NC 27116-7509<br><br>Fax: 919-287-8815 |

continued on page 7

Blue Medicare HMO and Blue Medicare PPO Fax Line for Corrected Claims Is No Longer in Service **continued from page 6**

| **Inquiries** | |
|---|---|
| Provider inquiry forms should be submitted via mail | BCBSNC<br>P.O. Box 17509<br>Winston-Salem, NC 27116-7509 |
| **Fedex, UPS and 4th Class** | |
| BCBSNC physical address for correspondence sent via Fedex, UPS or 4th Class | BCBSNC<br>5660 University Parkway<br>Winston-Salem, NC 27105-1312 |

# Age of Change

Physicians with older adult patients 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. These issues can be alarming to older adults, especially when they are unprepared.

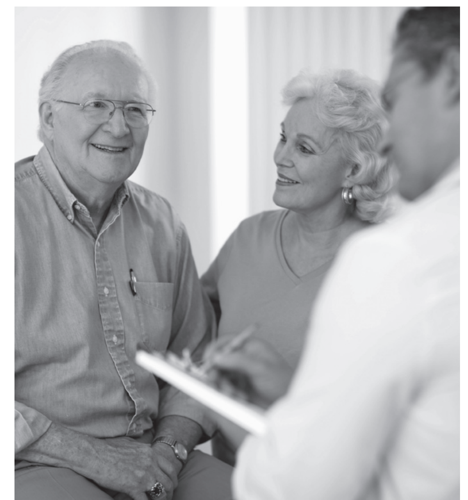
The good news is many of these 'symptoms' of old age can be prevented and treated with a simple prescription: healthy eating and regular exercise. By advising your patients about the realities of aging and providing them with proactive advice, you can help them maintain optimal health. As you educate 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, they can take part in the SilverSneakers Fitness Program.

The SilverSneakers Fitness Program is available at no additional cost and 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.*** +

# Making Decisions about Appropriate Care and Service

Blue Cross and Blue Shield of North Carolina (BCBSNC) and its associated delegates require practitioners, providers and staff who make utilization-management decisions to make those decisions solely based on appropriateness of care, and service and existence of coverage. BCBSNC does not compensate nor provide any other incentives — to any practitioner, or other individual conducting utilization-management review — to encourage denials. Remember, no compensation or incentives are in any way meant to encourage decisions which would result in barriers to care or service, or underutilization of services. +



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# 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 ***http://www.catiweb.org/index.htm***. ✚

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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.

Blue Cross and Blue Shield of North Carolina (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.**

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